Mid-Level Management Course for EPI Managers

BLOCK I: Introductory modules

Module 2: The role of the EPI manager

World Health Organization
REGIONAL OFFICE FOR Africa

Mid-Level Management Course for EPI Managers

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BLOCK I: Introductory modules

Module 2: The role of the EPI manager

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Abbreviations and acronyms

AD	auto-disable (syringes)
AEFI	adverse events following immunization
AMP	Agence de Médecine Préventive
BMGF	Bill & Melinda Gates Foundation
CDC	Centers for Disease Control and Prevention
cMYP	comprehensive multi-year plan
CSO	civil society organization
DoV	Decade of Vaccines
DQA	data quality analysis
DTP	diphtheria-tetanus-pertussis-containing vaccine
DTPS	district team problem-solving
EPI	Expanded Programme on Immunization
GAPPD	Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea
Gavi	Global Alliance for Vaccines and Immunization
GVAP	Global Vaccine Action Plan (2011–2020)
HBsAg	hepatitis B surface antigen
HF	health facility
HHA	Harmonization for Health in Africa
HMIS	health management information system
HPV	human papilloma virus
ICC	interagency coordination committee
IIP	Immunization in Practice (course modules)
IMCI	Integrated Management of Childhood Illnesses (interactive training tool)
IST	intercountry support team
ITN	insecticide-treated bed nets
IVD	immunization and vaccine development
MCH	mother and child health
MCHIP	Maternal and Child Health Integrated Programme
MCSP	Maternal and Child Survival Program (USAID)
MCV1	measles-containing vaccine first dose
MDG	Millennium Development Goal
MLM	Mid-Level Management Course for EPI Managers
MOH	ministry of health

MSF	Médecins Sans Frontières
NESI	Network for Education and Support in Immunisation
NID	national immunization day
NIP	national immunization programme
NITAG	National Immunization Technical Advisory Group
NRA	national regulatory agency
OPV	oral polio vaccine
PCV	pneumococcal conjugate vaccine
PHC	primary health care
PIRI	periodic intensification of routine immunization
PPP	public-private partnership
RED/REC	Reaching Every District/Reaching Every Community
RI	routine immunization
RSPI	Regional Strategic Plan for Immunization (2014–2020)
SIAs	supplementary immunization activities
SNID	subnational immunization day
SWOT	strengths, weaknesses, opportunities, threats
TOR	terms of reference
TQM	total quality management
UHC	universal health coverage
UNICEF	United Nations Children's Fund
USAID	States Agency for International Development
VVM	vaccine vial monitor
WHO	World Health Organization
WPV	wild polio virus

Glossary

External environment Geographic, political, socioeconomic and technological factors, trends and individuals that, even though are outside the health system, have an impact on health. The stagnation and reduction in immunization coverage rates in some countries can be attributed to these external factors.

Health problems Malfunctions, anomalies, suffering of individuals and lapses of the health system. They are essentially divided into suffering or diseases, community problems and problems related to health service operations.

Health system A set of individuals and organizations working for the improvement and protection of public health. In the African Region, decentralization, service integration and financing policies adopted under health sector reform represent a challenge for the reorientation of immunization and other services.

Leadership The ability to direct the operations, activities or performance of an organization or group of people (e.g. EPI team) towards assigned goals and achieve definite results.

Management A science and an art comprising a set of concepts, skills and tools for organizing an enterprise (e.g. institution or programme), improving its operation by rationally managing the resources to attain the objectives desired.

Mission A continuing task or responsibility that an organization is destined or specially called upon to undertake. For example, the mission of EPI is to immunize target populations to control or eradicate diseases preventable by immunization.

Need A lack of something desirable and useful, a discrepancy or gap between the present situation and the desired or ideal solution.

Opportunity A chance for advancement and progress. A favourable combination of circumstances times and place.

Problem Something that blocks advancement and requires thought and skill to arrive at a proper decision and solution. A problem relates to a conflict situation either regarding the fulfilment of a need or the expression of the current or desired situation.

Solution An answer to a gap, need, problem or conflict.

Strategy A method worked out in advance designed to achieve an objective.

Task description An instruction document that gives technical details as to how various tasks of the job should be performed.

Team A group of people working together to attain the same organizational goal.

Terms of reference A general document on the objectives, methods and the expected results (deliverables) of an assignment by an organization or an individual.

1. Introduction

1.1 Context

The Expanded Programme on Immunization (EPI) is a key global health programme. Its overall goal is to provide effective and quality immunization services to target populations. EPI programme managers and staff need to have sound technical and managerial capacities in order to achieve the programme's goals.

The immunization system comprises five key operations: service delivery, communication, logistics, vaccine supply and quality, and surveillance. It also consists of three support components: management, financing and capacity strengthening.

National immunization systems are constantly undergoing change, notably those related to the introduction of new vaccines and new technologies, and programme expansion to reach broader target populations beyond young children. The EPI programme also faces external changes related to administrative decentralization, health reforms, as well as the evolving context of public-private partnerships (PPPs) for health, among others.

To ensure the smooth implementation of immunization programmes, EPI programme staff have to manage these changes. This requires specific skills in problem-solving, setting priorities, decision-making, planning and managing human, financial and material resources as well as monitoring implementation, supervision and evaluation of services.

National immunization programmes (NIPs) operate within the context of national health systems, in alignment with global and regional strategies. For the current decade, 2011–2020, the key global immunization strategies are conveyed through the Global Vaccine Action Plan (2011–2020) (GVAP) and the African Regional Strategic Plan for Immunization (2014–2020) (RSPI).

These strategic plans call on countries to:

- improve immunization coverage beyond current levels;
- complete interruption of poliovirus transmission and ensure virus containment;[1]
- attain the elimination of measles and make progress in the elimination of rubella and congenital rubella syndrome;[2] and
- attain and maintain elimination/control of other vaccine-preventable diseases (VPDs).

The key approaches for implementation of the GVAP/RSPI include:

- implementation of the Reaching Every District/Reaching Every Community (RED/REC) approach and other locally tailored approaches and move from supply-driven to demand-driven immunization services;
- extending the benefits of new vaccines to all;
- establishing sustainable immunization financing mechanisms;
- integrating immunization into national health policies and plans;
- ensuring that interventions are quantified, costed and incorporated into the various components of national health systems;
- enhancing partnerships for immunization;
- improving monitoring and data quality;
- improving human and institutional capacities;
- improving vaccine safety and regulation; and
- promoting implementation research and innovation.

The RSPI promotes integration using immunization as a platform for a range of priority interventions or as a component of a package of key interventions. Immunization is a central part of initiatives for the elimination and eradication of VPDs, and of the integrated Global Action Plan for the Prevention and Control of Pneumonia and Diarrhoea (GAPPD) by 2025.

It is understood that while implementing the above strategies, EPI managers will face numerous challenges and constraints that they need to resolve if the 2020 targets are to be met. Building national capacity in immunization service management at all levels of the health system is an essential foundation and key operational approach to achieving the goals of the global and regional strategic plans.

In view of this, the WHO Regional Office for Africa, in collaboration with key immunization partners such as the United Nations Children's Fund (UNICEF), United States Agency for International Development (Maternal and Child Survival Program) (USAID/MCSP), and the Network for Education and Support in Immunisation (NESI), have revised the Mid-Level Management Course for EPI Managers (MLM) training modules. These modules are complementary to other training materials including the Immunization in Practice (IIP) training manuals for health workers and the EPI/Integrated Management of Childhood Illnesses (IMCI) interactive training tool.

1 WHO, CDC and UNICEF (2012). Polio Eradication and Endgame Strategic Plan 2013-2018.
2 WHO (2012). Global Measles and Rubella Strategic Plan 2012-2020.

This module (2) titled *The role of the EPI manager* is part of Block I: Introductory modules.

1.2 Target audience

This module is for EPI managers at national, regional (provincial/departmental) and district levels. It is also useful for teachers in the training institutions of the region to prepare students as future EPI managers.

1.3 Learning objectives

After participants have completed the module, they should be better able to manage EPI services at national, regional and district levels. Specifically, they will be able to:

- explain key management concepts of health system, health problems and resources;
- describe the roles, responsibilities and qualities required of an EPI manager;
- explain the management of organizational change;
- analyse problems linked with EPI services and activities;
- take appropriate programmatic decisions and plan corrective actions;
- formulate immunization policies and
- manage financial resources.

1.4 Contents of the module

This module contains the following sections:

1.5 How to use this module

This module may be used by both learners and trainers. It can also serve as a reference document for EPI managers in improving their management skills at their workplaces. It must not be considered as a comprehensive response to the issue. Other information on management is available, notably WHO reference documents and other publications on management. To use this module adequately, you should read the supporting text, then complete the exercises and discuss the answers with the facilitators.

2. Basic health management concepts and processes

From a management point of view, an organization exists simply to carry out the tasks necessary to its mission. These tasks entail the transformation of inputs into outputs.

In health management, the organization or enterprise must be incorporated into a health centre, district, region, hospital, institution, the MOH or a health programme such as EPI. Figure 2.1 indicates the relationships between inputs (to solve a health problem), process and outputs (improvement of health status). The health enterprise itself is expected to satisfy its external environment and the community upon which it depends and it serves.

2.1 Immunization systems as a component of the global environment

EPI managers should be able to improve the operations of immunization programmes within the health sector; bearing in mind the sector is dependent on and influenced by changes in the wider socioeconomic environment (demographic, epidemiological and macroeconomic changes).

The health system and external environment form the framework of immunization services. The management of services in health centres and hospitals or administrative units (district health offices, for example) is carried out in a context that the EPI managers must understand.

They should be aware of the influence of the health system and the external environment on the services for which they are responsible, and take them into account in planning, implementation and evaluation.

EPI operations and levels of performance are greatly influenced by changes in the health sector, especially regarding:

- **Development policies**: For instance, decentralization, accompanied by expansion of health infrastructure, will improve EPI coverage due to increases in fixed immunization sites.
- **Health care delivery:** Any improvement in this area, such as the introduction of a minimum health delivery package, will also improve EPI, because EPI will be included in the package as an essential child survival component.
- **Human resources:** High attrition rates of health workers will have adverse effects on EPI performances – both on quality and on coverage rates.
- **Financing:** Suboptimal financing may affect the sustainability of immunization programmes or prevent the manager from introducing new vaccines due to additional costs.

