

RESOURCE CATALOGUE

SERVICE QUALITY AND EXPERIENCE LITERATURE AND TOOLS



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Resource Catalogue for Service Quality and Experience

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Service Experience Definition

- Summary of the WHO Quality of Care framework that outlines eight domains of quality of care, supported by standards statements to be monitored and improved, in its application to Maternal and Newborn health.

[WHO Standards of Care to Improve Maternal and Newborn Quality of Care in Facilities. A Network for Improving Quality of Care for Maternal, Newborn and Child Health, MCA, WHO, 2017, pp. 1–8.](#)

- Detailed report on the WHO Quality of Care Standards, including the methods of development, and definition of the framework and standards, quality statements and measures, operationalization, and monitoring and evaluation of standards in practice.

[Standards for improving maternal and newborn quality of care in health facilities. MCA, WHO, 2016, pp. 1-84. ISBN 9789241511216.](#)

- Outline of the role of service quality in a UHC context and highlights the WHO workstreams feeding into the topic of service quality.

[Quality of Care in the Context of Universal Health Coverage \(UHC\). A Network for Improving Quality of Care for Maternal, Newborn and Child Health, MCA, WHO, 2017, pp. 1–2.](#)

Service Experience and Quality Assessment

- A guide intended for district health management teams and others working on qualitative study of health workers' knowledge, attitudes, and practices, particularly in regards to interacting with caregivers and infants in immunization services.

[“A guide for exploring health worker / caregiver interactions on immunization.” USAID Maternal and Child Survival Program, John Snow Inc. UNICEF, WHO, 2018.](#)

- Site compiling JSI exploration of home-based record improvement including technical resources, field learnings, blogs, presentations, case studies, etc.

[“Coordination and Implementation of Child Health Record Redesigns \(Home-Based Records\) Resources.” International Health , John Snow, Inc., 2019.](#)

- Data Collection Tool for assessing systemic immunization barriers at a country's central, intermediate and facility levels.

[Country Assessment and Planning Guide – Step 2, Annex 2: The Data Collection Tool. Addressing System Wide Barriers to Immunization. 2004.](#)

- Report providing a compendium of measurement tools used in domains of health care performance, service quality, and health care needs

[Global Efforts in Measuring Quality of Care. WHO, 2018, pp. 1–37. Licence: CC BY-NC-SA 3.0 IGO.](#)

- Compendium of home-based records for recording primary care services across countries provided by UNICEF and WHO, and country programme offices.

Home-Based Record Repository, 2018, www.immunizationcards.org/.

- Self-monitoring tool designed for community workers / community itself to increase involvement in planning and monitoring of immunization services.

[*My Village is My Home. A community tool for self-monitoring and health education. USAID BASICS. 2003.*](#)

- Assessment tool developed to allow stakeholders to assess CHW programs and count CHW numbers in an area. Includes planning and resource guide to strengthen CHW programs.

[*Rapid Assessment of Community Health Worker Programs in USAID Priority MCH Countries Draft Tool for Field Testing. USAID, 2009, pp. 1–28.*](#)

- Conceptual framework developed to meet the global gap of service delivery and quality measurement. Presents mapping tool to be developed and plan for analysis of gap between capacity building and measurement.

[*Towards a Common Mapping Tool for Measurement in Health Service Delivery – Interim Concept Note. WHO, 2018, pp. 1–20. Licence: CC BY-NC-SA 3.0 IGO.*](#)

Problem Definition and Planning

- Identification of demographic correlations to parental vaccination KAPs, identifying greater need for outreach to the poorer and less educated population.

Abdulrahman, Yousif Ma Ahmed. “Parents’ Knowledge and Attitudes on Childhood Immunization, Taif, Saudi Arabia.” *Journal of Vaccines & Vaccination*, vol. 05, no. 01, 2014, doi:10.4172/2157-7560.1000215.

- Attributes poor service quality and subsequent suffering coverage rates to poor health worker attitude and work culture that lead to lack of outreach and follow-up needed among migrant population. Recommendation for improved planning and supervision

Assija, Vikram, et al. “Coverage and Quality of Immunization Services in Rural Chandigarh.” *Indian Pediatrics*, vol. 49, no. 7, 2012, pp. 565–567., doi:10.1007/s13312-012-0117-2.

