World Health Organization

A GUIDE FOR CONDUCTING A SITUATION ANALYSIS OF IMMUNIZATION PROGRAMME PERFORMANCE

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02 | ACKNOWLEDGMENTS

We gratefully acknowledge the contributions of the following immunization specialists to the development of these guidelines.

PROJECT TEAM

Dijana Spasenoska (Independent Consultant)
Margie Watkins (Independent Consultant)
Anna-Lea Kahn (WHO)
Samir Sodha (WHO)

WORLD HEALTH ORGANIZATION

Tania Cernuschi
Diana Chang Blanc
Birgitte Giersing
Raymond Hutubessy
Ann Lindstrand
Siobhan Botwright
Mateusz Hasso-Agopsowicz
Janna Shapiro

WHO'S IMMUNIZATION PRACTICES ADVISORY COMMITTEE (IPAC)

David Brown
Craig Burgess
Pape Faye
Michael Free
Ian Gemmill
Mashiko Hachiya
Kelly Moore (also CAPACITI SC member)
Paba Palihawadana
Adelaide Shearley
Baoping Yang

CAPACITI STEERING COMMITTEE

Joseph Biey (WHO AFRO)
Ijeoma Edoka (PRICELESS)
Mark Jit (LSHTM)
Jerome Kim (IVI)
Debbie Kristensen (PATH)
Martin Meltzer (CDC)
Marion Menozzi-Arnaud (Gavi)
Jason Mwenda (WHO AFRO)
Nathalie El Omeiri (PAHO)
Murat Ozturk (PAHO)

COUNTRY TEAMS PARTICIPATING IN THE PILOTING

Indonesia
Zambia
Liberia
Burkina Faso

EDITORS

Nancy Hart
Jim Chauvin

03 | INTRODUCTION

This guide aims to enable national immunization programmes to use existing information sources to identify and prioritise critical programme barriers, while also highlighting programme successes. It also identifies evidence gaps which must be addressed before implementing programme improvements.

Collecting and systematically documenting evidence during a situation analysis is a valuable investment of time. Once completed, the review reduces the time needed to report on successes and barriers. In the Expanded Programme on Immunization (EPI) Review, these results can be used to guide data collection efforts across the country and facilitate gathering evidence in strategic subject areas for which information is missing. The results of this type of assessment can also be used for other purposes determined by the country or partner organizations. For example, it can be used to inform the situation analysis phase of the National Immunization Strategy (NIS), which replaces the comprehensive Multi-Year Planning (cMYP), and the evaluations conducted in the context of the CAPACITI initiative which supports EPI decision-making.

Figure 1. Steps for conducting a situation analysis of national immunization performance