Figure 2.1 Elements of the health enterprise

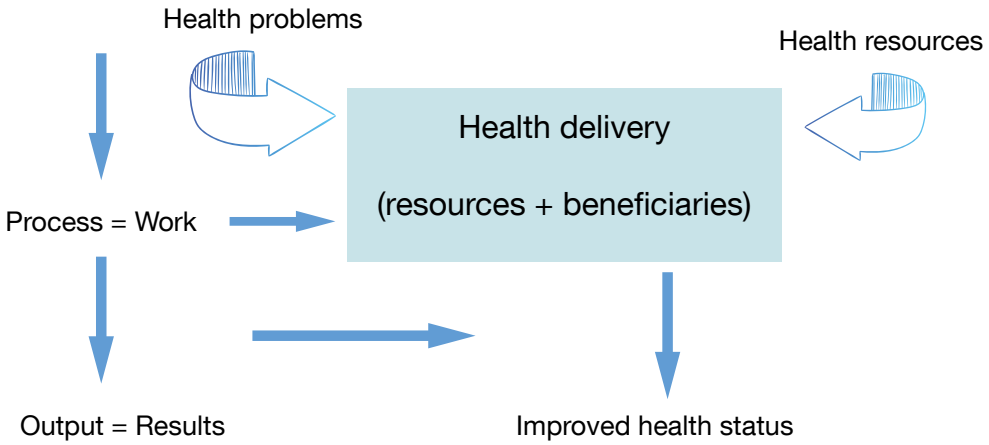
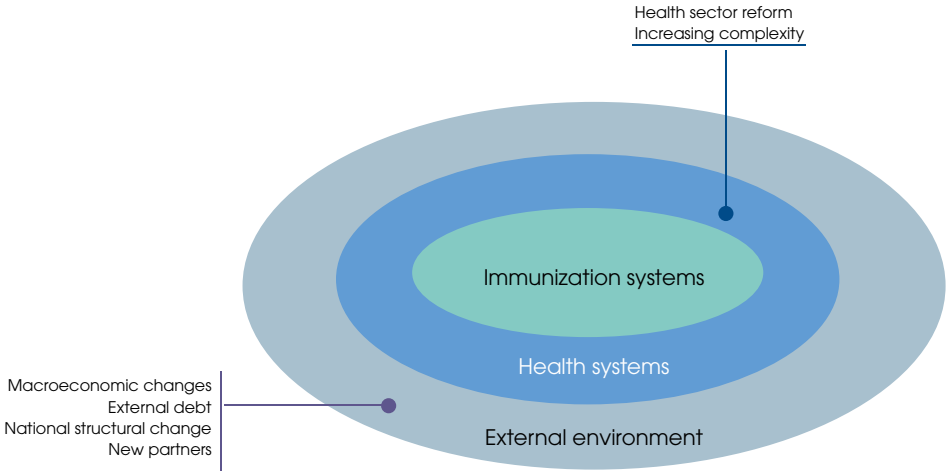


Figure 2.2 Interrelationship between immunization systems, health systems and the external environment



2.1.1 New challenges

The African Regional Strategic Plan for Immunization (2014–2020) calls on countries to strengthen their immunization systems, accelerate diseases control and introduce new vaccines and technological innovations. To meet global objectives to reach at least 90% national vaccination coverage and at least 80% vaccination coverage in every district or equivalent administrative unit, EPI teams need strong leadership to implement measures to reach this ambitious goal, widely known as the "90/80 goal".

To achieve sustained and equitable access to good quality immunization services and accelerate progress towards this goal, WHO and partners revised five operational components of the RED strategy to prioritize planning and management of resources and to widen the number of strategies for reaching target populations in every district.

Immunization services are currently delivered as part of integrated mother and child health care interventions at district and health facility level in almost all African countries. The RED operational strategies need to be implemented in an integrated manner using immunization as a platform with a range of priority interventions such as Roll Back Malaria, reproductive health, the Integrated Management of Childhood Illnesses (interactive training tool – IMCI), HIV/AIDS, the Micronutrient Initiative and integrated disease surveillance.

Building national RED/REC capacity is an essential foundation and key operational strategy in the hands of EPI managers for implementation of RSPI (for further information on RED, see annexes 1 and 2).

As declared by the GVAP, now is the time for showing commitment to achieving the full potential and benefit of immunization to all people, regardless of where they are born, who they are or where they are. Accomplishing this will require global and national immunization programmes (NIPs) to innovate and change the way they work, mobilize resources and increase accountability to ensure that the vision of the Decade of Vaccines (DoV) becomes a reality.

MLM Module 1 on the problem-solving approach reiterated that the components of immunization systems include management, sustainable financing and strengthening of human and institutional resources. This module will focus on the management component. EPI managers need to be familiar with and able to apply management processes to handle the expected complexities related to existing and new vaccine introduction. Robust management practices and methods are necessary to achieve satisfactory outcomes.

Four areas of management can specifically apply to EPI:

- **Sustainability management:** The management of the immunization programme to ensure continuity, otherwise known as sustainability management. This requires skills in mobilizing human, financial and material resources for EPI, their fair distribution and rational utilization. Other skills related to sustainability management include the ability to diagnose problems, set priorities and make decisions.
- **Integrated management:** This ensures that efforts are coordinated and integrated in the provision of immunization within other child health services. This requires skills in communication, leadership and motivation, interpersonal relationships and team work.
- **Evaluation management:** Applying corrective measures for better implementation of immunization interventions and actions. It requires skills in reviewing programme objectives, assessment of performance, information audits

and measurement of achievements of targets, supportive supervision and expertise in applying relevant indicators. There is a close relationship between this and sustainability management as evaluation is a crucial component to ensure the sustainability of a programme.

- **Adaptation management:** Management that encourages adaptation and takes into consideration changes induced by the internal and external environment. This requires skills in operational research, planning and re-planning, creativity and commitment to introduce innovations and changes to be in harmony with prevailing socioeconomic realities. It is expected that EPI managers will make use of this management skill in adapting GVAP to specific country needs.

Exercise 1

Task 1: List the major activities in your current EPI plan.

Task 2: Link each of these activities to one of the four management areas described above.

2.2 Management functions and responsibilities of the EPI manager

Two categories of functions are distinguished in management: continuous and sequential.

2.2.1 Continuous functions

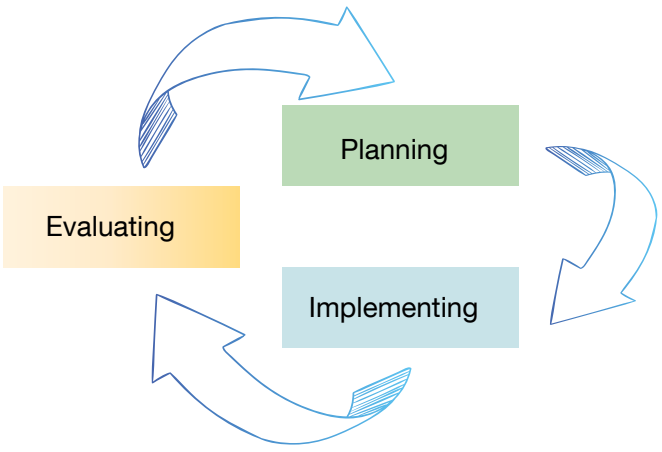
- **Problem analysis:** As EPI is a multi-component programme and involves many people and operations, managers will always have problems, some serious some not. They should analyse them continuously to find their causes and roots (see Section 1).
- **Decision-making:** The EPI manager is a team leader and should make decisions based on problem analysis in consultation with the other team members.
- **Communication:** This function should be carried out internally (within the EPI team and other departments of the MOH) and externally with communities, partners and other stakeholders supporting the programme. It includes talks, discussions, consultations, brainstorming, media interviews, focus group meetings, feedback, monthly/quarterly bulletins, publications and other methods of communication.

2.2.2 Sequential or periodic functions

- **Planning:** Determine what needs to be done (defining aims and objectives), identifying strategies to attain these aims and objectives, and the resources needed. The following questions must be answered: Where are we (current situation)? Where do we wish to go (objective)? How are we going to get there (strategy)? By doing what (activities)? When are we doing what (time)? With what means (resources – human, material and finance) and using which source of resources?
- **Implementation:** Acting, carrying out planned activities, arranging necessary supplies, supervising, responding to internal or external changes, identifying problems and solving them and documenting best practice.
- **Evaluation:** Measuring and assessing the progress and results of activities. The following questions must be answered: Are we on the right path towards achieving the objectives assigned? Have we reached where we should be? What can we do to improve the situation?

These three functions are studied in detail in the planning, logistics and follow-up/evaluation modular blocks. They are closely related and follow one another in a continuous cycle, as shown in Figure 2.3.

Figure 2.3 The "eternal" management cycle



To carry out their mission, EPI managers must also recognize the interaction that exists between the functions of the EPI manager, team needs and expectations and the requirements of the environment.

This module presents in a concise manner each of these factors. As EPI manager, you will have three essential roles to play:

- **decision-maker** – entrepreneur, negotiator, manager and resource mobilizer and distributor;
- **information agent** – communicator, spokesperson and trainer; and
- **interpersonal relationship promoter** – symbol, leader and regulator of conflicts.

The skills required of EPI managers involve administration, coordination, technical, human relations and those of promoting a holistic vision of EPI (conceptualizing skills).

The most important daily tasks of an EPI manager include:

- office administration
- coordinating programmes and activities
- managing resources
- organizing team work and assigning tasks
- participating in meetings and sharing information
- monitoring and supervising
- providing in-service training
- evaluating end-of-day results
- giving feedback on achievements and failure
- programming activities for the next day.

Exercise 2

Task 1: Describe the activities you typically do during the working week.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Task 2: Compare the activities you have described with the daily tasks of the EPI manager.
Which activities that you carry out are not covered by the "daily tasks"?
Which daily tasks mentioned in the list do you not currently carry out during your working week?

Do not share your findings with the group or the facilitator. This exercise is for your individual use and self-evaluation.

3. Managing organizational change

3.1 Introduction

Recent immunization reviews in the WHO African Region revealed that immunization services in some Member States are stagnating or losing ground. Unfortunately, this trend has not been arrested. Some of the reasons that account for this worrying situation are:

- side-effects of health sector decentralization and reforms;
- changes and innovations within immunization services, which generated additional workload or diverted efforts from routine services to immunization campaigns (e.g. national immunization days – NIDs);
- decline in immunization funding especially from external sources due to global economic problems; and
- changing priorities due to "invasion" of HIV/AIDS programmes or outbreaks of new or "dormant" diseases (e.g. Ebola "tsunami" in West Africa), yellow fever outbreak in Central Africa.

Like other enterprises, EPI is constantly undergoing internal changes related to the introduction of new vaccines and new technologies, increases in the number of personnel involved in the eradication of polio and dwindling resources for routine immunization.

External changes also affect EPI. These are mainly related to the ongoing decentralization and reforms in the health sector which, in some cases, have created lack of well-defined and/or overlapping responsibilities between MOH and ministries of local government.

Consequently, EPI managers must be capable of managing their programmes despite such organizational changes. Management of EPI organizational change is a transitional process that moves from a current, unsatisfactory situation to an improved situation for immunization services and activities.

3.2 Provus Model

One of the models for planned change, the Provus Model, is based on a "now – then":

DS – CS = G

Where: DS = desired situation, CS = current situation and G = gaps.

This model includes three key parameters:

- **Parameter 1 (DS):** The manager must have a clear vision of the desired level of programme performance. They must be capable of describing this in terms of EPI policies, strategies, activities and resources.
- **Parameter 2 (CS):** The EPI manager must have an equally clear view of the actual situation of the programme in terms of strengths, weaknesses, opportunities and threats (SWOT analysis), and develop recommendations for improvement.
- **Parameter 3 (G):** The EPI manager must describe the gaps between DS and CS in terms of needs in two dimensions:
  - Resource needs and their sources.
  - Needs for innovations to cope with changes and new demands (positive gap). This may also include preserving positive strategies and experiences (zero gap) that the programme has developed over many years and rejecting outdated and ineffective working methods and styles (negative gap).

Interpretation of needs (gaps)

- Positive gap – new ideas and innovations to be implemented.
- Zero gap – ideas and experiences to maintain (no changes).
- Negative gap – outdated and ineffective working methods and styles to be rejected.

For implementation of the planned EPI change, the following should be taken into account successively:

- objectives that describe what a successful EPI should do and how it should do it;
- projected structure of the organization to be created after the desired change has occurred;
- implementation plan strategy;
- system of internal and external communication channels;
- style of management that encourages interpersonal relationships; and
- human resource category and skills implications.

Exercise 3

Provide the current organogram of your EPI unit. If you do not have one, draw one for this exercise.

Task 1: Using the above formula and parameters, suggest an organogram of a hypothetical EPI unit/department that can cope with ongoing internal and external changes in your country.

Task 2: Identify weaknesses and strengths of your current EPI structure.

Task 3: List the qualities of an EPI manager you wish to see in yourself as a leader of your team.