- Book providing comprehensive review of health coverage quality and gaps with a strong recommendation for emphasis on frontline service delivery and low resource areas. Additionally provides in depth guidance for engagement across stakeholders in approaching systems design.

Committee on Improving Quality of Health Care Globally, Board on Global Health. *Crossing the Global Quality Chasm: Improving Health Care Worldwide*. The National Academies Press, 2018.

- Review of grey literature on un- and under-vaccination. Significant themes for un- or under-vaccination were service quality issues and parental knowledge and attitudes. Both of these factors can be addressed through quality improvement interventions.

Favin, Michael, et al. “Why Children Are Not Vaccinated: a Review of the Grey Literature.” *International Health*, vol. 4, no. 4, 2012, pp. 229–238., doi:10.1016/j.inhe.2012.07.004.

- Western based study that finds that most hesitancy stems from an individual vaccine and that healthcare providers indicate mass media and word of mouth as most common reasons for hesitancy. Hesitant parents were found receptive to discussion with provider.

Fredrickson, DD, et al. "Childhood Immunization Refusal: Provider and Parent Perceptions." *Family Medicine*, vol. 36, no. 6, 2004, pp. 431–439.

- Validation of the Vaccine Confidence Scale as a tool to measure vaccine hesitant and risk of parental refusal or delay in vaccination.

Gilkey, Melissa B., et al. "Vaccination Confidence and Parental Refusal/Delay of Early Childhood Vaccines." *Plos One*, vol. 11, no. 7, 2016, doi:10.1371/journal.pone.0159087.

- Report of a qualitative and quantitative KAP study conducted among different target audiences. Mapping perceptions, experiences, and awareness, as well as providing immunization promotion pathways among the different audiences.

[General Report: National Study of Immunization Based on Quantitative and Qualitative Studies. IRS Group for UNICEF, 2012, pp. 1–56.](#)

- Article differentiating vaccine delay most commonly due to child illness and vaccine refusal mostly stemming from vaccine fears and uncertainties. Largest reason for parents changing their mind and vaccinating cited as information and assurance from provider.

[Gust, D. A., et al. "Parents With Doubts About Vaccines: Which Vaccines and Reasons Why." *Pediatrics*, vol. 122, no. 4, 2008, pp. 718–725., doi:10.1542/peds.2007-0538.](#)

- Article laying out vaccination barriers and solutions with specific expansion on understanding and communicating about vaccine risks and benefits from a health provider perspective.

Kimmel S, et al. "Addressing Immunization Barriers, Benefits, and Risks." *The Journal of Family Practice*, vol. 56, no. 2, 2007, pp. S61–S69.

- Study evaluating mortality attributable to receipt of poor-quality care in LMICs, which concludes that UHC for SDG conditions could avert 8.6 million deaths per year but only if expansion of service coverage is accompanied by investments into high-quality health systems.

[Kruk, Margaret E, et al. "Mortality Due to Low-Quality Health Systems in the Universal Health Coverage Era: a Systematic Analysis of Amenable Deaths in 137 Countries." *The Lancet*, vol. 392, no. 10160, 2018, pp. 2203–2212., doi:10.1016/s0140-6736\(18\)31668-4.](#)

- Editorial article highlighting the importance of addressing quality in the quest for UHC and referencing corresponding research and analysis that providing the evidence and resources to address this area of work.

[Lancet "Putting Quality and People at the Centre of Health Systems." *The Lancet*, vol. 392, no. 10150, 2018, p. 795., doi:10.1016/s0140-6736\(18\)32064-6.](#)

- Case Study from Cite Soleil Haiti on pairing supply accessibility interventions with service quality improvements in order to successfully increase vaccination coverage.

[Olayinka, F, et al. *Strategies for Strengthening Vaccination Programs in Poor Urban Settings: Lessons Learned and Recommendations from Cité Soleil Haiti*. John Snow International, 2017, pp. 1–20.](#)

- Systematic review of non and under-vaccination reasons, identifying the parental attitudes and knowledge. Flagging the need for multifaceted approaches to reach the non / under-vaccinated including outreach, health worker training.

