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**A practical handbook for
planning, implementing, and
strengthening vaccination
in the second year of life**



A practical handbook for planning, implementing, and strengthening vaccination in the second year of life

A companion resource to the WHO publication *Establishing and strengthening immunization in the second year of life: practices for vaccination beyond infancy*



A handbook for planning, implementing, and strengthening vaccination into the second year of life

ISBN 978-92-4-151419-4

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Printed in Switzerland

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ACKNOWLEDGEMENTS

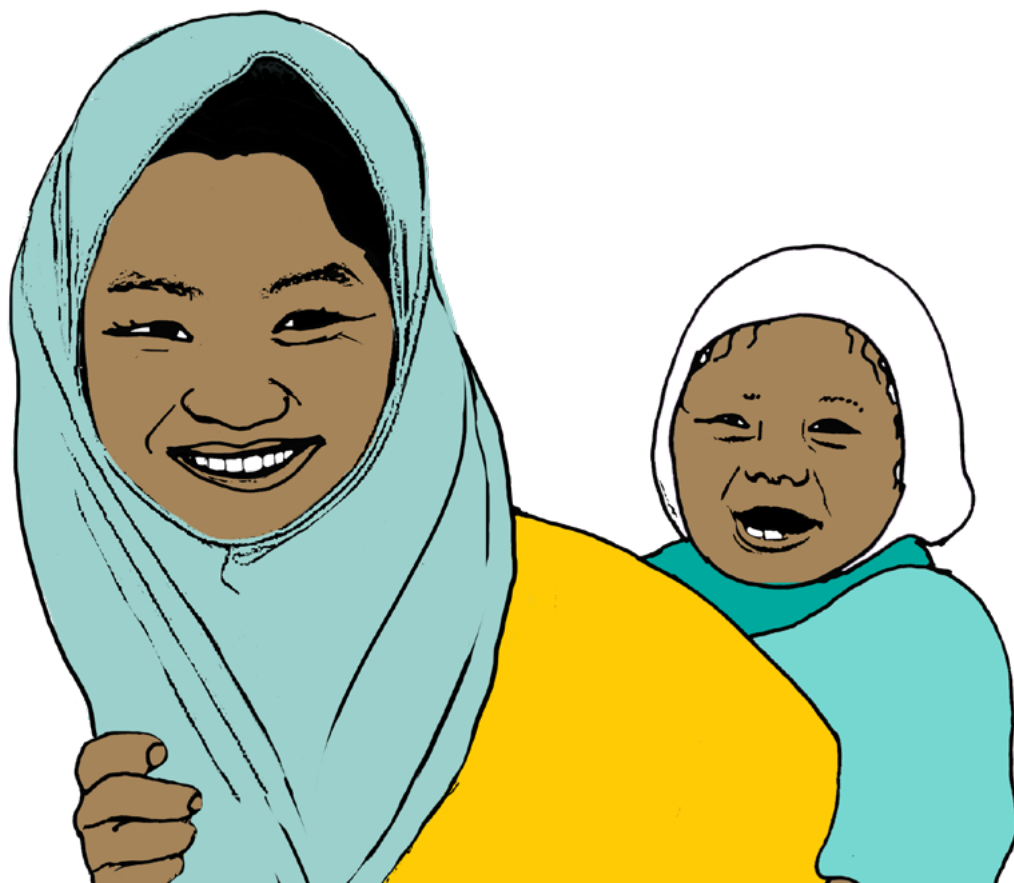
This handbook was developed by the Expanded Programme on Immunization (EPI) of the World Health Organization (WHO) Department of Immunization, Vaccines and Biologicals (IVB) with input from the United Nations Children's Fund (UNICEF).

Contribution from the following individuals is gratefully acknowledged: Jhilmil Bahl, Messeret Eshetu, Tracey Goodman, Laura Nic Lochlainn, Lisa Menning, Ikechukwu Ogbuanu, Stephanie Shendale, Samir Sodha, Carol Tevi Benissan, Emily Wootton (WHO); Imran Raza Mirza (UNICEF); Sarah Bennett, Laura Conklin, Karen Hennessey, Melissa Wardle (CDC); Chris Morgan (Burnet Institute), and independent consultants Aleksandra Caric and Karen Wilkins.

ABBREVIATIONS AND ACRONYMS

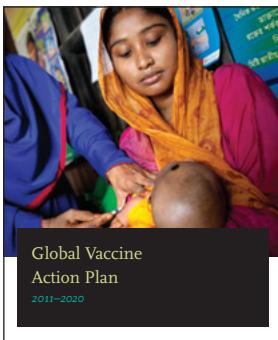
2YL	second year of life	IPTc	intermittent preventive treatment for children
AEFI	adverse event following immunization	IMCI	integrated management of childhood illness
AIDS	acquired immunodeficiency syndrome	KAP	knowledge attitudes and practices
ANC	antenatal care	MCH	maternal and child health
CDC	Centers for Disease Control and Prevention	MCV	measles-containing vaccine
cMYP	comprehensive multi-year plan	MCV2	second dose of measles-containing vaccine
CSO	civil society organization	MICS	multiple indicator cluster survey
CCEOP	cold-chain equipment optimization platform	MOH	Ministry of Health
DHIS2	district health information system, version 2	MOV	missed opportunity for vaccination
DHS	demographic and health survey	MR	measles rubella vaccine
DTP3	diphtheria-tetanus-pertussis vaccine dose 3	NGO	non-governmental organization
DVD-MT	district vaccine and devices monitoring tool	NITAG	National Immunization Technical Advisory Group
EPI	Expanded Programme on Immunization	NRA	National Regulatory Authority
EVMA	effective vaccine management assessment	NTD	neglected tropical disease
FP	focal person	NVI	new vaccine introduction
GRISP	Global Routine Immunization Strategies and Practices	PIE	post-introduction evaluation
GVAP	Global Vaccine Action Plan	PIRI	periodic intensification of routine immunization
HBR	home-based record	SMC	seasonal malarial chemoprevention
HIV	human immunodeficiency virus	SWOT	strengths, weaknesses, opportunities, threats
HMIS	health management information system	TCA	targeted country assistance
HR	human resources	TIP	tailoring immunization programmes
HSCC	Health Sector Coordinating Committee	TOR	terms of reference
HSS	health system and immunization strengthening	UNICEF	United Nations Children's Fund
ICC	Inter-agency Coordinating Committee	USAID	United States Agency for International Development
		WG	working group
		WHO	World Health Organization

Introduction



Why a focus on immunization in the second year of life?

When the World Health Organization (WHO) initiated the Expanded Programme on Immunization (EPI) in 1974, the standard vaccine schedule included six antigens, all recommended by one year of age. Since that time, the incidence of vaccine-preventable diseases has decreased exponentially and immunization programmes are now routinely reaching over 80% of infants under one year with traditional vaccines. The EPI schedule has also been broadened to include additional antigens and doses and will continue to expand as new vaccines are developed and introduced. Many of these doses are now recommended to be given in the second year of life, or later, which requires changing earlier mindsets that routine immunization is an intervention for infants.



The third strategic objective of the Global Vaccine Action Plan (GVAP),¹ the global blueprint for immunization programmes from 2011 to 2020, calls for the benefits of immunization to be equitably extended to all people with “a ‘life-course’ approach ... to make the benefits of immunization available to all those at risk in every age group”. WHO’s Global Routine Immunization Strategies and Practices (GRISP) document also identifies immunization beyond infancy as one of nine transformative actions that are critical to strengthening routine immunization.²

1 (https://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/)

2 (http://www.who.int/immunization/programmes_systems/policies_strategies/GRISP/en/).



WHO has developed the document Establishing and strengthening immunization in the second year of life: practices for vaccination beyond infancy³ (referred to as *2YL Guidance*) to provide practical guidance on establishing and strengthening vaccinations in the second year of life (2YL) and beyond. This companion handbook (referred to as the *2YL Handbook*) provides guidance for operationalizing a 2YL platform. Importantly, the *2YL Guidance* and *2YL Handbook* also provide an opportunity to examine and update policies that prevent completion of the traditional primary series of vaccination. For many reasons, including barriers in service delivery, a

significant percentage of children are not completely vaccinated by their first birthday. In countries where routine immunization policy does not yet include vaccinating children ≥ 12 months of age, these children become ineligible for the vaccines they have missed. This is particularly problematic where the first dose of measles-containing vaccine (MCV1) is scheduled at nine months of age, leaving as few as 1–3 months for vaccination before the child reaches one year. For countries that are adding new vaccines, or doses scheduled after the first birthday (e.g. MCV2), many additional barriers prevent completing the vaccination schedule, thus leaving children inadequately protected.

Vaccination is just one of many health interventions that young children need to thrive. Proper nutrition, management of common illnesses, proper sanitation and, in some places, deworming, malaria and HIV/AIDS care are vital if children are to reach their fifth birthdays in good health.⁴ Interventions to improve growth and development in the first two years of life have been shown to have a higher impact than in later years.