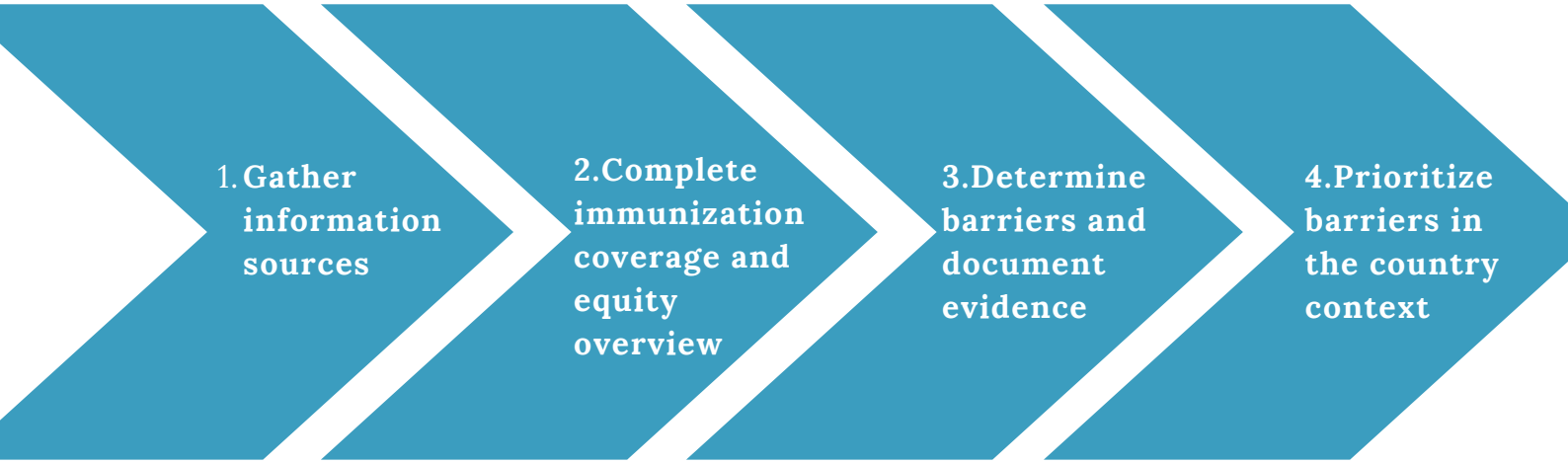

Figure 1 shows the essential four steps of the situation analysis, which can be divided into a desk review component (steps 1-3) and prioritisation component (step 4). The four steps are summarised below:

1. Gather relevant information sources to serve as the evidence base for the assessment exercise.
2. Complete a quick overview of immunization coverage and equity in order to produce a more holistic picture of the immunization country context.
3. Collect and document evidence for various lines of enquiry, grouping the resulting list as per the seven EPI categories (see Figure 6). Select and document guiding questions to be asked which determine whether a specific barrier exists.
4. Prioritise the barriers identified in Step 3 within the local context. The guiding questions selected in Step 4 should facilitate the prioritisation process to determine the relative importance of each barrier.

The accompanying Excel-based *Workbook for conducting a situation analysis of immunization programme performance* is a useful tool to assess and document the status of the EPI under review.

It is important to note that during this situation analysis, there is no primary data collection. The absence of primary data collection during this desk review could make it difficult to tease out the root cause(s) of issues that affect optimal coverage. Since existing information sources will likely have been designed and collected for other purposes, they may not offer detailed information about barriers. It is important to flag which information is missing for the different categories so plans can be put in place to ensure the required data is generated.

STEP 1: GATHER INFORMATION SOURCES

Figure 2 presents the two groups of potential information sources that contain useful information about the topics to be covered in this desk review. The first group, classified as "Tier 1 sources", comprises standard EPI core documents and data points. They are more commonly available, generally standardized and generated regularly. These are the primary sources of information for a desk review because they provide the bulk of the evidence required for the rapid assessment of immunization performance. Should additional evidence be required for a given category of barriers, then alternative sources such as those presented as "Tier 2 sources" can be used. Although the latter are potentially complementary sources, their format might be less standardized, or they may be produced less frequently.

Whilst these sources can facilitate and accelerate the process of identifying appropriate evidence, they should not be considered a limiting factor. If additional sources of information are available – sources that are not included in Figure 2 but correspond to the needs of the desk review – they can be used as well. The classification of information sources as Tier 1 or 2 for the purpose of this exercise does not reflect the importance of the listed documents. The unavailability of any of the listed information sources should not hinder the desk review. It is important to note the publication date of all information sources used in the review, to understand the timeliness of the information.

Figure 2. Potential information sources for Step 1

Tier 1- Standard EPI core information sources

- Comprehensive Multi-Year Plan (cMYP)
- Coverage in JRF
- Coverage in DHS/MICS
- Other coverage survey data
- Effective Vaccine Management (EVM)
- EPI Review
- Missed Opportunities for Vaccination (MOV) Assessments
- Service Availability and Readiness Assessment (SARA)
- Service Provision Assessment (SPA)
- Vaccine Preventable Disease (VPD) surveillance report
- UNICEF Coverage and Equity Assessment (CEA)
- Wastage information

Tier 2- Key potential complementary sources

- Bottleneck Analysis (BNA)
- Child Health Analysis
- Periodic Intensification of Routine Immunisation (PIRI) reports
- Costing or economic studies
- Countdown report
- Data quality assessment (DQA)/ Data quality survey (DQS)
- Health sector policy, strategies, plans, reviews and organograms
- ICC reports
- Qualitative assessments reports
  - Focus group discussions (FGD)
  - Key informant interviews (KII)
  - Knowledge Attitude Practices (KAP)
- Maternal and Child Health Assessment and development plan
- NITAG reports
- Operational plans
- Partner assessments i.e. Gavi-Joint Appraisal, full country evaluation, etc.
- Post-vaccine introduction evaluations (PIEs)
- Primary Health Care (PHC) development plan
- Reaching every district (RED) assessment
- Root Cause Analysis (RCA)
- State of Inequality/ Exploration of Inequality
- Surveillance reviews
- Universal Health Coverage National Strategy
- Workload Indicators of Staffing Needs (WINS) report
- PUBMED search