Rainey JJ, et al. Reasons related to non-vaccination and under-vaccination of children in low and middle income countries: Findings from a systematic review of the published literature, 1999–2009. *Vaccine* (2011), doi:10.1016/j.vaccine.2011.08.096

- Brief outlining the supply and demand barriers to a positive service experience leading to vaccination.

[*Role of Communities in Coverage and Demand*. WHO Ministerial Conference on Immunization in Africa, 2016, pp. 1–2.](#)

- Review of cross regional studies carried out in LMICs documenting caregiver perceptions of vaccination barriers, heavily relating to service quality issues including accessibility and reliability of services and interactions with health workers.

Streefland, P H, et al. “Quality of Vaccination Services and Social Demand for Vaccinations in Africa and Asia.” *World Health Organization Bulletin*, 1999, pp. 722–730.

Service Quality Interventions: General

- Application of implementation science frameworks in immunization demand generation context. Highlights the consumer / client as central stakeholder in the process promoting human centred design.

Adamu, Abdu A., et al. “Mainstreaming Implementation Science into Immunization Systems in the Decade of Vaccines: A Programmatic Imperative for the African Region.” *Human Vaccines & Immunotherapeutics*, vol. 14, no. 10, 2018, pp. 2443–2446., doi:10.1080/21645515.2018.1473682.

- Highlights the key lessons learnt in WHO publication on CHW programme needs: strong management, appropriate selection, proper training, retention structures, positive relationships with other health workers; and calls attention to sixth need of community embeddedness of CHWs

Campbell, C., and K. Scott. “Retreat from Alma Ata? The WHO's Report on Task Shifting to Community Health Workers for AIDS Care in Poor Countries.” *Global Public Health*, vol. 6, no. 2, 2009, pp. 125–138., doi:10.1080/17441690903334232.

- Meta-analysis and review of strategies to address vaccine hesitancy, concluding that no one intervention can be identified as best practice due to importance of context.

Dubé, Eve, et al. “Strategies Intended to Address Vaccine Hesitancy: Review of Published Reviews.” *Vaccine*, vol. 33, no. 34, 2015, pp. 4191–4203., doi:10.1016/j.vaccine.2015.04.041.

- Guide to support countries in quality improvement interventions using the WHO Quality of Care standards through an implementation framework at the national, district, and facility level.

[Implementation Guidance: Improving quality of care for maternal, newborn, and child health. A Network for Improving Quality of Care for Maternal, Newborn and Child Health, MCA, WHO, 2017, pp. 1–8.](#)

- Systematic review of influences on community health worker performance. Financial incentives are found to have uneven results whereas supervision and community integration of CHWs decreased workload and increased credibility.

Kok, Maryse C, et al. “Which Intervention Design Factors Influence Performance of Community Health Workers in Low- and Middle-Income Countries? A Systematic Review.” *Health Policy and Planning*, vol. 30, no. 9, 2014, pp. 1207–1227., doi:10.1093/heapol/czu126.

- This case study review identifies the strong drivers of RI coverage Emphasizing the importance of tailoring interventions to local settings and community needs. The direct drivers of RI coverage included tailoring the immunization services to the community, review of health worker performance, health system and community partnership, and cadre of community-centered health workers.

Lafond, Anne, et al. “Drivers of Routine Immunization Coverage Improvement in Africa: Findings from District-Level Case Studies.” *Health Policy and Planning*, vol. 30, no. 3, 2014, pp. 298–308., doi:10.1093/heapol/czu011

- Proposal of areas of intervention to best address vaccine hesitancy including national commitment to monitoring vaccine acceptance and testing policy solutions, as well as community level engagement to build trust and shape norms, and education by health providers.

Leask, Julie, et al. “The Big Picture in Addressing Vaccine Hesitancy.” *Human Vaccines & Immunotherapeutics*, vol. 10, no. 9, 2014, pp. 2600–2602., doi:10.4161/hv.29725.

- Guide made for national immunization programs as a resource for the district, health facility, and community teams to improve services. From the service experience lens it provides in depth guidance on engaging with communities, supportive supervision, and monitoring.

[Reaching Every District \(RED\) A Guide to Increasing Coverage and Equity in All Communities in the African Region. JSI, CDC, Gates Foundation, USAID, UNICEF, WHO, 2017, pp. 1–116.](#)

- A systematic review of service quality improvement interventions in LMIC settings. Indicated that multicomponent interventions often performed better than stand alone interventions. Of individual interventions group-problem solving had the greatest impact. Combinations of community support and health worker trainings additionally has significant positive impact.