Many countries already have policies in place for regular visits for growth monitoring, promotion and complementary feeding, but uptake of these services often drops after one year of age. Families and health workers alike may not view them as a priority. If managed correctly, vaccination visits in the 2YL can help augment progress both for immunization and other areas of child health.

3 (http://www.who.int/immunization/documents/WHO_IVB_ISBN9789241513678/en/).

4 (<https://www.unicef-irc.org/article/958/>).

Guiding principles

National ownership

Implementation of a 2YL strategy using this handbook as a reference should be driven by decision-makers in the national government. The focal person (FP) and working group (WG) should consult all appropriate bodies, including Interagency Coordinating Committees (ICCs), National Immunization Technical Advisory Groups (NITAGs), and Child Health Advisory Committees, where they exist, to obtain endorsement of the strategy and plans.

Holistic

While the motivation behind the 2YL strategy may be driven by the national immunization programme, its implementation is meant to provide health services to families throughout the life course. The health and welfare of the child and the family should be at the centre of all planning, allowing them to benefit from high-quality care provided by qualified and equipped staff, on a regular basis, from birth throughout childhood and beyond. If well implemented, this strategy will increase the number and quality of contacts between the child, the family, and health services over the life course.

Flexible

This *2YL Handbook* provides an outline for implementing the *2YL Guidance*, with many examples and templates, but each country should adapt this in ways that are the most effective in their context.

Consistent with other guidance documents

As of publication, this *2YL Handbook* is consistent with existing guidance for the introduction of new vaccines, reduction of missed opportunities for vaccination (MOV), integration of immunization and health services, tailoring immunization programmes, and other documents. Changes may be introduced as these different strategies are rolled out and updated.

Objectives of this document

The *2YL Handbook* is intended to be used **after** the decision has been taken to introduce a new, or strengthen an existing, contact in the second year of life, and has the following main objectives.

1

To provide practical guidance on planning, managing, implementing, and monitoring immunization service delivery during a scheduled visit, or visits, in the second year of life that may include other health interventions.

2

To provide broad guidance on strengthening vaccination for children older than one year who are delayed or missed vaccine doses during the first year.

The *2YL Handbook* should be used together with [Establishing and strengthening immunization in the second year of life: practices for vaccination beyond infancy \(2YL Guidance\)](#). While the *2YL Guidance* describes the overall principles and concepts to be considered for introducing or strengthening a 2YL platform, the *2YL Handbook* provides further detail on the **practical steps** for implementing these concepts to increase vaccination coverage among children over one year of age.

The *2YL Handbook* complements other guidance documents addressing new vaccine introduction, increasing vaccination coverage, and interventions that might be integrated in the 2YL, by placing emphasis on areas that have proven challenging as countries expand vaccination beyond the child's first birthday, such as:

- optimizing the vaccine schedule and integrating other age-appropriate interventions as needed;
- creating demand and overcoming barriers to providing and using services beyond the first birthday;

- accurately recording and reporting vaccination given in 2YL;
- improving catch-up vaccination practices as part of establishing or strengthening a 2YL vaccination platform (see *Box 1* below).

BOX 1. IMPROVING CATCH-UP VACCINATION

Catch-up vaccination refers to vaccinating a child who has previously failed to receive a dose(s) of vaccine(s). WHO guidance notes that, while vaccine-preventable disease prevention is maximized when vaccines are received as soon as the child reaches the recommended age, delayed vaccination for most antigens⁵ can be given up to five years of age or beyond, such as part of school -entry screening.

Catch-up vaccination can also refer to strategies and activities designed to systematically identify and vaccinate children who have missed a dose(s) of vaccine(s). This includes screening at every contact, organizing data-recording systems to easily spot missed doses, creating line lists and actively following up on children with missed doses, or conducting intensified outreach vaccination activities such as periodic intensification of routine immunizations (PIRIs).

Other useful references

Some of the material in this document has been addressed in greater detail in other publications, particularly for:

- introducing a second dose of MCV;⁶
- introducing new vaccines in general;⁷

5 (http://www.who.int/immunization/policy/Immunization_routine_table3.pdf).

6 A guide to introducing a second dose of measles vaccine into routine immunization schedules (http://apps.who.int/iris/bitstream/10665/85900/1/WHO_IVB_13.03_eng.pdf).

7 Principles and considerations for adding a vaccine to a national immunization programme: from decision to implementation and monitoring (https://www.who.int/immunization/programmes_systems/policies_strategies/vaccine_intro_resources/nvi_guidelines/en/).

INTRODUCTION

- increasing vaccination coverage;⁸
- integration with other health services;⁹
- reducing missed opportunities for vaccination;¹⁰
- ‘tailoring immunization programmes’ approach for assessing and addressing undervaccination in specific populations.¹¹

Rather than repeat all of the relevant content from these documents, references and links are included to connect readers to text in the documents.

While this document focuses largely on immunization during a scheduled visit in the 2YL, other health interventions are also addressed to a limited extent. Detailed information on those interventions is beyond the scope of this document but information can be found in the integration resource guide mentioned above.

Intended users

The intended users of this Handbook are those who will be managing the **introduction** of a vaccine scheduled in the second year of life, strategies to **improve** coverage of 2YL vaccines, and **catch-up** of infant vaccinations. This will include immunization programme managers and staff, other programme managers and their staff and national-, regional-, and global-level immunization and child health advisors working with partner organizations such as WHO and UNICEF and also civil society and faith-based organizations.

8 Increasing immunization coverage at the health facility level (http://apps.who.int/iris/bitstream/10665/67791/1/WHO_V%26B_02.27.pdf).

9 Working together: an integration resource guide for planning and strengthening immunization services throughout the life course (<https://apps.who.int/iris/bitstream/handle/10665/276546/9789241514736-eng.pdf>).

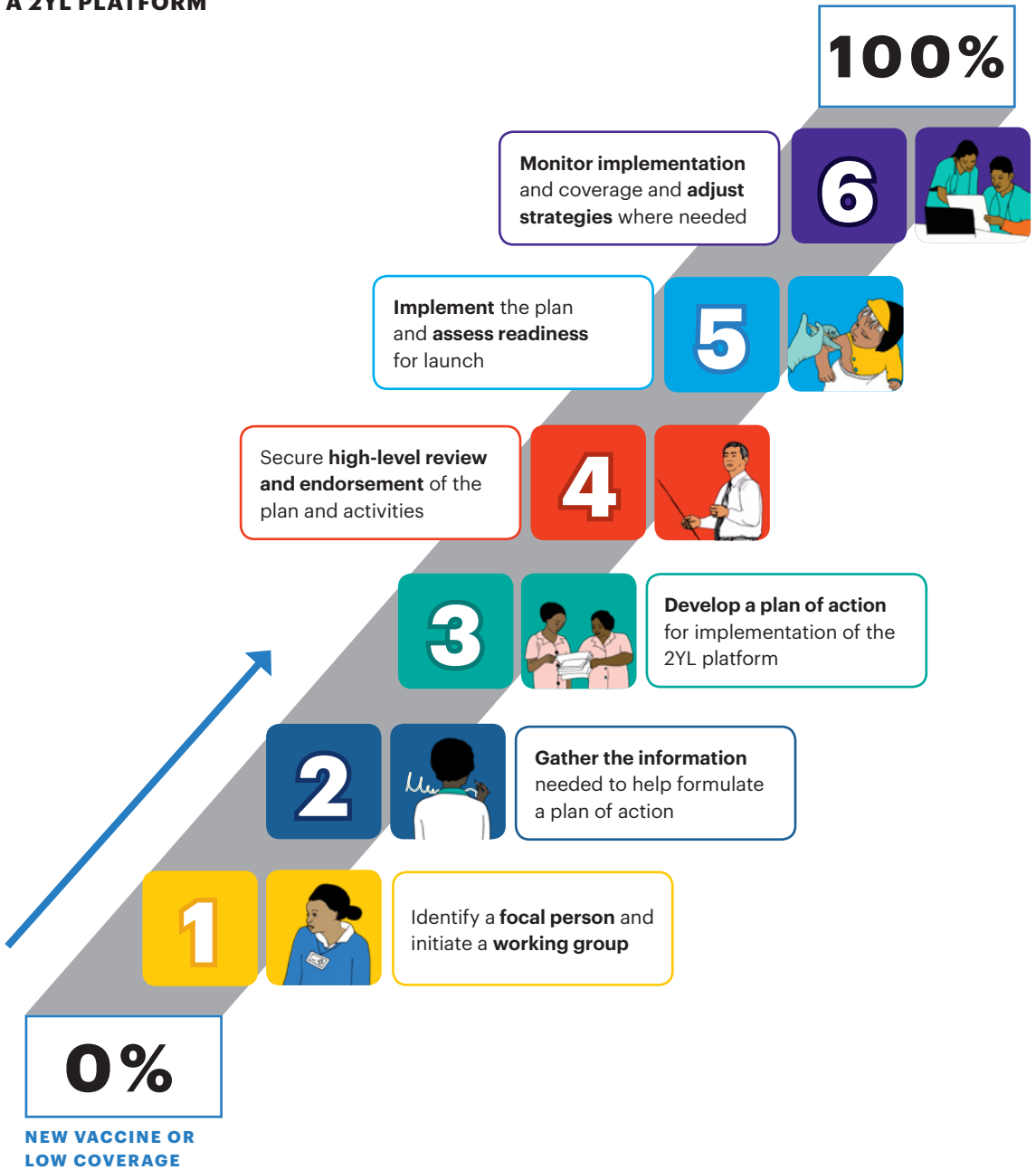
10 WHO Strategy for reducing missed opportunities for vaccination (MOV) (http://www.who.int/immunization/programmes_systems/policies_strategies/MOV/en/).

