A key to improving coverage and programming for vitamin A capsules (VAC) is assuring that the contact between caretakers and providers during vitamin A distribution is pleasant, the dosage is correctly given, and the needed messages are given and understood. In Ghana and Zambia, MOST field-tested simple, short checklists for provider behavior when distributing VAC that can be used by local programmers during NIDs. An exit interview that provides an indication of how much and what the caretaker understood from the encounter can be done at the same time.

Once collected, the data can quickly be fed back into the health care or volunteer system to improve training, support, communication, protocols, etc., as needed, and to provide baselines for future activities. Experience shows that the value and credibility of the findings are enhanced when the data are collected by those most involved in the effort, including donors, central-level planners and technical specialists, and the local staff responsible for the activities. Using program staff to collect data encourages their “self-discovery” of good examples as well as problems and makes it more likely that they will accept changes based on those data. In addition, these studies are relatively inexpensive, costing around $3,000 for a national survey of five districts in Ghana using two-person teams for each district.

In Zambia, despite assurance at the central level that the providers, who had taken part in several VAC distributions, knew how to administer the capsules, it was obvious that few understood the dosage and even fewer how to cut the capsules when half doses were needed. Health workers did not have cutting instruments, as the central level had assumed, and to their credit, used their teeth and thorns and anything else they could find to open the capsules or asked mothers to use their teeth to open capsules for their children. Despite the lack of skills, training, and supplies, the health workers were motivated and determined, and achieved an unexpected 71 percent coverage in a non-NIDs distribution. Observers also noted that health workers who made it clear that they respected the time of the clients had higher coverage than those who did not. Based on these findings, preparation for the next distribution will focus on new skills training and job aids and fostering more positive attitudes toward the clients.

The monitoring in Ghana took place during NIDs. In one striking finding, observer/interviewers in one district noted that no mothers knew that they had received vitamin A, some thinking that their child had received candy or a toffee, and none knew when or if they were to return. A study can also look at the length of the contact between provider and caretaker, so that realistic messages can be crafted. If the contact during NIDs is, for example, 30 seconds, then we will need to be sure that any messages can be comfortably given during this period. Longer and more complete messages can be planned for use during the vitamin A-only distributions.

These forms should best be used in conjunction with the WHO guidelines, “Distribution of vitamin A during national immunization days” (Department of Vaccines and Other Biologicals and Department of Nutrition for Health Development, WHO, Geneva), to assure a comprehensive look at the entire supply, logistics, planning, and promotion effort.
Training for Observation and Exit Interviews

Observation
The key to successful observation is that all observers agree on criteria for each practice to be observed. The criteria should be discussed in detail in advance with all observers and research leaders. Role-plays in which good and incorrect practices are demonstrated while observers score them should be used to be sure that all observers are scoring the same practice the same way. If there are disagreements, these should be worked out during the training. This is particularly important with practices such as smiling, giving doses correctly, being polite or pleasant, etc. It is easier to observe if a worker smiled than to observe that he is being pleasant, but some teams have been able to agree on criteria and use more subjective measures. If the criteria for any practice cannot be agreed upon so that all observers are scoring them consistency in the same way, they should not be used.

Often the events will not occur in the order given on the form. The observer should be alert to record them as they occur. During the role-plays the trainers should change the order of giving information so that observers can practice entering data out of sequence.

Results can be reported as qualitative or descriptive data or, using the same questionnaire, as quantitative statistical data. For the latter, you will need at least 50 observations.

Time Management Studies
For all contacts, note the time the contact begins and ends. This means that each observer will need a watch with a second hand. Please try to be as exact as possible.

Use of Observation and Exit Interview Forms

1. Each observer should observe at least five contacts between caretakers and a provider at each site. If you have two observers, they should observe two providers. These observations should be evenly spaced over the time you are visiting a site so that changes due to numbers being seen, exhaustion, etc., will be recorded. Try to be as inconspicuous as possible in observations. We do not want to make providers self-conscious or interfere with their concentration. Explain that we are looking for ways to improve the system. Do not tell providers that you are observing communication practices as well as administration. Assure all that no names will be used. Note that we are using “she” and “her” to refer to caretakers as they are primarily female. Leave a copy of the form with the observed provider.