[Rowe, Alexander K, et al. “Effectiveness of Strategies to Improve Health-Care Provider Practices in Low-Income and Middle-Income Countries: a Systematic Review.” *The Lancet Global Health*, vol. 6, no. 11, 2018, doi:10.1016/s2214-109x\(18\)30398-x.](#)

- WHO guidance on TIP, aiming to shape strategic programming and communications with tools to identify and prioritize populations, diagnose the demand and supply barriers, and design evidence-informed responses.

[The Guide to Tailoring Immunization Programmes \(TIP\). WHO, 2013, pp. 1–79.](#)

- Case study on Bulgaria’s TIP intervention where three custom solutions were developed: strengthening of health mediators in vulnerable populations, increase high quality information on vaccination available to caregivers, and improve the quality of health worker – caregiver encounters.

[Tailoring Immunization Programmes \(TIP\): Outputs of pilot implementation in Bulgaria. WHO, 2014, pp. 1–13.](#)

- A high level guide to immunization including the role of behavior change in determining feasible demand promotion actions for parents, health staff, and others, along with strategies to facilitate these behaviors.

[Trostle, Murry, et al. Immunization Essentials: Ch 9 Behavior Change. USAID, 2009, pp. 151–165.](#)

- Evidence based guideline developed to provide policy recommendations to optimize design and performance of community health worker programmes for better service quality.

[WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes. World Health Organization, 2018, pp. 1–112.](#)

- A systematic review of vaccine hesitancy interventions. Major themes identified in promoting vaccine acceptance included dialogue based interventions, non-financial incentives, and reminders/recalls. Multicomponent interventions performed best. Additionally communication-based training (most) and information-based training for health workers had positive impacts on EPI uptake.

[WHO SAGE working group dealing with vaccine hesitancy. Strategies for Addressing Vaccine Hesitancy - A Systematic Review. World Health Organization, 2014, pp. 1–251.](#)

- Framework putting forth five interdependent strategies to address that can flexibly develop integrated, people-centred health services depending on context. The strategies are: empowering and engaging communities, strengthening governance and accountability, reorienting model of care, coordinating services within and across sectors, and creating an enabling environment.

[WHO Secretariat, Framework on Integrated, people-centred health services. 69th World Health Assembly, Item 16.1, WHO. 2016, pp. 1–12.](#)

[An Overview: Framework on Integrated, people-centred health services. WHO. 2016.](#)

Interpersonal Communications

- A training guide for facilitating frontline worker trainings on communications and interactions with community to build trust in services. Developed for Ebola outbreak response.

[Enhanced Capacity Building: Training for Frontline staff on building trust and communication. WHO EVD GCR 15.1. 2015, pp. 1-56.](#)

- Interpersonal Communication for Immunization Initiative Team, '[Using Interpersonal Communication to Improve Immunization: Findings from the peer-reviewed literature, grey literature, online survey and key informant interviews](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Review of key package principles and steps for adapting the package content, including conducting a needs assessment, and tailoring the global package to individual or local needs and priorities.

Interpersonal Communication for Immunization Initiative Team, '[Adaptation Guidance & Needs Assessment - For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Manual of common supervision practices, obstacles to supervision, and IPC/I-specific needs and information to help supervisors support FLWs to improve IPC in immunization services.

Interpersonal Communication for Immunization Initiative Team, '[Supportive Supervision Manual – For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Guide providing instructions for training FLWs on IPC/I through knowledge, skills and attitudes needed to communicate effectively with caregivers and communities.

Interpersonal Communication for Immunization Initiative Team, '[Facilitator Guide – For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Information and exercises on IPC/I knowledge, skills and attitudes needed to communicate effectively with caregivers and communities. In contrast to the facilitator guide this publication is useful for self study in addition to training and supervision settings.

Interpersonal Communication for Immunization Initiative Team, '[Participant Manual – For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Adaptable guidance to review, monitoring, and measurement of implementation, use, learning, and impact of IPC/I initiative and its components. It highlights the IPC/I package's expected translation into actionable knowledge and skills of FLWs.