11 Guide to tailoring immunization programmes (TIP) (http://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/).

Six steps for establishing or strengthening a 2YL platform

This handbook is divided into six recommended steps, as detailed in *Figure 1* below, for establishing or strengthening a 2YL platform. Although these are listed sequentially, the implementation of certain steps may overlap. A *Checklist* is provided at page 39 to ensure that major areas are covered, but they do not need necessarily to be addressed in the order provided.

FIGURE 1.
STEPS FOR ESTABLISHING OR STRENGTHENING
A 2YL PLATFORM



STEP

1

Identify a focal person and initiate a working group



Who: Ministry of Health (MOH)

When: at least 12 months before launch of activity

Reference in 2YL
Guidance: section 4

In preparation for a 2YL initiative – whether this includes establishing a new contact or efforts to strengthen an existing one – the MOH should identify a focal person (FP). Ideally, the FP should be part of the EPI but, if external, an EPI staff person should be assigned as counterpart to the FP. The FP (or their counterpart), should be authorized to convene a designated working group (WG, described below) for 2YL. The role of the FP will be to move through the steps, prepare documents and reports, assemble information and documentation for review and maintain momentum for progress on 2YL. The EPI staff person assigned as FP, or as counterpart to the FP, should be able to devote significant time to this process to assure its success. In some countries, a person may be contracted to assist the FP, but all authority should reside with the MOH.

STEP 1

A WG should be established, comprised of members from the MOH and all programmes that will be involved in the 2YL package. This may be a subgroup of an existing technical WG (where this exists) in order to avoid duplication and increase coordination. Many countries already have a communications or demand WG established and this can be a useful entry point, given the critical links in this area for a successful 2YL platform. See *Box 2* below for suggestions for WG membership. The WG may need to be expanded to include new expertise as additional interventions are identified to be included in the 2YL package. A Chair should be designated and terms of reference (TOR) established for the WG, with defined roles and responsibilities for each programme represented and any funding requirements for planning phases of 2YL. It is expected that the WG will review existing policies and guidelines and recommend changes to the programme managers, or other appropriate bodies, for approval, such as NITAGs, ICCs, health councils or other technical advisory groups, as appropriate. A list of key policies and guidelines to review can be found in the *Information guide for Programme Area 2: policy, guidelines and standards* at page 47.

The mandate of the FP and WG should extend for one year beyond the launch of the 2YL initiative to permit monitoring changes in coverage and adjust strategies, as needed, to raise coverage equitably to targeted levels.

BOX 2. MEMBERSHIP IN THE 2YL WORKING GROUP SHOULD INCLUDE THE FOLLOWING REPRESENTATION, AS APPLICABLE:

- 2YL focal point
- data manager
- a communications or demand generation specialist
- social/behavioural scientist or qualitative researcher
- representatives from other maternal and child health (MCH)/nutrition programmes, national paediatric associations or societies
- representatives from nursing or midwifery councils (or entities that develop curriculums for immunization training)
- health-training institutes
- day-care associations
- partner organizations involved in immunization

STEP

2

Who: MOH and 2YL WG, with support from all in-country immunization partners

When: beginning at least 12 months before launch of activity

Reference in *2YL Guidance*: sections 4, 7, 8, 9

Gather the information needed to help formulate a plan of action



This step is comprised of four major information-gathering exercises to be carried out, to appropriately understand the current context within which the 2YL platform will be established, or which aspects of the current platform require strengthening.

- Task 2.1** Conduct a desk review of existing policies and guidance documents, norms and standards, monitoring tools and data, past assessments and reports.
- Task 2.2** Interview responsible persons and stakeholders.
- Task 2.3** Conduct field visits.
- Task 2.4** Conduct further research as needed to address any gaps in knowledge on barriers and enablers to uptake.

STEP 2

For countries introducing a new vaccine, or an additional vaccine dose in the second year of life, this situation analysis should be driven with the aim of developing a workplan for a successful vaccine introduction. Refer to Section 3 and Annex 3 of [Principles and considerations for adding a vaccine to a national immunization programme: from decision to implementation and monitoring](#)⁷ for guidance and additional details.

For countries wanting to improve coverage of an existing 2YL platform, the workplan should focus on actions for remediating problems identified through this information-gathering process. Section 10.1 and Table 7 of the *2YL Guidance* provide examples of common problems and potential actions for strengthening 2YL service delivery and coverage.

TASK 2.1

Desk review

The purpose of this task is to understand the status and requirements for establishing or strengthening a 2YL platform. Findings from the desk review will be used to develop a plan of action that outlines all modifications and products needed for administering and monitoring vaccination in the 2YL.

The desk-review report should also include a brief **description** of the programme, highlighting factors that will facilitate and hinder expansion of vaccination into the second year of life. This can take sections from other documents, but should include the organizational structure of the programme and all relevant policies related to immunization and other child health services. The desk review should also include a review of current monitoring tools and data, and flag any areas that will require revision modification. If immunization is delivered, monitored or reported differently in the private sector, this should also be noted in the report.

See the *Information guides section* at page 43 to find tables designed to help assess the current status, and potential actions needed that relate to 2YL planning and implementation, broken down by programme area. These tables can help direct the desk review, interviews, field visits and any further research needs.

TASK 2.2

Interview national and regional key informants individually or as a group

Many pertinent questions will be answered as part of the desk review. However, it will be essential to complement these findings by conducting key informant or stakeholder interviews. Furthermore, these interviews or consultations can be structured to help build ownership and accountability, and to generate insights that cannot be found through document reviews alone.

Table 1 below provides examples of persons to interview. Questions to ask during an interview may follow those listed in the ‘Key information and questions’ section of the *Information guides*, especially as they relate to persons responsible for the different EPI programme areas. Managers and staff from other government sectors, and partners, may be asked a special set of questions related to the potential risks and benefits for integrating interventions into a 2YL package and how this could be operationalized. Additional guidance on this can be found in the *Field guide section* at page 57 below.

Depending on the context, it may be important to consider preparations that may be required to support effective engagement with stakeholders during these interviews. This could consist of simple messaging preparation and a general topic guide with key questions or themes that will be explored through the discussions. This will also help support a consistent approach across the various stakeholder groups and facilitate any later analysis that may be required.

With this in mind, it is suggested to prepare the following.

- Make a list of all key informant interviews that should be conducted.
- Draft a few different sets of interview questions based on types of staff you are interviewing, for example:
 - high-level managers and partners may be asked policy questions and how they see a 2YL platform contributing to their vision for these programmes;
 - technical staff can be asked more operational and feasibility questions.

STEP 2

TABLE 1. POSSIBLE INFORMANTS TO INTERVIEW AT NATIONAL LEVEL¹²

PROGRAMME OR ORGANIZATION	PERSONS
EPI programme	<p>EPI staff</p> <p>EPI Manager</p> <hr/> <p>Data Manager</p> <hr/> <p>Logistics or Cold-chain Officer</p> <hr/> <p>Communication, Social Mobilization Officer</p> <hr/> <p>Administrative/Financial Officer</p> <hr/> <p>Other EPI staff depending on how the national programme is organized</p> <hr/> <p>Other</p> <hr/> <p>Upper-level management and directors under which the EPI programme resides (refer to organogram)</p> <hr/> <p>Members of technical advisory groups for immunization</p> <hr/> <p>Members of health sector coordinating committee (HSCC)</p> <hr/> <p>Members of partner coordination groups such as interagency coordinating committees (ICCs)</p>
Other government programmes	<p>This will depend on the components of the 2YL platform but could include programme managers and staff from the following.</p> <hr/> <p>Maternal, newborn and child health (integrated management of childhood illness (IMCI))</p> <hr/> <p>Nutrition (e.g. nutritional supplements, growth monitoring)</p> <hr/> <p>HIV/AIDS (follow-up)</p>

¹² Sub-national staff will be interviewed as part of sub-national field visits, described under Task 2.3, Annex 4.