STEP 2: COMPLETE AN IMMUNIZATION COVERAGE AND EQUITY OVERVIEW

A brief examination of immunization coverage and equity indicators can provide insight into the country's current situation. However, this type of snapshot does not identify or explain the causes of lower coverage or inequity. Figure 3 presents some general thresholds that can help signal whether a potential barrier might exist. These thresholds are indicators that prompt the assessor to search for more information among the sources identified in Step 1 in Figure 1, and they should not be used in absolute terms.

The WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) should be used for the immunization coverage percentages called for in the column 'immunization coverage in %' in Figure 3. The latest official administrative data can also be used. For the immunization equity section, it is recommended to use the latest DHS/MICS data. More examples and step-by-step guidance can be found in the *Workbook for conducting a situation analysis of immunization programme performance*. Note the data source used.

Figure 3. Immunization coverage and equity indicators

	Suggested indicators	**Vx coverage in %**	**Is there potentially a barrier?**
Immunization coverage	DTP1 coverage		If the coverage is <90% – suggests barriers relative to access
	DTP3 coverage		If the coverage is <85% – suggests barriers relative to access or relative to utilization of services/system functioning
	MCV1 coverage		If the difference between DTP1 and MCV1 is >10% – suggests barriers relative to utilization of services/system functioning
	MCV2 coverage		If the difference between DTP3 and MCV2 is >10%- suggests barriers relative to utilization of services/system functioning
	HPV1 coverage		If the coverage is <90%- suggest barriers relative to access to vaccines or to system functioning
	Drop out (DTP1-DTP3)/DTP1		If the drop out is >10% – suggests barriers relative to utilization of services/system functioning

	Suggested indicators	Vx coverage in %	Is there potentially a barrier?
Immunization equity	% district DTP3 <50%		If >0% – suggests possible inequity
	% district DTP3 <80%		If >20% – suggests possible inequity
	Percentage difference in DTP3 between males and females		If the percentage in DTP3 is: • ≤10% – there is minimal inequity • 10% < x ≤40% – there is moderate inequity • >40% – there is large inequity**
	Percentage difference in DTP3 between highest and lowest wealth quintiles		
	Percentage difference in DTP3 between urban and rural residence		
	Percentage difference in DTP3 between regions* with highest and lowest coverage		

*Regions or any other term that is used to describe sub-national level.
**Note: there is no standard categorization of large, moderate or minimal for equity differences. Thus, the proposed categorization should be used only as an indicator to highlight inequities. The more in-depth search can be done during the review of the information sources.
You can use the HEAT tool to explore inequality. The HEAT tool is developed by the WHO and enables the exploration and comparison of within-country health inequalities. You can access the tool here.

ESTIMATING THE NUMBER OF ZERO DOSE CHILDREN

Lack of DTP1 is the global indicator for zero dose in Immunization Agenda 2030 and Gavi 5.0. If the % or number of zero-dose children is high, barriers may include supply side or service delivery issues (e.g. vaccine stockouts, health worker shortages, poor microplanning, etc), community concerns and needs (e.g. lack of knowledge of benefits of vaccination, poor quality of services, inconvenience of when and where services are offered, fear of AEFI, etc). Gender-related barriers, particularly related to caregiver and the health worker, should also be carefully considered. At subnational level, there may be limitations to the utility of DTP1 administrative data, and you may want to triangulate the data with other data sources, for instance survey data or other estimates.

Figure 4. National estimates

Target population (number)	
Zero dose children % (based on DTP1 coverage)	
Estimated number of zero-dose children	

Figure 5. Sub-national estimates

Top 5 regions with lowest DTP1 coverage in %	Region name	DTP1 coverage in %	DTP3 coverage in %	Drop out ((DTP1-DTP3)/DTP1)
1				
2				
3				
4				
5				

Top 5 regions with highest number of zero-dose children based on lack of DTP1	Region name	Target population	Number of zero-dose children
1			
2			
3			
4			
5			

STEP 3: DETERMINE BARRIERS AND DOCUMENT EVIDENCE

The third step of the immunization programme performance review involves identifying barriers based on the information extracted from the sources identified in Step 1 and documenting the supporting evidence. The relevant topics are found within the seven EPI categories (Figure 6). Systematically documenting evidence that indicates why there might or might not be a barrier is essential. Figure 7 provides guidance about documenting evidence in cases where data is or is not available. A more detailed list of barriers and targeted questions is available in the accompanying *Workbook for conducting a situation analysis of immunization programme performance*, which also contains information about the potential impact of a given barrier on immunization coverage and equity.