Interpersonal Communication for Immunization Initiative Team, '[Monitoring and Evaluation Framework – For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Visual tool providing easy access to key themes and information on vaccines and VPDs. Intended for use as self-learning tools, conversation guides, and a resource for training.

Interpersonal Communication for Immunization Initiative Team, '[Reference Cards – For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Summary of most common caregiver questions and guidance for appropriate responses from the FLWs following the principles of effective IPC.

Interpersonal Communication for Immunization Initiative Team, '[Frequently Asked Questions - For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Dialogue tracks sharing key messages related to questions FLWs encounter with caregivers – providing similar guidance to the FAQs in an audio medium.

Interpersonal Communication for Immunization Initiative Team, '[Audio Job Aids– For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- Videos presenting scenarios of common challenges faced by FLWs and corresponding IPC strategies and skills that FLWs can apply to address these situations.

Interpersonal Communication for Immunization Initiative Team, '[Video Series – For IPC for Immunization Package](#)', UNICEF and Johns Hopkins Centre for Communication Programs, New York and Baltimore, 2018.

- The presentation of the Vaccination Communications Framework providing guidance to healthcare professionals to best communicate with parents depending on their initial stance on vaccination in order to best encourage vaccination.

Leask, Julie, et al. "Communicating with Parents about Vaccination: a Framework for Health Professionals." *BMC Pediatrics*, vol. 12, no. 1, 2012, doi:10.1186/1471-2431-12-154.

- Exploration of health care provider – patient/parent interactions in influencing vaccine acceptance indicating that the content and structure of the interaction has an impact on vaccine acceptance as well as service satisfaction.

Opel, Douglas J., et al. "The Influence of Provider Communication Behaviors on Parental Vaccine Acceptance and Visit Experience." *American Journal of Public Health*, vol. 105, no. 10, 2015, pp. 1998–2004., doi:10.2105/ajph.2014.302425.

- A correlative study finding a significant positive difference in quality of care given by nurses that underwent communication skills trainings versus those who did not.

Rezaii, S, et al. "Evaluating Impact of Communication Skills Training on Level of Job Stress among Nursing Personnel Working at Rehabilitation Centers in Cities." *Ray- Tehran-Shemiranat. (Persian) Tehran University Medical Journal*, vol. 64, no. 1, 2006, pp. 21–26., doi:10.1107/s0108270113015370/sk3488sup1.cif.

- Report overviewing immunization communication and guidance to maximize its contribution to immunization programs, including a detailed case study of the implementation of immunization communication activities in Madagascar.

[Shimp, L. *Strengthening Immunization Programs: The Communication Component*. Published by the Basic Support for Institutionalizing Child Survival Project \(BASICS II\) for the United States Agency for International Development. 2004.](#)

- Report identifying key communications related immunization barriers and documents successful communications interventions including interpersonal communications from health providers and integration of local leaders in interpersonal communications to foster trust and willingness for vaccination.

[Waisbord, S. & Larson, H. *Why Invest in Communication for Immunization: Evidence and Lessons Learned*. A joint publication of the Health Communication Partnership, Johns Hopkins Bloomberg School of Public Health/Centre for Communication Programs and UNICEF, 2005, pp.1-20.](#)

Community Participation / Engagement

- Case study of community mobilization interventions in Madagascar including use of community health insurance, social security or Equity Funds to fund quality services. Additionally the program incorporated the use of data to improve and competency development for improved service experience.

[Community Involvement In Maternal And Child Health In Madagascar Example from Immunization . USAID, pp. 1–21.](#)

- Project funded by USAID and implemented by JSI focused on advancing learning on community-based programming for positive health impact with an emphasis on family planning.

[“Community Health Systems Portfolio.” Advancing Partners & Communities, 12 Apr. 2019, \[www.advancingpartners.org/\]\(http://www.advancingpartners.org/\).](#)

- A review of a female health worker community based intervention in peri- / neo- natal care. Showed that health-worker community interactions improved outcomes.

Bhutta, Zulfiqar A, et al. “Improvement of Perinatal and Newborn Care in Rural Pakistan through Community-Based Strategies: a Cluster-Randomised Effectiveness Trial.” *The Lancet*, vol. 377, no. 9763, 2011, pp. 403–412., doi:10.1016/s0140-6736(10)62274-x.