PROGRAMME OR ORGANIZATION	PERSONS
Other government programmes <i>continued</i>	Malaria (e.g. bed net distribution, intermittent preventive treatment (IPTc), seasonal malaria chemoprevention (SMC)) Neglected tropical diseases (NTDs) (e.g. deworming) Health promotion/family planning Education/school health and early childhood care Social welfare Others ...
Professional societies, civil societies (CSOs), non-governmental organizations (NGOs)	Societies, including paediatric, clinical health nurse, pharmacists, general practitioners Private practice regulators Health-training institutes that cover immunization Nursing and midwifery councils Nursing curriculum agencies Day-care associations Community-based organizations Others...
Partners	WHO UNICEF Others

STEP 2

TASK 2.3

Field visits to document key practices and caregiver perceptions

This is not a systematic evaluation or assessment of the EPI programme, and the expansion of vaccination into the 2YL will not address all of the challenges facing routine immunization. However, establishing or strengthening a 2YL platform is an opportunity to highlight what is working well with the programme, identify existing challenges and leverage resources to improve the quality of service delivery and demand for vaccination of all age groups. Therefore, selection of sites for a field visit should be discussed with the EPI manager and staff, balancing information to be gained and logistical considerations. Intermediate levels should be included if they have an important influence on policy and implementation. At this level, the counterparts to those in *Table 1* should be interviewed, as applicable.

Districts with low routine immunization coverage and underserved populations should be prioritized, as these will present the greatest challenges for vaccination in the 2YL. These areas may also represent greater potential for a 2YL platform to increase coverage of life-saving vaccines among the under-vaccinated. However, it will also be beneficial to visit high-performing districts and health facilities to understand the potential that a strong 2YL service-delivery platform can have, and to determine the potential success factors that may be transferrable elsewhere. High-performing districts may also help to pinpoint issues specific to the 2YL platform, whereas poor performing areas are likely to also experience broader access and utilization challenges that will impact 2YL performance.

Sufficient time should be planned and budgeted for travel to and within the district, courtesy/advocacy visits to political and administrative officials and information gathering with professional health groups and training institutions. Include visits to the following:

- District health office – interviews with district health management team, EPI focal point, communications officer, other intervention focal persons and visits to district cold and dry stores.

- Two to three health facilities, representing a variety of sizes and levels of performance, chosen with the district health management team.
- Private health facilities – if there is a substantial private sector providing vaccinations, include visits to some of these facilities and any association of providers that may exist.
- While at the facilities, if possible arrange discussions with community leaders and health volunteers.
- Relevant CSOs and NGOs that support immunization and local health advisory groups.

See the *Field guide section* for tips on how to conduct a field visit and important questions to ask.

TASK 2.4

Further research, as needed

It may be that after gathering input from all available sources, certain additional information is still needed to ensure effective and successful 2YL service delivery. For instance, information may be uncovered during the initial review that warrants a more in-depth examination of one or more issues impacting coverage or uptake of services. Additional activities that may be considered as part of the situation analysis include the following:

- demand generation – see section 10 of the *2YL Guidance* on elements of behavioural change and possible actions;
- reducing missed opportunities for vaccination (MOV);¹³
- tailoring immunization programmes;¹⁴
- integration of EPI with non-vaccine interventions;¹⁵
- knowledge/attitude/practice surveys,¹⁶ equity studies or targeted assessments.

13 (http://www.who.int/immunization/programmes_systems/policies_strategies/MOV/en/).

14 (<http://www.euro.who.int/en/health-topics/communicable-diseases/measles-and-rubella/activities/tailoring-immunization-programmes-to-reach-underserved-groups-the-tip-approach/the-tip-guide-and-related-publications>).

15 (http://www.who.int/immunization/programmes_systems/interventions/en/).

16 A guide for exploring health worker/caregiver interactions on immunization (http://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/).

STEP 2

These can also be conducted after the launch, if necessary, to inform reasons for low uptake.

If a country is planning a coverage survey, following measles or polio campaigns, or a national EPI coverage survey or a demographic and health survey (DHS)/multiple indicator cluster survey (MICS), it may be worthwhile to add 2YL related questions that may guide introduction or strengthening activities. For countries that have already introduced a 2YL vaccine, refer to [A guide for conducting an Expanded Programme on Immunization EPI Review](#) (EPI Review guidelines) for suggested 2YL questions to incorporate as part of an EPI review or Post-Introduction Evaluation (PIE),¹⁷ and refer to Section 10 of the *2YL Guidance* for more on understanding the reasons for low performance.

BOX 3. TARGETED STUDIES

In July 2015, Malawi introduced a second routine dose of measles rubella (MR2) to be administered at 15 months of age. The PIE, conducted in September 2016, found that coverage for MR2 was lagging but was unable to determine if this was due to a reporting component or other factors. The EPI programme decided to undertake a study in six districts with low coverage. The study determined that low coverage was due to poor reporting practices, as well as low awareness among mothers with regard to the second dose, and this enabled the programme to take targeted action to increase coverage. Some examples from the Malawi 2YL action plan include:

- using supportive supervision to build health-care worker knowledge and skills about better data recording and reporting practices;
- developing job aids to improve health-worker practices for catch-up vaccination;
- disseminating key communication messages about the importance of vaccination beyond the first year of life.

17 (http://www.who.int/immunization/documents/WHO_IVB_17.17/en/).

STEP

3

Develop a plan of action for implementation of the 2YL platform



Who: MOH and 2YL WG, with support from all in-country immunization partners

When: at least 10 months before launch

Reference in 2YL Guidance: sections 4, 6, 7, 8, 9

Once the desk review, stakeholder interviews and any added research have been conducted, information should be compiled into a **plan of action with a budget and timelines**.

The FP should lead and facilitate development of this plan with the WG. Timelines should be projected backward from the planned launch date. An indicative timeline is included in the *Checklist* at page 39. The WG should meet regularly to review progress against the timeline and address any delays. These meetings may begin monthly, and gradually become more frequent in the months/weeks leading up to the launch.

STEP 3

The plan of action should include all actions identified in in the desk review (see *Box 4* below for highlights and ‘potential actions’ section of the *Information guides* for details under each programme area). Each action item should be linked with an associated budget, timelines for completion and persons responsible.

BOX 4. KEY ACTIONS FOR A SUCCESSFUL 2YL PLATFORM

1. Policy and planning

Ensure all relevant policies allow and promote vaccination for children over 12 months, including catch-up of those vaccines missed.

2. Data management

Agree on 2YL indicators and ensure all data collection/monitoring/recording/reporting tools are up-to-date in order to collect and report this information.

3. Training and human resources

Anticipate any barriers for uptake of 2YL services and consider programmatic changes (e.g. service integration) that could address them.

Ensure health workers understand the importance of vaccination in the 2YL and older, and that vaccination is not just an infant intervention.

All opportunities to catch up first year of life vaccines should be taken and caregivers should be reminded to bring their children back for their 2YL doses.

4. Supply chain

Utilization of vaccine should be encouraged through supportive supervision; all opportunities for immunization should be taken, and vials should be opened for every child. Wastage of measles vaccine is expected to decrease with introduction of a second dose and vaccine forecasting can be adjusted accordingly.

5. Advocacy, communication and demand generation

Communicate to remind and encourage caregivers on the importance of vaccination in the 2YL and beyond and to bring their children back to receive all doses of the vaccines they need.

The following points will be important to highlight in the plan.

- When key decisions are to be made, by whom, and how to have them endorsed or put into policy.
- Development and field-testing of new or modified service enhancement or demand generation activities, tools and materials, prior to large-scale implementation.
- Consultation and testing of different approaches to generating acceptance and demand for vaccination in the 2YL.
 - This could include use of stickers, electronic SMS reminders and other types of reminder that address specific gaps between knowledge, intent and action.
 - Alternatively, interventions may focus on adjusting local policies or processes, or enhancing elements of the service experience, such as the provision of information or aspects of interpersonal communication that serve to demonstrate respect.
- Testing and validation of training materials (facility, district and community health worker). This can be a read-through with health-facility staff selected from urban and rural areas near to the capital city. Explain the purpose of the exercise, which is not an assessment of their knowledge and comprehension but an effort to make sure that the materials are well adapted and respond to their needs.
- Testing and validation of communication messages, including those to be broadcast through media, using focus groups of target populations, for example, caregivers, community leaders, religious leaders and others. Again, explain that the purpose is to gather frank feedback on the messages to make sure they are clear, understandable and convincing, and likely to motivate their peers to work towards getting children to vaccination services.

The budget should be realistic and include sources of funding. Activities such as monitoring and supervision should already be part of the EPI budget and should be distinguished from one-time start-up costs or from 2YL-specific expenditures. UNICEF has developed a costing tool to help estimate costs for introducing a 2YL vaccine.¹⁸

¹⁸ (http://www.who.int/immunization/programmes_systems/policies_strategies/2YL/en/).

STEP 3

The WG should consider well in advance how any funding gaps can be addressed. This includes whether an integrated preventive care platform would allow some sharing of costs across programmes, for example with nutrition. The primary source of funding would always be the national government, however. If needed, some potential sources of external funding might include those in *Table 2* below. Plans and budgets should include any additional logistics, training and messaging needed for the full 2YL package.