4. Contributing more efficiently to EPI success

4.1 Policy formulation

The national EPI manager is responsible for formulating the policies to attain national EPI objectives. The policy documents must reflect the government's commitment towards immunization of children and mothers and towards disease eradication or elimination initiatives. They must provide a general direction for programme implementation to prevent and solve problems through orientations and strategies for all the later interventions.

The policies must also show pertinent and feasible ways of implementing directives. Their content should be technically sound and updated in accordance with latest developments and research findings. As mentioned earlier, the EPI manager is the focal person for policy development, which should, however, be developed as a team effort involving health workers at all levels of the health system.

Based on participatory principles, this approach creates ownership. If health workers do not believe in the objectives of a policy that has been prepared at "top" level, or believe that they do not have the capacities or resources required for implementing the policy, it is unlikely that it will have a positive impact. Similarly, in order to attain difficult objectives, such as the elimination of neonatal tetanus or measles, it may be necessary to encourage staff to make greater effort.

EPI managers must know what happens at the operational level in order to formulate realistic policies, criteria and guidelines and design judicious strategies for implementation. EPI managers can be assisted to formulate realistic policies in many ways. If a country has not yet developed a EPI policy, the following course of action could be considered.

Developing an EPI policy

Establish a working group to draft the policy document. This group should include EPI staff, other local experts, partners, and teachers from training institutions. To ensure productivity, the number of people in the group should not exceed eight. An external consultant could join the group to bring experience from other countries.

Initiate desk review of available documents such as:

- general health policy documents and strategic plans (including EPI five-year plan known as comprehensive multi-year plans – cMYP);
- global and regional strategic plans, technical guidelines and programme updates (GVAP, RSPI, etc.);
- programme review/evaluation reports;
- reports received from regional/district levels on the immunization coverage and trends of target diseases, regional/district level plans;
- reports on service interruptions or other emergencies such as outbreaks; and
- other relevant documents.

A policy assessment coinciding with the comprehensive review of the immunization programme prior to the development of the cMYP may be the most logical approach.

Read the WHO guideline for developing immunization policy carefully. If necessary:

Conduct interviews with stakeholders and partners to share views on policy formulation process and their perceptions on EPI.

Arrange field visits to discuss with local health staff and to address their concerns in the policy document.

Use the WHO guideline to prepare a draft/revised policy document and circulate to stakeholders, partners, members of the interagency coordination committee (ICC) and national immunization technical advisory group (NITAG).

Organize an expanded review meeting (preferably expanded ICC/NITAG meeting) with stakeholders and partners to reach consensus on the policy and to produce a final draft of the document.

Present the final draft to the MOH for endorsement and approval by the government.

Launch the approved EPI policy document.

Prepare policy implementation guidelines with your technical team.

Distribute the policy document and the guidelines and train health staff on the new EPI policy.

Implement policy.

Monitor and evaluate the use of the policy by health workers.

Periodic evaluation: The ongoing relevance and applicability of policies for the NIP need to be periodically evaluated and amended as necessary. This is a responsibility of the MOH and evaluations are logically conducted prior to the development of the cMYP, in order for the plan to account for any policy changes or modifications enacted.

The comprehensive review of the immunization programme, which informs the cMYP, will indicate the level of compliance with policies in place, and the need to amend or add to existing policies. A specific protocol will be developed to evaluate policy implementation. The NITAG can play an important independent role in both developing a protocol and in the evaluation of policy implementation.

The evaluation should take into account the proposed indicators for monitoring the EPI policy implementation guidelines:

- existence of a legal framework is in place to ensure individual and societal responsibilities for vaccination;
- existence of fully functional and resourced national regulatory agency (NRA), functional ICC etc.;
- proportion of EPI staff that participated in the development of policy implementation guideline;
- proportion (%) of health units having received the policy document and implementation guideline;
- proportion (%) of health personnel trained on the policy document and implementation guideline;
- proportion (%) of health units whose personnel were trained on the policy document and implementation guideline;
- proportion of health units with a micro-plan; and
- proportion (%) of health units working according to specific requirements of the health policy such as:
    - correctly interpreting VVM indicator changes
    - correctly applying open vial policy
    - correctly applying reduced contraindications policy
    - correctly handling disposable materials
    - providing vaccinations at every opportunity
    - correctly interpreting “shake test”
    - correctly calculating immunization targets, vaccine needs, wastage rates, drop-out rates and other important
    - indicators
    - correctly applying safe disposal practices
    - correctly identify and managing adverse events following immunization (AEFI).

Exercise 4

A country in the African Region developed an EPI policy document in the late 2000s. A recent EPI review carried out by the African Regional Office team revealed that the policy was outdated and did not incorporate current EPI theory and practice. The review team recommended that the policy document be reviewed and/or updated to be in line with current global and regional strategies (e.g. GVAP, RSPI).

Divide participants into four groups.

Tasks for Group 1:
1. Prepare a short checklist of activities leading to revision of the former policy document.
2. Prepare a list of key stakeholders and partners to be interviewed.

Tasks for Group 2:
1. List the activities that the district EPI focal person will undertake to ensure implementation of the revised policy.
2. Can your group suggest at least three more indicators (to the above list of indicators) to monitor implementation of the EPI policy/revised policy?

Tasks for Group 3:
1. Suggest types of activities that the EPI manager should do to involve the private sector in the implementation of the revised EPI policy.
2. Can your group suggest ways in which communities can participate in policy implementation?

Tasks for Group 4:
1. Can your group identify and express cost items and non-cost items involved in the entire process of policy development and its implementation? Use two separate columns.
All groups should present their deliberations in the plenary session in group number order to maintain the logical flow of policy preparation stages.

4.2 Financial management

As part of decentralization, functions relating to costing, budget formulation, financing and accounting are increasingly carried out at all levels of the health system, although at different degrees.

Financial management includes all the aspects of accounting and reporting expenditures, EPI funding and use of funds. Here, the major responsibilities are budget allocation for EPI, fundraising/resource mobilization, cost containment and efficiency gain, cost recovery and allocation of funds to priority items. All these aspects should be adequately reflected in the cMYP.

When preparing the budget, the EPI manager must answer some fundamental questions.

4.2.1 How much will it cost?

This is the question the budget answers. The word "it" in the question refers to the set of activities planned for the period under review. In budgeting, priority should be given to immunization operations, management activities required for smooth operations and capacity building. The budget should enable follow up on implementation and make optimal use of available resources.

The cost associated with each activity of the action plan (unit cost) as well as the total cost of the plan must be estimated. The budget for immunization activities often comprises standard items, notably:

- vaccines
- injection, and waste disposal equipment
- other supplies
- travel allowances
- cost of fuel for vehicles and equipment
- cost of maintenance and repair of vehicles and equipment
- communication expenses
- training costs (workshops, seminars, fellowships, and preparation of training manuals, etc.)
- staff salaries.

At service delivery level, the budget comprises items in detail, e.g. the quantity of fuel needed for kerosene refrigerators, the cost of outreach services, meetings with the community, etc.

At the district level, budgets are drawn up by all health establishments and are analysed, the data compiled and an amount estimated to cover operating expenses of the district office is added. In a decentralized health system, the annual EPI budget is integrated into the overall health budget and approved by the district health committee or district development committee.

4.2.2 Who will finance it?

This question relates to sources of finance. For service delivery, finance comes from a number of sources: government, local authority, domestic and international partners, including the private sector. From the outset, the EPI manager should take into account the sustainability of immunization activities and dialogue for continued funding from government and other domestic sources once external support ends. All potential sources of finance should be explored.

The other important consideration in financing is to follow up on the expenditure and flow of funds. The manager must negotiate for and ensure funds are released from the treasury in good time to enable smooth and uninterrupted implementation.

4.2.3 How much have we spent? For what?

Like financing, accounting is of growing direct concern in service delivery. Managers at all levels require the skills to track expenditure. Financial data collection, analysis and reporting should be done systematically. The following guidelines are useful.

- Use common/standard forms for the presentation of the budget, similar items for budgetary allocations and standardized calculation techniques and formulas. The WHO developed standards for immunization devices called Performance Quality and Safety (PQS), which is used by UNICEF and other partners for procurement of equipment. A regularly updated catalogue (online and printed) provides costs for equipment and supplies used in EPI (see http://apps.who.int/immunization_standards/vaccine_quality/pqs_catalogue/). It is useful to refer to this publication when preparing immunization activity budgets.
- Coordinate strategies for fundraising at various levels, especially when this entails the same potential donors/partners.
- Ensure transparency in the handling and withdrawal of funds in all activities for which health workers are directly responsible.
- Provide accurate feedback on the utilization of financial resources through end-of-period financial returns. EPI managers should realize that external partners are very sensitive about the proper use of their contributions and partners expect to receive timely and transparent reports on spending of funds.

Tips

- Always ask for an amount that you can spend. Donors hate un-utilized funds ("sleeping monies"!).
- Return unused balance (however small) to the donor's treasury. You will gain their confidence and next time you will not have a problem getting requested funds.
- Never use allocated funds for one activity to finance another one without prior approval from the authority providing the funds.
- Do not ask for money for the same activity from several sources (partners inform each other).
- Always state the assumptions made in your budget.
- Prepare a well-defined and justified budget proposal and submit it to a reliable partner. Most likely you will get it.

Exercise 5

In four groups discuss and present the following issues:
Tasks for groups 1 and 2: On the basis of your cMYP and your annual plan, exchange country experiences in the following areas:

- available funding and shortfalls; and
- group experiences in mobilizing required funding to cover shortfalls at country level.

Tasks for groups 3 and 4: Review strategic objective 5 in the GVAP document. It addresses the issue of sustainable financing among others. In Table 6 of the GVAP document (WHO, 2013) in this section there is a summary of recommended actions for Strategic Objective 5:

- from the list of actions select those relevant to country level;
- present your country's experiences (action taken) to address the issue of financial sustainability for your immunization programmes; and
- present your findings at the plenary.

4.3 Working with interagency coordination committees

4.3.1 National interagency coordination committee framework

The impact of health sector reform on EPI remains to be determined, although we now know that planning, management and budget preparation have improved where radical reform has been undertaken in recent years. The ICC adds to the advantages provided by health sector reform.

The ICC has emerged as a powerful force in support of polio eradication. It can continue to play this role by strengthening the various aspects of routine immunization and other services aimed at solving child health problems.

The ICC plays a crucial role in supporting the NIP and supervising the commitment and support in favour of immunization in the country. This includes support for programme reviews, development and implementation of multi-year strategic plans, reporting on progress to national authorities and Gavi.

The national EPI works in collaboration with and under the technical guidance of the ICC. This committee must not be considered as an organization, but as a structure aimed to complement the activities performed by the EPI team. Ownership of the EPI must be the prerogative of the national programme. The ICC, in other words, rallies around the EPI team to support priority actions identified at national level in coordination with local bilateral and multilateral partners.

It is critical that the ICC chairperson ranks higher than the EPI manager. This will boost the confidence of all the interested partners and enable the EPI manager to participate in the ICC meetings objectively. In many countries of the region ICC is chaired by the minister of health, permanent secretary for health, director of health services, director of planning or another senior official at the MOH. There are also cases of chairmanship by leading partner organizations (e.g. Rotary International). The contact between the EPI manager and high officials in the MOH during the ICC meetings provides an opportunity for a useful interaction between the two and strengthens the EPI manager's authority.

4.3.2 Terms of reference and functions of the interagency coordination committee

Partnership and coordination: The major function of the ICC is to promote solid partnerships through the coordination of all contributions and resources available within and outside the country. The ICC partnership has been a positive force in the support of NIDs and has been extended to routine EPI and even child health in some countries. The ICC should ensure that the programme manager receives both technical and political support that helps to strengthen their authority.