- Note outlining ARISE findings and recommendations on community partnership with health systems for RI. Document includes a community partnership centered framework for improved RI as well as intervention stakeholders and details, and case examples.

[Fields, R., & Kanagat, N. *Notes from the Field: Health System and Community Partnerships*. JSI Research & Training Institute, Inc., ARISE Project for the Bill & Melinda Gates Foundation. 2012, pp. 1-6.](#)

- Note of ARISE findings and recommendations on the success of community centred health workers as a driver for improving RI outcomes including case examples, identified factors of effectiveness, and implementations for action.

[Fields, R., Kanagat, N., & LaFond, A.K. Notes from the Field #3: Bringing Immunization Closer to Communities: Community-Centered Health Workers. JSI Research & Training Institute, Inc., ARISE Project for the Bill & Melinda Gates Foundation. 2012, pp.1-7.](#)

- Article detailing the impact of the “My Village is My Home” (MVISM) / Uma Imunizasaun (UI) tool on immunization coverage. Assessments in India and Timor-Leste suggested improved timeliness and coverage in communities engaged with this tool.

Jain M, Taneja G, Amin R, Steinglass R, Favin M. Engaging communities with a simple tool to help increase immunization coverage. *Glob Health Sci Pract.* 2015;3(1):117-125.
[http://dx.doi.org/10.9745/GHSP-D-14-00180.](http://dx.doi.org/10.9745/GHSP-D-14-00180)

- A case study showing positive impact on maternal and child health outcomes through community mobilization and participation in health education.

Lewycka, Sonia, et al. “Effect of Women's Groups and Volunteer Peer Counselling on Rates of Mortality, Morbidity, and Health Behaviours in Mothers and Children in Rural Malawi (MaiMwana): a Factorial, Cluster-Randomised Controlled Trial.” *The Lancet*, vol. 381, no. 9879, 2013, pp. 1721–1735., doi:10.1016/s0140-6736(12)61959-x.

- Presentation of training content for service quality interventions focused on interpersonal communications to address hesitancy, and pain mitigation practices.

Menning, Lisa. *The Critical Role of the Health Worker*. World Health Organization, 2019, pp. 1–27.

- Brief outlining lessons learned from case examples in Uganda and Ethiopia in engaging stakeholders in RI. These interventions increased financial and in kind contributions to RI programmes as well as social and political will for vaccination in the community.

[Mobilizing Local Support for Immunization: Experience from Uganda and Ethiopia in Engaging Local Stakeholders and Leaders. JSI Research & Training Institute, Inc., UI-FHS and SS4RI projects for the Bill & Melinda Gates Foundation. pp. 1-4.](#)

- Guidance for engagement with local religious leader to foster buy-in and build positive alliances.

[UNICEF. Building Trust in Immunization: Partnering with Religious Leaders. 2004, pp. 1–36.](#)

- Framework outlining processes to workshop and design community engagement interventions by health service workers beyond only community health workers.

[WHO Community Engagement Framework for Quality, People-Centred, and Resilient Health Services. WHO, 2017, pp. 1–56.](#)

Supportive Supervision

- A systematic review of PHC supervision citing a strong recommendation for supervision across the literature and identifying supportive supervision as the most effective supervision practice when it includes centre visits with review checklists.

Bosch-Capblanch, Xavier, and Paul Garner. "Primary Health Care Supervision in Developing Countries." *Tropical Medicine & International Health*, vol. 13, no. 3, 2008, pp. 369–383., doi:10.1111/j.1365-3156.2008.02012.x.

- Compilation of supervision impact evaluations. Evidence suggests that quality of supervision has greater influence on impact than frequency. Supportive supervision particularly has an impact on quality improvement.

Hill, Zelee, et al. "Supervising Community Health Workers in Low-Income Countries – a Review of Impact and Implementation Issues." *Global Health Action*, vol. 7, no. 1, 2014, p. 24085., doi:10.3402/gha.v7.24085.

- Case Study of Jharjand strategy to improve RI coverage, concluding the improvements could be attributed to improved tracking of children and the emphasis on enhancing quality of services through supportive supervision.