TABLE 2. POTENTIAL EXTERNAL FUNDING SOURCES TO COMPLEMENT DOMESTIC SOURCES

AREAS	POTENTIAL SOURCES*
Vaccine introduction	Gavi vaccine support or targeted country assistance (TCA) funds
Assessments, knowledge, attitudes and practices (KAP) or other (assessments may focus on perspectives of the caregiver, health workers, or key community members and local stakeholders)	UNICEF Bill and Melinda Gates Foundation USAID WHO/CDC small grants programme Gavi TCA funds
Demand generation	Gavi vaccine support/TCA/HSS funds UNICEF CDC WHO
Data collection/surveillance	Gavi health system and immunization strengthening (HSS) funds Gavi TCA funds
Training material updates	Gavi vaccine support/TCA/HSS funds UNICEF WHO
Policy updates (immunization and other programmes)	WHO
Cold chain and logistics	Gavi cold-chain equipment optimization platform (CCEOP) Gavi HSS funds UNICEF

* This list is not comprehensive and countries may have other international and local donors or sufficient domestic funding.

BOX 5. SAMPLE TABLE OF CONTENTS FOR 2YL PLAN OF ACTION**1. Introduction**

- a. Country context
- b. Justification for 2YL platform
 - i. Introduction new vaccine
 - ii. Increase coverage of primary series by two years
 - iii. Increase coverage in second year of life

2. Situation analysis

- a. Current coverage
- b. Surveillance data and epidemiological analysis
- c. Status of vaccination services
- d. SWOT (strengths, weaknesses, opportunities, threats) analysis

3. Goals and objectives**4. Strategies and activities**

- a. Policy and planning
- b. Data management
- c. Training and human resources
- d. Supply chain
- e. Advocacy, communication and demand generation

5. Alignment with other policies, plans, strategies and guidance**6. Timeline****7. Budget****8. Implementation plan**

- a. Approvals
- b. Dissemination
- c. Implementation
- d. Monitoring and evaluation

STEP

4

Secure high-level review and endorsement of the plan and activities



Who: Selected MOH programme managers, NITAG members, ICC, high-ranking health officials or other appropriate decision-making authorities

When: at least nine months before launch

Reference in 2YL Guidance: section 4

Details for review and high-level endorsement of the 2YL platform, and any new or updated policies or practices, should be part of the plan of action. These details will vary from country-to-country and depending on the policies and programmes involved. Plans should describe how management from other programmes will be engaged if non-vaccine interventions are part of the platform. At a minimum, these programme managers should be part of the review process. It is likely that support from the Ministry of Financing and Budgeting, Ministry of Education, Ministry of Social Welfare, or other bodies, will also be important, especially if any laws or policies will need to be revised. It will also be necessary to engage technical and coordination bodies in this step (for example, NITAGs for major policy changes or new vaccine introduction, ICC for integration with other programmes, etc.).

STEP 4

The FP and WG should prepare a brief presentation, outlining background information and evidence, WG recommendations and any decisions that need to be taken, depending on the target audience, for example, technical advisory groups, programme directors or finance officers. If major policy revision is needed, this process may first involve approval of proposed amendments, followed by endorsement of the final updated policies.

BOX 6. COUNTRY EXAMPLE

In Ghana, targeted assessments found that uptake of 2YL vaccines was particularly low among children in urban communities. Within this setting, many children start attending day care after their first year (as young as six months). However, several are still under-vaccinated upon enrolment. As part of a 2YL strengthening initiative, the Ministry of Gender, Children, and Social Protection and the Department of Social Welfare were identified as the regulatory bodies for day care and were engaged by the Ministry of Health/ Ghana Health Service in the development of training for day-care proprietors on the importance of vaccinations in the second year of life.

STEP

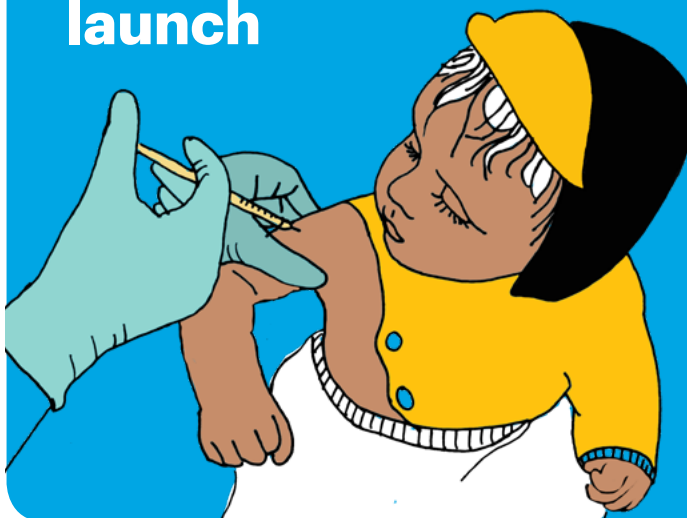
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Who: MOH and 2YL WG, programme staff, with support from all in-country immunization partners

When: from nine months before launch

Reference in *2YL Guidance*: sections 6, 7, 8, 9

Implement the plan and assess readiness for launch



Implementation of the plan of action for 2YL should begin as early as possible. If launching a new platform or vaccine introduction, preparedness should be periodically assessed along the way, ideally at 9, 6, 3, 2 and 1 month prior to the launch. The *Checklist* at page 39 is a useful reference for an indicative timeline, although these activities do not necessarily need to be implemented in the order proposed.

STEP 5

TASK 5.1

Systems, services and policy-level interventions

If the desk review identified any laws or policies that required development or revision to allow for and promote vaccination of children above one year and catch-up of missed vaccinations, it is important to ensure these updates are widely disseminated across all levels, along with an information note and guidance for implementation.

Indicators of success for the 2YL platform should have been determined early on in the planning so that data tools can be modified to collect and track the information required for programme monitoring (see Table 4 in the *2YL Guidance*). Updated recording and reporting tools should be printed and disseminated, along with training and information circulars on how to use the updated tools and why this information is being collected.

TASK 5.2

Training health workers

Training of front-line health workers should ideally be conducted about two weeks prior to the launch date. This increases retention of the new information and also allows ample time for the printed materials (if needed) to be developed and disseminated. Notifications/videos/photos/information circulars/etc., should be disseminated several times through multiple communication channels (for example, email, SMS, *WhatsApp* groups) in order to reach as many health workers as possible.

Training should focus not only on the new vaccine being introduced, but also should emphasize the importance of a 2YL platform and specific issues, including:

- importance of 2YL vaccination (why this vaccine is given at this time and the extension of vaccination services beyond the first year of life);
- catch-up of any missed vaccinations;

- how to address concerns about multiple injections and reducing pain during vaccination;
- how to record and report 2YL doses and catch-up doses, which indicators are being monitored and why;
- how to communicate with caregivers (interpersonal skills – listening, affirming, showing respect) and confidence in making recommendations.

Changes in pre-service training curricula should be discussed with the relevant training institutions, including medical schools, nursing schools and, depending on government regulations for the qualifications required for vaccinators, training institutions for environmental inspectors, surveillance officers, community health workers and others.

Some countries have an established system for continuing education and health staff are obliged to provide documentation of training in certain subjects to maintain their licenses. This provides a great opportunity for reminder messages to a broad section of the health sector. Other low-cost ways of training can be utilized as well, such as so-called drip training via posters or flyers that can be distributed along with vaccine or other supply shipments.

A target audience that is often overlooked is doctors and nurses from curative services, private practice and pharmacists. While EPI staff are planning to provide detailed training for those health workers who typically provide vaccination, 2–3 hours can be set aside to speak to groups of medical staff about 2YL, for screening for missed vaccinations and to provide reminders on case definitions and reporting procedures for vaccine-preventable diseases and adverse events following immunization. This can be achieved either by inviting these professionals to a segment of the larger training session, or during a separate, shorter training for this group. Professional societies (for example, paediatricians or nurses) may have regular newsletters, mailing lists, or annual meetings that can also be targeted for dissemination of these key messages.

BOX 7. COMMUNICATION WITH HEALTH WORKERS

There are numerous examples of innovative ways that health programmes are engaging with their workforce to build their skills and confidence. This is possible through various avenues that allow for ongoing interaction in real time.

- Ministries of health in countries such as Ghana, Malawi and Zimbabwe are using *WhatsApp* chat groups for subsets of the health workforce.
- In Mongolia and Indonesia, many health facilities have websites, Facebook pages and Twitter accounts for information sharing.
- In the Democratic Republic of the Congo (DRC) during an Ebola outbreak, the Ministry of Health worked with cell-phone providers to designate numbers (hotlines) that health-care providers could call free-of-charge for information, or to report suspected cases.
- In DRC, when travelling to conduct advocacy and training for new vaccine introduction, national staff set aside a morning to brief clinicians in each provincial capital on the new vaccine and to provide reminders on vaccination, adverse event detection and reporting and surveillance. This was achieved by inviting staff from provincial hospitals, local training institutions and any local medical associations.