Reviews and planning: In order to contribute to improving programme management and delivery, the ICC should support the national level to conduct immunization programme reviews whenever necessary, including mid-term reviews. The ICC will support the national level:

- to endorse a comprehensive multi-year strategic immunization plan based on the results of national programme reviews as well as on any changing needs; and
- to ensure that the multi-year plan is converted into annual plans which it endorses each year.

Resource mobilization and transparency: The ICC will support the immunization programme to mobilize resources, both within the country and externally for implementation of agreed upon plans. The ICC should be an instrument to promote integration with other initiatives/programmes within and outside the health sector that may be supported by ICC partners. While resource mobilization is important, the ICC will also assist the EPI in enhancing transparency and accountability by reviewing use of funds and other resources at regular intervals.

Monitoring, feedback and information sharing: One of the most important tasks of the ICC concerns monitoring programme implementation and reporting on it to partners, e.g. to Gavi, partner agency headquarters, etc. The ICC will support and encourage information sharing and feedback not only at national level, but also at implementing levels within the country and interested parties outside the country. The ICC will address technical issues (through its respective subcommittees) arising from the introduction of new technologies, including new vaccines such as rota, HPV, IPV Hib, etc. A strong link between the ICC and respective subregional team (intercountry support team – IST) will be maintained.

4.3.3 Composition of the interagency coordination committee

Formation: The ICC must be officially created by the minister of health through a formal decree/document, which states its composition as well as the roles and responsibilities of each of its member agencies or ministries. It is important that the ICC be given the required power to decide about issues related to resource mobilization and other responsibilities.

Support at the highest level: To render the technical concepts operational, influential personalities such as politicians, representatives of international institutions,

must be co-opted onto the ICC. In cases, when ICC is chaired by the permanent secretary or equivalent, it would be advisable that they provide leadership for the ICC on behalf of the minister of health. The minister and/or deputy minister of health may be invited during the consideration of highly important issues, thus recognizing the importance of EPI as a cornerstone of child health.

Technical subcommittees: Polio eradication activities have provided the most notable collaboration experience with the ICCs. For NIDs, many countries have opted for three subcommittees to cater for social mobilization, logistics for activities and the implementation of NIDs, and surveillance. Experienced technical experts devoted to the well-being of the child, offer their services as part of their daily work. The technical subcommittee may co-opt technical experts from support institutions such as Rotary International, UNICEF, WHO, USAID, etc. Other organizations such as national quality control boards with expertise in cold chain logistics, as well as other ministries (finance, agriculture, education, etc.) should be co-opted where necessary.

4.3.4 Frequency of meetings

Meetings should be held at least four times a year and more regularly when necessary. The technical subcommittees usually have monthly/biweekly meetings. To ensure regular attendance, the agenda of meetings must be communicated to members in advance. Meeting reports must be concise and geared towards action. They must be sent to all partners and stakeholders through all possible means. The following subjects may constitute the themes of ICC meetings: policy, advocacy, role of social mobilization, quality of care and community concerns, resource mobilization, transparency, sustainability, planning, health sector reform, logistics, vaccine supplies, cold chain, surveillance and disease eradication/ certification, elimination and control status.

4.3.5 Conveying information to national level

All partners and implementation structures adhere to the recommendations emanating from ICC meetings. Provinces, districts and communities already have multi-sectoral coordination mechanisms for other activities. They can be urged to assist in the effective implementation of the ICC recommendations. A focal point for information sharing and feedback should be identified at each level.

Strong links between the ICC and its respective subregional working groups are essential, especially for exchanging reports of technical meetings, programme evaluations and technical missions.

4.3.6 Monitoring and follow-up activities by the interagency coordination committee

The following are a few indicators that could enable EPI managers to assess the quality of their relationship with the ICC:

- **Chairmanship:** ICC chaired by a MOH official of high rank.
- **Intersectoral participation:** Ministry of finance, ministry of education, etc. members of ICC.
- **Partnerships:** Presence within ICC representatives of supporting partners.
- **Regularity of meetings and dissemination of reports and relevant information:** At least four times in a year.
- **Resource mobilization:** Funds and other resources mobilized locally for the EPI through ICC.
- **National cMYP and annual immunization plan of action and expenditure:** Endorsed and supported by ICC.
- **Appropriate linkages** established and effective feedback between implementation level and national level, and between other programmes and initiatives.
- **Effectiveness of ICC:**
  - measured by the number of decisions made versus number implemented
  - number of decision-makers (heads of agencies) participating in ICC meetings
  - meeting chaired by minister of health or permanent secretary.

4.4 National immunization technical advisory group

4.4.1 Concept, purpose, role and composition

The establishment of NITAGs is a GVAP recommendation aimed at strengthening country ownership of the immunization programmes. The NITAG is an independent body set up to guide country policies and strategies based on local epidemiological factors and to identify cost effective strategies thus reducing dependency on external bodies for policy guidance.

The purpose of the NITAG is to be a technical resource and deliberative body to:

- guide/enable policy-makers and programme managers to make evidence-based policy decisions on immunization for all ages with available vaccines;
- empower government to exercise a comprehensive and integrated approach on immunization matters; and
- provide a neutral forum for immunization decision-making and help resist pressure from interest groups.

The NITAG has a technical advisory role for all VPDs and should not serve as an implementing, coordinating or regulatory body. It is about country ownership and cohesion. NITAGs are not equivalent to ICCs (see Table 4.1). They should not replace the immunization programme, the regulatory authority, the ICC, or the certification commissions. The NITAG operates within the limits of its mandate and TOR and as such:

- advises on policies and strategies taking into consideration global and regional recommendations in the local epidemiologic, health and immunization programme and socioeconomic context;
- advises on monitoring needs, monitoring indicators, frequency and tools;
- reviews implementation progress and impact and provides recommendations for corrective actions i.e. adjustment of policies and implementation of specific actions; and
- helps enlist support and contribution from professional organizations (e.g. central statistical office).

A NITAG is composed of:

- core members (involved in decision-making) – from a broad range of disciplines. One or two experts should be drawn from the following disciplines: paediatrics, internal medicine (physicians), public health/epidemiology, microbiology/immunology, health economics, pharmacy, research and social sciences;
- ex-officio members from government agencies and collaborative ministries (education, women's affairs, social welfare, etc.);
- liaison members, including other stakeholders; and
- a secretariat providing technical and administrative support.

4.4.2 Procedures for the selection of NITAG members

- advertise in the media;
- shortlist eligible candidates by an independent panel;
- each candidate completes a declaration of conflict of interest form;
- interview shortlisted candidates by a panel constituted by the minister of health;
- list of successful candidates presented to the minister of health;
- appointment letters issued by the minister of health;
- appointed members complete a declaration of interest form (to be updated annually by an independent body appointed by the minister of health); and
- each member swears an oath of secrecy administered by the minister of health.

4.4.3 Terms of reference for the NITAG

- review existing national policies and recommend the best options;
- provide guidance to the NIP on the formulation of strategies for the control of VPDs;
- provide guidance on monitoring and evaluation of the impact of immunization programmes;
- advise on the surveillance and control of VPDs;
- advise on strategies to assess the coverage and effectiveness of the vaccination programme; and
- provide guidance, where appropriate, to ministries, departments and agencies in the formulation of policies, plans and strategies for research and development of new vaccines and vaccine delivery technologies for the future.

Table 4.1 Key differences between the NITAG and the ICC

Domains	NITAG	ICC
Scope	Gather/generate/analyse evidence for all vaccine-preventable diseases for policy decisions.	Implementing body, mandated for operational coordination, primarily financial resources management and fundraising.
Target	All vaccines and immunization topics including for adults, adolescents, special groups.	Mainly EPI focused, may be extended to child health.
Membership	MOH represented by EPI manager. Only national experts have voting rights. Technical agencies as ex-officio and liaison members.	Minister is often the chair. MOH, and technical agencies' representatives. Local experts often not represented.
Role in decisions	Consultative role (do not make decision). Issue technical recommendations (advice) to national authorities.	Executive role, makes decisions.
Other	NITAG is not a coordination, regulation or implementation body.	ICC is a coordination body.

Exercise 6

Form four groups. Using the text above on ICCs and NITAGs, each group should select one of the following situations and indicate the course of action the EPI manager, ICC and NITAG should take to address the challenge.

Group 1 (role play) task: Despite the planned NID date, which is approaching quickly (end of next month), the following tasks have not been completed:

- supplier has delayed vaccine delivery for NID;
- EPI units have failed to reach three out of eight provinces in the country to prepare them for the NID;
- it is not clear if the head of state will address the nation as previously planned; and
- the minister of health calls an emergency meeting of ICC.

Group 2 task: After analysing EPI data for the past three years, and especially data from two provinces, the EPI manager noticed a considerable decrease in routine immunization coverage. High drop-out rates in the two provinces greatly affected the national coverage. The EPI manager prepared a detailed report and submitted it to the ICC meeting. This group should discuss the findings and in the plenary present the decisions of the ICC to address each problem that the EPI manager presented in his/her report.

Group 3 task: The ICC just had a report from the EPI manager on widespread deficiencies in the cold chain. Besides, three districts out of 47 were reporting frequent AEFIs. Propose a course of action by the EPI manager and the ICC to resolve the above challenges. Present ICC decisions to the plenary.

Group 4 (acting as the NITAG) task: As per WHO recommendations, country X has planned in its cMYP to introduce rotavirus vaccine in its national immunization programme in the coming year. The country is eligible for Gavi support. The MOH would like to understand the rationale and implications for the country. Therefore, it has requested advice and orientation from the newly created NITAG on that. Group 4 should explain the process and provide justifications for any recommendations made to the MOH and make a presentation at the plenary.

5. Providing leadership within the EPI

Leadership is integral to initiating and maintaining the process of change.

5.1 Functions of effective leadership in EPI

- conceptualization and understanding of the EPI vision;
- projection and communication of the EPI vision to the team members and others;
- initiation and implementation of change;
- commitment to mobilization and support for change;
- management of change and resolution of conflicts and problems;
- building confidence; and
- ensuring the sustainability of EPI activities.

5.2 Skills and attributes for effective leadership

- clear understanding of the EPI mission;
- implement EPI policies and take decisions fairly;
- understand all the specific aspects of health and other sectors that collaborate/overlap with EPI;
- be capable of making a timely identification of all critical problems that could affect the attainment of objectives;
- be confident in their capacities and competence;
- be capable of motivating others and stimulating their commitment to EPI; and
- build solid teams and delegate authority where necessary.

Annex 3 provides a list of management skills for the role of EPI manager. The list is not exhaustive; at each level of the national health system, various leadership functions are developed, depending on the responsibility of each EPI manager and the nature of changes envisaged. Thus, at the central level, EPI managers are more concerned with policies and guidelines, advocacy, monitoring, evaluation, supervision and mobilizing resources for change. At provincial/regional/departmental level, the leadership of EPI managers is expressed through motivation, mobilization and allocation of resources, training, and technical support through follow up, supervision and evaluation. At district level, leadership quality is integrated into the daily routine of the EPI manager and is more related to communication, motivation, supervision, stimulation of community participation and intersectoral collaboration, as well as actual implementation of immunization activities.

To enhance self-confidence, EPI managers must:

- possess clear self-knowledge of their own strengths and weaknesses;
- identify and share their uncertainties (doubts);
- accept faults and errors;
- be prepared for the future;
- be competent in interpersonal relationships; and
- continuously improve their technical skills.

Annex 4 provides sample job descriptions for EPI managers.