[MCHIP. Jharkhand Immunization Success – Power of Partnership: a Case Study. USAID, 2010, pp. 1–8.](#)

- Training module outlining processes for both integration of a supportive supervision program in a health system as well as the proper implementation of supportive supervision practices in the field.

[Training for Mid-Level Managers \(MLM\) Module 4 : Supportive Supervision. Supportive Supervision Guidelines. World Health Organization, 2008, pp. 1–27.](#)

Group-Problem Solving

- Guide outlining the methods of the Health Improvement Collaborative approach to group problem solving.

[The Improvement Collaborative: An Approach to Rapidly Improve Health Care and Scale Up Quality Services. USAID Health Care Improvement Project, 2008, pp. 1–20.](#)

- Evaluation of improvement collaboratives set up as a part of the USAID quality assurance project. Finds the collaboratives robust and feasible in these LMIC settings through the use of the 8 essential collaborative features.

[Catsambas, Tessie, et al. Evaluating Health Care Collaboratives: The Experience of the Quality Assurance Project. USAID Health Care Improvement Project, 2008, pp. 1–103.](#)

- Objective and participant review of improvement collaborative impact. Identifies 6 key activities / practices of the improvement collaborative model that are most impactful: collaborative faculty, solicitation of their staff's ideas, change package, Plan-Do-Study-Act cycles, Learning Session interactions, and a collaborative extranet.

Nembhard, Ingrid M. "Learning and Improving in Quality Improvement Collaboratives: Which Collaborative Features Do Participants Value Most?" *Health Services Research*, vol. 44, no. 2p1, 2009, pp. 359–378., doi:10.1111/j.1475-6773.2008.00923.x.

Vaccine Administration Skills

- Technical guidance for nurses and other health professionals on vaccination. Including content on value of vaccination, AEFI mitigation and reporting, and safe immunization practices.

[Craig, Laura, et al. *Adult and Childhood Immunisation*. Edited by Teresa Thorton, International Council of Nurses, 2013, pp. 1–35.](#)

- Knowledge synthesis of vaccine related pain and its lasting impacts on patient behaviours including needle fear, preventative healthcare avoidance, and increased pain in future needle interactions.

Mcmurtry, C. Meghan, et al. "Far From 'Just a Poke.'" *The Clinical Journal of Pain*, vol. 31, 2015, doi:10.1097/ajp.0000000000000272.

- Summary of the clinical guidance for vaccination pain mitigation best practices dependent on patient context.

Taddio, Anna, et al. "Reducing Pain during Vaccine Injections: Clinical Practice Guideline." *Canadian Medical Association Journal*, vol. 187, no. 13, 2015, pp. 975–982., doi:10.1503/cmaj.150391.

- Instructional material on best practices for multiple injection administration including injection technique

Dolan, Samantha, et al. *Summary of Evidence on the Administration of Multiple Injectable Vaccines in Infants during a Single Visit: Safety, Immunogenicity, and Vaccine Administration Practices*. SAGE, 2015.

- Guidance on multiple injection technique and communications to address multiple injection concerns and hesitancy.

[Multiple Injections: Acceptability and Safety. The Immunization Systems Management Group \(IMG\)/Global Polio Eradication Initiative \(GPEI\). PAHO The World Health Organization.](#)

Health Service Quality Policy and Strategy

- High level guidance identifying the importance of service quality and the need for national quality policy and strategy to set and implement health care quality standards.

[Delivering Quality Health Services: A Global Imperative For Universal Health Coverage CH 5 Understanding Levers to Improve Quality. World Health Organization, World Bank Group, OECD, 2018, pp. 57–69](#)

- Report highlighting the role of demand in health service delivery and proposing a framework for intervention at a health systems level in order to enact proper governance bringing up standards of care.

[Standing, Hilary. *Understanding the 'Demand Side' in Service Delivery Definitions, Frameworks and Tools from the Health Sector*. DFID Health Systems Resource Centre, 2004, pp. 1–41.](#)

- Guidance document outlining the process of a National Quality Policy and Strategy. This comprehensive document includes adaptable guidance as well as tools and case study examples.

[Handbook For National Quality Policy And Strategy A Practical Approach for Developing Policy and Strategy to Improve Quality of Care . World Health Organization, 2018, pp. 1–73.](#)

Additions

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