TASK 5.3**Demand generation**

Messages for the general public should be tested and tailored to address each identified target group, including parents and caregivers, day-care/preschool proprietors, and political, community and religious leaders, to generate support for immunization, with a focus on addressing barriers and enablers to vaccination during the second year of life. In addition to general messaging about the importance of vaccination, and the time, place and availability of services, consider messaging that addresses concerns that may prevent caregivers of older children from returning to the health centre – for example, being scolded if the child is not up-to-date with vaccinations, the child is underweight, or the mother is pregnant again.

Channels for communication should be in line with those that have been demonstrated to be effective through KAP, or other methods, such as post-campaign coverage or population surveys, or evaluations from previous vaccine introductions. In addition to traditional avenues, such as posters and media spots, radio or television talk shows, social media platforms, SMS blasts, and symposia in medical venues should also be considered. Media (including social media) already active in providing advice, or marketing on play, development and education targeting caregivers of pre-school children are other avenues to consider. Consider collaboration across different communication groups to harmonize immunization messaging so that consistent messaging goes out from all partners.

Other elements of the communication plan should be initiated closer to the launch date as per the plan developed in Step 3. Ensure sufficient resources are devoted to communication activities as this is often an underfunded but absolutely critical aspect of 2YL platform introduction.

STEP 5

TASK 5.4

Advocacy

This may be part of the communication plan, or separate, but messages should be prepared for opinion leaders among decision-makers, the medical community, religious communities, etc. This should include briefings at all levels.

TASK 5.5

Launch of new vaccine or activities to strengthen 2YL platform

Even if there is no new vaccination being introduced, the launch should include significant activities to draw attention to the EPI/MCH programmes so that caregivers bring their children back after their first birthday. This is also an opportunity to raise the profile of immunization beyond infancy to the general public, medical community and decision-makers. The WG should consider visibility of the launch, in relation to other programme activities (for example, other campaigns, PIRs, or other launches) when planning the timing and in relation to available resources.

STEP

6

Monitor implementation and coverage and adjust strategies where needed



Who: MOH and 2YL WG

When: continuous from adoption of plan

Reference in *2YL Guidance*: section 10

The WG and any other appropriate oversight body is responsible for monitoring the implementation of the plan as soon as it is approved, from early preparations through evaluation. These reviews can be undertaken monthly at the beginning of the planning process, but as the launch approaches, the frequency should increase to allow timely identification of any bottlenecks. This allows for any remedial actions to be taken swiftly to avoid delaying the launch.

Monitoring should continue after the launch to determine if targets will be reached. Adjustments to messaging, data collection and service-delivery components should be made if performance is found to be lagging.

STEP 6

Data that are collected through the administrative reporting system (for example, MCV2 coverage, number of doses MCV1 given by age, number of doses DTP given by age, MCV1–MCV2 drop-out), should be the subject of active monitoring following the launch. Monitoring meetings should be held regularly at all levels, from service provider with community to the national level, ideally at a minimum every month to every quarter.

Where feasible, resources should be allocated to conduct a post assessment to obtain additional information on the level of implementation and the effect of 2YL activities. This should be conducted 6–12 months after the launch to allow for changes to be observed. This does not necessarily need to be a separate targeted assessment but could be achieved by including 2YL indicators in routine programme review activities, such as mid-term or annual reviews, joint appraisals, EPI reviews or other scheduled reviews. Table 4 in the *2YL Guidance* provides illustrative indicators that should be included in such assessments and the WHO EPI Review guidelines include suggested 2YL questions to incorporate as part of such reviews.¹⁹

Any gaps or barriers identified through monitoring or in the post-2YL assessment should then be discussed by the WG and appropriate steps should be taken to address them. Section 10 and Table 7 in the *2YL Guidance* discusses several illustrative examples of possible actions that programmes can take to improve 2YL performance.

¹⁹ (http://www.who.int/immunization/documents/WHO_IVB_17.17/en).

Checklist



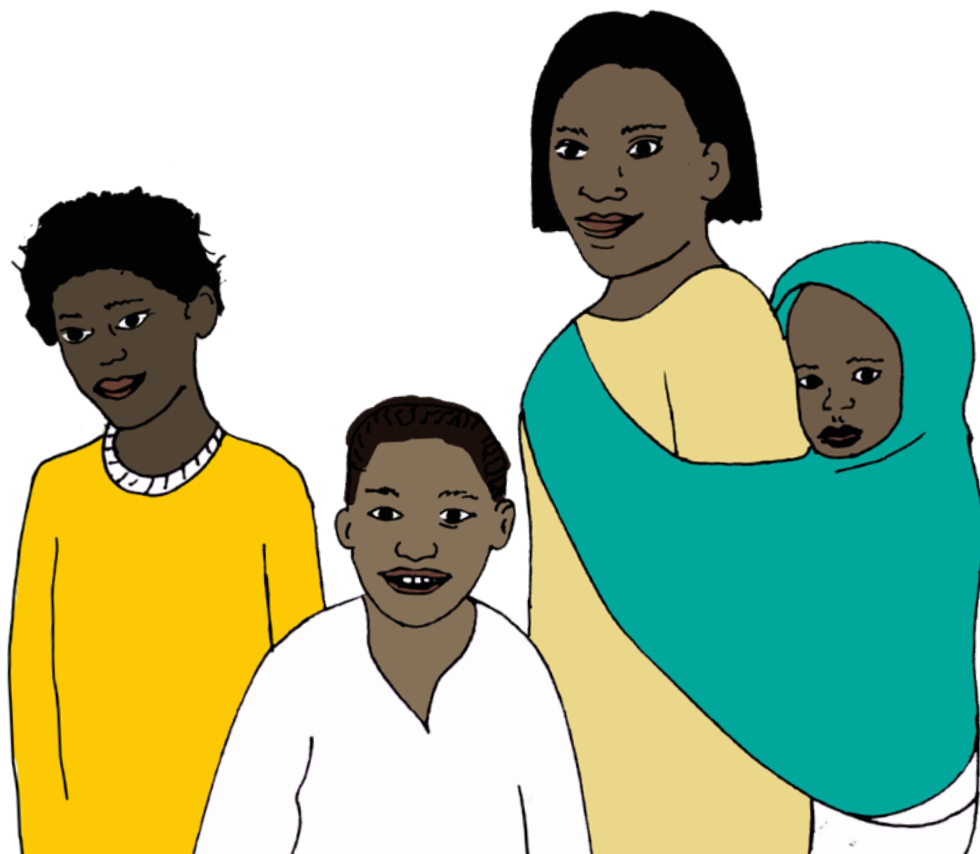
CHECKLIST

HAND-BOOK STEP	2YL GUIDANCE	RESPONSIBLE PARTY*	ACTIVITY	PREPARATION ACTIVITIES: # of months before implementation												IMPLEMENTATION ACTIVITIES						
				12	11	10	9	8	7	6	5	4	3	2	1	1	2	3	4	5	6	
		*with support from 2YL WG																				
1	Policy	MOH-EPI	Focal person (FP) designated	x																		
1	Policy	MOH-EPI, FP	WG members identified (including representation from all integrated interventions)	x																		
1	Policy	MOH-EPI, FP	WG convened	x																		
2	Planning	FP	Desk review conducted	x	x																	
2	Planning	FP	National level interviews conducted		x																	
2	Planning	FP	Field visits to identify additional barriers		x																	
2	Planning	FP	Additional data-collection activities as needed		x																	
2	Data	Data Manager	Information system and tools assessed		x																	
3	Planning	FP	Operational plan for 2YL developed and budgeted			x																
4	Planning	FP	Operational plan reviewed and approved (by ICC or other)			x																
4 5	Policy	FP	Vaccination schedule updated			x																
4 5	Policy	FP	Revisions (or development) of laws, policies, if needed (including catch-up policy)			x																
2	Data	Data Manager	2YL monitoring indicators defined			x																
2	Supply	Logistician	Vaccine needs forecasted			x																
2	Supply	Logistician	Vaccine orders placed			x																
2 5	Supply	Logistician	Commodities for integrated interventions calculated and ordered			x																
2 5	Supply	Logistician	Cold-chain space assessed and requirements met				x															
3	Comms.	Comms. Officer	Communication/social mobilization plan finalized				x															
3	Data	Data Manager	Monitoring plan finalized				x															
5	Planning	WG	WG review preparedness/status				x			x			x	x	x				x			x
5	Data	Data Manager	Information system and tools modified to reflect 2YL					x														