Exercise 7

Working individually, review the content of Annex 4 (EPI manager example job description) and review the working time allocations against each activity depending on your own situation. After completing the exercise, discuss with the facilitator reasons for any changes you have made.

6. Improving the management of EPI human resources

6.1 Background to EPI human resources

Like other health systems, human resources constitute the foundation of the immunization systems. In fact, the health enterprise is considered the most human by far, because it is "man who works on man for man". In health management, human resources are the most important aspect.

Numerous EPI reviews conducted in the African Region have highlighted problems of management; among them the most frequent and important is human resource management. The issue of the management of EPI human resource highlights, among other things, the following lapses or inadequacies:

- lack of a clear vision of the EPI's aims and objectives;
- uncertainty of staff members regarding their contribution to institutional objectives;
- poor team work;
- lack of a sustainability plan for many staff after the eradication of polio;
- lack of a capacity-building policy and strategy;
- no job and task descriptions;
- lack of career development plans;
- low wages and lack of incentives; and
- absence of supervision and performance evaluation.

Human resources involved in immunization services and activities are divided into several categories at various levels of the health system and belong to both the public and private sector. The following EPI human resources are identified:

- **Immunization programme staff:** Represented by national and international immunization professionals and support personnel. Among these are specific immunization personnel and other health workers involved in immunization even though this may not be their main and only activity (EPI/IMCI staff, EPI/MCH or EPI/epidemiology unit staff, etc.).
- **Immunization resource persons:** Such as partners, members of ICCs, technical and scientific committees and other experts/consultants.
- **Staff of community outposts:** From various community structures, who are involved in immunization (community health workers, family health educators, agricultural extension officers and other community-based staff).
- **National immunization workers:** Belonging to the public, private and semi-private (religious and NGO) sectors. They include epidemiologists, logistics experts, communication and social mobilization personnel, support personnel (secretaries, drivers and messengers) as well as health services personnel involved in immunization activities, such as doctors, nurses, midwives, laboratory assistants, etc.
- **The staff of international stakeholders:** Operating within immunization programmes in the African Region: epidemiologists, logistics experts, administrators, communicators, laboratory assistants, trainers and others.

The management of human resources for EPI includes: planning of staff numbers, training, recruitment, deployment/assignment, orientation, administration, motivation and performance evaluation. Often, different levels undertake the management of overlapping aspects of human resources, for example:

- In one country, central government undertakes the selection and recruitment of the entire health personnel and assigns jobs throughout the country. The regional health management team trains new staff members of health centres. The district health management team provides supplies, equipment, fuel and means of transportation. The manager of the health centre reports on a daily basis to the district supervisor.
- Therefore, a staff member may fall under the responsibility of three or four levels of administration and even many more units in the government. In some countries due to decentralization, two ministries may be involved in staff management at district level: MOH (district hospital staff) and the ministry of local government (district health office staff).

This example illustrates the complexity of staff management that EPI faces in the Region. In this situation, EPI managers should exercise special skills to achieve harmony in the number of staff they need and the required level of their qualifications and experience. Managers at all levels must communicate these requirements to those responsible for recruitment; they should participate in the development of job descriptions and performance criteria.

Job descriptions constitute an important link in the human resources management chain, serving as a basis for staff planning, training, recruitment, orientation, supervision and performance evaluation. They can also prevent overlapping of functions of various employees and define the legal requirement of the contract.

A well-prepared job description should include the following minimum information:

- title of the job; grade or level;
- official identification of the position; duty station;
- summary or purpose of the job in relation to the overall goals and objectives of the organization;
- functions: activities, roles and responsibilities;
- qualifications required;
- hierarchical relationships (who are supervisors and supervisees); and
- working conditions, salary level, allowances and other benefits (e.g. insurance and pension schedules etc.).

Annex 5 provides examples of job descriptions of some EPI core staff.

To assist the recruited staff to perform assigned duties according to the job requirements, the organization should also provide a **tasks description**. This is an instruction document providing technical details as to how the various tasks of the job should be performed. These tasks may be technical or managerial. This document should have the following items:

- post title;
- location of the post in the organogram;
- main responsibilities;
- working conditions related to the tasks;
- existence of the guidelines to perform the required task;
- working linkages within the services; and
- step-by-step description of the required tasks.

Managers at all levels, particularly at the level of service delivery structures, must be trained in the principles of work organization, delegation of authority, supervision and interpersonal communication.

6.2 Team work

Team work may be defined as a group of people working together to attain the same organizational goals. A competent group should demonstrate that:

- all members are highly involved and that progress is significant;
- the most qualified person in the work group tends to be its leader;
- the group is aware of the work to be done and, above all, how to do it;
- the group is aware of constraints and seeks appropriate alternatives;
- there is cohesion and spirit of mutual assistance within the group;
- the group is able to resolve possible interpersonal conflicts by itself;
- each member of the group finds their role in the work to be carried out;
- decisions are made through consensus; and
- mutual respect for each other's views.

6.2.1 Advantages and disadvantages of team work

We are compelled to come together in our work because we benefit from each other's contribution (knowledge and past experiences, and technical literature exchange etc.). Thus, group production is always higher than individual work. Nevertheless, individual efforts and group work complement each other; there cannot be group work without individual inputs from the start. Team work finds solutions to problems that require a variety of skills and information or the regrouping of information or ideas. It also enables team members to cooperate when they have common goals. It stimulates the participation of the team members to attain their objectives.

Team work does, however, have some disadvantages which are in fact difficulties rather than actual disadvantages. Indeed, it constitutes a source of conflicts (prudent expectations, defensiveness, rivalry, sometimes, even "wars"). Such conflicts arise from a lack of interpersonal trust that is related to poor communication among team members.

Exercise 8

Work in groups and identify similarities and differences between a job description and tasks description. Present your findings in two columns (job description and tasks description).
Group 1 task: Draw up the job and tasks descriptions of the national EPI manager.
Group 2 task: Draw up the job and tasks descriptions of the epidemiologist responsible for disease surveillance.
Group 3 task: Draw up the job and task descriptions of the EPI communication officer.
Group 4 task: Draw up the job and task descriptions of the logistics expert and the vaccinator.
All groups should present their deliberations at plenary.

6.2.2 Obstacles to communication within the team

Obstacles to communication that have a negative effect on team work include the following:

- frustration when the goals of the programme are not communicated to members;
- individual concerns of team members (worries);
- emotional reactions due to ideology, religious and other beliefs that lead to reactions and counter productivity by individuals within a group;
- hostilities or defensive reactions;
- chauvinism (national supremacy over others);
- bad past experiences on the issue;
- difficulties of expression by some members (in terms of ideas or speaking skills);
- hidden intensions/motivations of some team members;
- prejudices and stereotyping;
- lack of interest, absent-mindedness;
- favouritism due to particular interpersonal relationships; and
- social rank (weighing one's words in the presence of one's boss).

6.2.3 Factors likely to promote EPI team work

Any factor that promotes communication has positive effects on the EPI team work, for example:

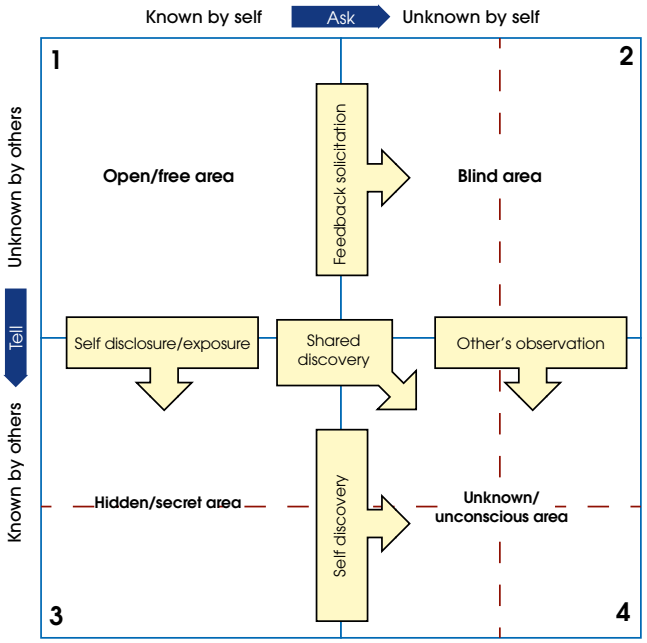
- participation in definition of objectives and strategies as well as formulation of the EPI action plan;
- exposing one's "ego" to the other team members;
- acceptance of feedback from colleagues;
- effective sharing of information vertically (supervisors) and horizontally (colleagues);
- decision-making through consensus.;
- harmonization, reduction of tensions and conflicts; and
- self-evaluation and formative evaluation of the group's performance.

The Johari Window (Figure 6.1) is a technique used to help people better understand their relationship with themselves and others. The tool was created by psychologists Joseph Luft and Harrington Ingham in 1955. It is a simple and useful tool for:

- self-awareness
- personal development
- improving communications
- interpersonal relationships
- group dynamics
- team development
- inter-group relationships.

It is one of the few tools that has an emphasis on "soft skills" such as behaviour, empathy, cooperation, inter-group development and interpersonal development. It is a great model to use because of its simplicity and also because it can be applied in a variety of situations and environments.

Figure 6.1 Johari Window – for better communication



The Johari Window works using four area quadrants. Anything you know about yourself and are willing to share is part of your open area. Individuals can build trust between themselves by disclosing information to others and learning about others from the information they in turn disclose about themselves.

Any aspect that you do not know about yourself, but others within the group have become aware of, is in your blind area. With the help of feedback from others you can become aware of some of your positive and negative traits as perceived by others and overcome some of the personal issues that may be inhibiting your personal or group dynamics within the team.

There are also aspects about yourself that you are aware of but might not want others to know, this quadrant is known as your secret/hidden area. This leaves just one area – the area that is unknown to you or anyone else – the unknown area.

While communicating, you should try to provide ample explanation so that the unknown areas (secret, blind and unconscious) become known and move toward the free area. The **free area** refers to behaviour and motivation known to yourself and to others. The **blind area** is where others can see things in ourselves of which we are unaware, such as prejudice. The **secret area** represents things we know but do not reveal to others. The **unconscious area** is where neither the individual nor others are aware of certain behaviours or motives.

Exercise 9

Discussion within groups.

Ask groups to review and brainstorm around four areas according to the Johari Window (see Figure 6.1). The proposed scenario includes the EPI manager who is negotiating with a partner for support. How do the various parts of our behaviour play out in negotiations?

6.2.4 Role of the individual in a team/group

At some point or another, individuals in a group or team may find themselves playing a particular role, which may revolve around either:

- setting the group on track;
- keeping the group on track; or
- group blocker who sets up obstacles and hinders the progress of the group.

An individual is not limited to a single role. Indeed, the same individual can play different roles in different circumstances and sometimes within the same group. It may happen that the individual plays this role unconsciously. There are actions associated these roles.

Launching or initiating role:

Introducing the group to actions, proposing a task or objectives for the group, defining the problem that the group must solve, and suggesting procedures for solving the problem.

- Gathering information and opinions: requesting group members to identify the problem and provide information available to them, requesting suggestions and opinions from the rest of the group.
- Providing facts and concrete data; making suggestions and giving opinions.
- Clarifying: interpreting ideas and suggestions made by the group; assuring that the conclusions are clear; presenting alternatives to the groups; providing examples.
- Summarizing: trying to regroup different ideas; representing suggestions after the group has discussed them.

The stabilizing role:

- Encouraging: being friendly and sensitive to the needs of others; accepting the others and their contribution to the work of the group.
- Expressing the feeling of the group: trying to find out the group's feeling; sharing the group's feelings and expressing them.
- Harmonizing: trying to reduce conflicts within the group; making sure that the various members of the group discuss and objectively analyse any differences of opinion that exist.
- Communicating: sharing and striving to keep the lines of communication between members of the group open; facilitating the participation of others.
- Seeking compromise: knowing when to withdraw and find compromises; admitting one's errors or opinions, adapting to the group.