Figure 6. EPI categories with topics to be addressed

Programme management/financing
• Policy & guidance • Governance & accountability • Planning & procurement • Partner coordination • Budgeting & financing
Human resources management
• HR planning • Capacity building • Supervision & performance monitoring
Vaccine supply, quality, logistics
• Cold chain • Supply management • Transport • Waste management
Service delivery
• HR & strategies • Session quality • Integration
Immunization coverage and AEFI monitoring
• HR & systems • Recording & reporting • Data quality • Coverage monitoring & use • AEFI monitoring
Disease surveillance
• Disease surveillance • Reporting & response • Performance
Demand generation
• Demand • Advocacy & communication • Community engagement

Figure 7. Documenting evidence

For each of the topics listed in Figure 6, if information is available in the sources identified in Step 1, then the documentation of the evidence can be guided by the following questions:

- Is there a reason to believe there is a barrier?
  - Which findings suggest there is/isn't a barrier?
  - What is the source of the evidence (e.g. document name, publishing date, page)?
- What are the potential data limitations?

If information is not available in the sources identified in Step 1, there are other options:

- Comment on the data limitation
- Note what can be done to gather information

It is also important to document which information is not available so that information can be collected during the EPI Review. Interviews with key informants can be conducted to collect the needed information.

STEP 4: PRIORITIZE BARRIERS IN THE COUNTRY CONTEXT

The barriers identified in Step 3 may vary in their degree of importance, depending on the country context. Prioritising the barriers within the national context involves assessing their relative importance to one another and determining whether they are of low, medium or high priority. The following questions are meant to guide the prioritization process:

- Is the impact of the barrier on immunization coverage and equity large or small?
- Will changes in the barrier result in improved coverage?
- Will changes in the barrier result in more equitable coverage for underserved populations?
- Has the barrier already been addressed by other programme interventions that appear to be working to improve coverage and equity?
- Is the barrier modifiable by immunization programme modifications?
- How feasible is it to undertake activities to address the barrier?
- Are changes in vaccine product presentation or technological innovations likely to impact this barrier?
- What is the history of and progress made to date on decreasing the barrier?
- Are there other more pressing barriers that are having a greater impact on coverage and equity?

Be sure to document the rationale used to prioritize the identified barriers.

SITUATION ANALYSIS OUTPUT

If conducted properly, the four-step process should yield a clear and credible list of barriers, each supported by documented evidence that is cited and easy to locate. A list of potential barriers for which evidence is lacking can also be generated to guide further research and data collection activities. Moreover, in the cases where evidence suggested that there is no barrier, the option exists to explore further the immunization programme's strengths. The Excel Workbook provides more detailed guidance about these additional options.

FEEDBACK

Please complete the feedback form(here). Your feedback is appreciated!

ANNEX: TEMPLATE REPORT

BACKGROUND

Document

- When was the situation analysis completed?
- Who conducted the situation analysis?
- What will the findings be used for?

GATHERED INFORMATION SOURCES

Briefly summarise the existing resources that were gathered and used for this review.

- Comment on their availability and timeliness.
- Were there any major limitations?

COMPLETED IMMUNIZATION COVERAGE AND EQUITY OVERVIEW

A brief summary of the coverage and equity indicators and explain whether based on the provided thresholds there is a reason to believe there might be potential barriers.

LIST OF BARRIERS AND DOCUMENTED EVIDENCE

Explain the evidence documentation process:

- Comment whether evidence was available and if there were any major research gaps.
- Describe the process of determining whether a barrier exists, with a reference to the guiding questions.
- Comment whether any other barriers relevant to the national context, beyond those suggested, were considered.

PRIORITIZED BARRIERS IN THE COUNTRY CONTEXT

The description of the prioritization process should include:

- List of participants, explanation of how the stakeholders were selected, and the format of the deliberations.
- The main considerations when determining whether a barrier is high, medium and low priority.

Include the long list of identified barriers specifying high, medium and low priority.

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