CHECKLIST-PAGE 2

HAND-BOOK STEP	2YL GUIDANCE	RESPONSIBLE PARTY*	ACTIVITY	PREPARATION ACTIVITIES: # of months before implementation												IMPLEMENTATION ACTIVITIES						
				12	11	10	9	8	7	6	5	4	3	2	1	1	2	3	4	5	6	
		*with support from 2YL WG																				
5	Planning	FP	2YL guidelines developed (including promotion of screening and catch-up at all contacts)					x														
5	Comms.	Comms. Officer	Communication materials developed					x														
5	Planning	FP	Supervisory checklist updated					x														
5	Data, Comms.	Data Manager, Comms. Officer	Field test all revised/new materials						x													
5	Data, Comms.	Data Manager, Comms. Officer	Validate all revised/new materials							x												
5	Planning	FP	All new/revised materials ordered/printed							x												
5	HR	FP	Training materials developed/printed							x												
5	HR	FP	Job aids developed and field tested								x											
5	HR	FP	Training of trainers conducted at national/provincial level									x	x									
5	HR	FP	Introduction/2YL guidelines, updated tools and job aids disseminated									x	x									
5	Comms.	Comms. Officer	Advocacy, sensitization of professional societies, private practitioners, etc.										x	x	x		x	x	x			
5	Comms.	Comms. Officer	Communication and social mobilization messages piloted and finalized											x								
5	HR	MOH-EPI	Cascade training											x	x							
5	Comms.	Comms. Officer	Communications activities initiated, media outlets briefed											x	x		x	x	x			
5	Comms.	Comms. Officer	Social mobilization materials printed and disseminated											x	x							
5	Comms.	Comms. Officer	Social mobilization activities initiated											x	x							
5	Comms.	Comms. Officer	Preparation for launching ceremony											x	x							
6	HR	MOH-EPI	2YL focus of supportive supervision														x	x	x			
6	Data	Data Manager	Monitoring 2YL indicators														x	x	x	x	x	x
6	Planning	FP, WG	Review of 2YL activities (post assessment or integration in other review), revisions as needed																			x

Information Guides



These tables are designed to help direct the desk review, interviews, field visits and any further research that may be required (Step 2) and inform activities to be included in the 2YL plan of action (Step 3).

PROGRAMME AREA 1:

Programme organization, governance and planning

This information is needed to understand the programme organizational structure and the decision-making and planning processes.

Key documents to review

- Organizational charts at national and sub-national levels for EPI and related programmes

- Governance documents or TORs for technical advisory groups, including the ICC, NITAG, National Regulatory Authority (NRA), Ministerial Health Council, professional associations and child health advisory groups

- Minutes and membership of technical advisory groups

- Comprehensive multi-year plan (cMYP) and the annual plan of action for immunization

- National health plan and sector plans for MCH and reproductive health, nutrition, early childhood development, pre-school education and others

- Microplanning formats and instructions

- Assessments and evaluations from last five years, including Gavi Joint Appraisals, EPI reviews, Post-Introduction Evaluations (PIE), KAP studies or other surveys and reports

Key information or questions

- Is there a decision-making body for immunization and other programmes and on what basis do they take decisions?

- Which of the decisions needed for establishment of the 2YL platform must go before such bodies?

- What is the planning cycle? How would a 2YL plan of action be integrated into the overall planning process?

- Does the organization chart indicate EPI as part of another programme? Logistics and data management may be managed under EPI or separately

- Have recommendations of previous assessments been implemented? If not, what are the barriers that might also slow down 2YL?

- Which non-EPI health or education programmes are aiming to reach families in the 2YL (for example, nutrition, child development, family planning, or early education)?

Potential actions to be included in a plan of action

- Establish timing of decisions and approvals for 2YL around planning and advisory committee-meeting schedules

- Propose mechanism/timeline for vetting 2YL decisions

- Include other potential actions identified as gaps or needed for strengthening

PROGRAMME AREA 2:**Policy, guidelines and standards
(including service delivery and catch-up)**

This information is needed to understand existing policies and standards and any modifications necessary to meet 2YL requirements.

Key documents to review

- WHO vaccine position papers

- Immunization/EPI policy, norms/standards and reference manuals

- National health/child health/early childhood development policies

- Any policies that relate to pre school-age children (for example, childcare and pre-school policies)

- Any relevant laws/administrative orders

- Guidelines and other reference materials for health workers, including for integrated management of childhood illness (IMCI)

- Immunization coverage data (national and subnational) if available – especially on vaccination after 12 months of age

- Reports of any relevant formative research

Key information or questions

- Do national policies, norms and standards promote, prevent or not address vaccination >12 months? Is there any upper limit set for a vaccination?

- Does any document address catch-up of missed doses?

- Do immunization campaigns and PIRIs include vaccination of children after one year of age?

- Do any policies, norms or standards address screening for missed doses during sick- or well-baby visits?

INFORMATION GUIDES

- Is there a strategy to reduce MOV?

- What are the current and projected vaccination schedules?

- Is there any immunization requirement for school/day-care attendance?

- What is current coverage for vaccination 12–23 months?

- What is coverage for other interventions 12–23 months?

- Are there any publications related to timeliness of vaccination (PubMed or other search)?

Potential actions to be included in a plan of action

- Propose components of 2YL platform

- If needed, propose how catch-up/MOV policies could be clarified/strengthened

- Identify potential service-delivery allies

- Include other potential actions identified as gaps or needed for strengthening

PROGRAMME AREA 3:**Data reporting, management and monitoring**

Many EPI programmes still have data systems designed primarily to monitor infant vaccination. 2YL modification will expand monitoring to vaccination beyond 12 months of age.

Key documents to review

- Guidance on how to record, report, analyse and monitor data

- Home-based records (HBRs)

- Tally sheets

- Monthly reporting forms

- Health-facility registers

- Health Management Information System (HMIS), District Health Information System (DHIS2), District Vaccine and Devices Monitoring Tool (DVD-MT), and other guides and databases

- Monitoring tools and charts

- Feedback reports and performance (coverage) data

- Demographic and health survey (DHS) and multiple indicator cluster survey (MICS) reports

- Equity analyses, if available

Key information or questions

EPI:

- Do DHS and MICS results present numbers vaccinated >1 year of age?
Can coverage increase by vaccinating this age group?

- Does the EPI information system disaggregate doses administered by age group?

- Are HBRs widely available, free and commonly brought to curative care?

- Do the HBR, tally sheet, register and monthly report forms include all vaccines currently in the schedule? Do they permit, encourage or discourage recording of vaccination after the first birthday?

- How does the 2YL impact surveillance/adverse events following immunizations (AEFI) guidance & forms?

Non-EPI programmes:

- How are interventions monitored and what tools and systems are used?

- Is this intervention already included in the HBR?

- Should monitoring and reporting for this intervention be integrated with that for vaccination in any way, if not already?

Potential actions to be included in a plan of action

- Propose modification of forms

- Update guidance on how to record, report, analyse and monitor data

- Propose key 2YL indicators and milestones/targets

- Liaise with those managing relevant data systems regarding updates

- Include other potential actions identified as gaps or needed for strengthening

PROGRAMME AREA 4:**Human resources and training**

Ideally, introducing or strengthening vaccination as part of an integrated package in the second year of life will enhance services without needing to augment the existing workforce and provide an opportunity for refresher training on key points, such as catch-up vaccination, data monitoring, and interpersonal communication. A 2YL platform should aim to add value to all programmes in the most sustainable way possible.

Key documents to review

- Curricula for in-service and pre-service training for paediatric clinical care and any routine preventive care (for example, immunization, nutrition, development or disease control)

- Supervision checklists

- Job aids

Key information or questions

- Is screening for completeness of vaccination, immediate contraindications and active catch-up part of standard of care (for example, healthy child visits, growth monitoring or out-patient treatment), including beyond the first birthday?

- Is there a system for ongoing/continuing education for health practitioners and vaccinators, and how might 2YL content be incorporated?

- How often is in-service training conducted and how might 2YL content be incorporated?

- How are pre-service curricula and content updated and how might 2YL content be incorporated?

- Would the integrated package require any additional staff for fixed or outreach sessions?

Potential actions to be included in a plan of action

- Develop a list of materials and sections to update

- Propose a plan for in-service and pre-service training

- Propose modification in supervisory checklist

- Propose any modification in human resources (HR) staffing or TORs – if needed

- Include other potential actions identified as gaps or needed for strengthening

PROGRAMME AREA 5:**Supply-chain management**

Forecasting and supply-chain management for a 2YL vaccine should be similar to other vaccine introductions. The 2YL target population should be counted separately and revitalized catch-up vaccination should be taken into account for any additional vaccine needs.

Key documents to review

- Assessment of cold chain and logistics needs (for example, effective vaccine management assessment (EVMA), cold-chain inventory, etc.)

- Stock management or distribution guidance

- Wastage policies and calculations

Key information or questions

- Are there gaps in current cold-chain or logistics capacity or policies that will hinder full coverage in the second year of life?

- How is “wastage” calculated, for instance, would vaccination >1 year, or vaccine doses given late, be considered as “wasted doses” using current formula?

- Is an open-dose vial policy in place?

- Are there any directives that will hinder staff in opening a vial for every child?

- Does the organization chart indicate logistics are managed outside the EPI and/or will there be a need to coordinate across other health programmes for the non-EPI components of the 2YL package of services?