Blocking role:

- Becoming dependent on others: holding on to the one who represents authority within the group.
- Showing resistance, going against the one who represents authority in the group regardless of what they do.
- Controlling the group: attempting to dominate the group by any means; trying to do as one wishes without caring for others.
- Withdrawal: often leaving the group (in and out); not fully participating in the activities undertaken by the group.
- Coalescing: looking for one or two members of the group to form a separate team; forming subgroups that may oppose the deliberations of the main group.

6.2.5 Group work techniques

To accomplish group work, several techniques may be used.

- **Brainstorming:** Brainstorming is a participatory training or discussion method that is considered appropriate for teaching adults. Participants should be encouraged to express views and share their experiences and skills with the group. The facilitator's role must be to introduce topics, guide discussions and move it forward, drawing opinions from the quieter members and clarifying views, whilst also ensuring that debates do not just go round in circles.
- **Plane nozzle technique (five phases):**
  - electing a chair
  - listing realistic expectations
  - creating a boiler with steaming ideas
  - retaining the group's ideas
  - providing synthesis of ideas.

6.2.6 Needs and expectations of the EPI team

At national, provincial and district levels, EPI managers generally work with an EPI team, which may be made up of a team leader, logistics experts, surveillance officers, data management clerks, social mobilization officers and others. This team will have its own life span and will

present challenges, daily, to the EPI manager. The team leader is responsible for:

- ensuring that the objectives, aims and criteria are defined and accepted by all;
- providing regular updates to the team;
- being available for consultations with team colleagues;
- managing the differences and conflicts and preserving the team's cohesion; and
- ensuring activities are followed up.

Remember, individuals are different, with different needs, expectations and ambitions.

Taking into account the aspirations of individuals towards self-esteem, personal development, good wages and other motivating factors, the EPI manager must strive to promote change through problem-solving, conflict settling and planned change management approaches. Experienced EPI managers are aware of and are able to resolve obscure emotional currents and behaviours that affect the team's harmony.

6.3 Qualities of a good EPI manager

Effectiveness in management is the result of a continuous learning process. Some of the qualities the EPI manager must cultivate in order to be an effective national EPI team leader are:

- making informed and bold decisions;
- willingness to delegate responsibility to subordinates;
- ability to maintain well-balanced personal relationships with team members, stakeholders and partners;
- capacity to motivate oneself and others for desired change;
- skills to train suitable persons to take on responsibilities;
- sensitivity to problems that staff members may have in the context of their work or personal life;
- ability to communicate clearly with the team; and
- promoting team cohesion and showing fairness.

Remember the following:

- publicly congratulate but criticise privately;
- too few praises go unnoticed; too many lose their value;
- maintain the morale, arouse enthusiasm in the team and never draw conclusions about a "good" or "bad" member after listening to only one side of the story. Always listen to both parties; and
- don't exercise favouritism towards certain team members.

The main concern should be to attain the expected results by working with others. Among other things, the functions of a team leader will consist of:

- ensuring the execution of tasks
- building up the team
- developing and motivating staff members.

The style of supervision, be it democratic, authoritarian or relaxed, will depend on the personality and skills of the team leader in the assessment of daily problems. In addition, the time pressure, emergencies related to disease outbreaks, the environment and the personalities of the EPI team members will also influence the manager's supervisory style.

6.4 How to motivate your staff

Low staff motivation is major problem identified in the African Region in most of recent EPI reviews. Some of the major causes noted were:

- low salaries
- poor conditions of work, housing and transport
- doubtful career development
- lack of supervision and continuous training.

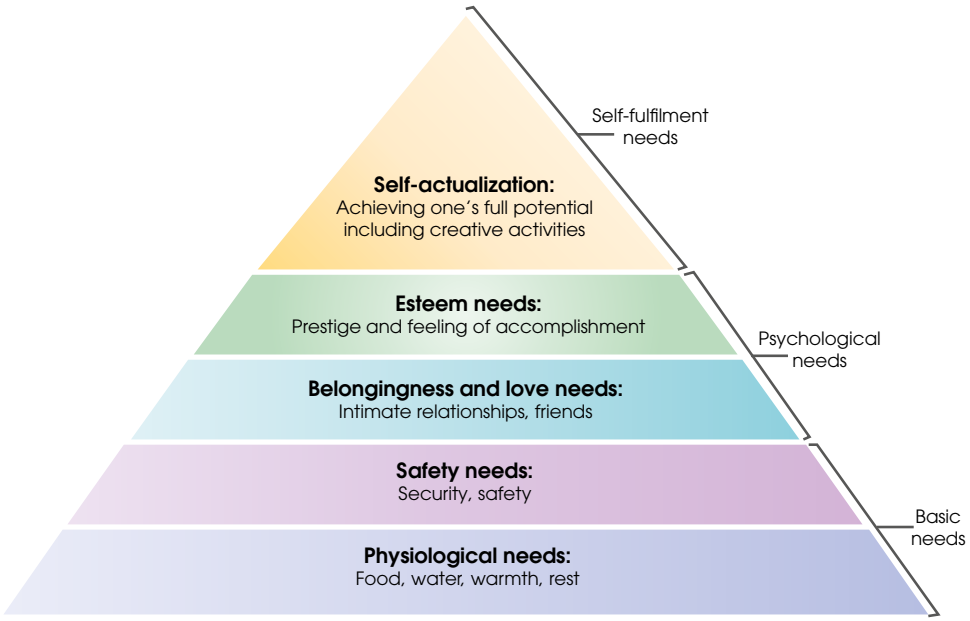
To motivate staff members, the EPI manager must first identify individual needs according to Maslow's hierarchy of needs (Figure 6.2). This is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as levels within a pyramid.

Maslow stated that people are motivated to achieve certain needs, and that some needs take precedence over others. Our most basic need is for physical survival, and this will be the first thing that motivates our behaviour.

Once that level is fulfilled the next level up is what motivates us, and so on. One must satisfy lower level deficit needs before progressing on to meet higher level growth needs. When a deficit need has been satisfied it will go away. Our activities become habitually directed towards meeting the next set of needs that we have yet to satisfy. These then become our salient needs. However, growth needs continue to be felt and may even become stronger once they have been engaged. Once these growth needs have been reasonably satisfied, one may be able to reach the highest level called self-actualization.

Every person is capable and has the desire to move up the hierarchy toward a level of self-actualization. Unfortunately, progress is often disrupted by failure to meet lower level needs.

Figure 6.2 Maslow's hierarchy of needs



You can see that the individual needs are in hierarchical order, starting from fundamental or basic needs and moving towards more specific needs. Essentially, the EPI manager must focus on intrinsic motivation factors (often related to individual needs) as well as extrinsic ones (often related to his or her environment).

6.4.1 Motivating factors in a working environment

According to F Herzberg, developer of motivation theories, a given set of needs must be satisfied in order not to demotivate individuals (stimulating factors); and, another set of needs, if satisfied, encourages individuals to work better (motivating factors). Table 6.1 describes the stimulating and motivating factors.

Table 6.1 Stimulating and motivating factors

Stimulating factors	Motivating factors
Policies, strategies and administration	Success, achievements
Supervision	Recognition
Interpersonal relationships	Exciting work
Working conditions	Responsibility
Wages/salaries	Advancement
Job security	Growth

Additional exercises

According to time availability, the course director may decide whether to include these exercises in the group work or suggest participants do them individually.

Exercise A

One aspect of the health system that has a major impact on managers is the relationship between tasks, work posts and the work team. What are the functions of the various units of an organization? What is the relationship between these units? Who reports to whom? What are the areas of responsibility and accountability? These relationships are generally summarized in a table or an organizational chart. The management functions in the following list are common to most health systems, with several of them being executed at more than one level.

- planning
- policy formulation
- budget preparation
- finances and accounting systems
- staff recruitment and assignment
- staff training
- monitoring staff performance (supervision)
- coordination with services at other levels, divisions of the health sector, health institutions (private, NGO), with the administration
- assessment of the performance of services
- management of epidemiological data on disease surveillance
- management of quality of vaccines, supplies and equipment
- transport management
- communication management – advocacy, social mobilization, health promotion
- programme review and evaluation.

Your tasks:
1. Examine the list above to ensure that it contains all the important functions of immunization services. Add those, in your view, not listed or adapt items to your situation.
2. Draw up the organizational charts of the public health service of your country at national, district and health facility levels.

Answer the following questions:
1. Which level(s) is (are) responsible for a given function? If more than one level is responsible for the same function, explain.
2. Are there overlaps, disparities or other problems in the assignment of functions? If so, what are they and how can they be remedied?

Exercise B

You have recently been appointed to the position of national EPI manager. During the first six months on the job, you have received regular complaints from some health workers that no one really considers their role and requirements. Some complaints indicate that the staff who moved recently to districts were given better salaries than those in the northern part of the country. Others have mentioned a "brain drain" of staff from EPI to the AIDS control programme where they can be paid a better salary. You have received instructions on the above complaints from the Secretary-General of Health, who sincerely supports the performance of health services, especially that of EPI. In addition, the Minister of Health would like parliamentarians to be involved in health matters at the local level. You are also aware that the ICC is expecting you to support the districts/provinces under your control. You decide to send a circular letter to the district and health center staff about the issue, to motivate and encourage them to show personal initiatives and be more thoughtful and responsible.

Form small discussion groups and answer the following questions:
1. What should you do before initiating your letter?
2. What key points are you going to raise in your letter to the district EPI manager to urge the district staff to demonstrate creativity in matters of motivation and in their day-to-day activities?
3. What key points is the district EPI manager going to raise in their letter to health facility staff?
4. How are you going to urge your ICC to support district initiatives?
When you have completed the exercise, discuss your answers with the facilitator. Please note there is no single correct answer to any of the above complex questions.

Recommended reading

WHO (2008). Implementing the Reaching Every District approach: A guide for district health management teams. Regional Office for Africa: World Health Organization. Available at: http://www.who.int/immunization/programmes_systems/service_delivery/AFRO-RED_Aug2008.pdf (accessed 5 December 2016).

WHO (2013). Global Vaccine Action Plan 2011–2020. Geneva: World Health Organization. Available at: http://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/ (accessed 5 December 2016).

WHO (2015). Regional Strategic Plan for Immunization 2014–2020. Regional Office for Africa: World Health Organization. Available at: https://www.aho.afro.who.int/en/ahm/issue/19/reports/regional-strategic-plan-immunization-2014–2020 (accessed 5 December 2016).

WHO (2017). Guide for the development of national immunization policies in the African Region. Regional Office for Africa: World Health Organization. Not yet published.

Websites

NITAG Resource Center. Health Policy and Institutional Development Unit, Agence de Médecine Préventive: http://www.nitag-resource.org/ (accessed 8 December 2016).

WHO – Immunization, Vaccines and Biologicals: http://www.who.int/vaccines-diseases/epitraining (accessed 8 December 2016).

Annex 1: Activities for planning to reach every district

1. Planning and management of resources

At district and facility levels, planning should identify what resources are needed to reach all target populations in a way that can be managed well and thus maintained. Good planning involves: (a) understanding the district/health facility catchment area (situational analysis); (b) prioritizing problems and designing micro-plans that address key gaps; (c) as part of micro-planning, developing a budget that realistically reflects the human, material and financial resources available; and (d) regularly revising, updating and costing micro-plans to address changing needs.