2. Enter the name of the site and district (or other needed identifying information.) Enter a number for the provider you are observing, and number each caretaker contact sequentially. In this way we can match the knowledge of the caretakers with specific practices of the provider.

3. Observation Form for VAC During NIDs
   a. Record yes if the provider asks for the child’s age to assure that he/she is in the target group and asks further questions if the mother or other caretaker cannot answer easily.
   b. Note if the dose is correct for the child’s age.
   c. In some countries, the system for cutting capsules is not standardized and therefore probably cannot be observed successfully. If agreement can be reached on the correct practice then it should be observed and recorded.
d. The provider should be sure the caretaker knows that her child has received vitamin A.

e. The observers should agree on the criteria for this practice. If there are agreed upon vitamin A messages, the delivery of each of these messages should be observed and recorded. If no specific messages have been given to providers then they should say something positive and welcoming, as You are a good mother, this is good for your child, vitamin A will help your child, thanks for coming, welcome, etc.

f. The provider should tell her when to return—in six months, every six months, or in the correct month.

g. We are not asking if the provider notes the VAC in a card or tally sheet as this is often the responsibility of another person during NIDs. If this is the responsibility of the provider then this practice should be observed and recorded.

h. Often providers are asked to keep vitamin A capsules out of the sun. If this is your policy, observe and record this practice.

4. After observing the contact, the observer should question the caretaker. Explain that you are trying to find ways to make the distribution more helpful to people like her, and that the caretaker can help you to find out what she thinks about the encounter. The key to success in exit interviews is not to alarm or intimidate the mother. Use the same number for the exit interview as the provider observation.

5. Exit Interview for VAC

Ask open questions rather than questions that can be answered with yes and no as this provides a more reliable test of her knowledge. For example, ask, “What did your child just receive from this worker?” rather than “Did your child receive vitamin A?”

a. Ask her if she knows when she should return. Correct answers are in six months, every six months, or in August.

b. Ask her what age children are supposed to come for this dose. The correct answer is all children between the ages of six months and five years.

c. Ask her what some of the benefits of the vitamin A capsule are. There are many correct answers. Interviewers should agree on acceptable ones, and should list those given for future use in communication campaigns.

d. Ask her if she intends to return for the next dose.

e. Ask how she thought the provider behaved toward her. Another approach, although it cannot be analyzed quantitatively, is to ask “What did you like best about the distribution, and what did you like least about the distribution?”

f. Ask if she knew that vitamin A was going to be given today.

g. If yes, ask her where she heard this information. Check the sources she mentions for information about the VAC. These will be very useful for the communication strategy.

h. Note the time that the contact begins and ends.
Observation Form for VAC during NIDs

**Action**  |  **Yes**  |  **No**
--- | --- | ---
a. Determines child’s age.  |  |  
b. Gives correct dose.  |  |  
c. Cuts correctly.  |  |  
d. Tells mother child is receiving vitamin A.  |  |  
e. Welcomes mother or says something encouraging or positive to mother about receiving VAC.  |  |  
f. Tells her when to return.  |  |  

Time ended__________

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Exit Interview for VAC

**Action**  |  **Yes**  |  **No**
--- | --- | ---
a. Can state that her child received vitamin A.  |  |  
b. Can state correctly when to return.  |  |  
c. Can state correctly who is eligible (6 months to five years).  |  |  
d. Can state benefit/s of vitamin A.  |  |  
   List: (protects child, prevents blindness, makes child grow stronger, etc.)  |  |  
e. Says HW was polite/welcomed her.  |  |  
f. Says she will or will not return for the next dose.  |  |  
g. Says she did or did not know that VAC would be distributed today.  |  |  
h. If yes, says where she heard about VAC distribution. Check all mentioned:  |  |  
   Health worker  |  |  
   Religious leader  |  |  
   Local leader  |  |  
   Leaflet/poster/sign/banner  |  |  
   Neighbor/friend/relative  |  |  
   Radio  |  |  
   Other (list)  |  |  

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