- Will the 2YL package of services require additional supplies for non-EPI interventions?

Potential actions to be included in a plan of action

- Modification in vaccine supply and distribution plans

- Augmentation of cold-store space (if needed)

- Updating of stock-management forms and systems

- Include other potential actions identified as gaps or needed for strengthening

PROGRAMME AREA 6:**Advocacy, communication, demand creation and community linkages**

EPI programmes have long been associated only with vaccination for infants and pregnant women. Achieving high acceptance for vaccination in the 2YL by the medical and nursing communities, as well as increasing demand and awareness in communities, may require special knowledge and efforts until it becomes a well-known benefit and also established practice.

Key documents to review

- Communication and community engagement strategy

- Community-based demand creation costed plan of action with timeline

- Community consultation as to when, where and how, 2YL routine service delivery would be most preferable, possibly in collaboration with other programmes, such as nutrition, child development, family planning or disease control

- Plans and materials for 2YL launch

- Health-education materials, posters, job aids and schedules

- Any previously conducted KAP survey reports and findings

- Communication channels and behavioural analysis reports

Key information or questions

- Does the organizational chart indicate that responsibility for communication falls under the purview of a broader umbrella, requiring cross-sector collaboration? This also depends on the components of the platform and if messaging for multiple interventions would be needed

INFORMATION GUIDES

- Have any assessments been done on KAP factors that might hinder full coverage, for example, hesitation or misconceptions regarding vaccination after first birthday, multiple injections, etc.)?

- Do materials promote or discourage 2YL vaccination?

- Will materials and communication plans need to be updated or developed? (See Table 6 of the *2YL Guidance* for examples of key messages)

- Does country have a policy or strategy on interpersonal communication of community health workers?

Potential actions to be included in a plan of action

- Development of a communication and demand creation plan

- Proposal for additional activities or information that will be needed to formulate an effective communication campaign and strategy

- Include other potential actions identified as gaps or needed for strengthening

Field Guides



How to organize a field visit

The following are suggestions as to how to organize a field visit for a country that needs basic information gathering. It describes a way to gather sub-national EPI implementation activities and practices for a few select areas in the country. If there are concerns that, for different reasons, 2YL vaccination may be challenging in different parts of the country, then the selection of sites can be expanded or a more formalized study can be conducted.

Personnel

Those selected to participate in the field visits should be familiar with EPI and/or the other interventions considered for inclusion for the 2YL package. Members of the WG are the most likely to conduct field visits. Assuming a limited number of staff available for these visits, it is best to consider that, at the regional level, teams should be lead by one person from the national level whose technical expertise is complemented by members from the regional level. Each team should include people familiar with all components of the 2YL package.

Choice of sites to visit

For programmatic purposes, a convenience sample is often sufficient to identify barriers to high demand for, and delivery of, 2YL services. Sample sites should be chosen in collaboration with relevant staff at national and regional levels that can provide descriptive information about health facilities and communities, including those that are well performing and those most likely to present a challenge for high coverage in the second year of life. It is important to include well-performing districts and health facilities to provide descriptions of the best outcomes possible with available resources, as well as those that already lag behind in coverage of infant vaccination or other interventions.

Consider visiting 2–3 regions in the country, 1–2 districts within a region and 2–3 health facilities and communities within a district. This can be done by forming anywhere from 2–6 field teams to conduct between three and five days of fieldwork.

Criteria for selecting areas may include the following.

- **Coverage:** select districts and health facilities with low and high DTP3 coverage, high drop-out rates and low MCV1 coverage by one year of age.
- **Social characteristics:** populations that may have limited access to, or use of, vaccination services, including urban poor, migrants, refugees and ethnic minorities, or communities that refuse vaccine, conflict-affected populations or so-called “invisible” populations not normally registered with local authorities or health authorities.

There is little to be gained from visiting areas that are insecure, or without staff or cold chain, as a 2YL platform may not address infrastructural deficiencies. Note that geography, insecurity, time or budget may limit the team’s ability to reach communities, resulting in the greatest likelihood of missing opportunities in the 2YL. In such cases, consider alternatives to visiting the area, such as interviews or focus groups at venues likely to be frequented by those communities in, for example, markets, hospitals, churches or mosques.

Types of interviews

District

- District and local political/administrative authorities for courtesy visits and as key informants regarding their populations
- District health management team, including data managers, cold-chain and logistics focal persons
- District hospital, including clinicians, to learn of screening practices for sick children, availability of daily year-round vaccination and recognition of AEFI

Health facilities

- Facility in charge

- Vaccinator
- Cold-chain/stores manager
- Other clinicians to learn of screening practices for sick children, availability of vaccination every day, all year-round and recognition of AEFI

Community

- Community health volunteer, community groups, relevant CSOs/NGOs, religious leaders and other key informants who are familiar with the potential challenges to bringing children to vaccination after their first birthday
- Caregivers – this should include several fathers for their views on additional vaccination visits. This can be done as caregivers exit an immunization session, homes are sampled in the community, or in community settings such as markets

Questions to ask in the field

Interview guides should be developed before visits by the FP and WG to provide reminders and prompts on the information sought while taking full advantage of the expertise represented on the teams. Questions may include those topics listed below, with the aim of eliciting information listed in the Key information or questions sections of the *information guides* above. Teams should establish communication among themselves through a *WhatsApp* group (or similar) if available, or other means to discuss challenges or questions. This approach is not meant to be a robust study but to be a rich exploration of issues likely to impede full 2YL coverage.

The following are some key aspects to cover – these should be formulated into questions that are adapted to the language and cultural context. Similar suggested questions are presented in the *2YL Guidance* for the purpose of strengthening 2YL coverage (see section 10.1). For guidance on how to develop and structure the interview guides, please see examples in [A guide for exploring health worker/caregiver interactions on immunization](#).²⁰

²⁰ A guide for exploring health-worker/caregiver- interactions on immunization
(https://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/).

Health-worker interviews

Begin with a few general opening questions, including about their knowledge and attitudes toward vaccination in general, and how comfortable they feel making recommendations to their patients.

Views of barriers to vaccinating 12–23 month-old children and integration with other interventions

- Do they see 2YL and integration as beneficial?
 - Will 2YL vaccination be an additional burden for staff in fixed and outreach sites?
 - How would this impact a fixed site vaccination session? Will additional people be needed? Should the session be organized in a different way?
 - How would it impact outreach vaccination?
 - How is defaulter tracking done and how might it be extended for 2YL vaccinations?
 - Attitudes towards multiple injections
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Are antenatal care (ANC), child health and immunization services offered on the same or different days?

Data-management practices

- What data recording and reporting tools are available, and do they have space for recording and reporting 2YL vaccines and catch-up vaccines?
 - Do they experience or expect any difficulty in recording and reporting doses given late?
 - What would be needed to make recording vaccines easier and more efficient?
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Experiences, both positive and negative, with previous changes in the vaccination schedule

Caregivers

Begin with a few general questions about the basic understanding of vaccination and its importance, where to seek vaccination services and level of satisfaction with services, etc.

What are current and potential ways that information regarding vaccination is, or could be, shared between health workers and caregivers/community?

- How do caregivers know when to bring their child back for vaccination?

Do caregivers know about vaccinations in the second year of life and understand their importance?

Are there practical or cultural barriers to bringing children over 1 year for preventative health services?

What do caregivers think about integrated services?

- Additional time at facility or outreach sites versus fewer appointments?
- Privacy concerns (ANC, HIV, family planning, growth and nutrition)?
- Additional burden of carrying commodities?

Has access to services changed or become more challenging with an older child?

Day-care use or other third-party child care and how that affects vaccination

Importance of safekeeping the HBRs until child starts school, and beyond

Attitudes towards multiple injections (best not to prompt on this but to find ways of indirectly exploring any concerns)

Community discussions

Begin with a few general questions about the basic understanding of vaccination and its importance, where to seek vaccination services and level of satisfaction with services, etc.

Do community members know reasons why 2YL vaccination and other well-child care beyond one year of age are important?

Other services provided during 2YL visit

Who are acceptable service providers?

Which services are okay to mix and which should not be mixed

Role of male partners, fathers in child care

Role of community leaders, religious leaders in advocating for vaccinations

This document provides detail on the **practical steps** for planning, managing, implementing, and monitoring vaccination during a scheduled visit, or visits, in the second year of life (2YL). It also provides useful steps for strengthening vaccination when coverage in the 2YL has not reached programme targets.

It is designed to be used together with the WHO guidance [Establishing and strengthening immunization in the second year of life: practices for vaccination beyond infancy.](#)

For tools and resources on immunization in the 2YL, please visit www.who.int/immunization/programmes_systems/policies_strategies/2YL

This document was published by the Expanded Programme on Immunization (EPI) of the Department of Immunization, Vaccines and Biologicals and is available at: www.who.int/immunization/documents

Copies of this document as well as additional materials on immunization, vaccines and biologicals may be requested from:

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