District level

- Develop comprehensive annual micro-plans.
- Plan all supervisory meetings with health workers and communities.
- Conduct periodic review meetings to review data and assess performance.

National level

- Use the cMYP as a basis for realistic costing of human and financial resources necessary to undertake the RED/REC strategy at district level.
- Ensure that all elements of the district micro-plans are included in the plan.
- Identify any gaps in funding or human resources.
- Use the national ICC to raise funds.
- Prepare costing of activities to ensure 80% coverage and above in all districts.
- Review human resources to ensure efficiency and links between immunization and other health programmes.

2. Reaching the target populations

This is a process to improve access and use of immunization and other health services in a cost-effective manner through a mix of service delivery strategies that meet the needs of target populations.

District level

- A register tracks target population children.
- A simple hand-drawn map is used to outline villages in the catchment area of each health unit.
- Review session plans for fixed immunization to meet the needs of the community.
- An outreach micro-plan is developed and budgeted using a schedule that is adapted to community convenience.
- Health staff participates in outreach at least every two weeks.
- Appropriate supplies, forms/registers and allowances are assured for every planned outreach trip.
- Appropriate transport is provided for outreach, which could include, for example, a motorcycle for a 6–20-km radius, or a bicycle for less than 5-km radius.
- An influential community focal point is identified and active.
- Outreach is planned and implemented with community participation.
- In negotiation with the community, other interventions are included in outreach (with vitamin A as a minimum).
- Good communication is achieved between service providers and community members.
- Prioritize health facility catchment areas by total number of unimmunized and partially immunized children.
- Develop plans to conduct additional outreach visits or periodic intensification of routine immunization (PIRI) to reduce the number of unimmunized children.
- Immunization advisers are identified to assist with planning and monitoring outreach services.

Subnational (state, provincial or regional) level

- Prioritize districts by total number of unimmunized and under-immunized children.
- Re-orientation workshops for priority districts to produce district micro-plans using MLM Module 5: *Increasing immunization coverage.*
- Support plans and implementation of accelerated activities to increase coverage and reduce unimmunized and under-immunized children in priority districts.

National level

- Analyse all districts, including coverage and drop-out rates, unimmunized and under-immunized population, mapping and feedback.
- Guide districts to conduct bottleneck analysis of immunization coverage and develop appropriate strategies.

- Review national policy, strategies, plans and budgets for outreach and PIRI including transport management.
- Systematic monitoring of fixed and outreach immunization sessions at district level through supportive supervision, follow up and feedback.

3. Supportive supervision

District level

Supportive supervision focuses on promoting quality services by periodically assessing and strengthening service providers' skills, attitudes and working conditions. Regular supervision should go beyond checklists and reports. It should build capacity to carry out safe, good quality immunization services at district level. In addition, it should upgrade the skills of health workers by on-site support, training, monitoring and feedback. This should include preparation of district micro-plans and budgets within the district.

- District supervisor visits health units at least once per month to help with planning, budgeting, monitoring, training and problem-solving.
- During a supervision session the supervisor should:
  - stay for at least two to three hours;
  - provide training on specific subjects including safety and waste management;
  - watch health workers conduct immunization sessions to ensure quality and safety;
  - watch health workers train other colleagues;
  - include a technical update; and
  - monitor progress on a standard wall chart.
- Supervisors must be mobile and transport must be planned, provided and budgeted for each supervisory visit.
- When a health worker visits the district level there should be an opportunity to continue training.
- When a health worker visits the district level he/she should travel with appropriate supplies and forms.
- The supervision visit would not necessarily need to be exclusively focused on immunizations, so long as the supervisor gives immunization due attention.

Subnational (state, provincial or regional) level

- Organize training of trainers and supervisors in priority technical areas.
- Implement regular supportive supervision in priority districts according to plans.

National level

- Review TORs and duties of supervisors and assess national supervisory plan.
- Redefine TORs of supervisors to improve on-site support and/or training at health facility level.
- Determine training needs of supervisors.
- Identify and secure resources necessary to make regular supervisory visits possible.

4. Links between community and health services

Health facility level

- Identify a mobilizer to alert the community that the outreach worker has arrived and the outreach session has begun.
- Attend all sessions.
- Mobilize children and mothers.
- Consult on the time and place of an outreach session.
- Inform the community of the next outreach session.

District level

- In collaboration with health workers, establish regular meetings with stakeholders to discuss performance, identify local health issues and problems and agree on solutions, e.g. reducing dropout through defaulter tracing.
- Build community networks (communication channels).

Subnational (state, provincial or regional) level

- Develop/revise strategies and plans that will result in the systematic identification of community focal points or committees in priority districts.

National level

- Identify national focal point for advocacy, communications and social mobilization.
- Review national plans and strategies including orientation of health workers on improving links between community and service.

5. Monitoring for action

Health facility level

- Determine the target population and catchment area of each health facility in consultation with district level and communicate upward to the

province and national level.
- Record each dose of vaccine given for all EPI antigens both at fixed posts and during outreach sessions.
- Record vaccine stocks and calculate wastage rates.
- Penta1 is the standard indicator for "access" for the purpose of standardization and simplicity. Other indicators will continue to be used to measure the quality and impact of the service.
- Chart cumulative monthly Penta1 and Penta3 percentage coverage and monitor Penta1-Penta3 dropout.
- Ensure that simple hand-drawn maps are available at each health facility showing villages and populations.
- Ensure the community participates in and is notified about immunization targets.
- Data compiled and discussed at monthly district meetings with the supervisor with a critical review of numerators and denominators.

District level
- Monitor completeness and timeliness of immunization coverage and surveillance reports.
- Chart cumulative monthly Penta1 and Penta3 coverage to monitor doses administered and drop-out rates.
- Distinguish between immunization recording and reporting at fixed post and outreach services.
- Calculate the percentage of health units that had no vaccine stock-outs during the month.
- Record vaccine stocks and utilization rates for each health facility.
- Identify problems and find appropriate local solutions.
- Compile information for reporting to province level on a monthly basis.
- Calculate the percentage of health units that have been supplied with adequate (equal or more) numbers of auto-disable (AD) syringes for all routine immunizations during the year.
- Plan supplementary immunization activities when necessary.
- Conduct outbreak investigation and response.

Subnational (state, provincial or regional) level
- Organize quarterly meetings for district teams and supervisors.
- Analyse district data and provide feedback to districts.

National level
- Strengthen national capacity to produce and maintain district-level indicator database including mapping.
- Review timeliness, completeness and accuracy of district reporting system.
- Compare district, subnational and national numerators and denominators to ensure consistency.
- Develop national consensus on denominators and reporting guidelines.
- Identify priority districts and provinces for strengthening monitoring, evaluation, surveillance and reporting system.
- Follow up the implementation of activities designed to correct subnational and district performance deficiencies.

Subregional (intercountry support team – IST) and regional level
- Review national plans and budgets including cMYP to ensure that activities to increase coverage are included and adequately budgeted for.
- Request all countries to report on progress of the implementation of RED/REC and other strategies to increase coverage
- Provide feedback and technical support where needed to all countries regarding key performance indicators.

Annex 2: Core indicators for reaching every district

Planning and management of resources

- Percentage of districts with routine immunization (RI) micro-plans updated (at least every six months).
- Percentage of districts with stock-out of any antigen in district store in last month.
- Percentage of districts with AD syringe stock-out in district store in last month.
- Percentage of districts with at least one staff trained in RI in the previous year.
- Percentage of total health funds disbursed for RI activities during the last quarter at district level.
- Percentage of health facilities with RI micro-plans updated (at least every quarter).
- Percentage of health facilities with stock-out of any antigen in the last month.
- Percentage of health facilities with AD syringe stock-out in the last month.
- Percentage of health facilities with at least one staff trained in RI in the previous year.

Reaching target population

- Number of Penta1 given during outreach in all health facilities (HFs)/total number of Penta1 planned to be given during outreach in all HFs in the month x 100; alternative if outreach target not well defined: use number of outreach sessions conducted by HFs/total number of sessions planned by HFs.

Linking services with community

- Number of districts with at least one meeting conducted with the community (community-based organization and/or local authorities) in a quarter/total number of districts.
- Number of HFs with at least one meeting in a quarter conducted with community/total number of HFs.

Monitoring and evaluation

- Percentage of districts that conduct at least one review meeting per quarter in which data, trends and monitoring for action are discussed with health facilities.
- Percentage of total immunization reports that districts receive (monthly). Note: reports received from health facilities must be both on time and complete to qualify.
- Percentage of health facilities that have immunization monitoring charts up to date, correctly drawn, and visibly displayed at health facility per (quarter) Note: all three criteria must be met to qualify; definition of "up to date" to be determined at national level.

Supportive supervision

- Number of HFs with supportive supervisory visits by districts/total number of HFs.
- Number of districts with supportive supervisory visits conducted by national level/ total number of districts.

Performance

- Access: Penta1 coverage = number of children <12 months immunized with Penta1/number of surviving infants <12 months x 100.
- Utilization:
  - Penta1 to Penta3 drop-out rate = Penta1 coverage minus Penta3 coverage/Penta1 coverage x 100.
  - Penta1 to measles drop-out rate = Penta1 coverage minus measles coverage/Penta1 coverage x 100.

Annex 3: EPI manager management skills

This list is not exhaustive!

Skills in organization of the work
Operational planning
Organization of the workplace
Time management
Methods of work analysis
Monitoring and evaluation of organizational performance

Communication skills
Report writing and presentation
Public speaking and public relations
Group leadership
Intersectoral collaboration
Skills in conducting meetings
Negotiation techniques
Interpersonal communication

Skills in human resource management
Staff planning
Leadership and staff motivation
Work analysis, job and task descriptions
Interview skills and staff selection methods
Conflict resolution methods
Staff administration

Skills in material resource management
Logistics cycle
Order estimates
Selection of materials and equipment
Stock management
Management of fixed assets
Transport management
Distribution/use of material resources
Equipment repair and maintenance
Inventory of all equipment at each level and facility

Skills in financial resource management
Budget preparation
Accounting
Cost recovery, user fees if any
Health economics, e.g. cost of complete child immunization

Annex 4: Example EPI manager job description

National EPI manager

Title: National EPI manager
Rank: As per national personnel nomenclature
Identification of the post: As per national personnel coding system
Reporting to: As per national health system organizational infrastructure
Objective of the post: To plan, organize, coordinate and ensure implementation, monitoring and evaluation of the national immunization programme
Responsibilities/functions: Under the supervision of the supervisor (head of unit, director or coordinator), the incumbent will be responsible for the following:

- To analyse and make decisions based on plans and programme development processes;
- To monitor implementation and evolution of the programme adopting to innovations and best practices;
- To ensure quality and safety of immunizations performed;
- To advise, orient, inspire and supervise the staff; and
- To communicate with the communities, stakeholders and partners to maximize resources for immunization and provide them with feedback on programme achievements.

Main duties/tasks	Percentage of work time
Periodic (sequential) tasks:	
• Developing strategic and annual plans for immunization and budgeting for human, material and financial resources in line with national immunization polices/strategies	10%
• Monitoring the programme to ensure targets are achieved and the quality and safety of immunization delivery ensured	20%
• Arranging quarterly or semi-annual meetings of the ICC, acting as a Secretariat of ICC	5%
• Conducting mid-term and end of planning cycle evaluation of the programme	5%
• Submitting annual, quarterly, monthly or any other regular reports as required by the health management information system (HMIS)	5%
Continuous tasks:	
• Analyse incoming immunization coverage and surveillance data and make decisions on programmatic issues	10%
• Act as a technical advisor to the ministry or board of health on resources, recruitment, deployment of staff working in immunization programme	5%
• Provide leadership for and optimize the performance of work through enhanced interpersonal relationships within EPI team	10%
• Ensure day-to-day administration of the EPI unit	15%
• Arrange training and professional development of the staff directly engaged in programme activities in order to improve the quality and safety of immunizations	5%
• Communicate with stakeholders and partners and mobilize resources for immunization	5%
• Evaluate end-of-day results and programming activities for the next day/period	5%

Qualifications and experience: Degree in public health or equivalent; extensive professional experience in managing public health programmes. Diploma in health management would be an advantage.

Annex 5: Example job descriptions for EPI core staff

Disease surveillance officer

Title: Disease surveillance officer/epidemiologist
Rank: As per national personnel nomenclature
Identification of the post: As per national personnel coding system
Reporting to: As per national health system organizational infrastructure (if working within EPI, national EPI manager)
Objective of the post: To plan, organize, coordinate and ensure implementation of disease surveillance activities according to strategic and annual plan of action on immunization

Responsibilities/functions: Under the supervision of the supervisor (head of unit, director or coordinator, national EPI manager), the incumbent will be responsible for the following:

- To ensure the collection, collation and analysis of disease surveillance data;
- To ensure the smooth functioning of the reporting system on target diseases and immunization data;
- To ensure timely response to target diseases cases and outbreaks; and
- To train health workers on principles of disease surveillance.

Main duties/tasks	Percentage of work time
• Analyse incoming immunization coverage and surveillance data in liaison with the epidemiological department and HMIS	10%
• Act as a technical advisor to the national EPI manager in matters concerning disease surveillance	-
• Establish a disease surveillance system of notifiable target diseases for epidemic preparedness, outbreak investigation and response. The system should also include AEFIs	20%
• Disseminate case definitions of target diseases among health workers to facilitate their early and accurate recognition and case management	5%
• Establish monitoring and evaluation systems with special emphasis on diseases targeted for eradication/elimination or control (e.g. poliomyelitis, neonatal tetanus, measles etc.). This system should include: ◦ selection of programme indicators ◦ planned or ad hoc field supervision according to pre-prepared supervisory visit schedule and checklist ◦ monitoring and regular review of progress to verify achievement of targets ◦ develop epidemic forecasting system that will include identification of the following essential elements or risk factors: ◦ seasonal or climatic factors ◦ epidemiological (past epidemics and changing trends of disease occurrence) ◦ high-risk population groups and areas	20%
• Supervise the computerized data entry and analysis of disease surveillance data and produce periodic feedback for management, districts and sentinel sites	5%
• Monitor overall immunization coverage rates of target population and assist in organizing mass immunization campaigns (NIDs, SIAs)	5%
• Identify national and international reference laboratories for sending specimens and confirmation of laboratory diagnosis	10%
• Create stockpiles of vaccines, specimen collection and case management kits and ensure their timely distribution to intermediate level	5%
• Arrange training of personnel on case/outbreak recognition and/AEFI investigation, specimen collection and dispatch, routine and sentinel reporting, of target diseases	15%
• Provide feedback on disease occurrence and trends to data providers through regular meetings, supervision and epidemiological bulletin	5%

Qualifications and experience: University degree or equivalent. Excellent computer skills and extensive experience in public health and disease surveillance would be an advantage.

Cold chain officer

Title: Cold chain officer
Rank: As per national personnel nomenclature
Identification of the post: As per national personnel coding system
Reporting to: National EPI manager
Objective of the post: To plan, organize, coordinate and ensure smooth functioning of the cold chain system for the immunization programme

Responsibilities/functions: Under the supervision of the national EPI manager the incumbent is responsible for:

- Planning and monitoring of the EPI cold chain system in the country;
- Ensuring functionality of the cold chain system;
- Providing support and means for preventive and curative maintenance of the cold chain equipment; and
- Training of cold chain technicians at subnational level.

Main duties/tasks	Percentage of work time

• Prepare a cold chain plan as a component of overall EPI plan (strategic and annual) with the following subsections:
  ◦ cold chain rehabilitation plan to replace old equipment
  ◦ cold chain emergency plan
  ◦ plan for preventive and curative maintenance of the cold chain equipment
	5%

• In liaison with the logistician, estimate cold chain equipment and supply needs and advise the EPI manager on selection of equipment with specifications approved by WHO/UNICEF	5%
• Maintain an accurate cold chain inventory and update it regularly	20%
• Organize a unit for regular maintenance of equipment and equip it with trained repair technicians. Provide the unit with repair tools	20%
• Identify alternative cold chain equipment (refrigerators, freezers, back-up generators, etc.) to cater for emergencies (power cuts, floods, collapse of vaccine stores)	-
• Make suggestions for having vaccine refrigeration facility at national airport/s	-
• Make regular supervision of national/ subnational cold chain facilities to ensure uninterrupted functionality of the cold chain in the country	30%
• Provide regular reports to EPI manager on cold chain status, needs and constraints and make recommendations on how to overcome them	5%
• Carry out training of national and sub-national cold chain staff (cold chain officers, repair technicians and other health staff with cold chain responsibilities	15%
• Carry out any other programme activities assigned by the EPI manager	-

Qualifications and experience: Diploma in engineering or equivalent with experience in refrigerating equipment. Previous experience as a cold chain officer at subnational level is an advantage.

Logistics officer

Title: Logistics officer (logistician)
Rank: As per national personnel nomenclature
Identification of the post: As per national personnel coding system
Reporting to: National EPI manager
Objective of the post: To ensure the proper management of vaccines and injection materials, ordering and distribution of supplies, and providing transport for uninterrupted programme operations
Responsibilities/functions: Under the supervision of the national EPI manager, the incumbent is responsible for the following:

Main duties/tasks	Percentage of work time
• Prepare a logistics plan as a component of overall EPI plan (strategic and annual) with the following information:	
◦ vaccine and injection material needs according to target population to be immunized during the planning period	5%
◦ estimated cost of supplies	10%
◦ approved schedule of vaccine/injection material ordering/supply periods.	20%
• In liaison with the national cold chain manager, estimate vaccine and other supply needs and advise the EPI manager on selection of suppliers whose product specifications are approved by WHO/UNICEF	10%
• Conduct regular monitoring and stock inventory of vaccines and supplies	30%
• Establish an efficient supply distribution system and ensure availability of transport for safe deliveries	5%
• Make regular supervisory visits to vaccine stores and health facilities to observe whether:	20%
◦ proper stock management practices are applied (fitness, cleanness, etc.)	
◦ supplies are made according to the "bundling policy"	
◦ store records are accurate and consistent with the physical count	
◦ vaccine movements in and out are correctly recorded in the vaccine register	
◦ expired and discarded vaccines and injection materials are disposed of according to safety norms	
◦ staff apply vaccine quality tests (VVM, shake test, reading vaccine quality indicators, etc.) to prevent use of expired or damaged vaccines	
◦ provide regular reports to EPI manager on logistics needs and constraints and make recommendations on how to overcome them	
◦ carry out training of national and subnational staff on vaccine handling, stock management, calculations of vaccine wastage rates, logistics record keeping, etc.	
◦ carry out any other programme activities assigned by the EPI manager	

Qualifications and experience: Postgraduate diploma in public health or certificate or diploma in logistics management. Previous experience in logistics management is an advantage.

- Estimating vaccine and injection material needs;
- Determining quantities for ordering supplies according to storage capacities of the dry and cold stores and vaccine stock levels;
- Managing the vaccine stock to prevent stock-outs;
- Ensuring a functional distribution system for supplies; and
- Monitoring use of vaccine and injection material to minimize vaccine wastage.

Communication/social mobilization/health promotion officer

Title: Communication/social mobilization/health promotion officer
Rank: As per national personnel nomenclature
Identification of the post: As per national personnel coding system
Reporting to: As per national health system organizational infrastructure (if working within EPI, national EPI manager)
Objective of the post: To plan, organize, coordinate communication and public relations activities and strengthen the advocacy and community mobilization in favour of immunization

Responsibilities/functions: Under the supervision of the supervisor (head of unit, director or coordinator, national EPI manager), the incumbent is responsible for:

- Ensuring that EPI communication activities are effectively managed, implemented, monitored and evaluated;
- Using communication skills for improved advocacy and social mobilization to maximize resources for immunization programmes; and
- Facilitating formative research and use of research findings in immunization communication programming.

Main duties/tasks	Percentage of work time

• Prepare a communication plan as a component of overall EPI plan (strategic and annual) with the following information:
  ◦ communication activities (training workshops, production of tools, assessments, etc.) addressing routine EPI, disease surveillance and SIAs
  ◦ activities to be undertaken in conjunction with major communication events such as national or world health days and launching ceremonies related to immunization
  ◦ target audience to be addressed, including strategies to reach remote areas
  ◦ strategies to address immunization resistance
  ◦ timeframe, required resources and the budget of communication activities
	10%

• Coordinate the designing, developing, pre-testing, procuring and distribution of educational materials and tools for the immunization programme	10%
• Hold meetings and liaise with other ministries, immunization partners and with the media to communicate progress, best practices as well as constraints	5%
• Involve communities and the public in planning and implementing immunization activities to ensure their acceptance and support	15%
• Prepare and issue regular press releases for the media with a view to update them on progress and innovations, and develop an informed media network	5%
• Establish set of indicators for measuring achievement of communication targets	-
• Conduct monitoring of communication activities and expected outcomes using specific communication indicators and make improvements as needed	10%
• Formulate and conduct baseline surveys on knowledge, attitude and practice related to the immunization programme	10%
• Carry out training of national and sub-national staff on communication techniques and strategies to reach different target groups	20%
• Provide regular reports to EPI managers on progress and constraints and recommend ways to overcome them	5%
• Evaluate information, education, communication and community mobilization component of the immunization programme to verify its effectiveness,	10%
• Carry out any other programme activities assigned by the EPI manager/supervisor	-

Qualifications and experience: Postgraduate diploma in public health or certificate or diploma in communication techniques. Excellent draft ability and specific experience in computer processing are an advantage.

Data manager/statistician

Title: Data manager/statistician
Rank: As per national personnel nomenclature
Identification of the post: As per national personnel coding system
Reporting to: As per national health system organizational infrastructure. If working within EPI, national EPI manager
Objective of the post: To ensure immunization and disease surveillance data collection and processing and establishment of a computerized data base for regular reporting

Responsibilities/functions: Under the supervision of the supervisor (head of unit, director or coordinator, national EPI manager), the incumbent will be responsible for:

- Extracting immunization and disease surveillance data from regular reports from health facilities;
- Computer processing of the resultant data sets and establishing a computerized data base;
- Producing regular data sets for monthly, quarterly and annual reports; and
- Training health workers in data management using computers.

Main duties/tasks	Percentage of work time
• Establish computer database for data entry and processing as per established indicators using computer software (e.g. Epi Info)	10%
• Collect EPI-related information from regular reports and process data through verification and validation of the report content	5%
• Based on the established reporting procedures, estimate completeness and timeliness of the reports	20%
• In liaison with the national disease surveillance officer, analyse and present data to the EPI manager to prepare required regular reports on immunization coverage and target diseases occurrence	20%
• Liaise with other departments, institutions and organizations (e.g. WHO, UNICEF) collecting information on immunization and disease occurrence to harmonize data and achieve a common database	10%
• Carry out internal data quality analysis (DQA) to improve reliability and accuracy of the reporting data	5%
• Supervise data processing equipment of the EPI unit	10%
• Carry out training of national and subnational health staff on reporting procedures and the use of computer software	20%
• Carry out any other programme activities assigned by the EPI manager	-

Qualifications and experience: Postgraduate diploma in statistics or computing. Excellent computer skills. Some years of experience involving data processing and analysis.

World Health Organization

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