**SITUATIONAL ANALYSIS REQUIRED FOR GAVI SUPPORT REQUEST**

Countries applying for Gavi support under FPP and EAF should base their application on a comprehensive situation analysis of the status, strengths, weaknesses, and past performance of the EPI programme. This analysis should be based on data available from multiple information sources (e.g., population studies, EPI coverage, epidemiological reports, behavioural studies, and programme operational performance data) which countries are expected to gather and examine. This **Situational Analysis Checklist presents a list of criteria and key analytical questions that should be asked/answered to proceed to the development of a Theory of Change when requesting new HSS and/or EAF funding** from Gavi [e.g., when conducting the Full Portfolio Planning (FPP)].

The Situational Analysis elements may be readily available in existing studies, reviews, or within tools provided by partner organisations. The **insights from theses analyses should be reflected in the indicated boxes below**. The ultimate **purpose of the Situational Analysis is to inform the programming of Gavi funds** by identifying critical programmatic enablers/barriers and evidence gapsand guiding which should be prioritised.

Gavi recognises that collecting and systematically documenting evidence during a situational analysis is a valuable investment of time for national immunisation programmes. Systematic data compilation, analyses and reviews ultimately leads to the development of informed, strong, implementable plans, and more importantly impactful programme implementation. The results of the Situational Analysis can also be used for other purposes as determined by the country, such as donor reporting, EPI reviews and EPI evaluations. The National Immunisation Strategy (NIS), when available, should substantially inform the development of the Gavi Situational Analysis. In reverse, this analysis can also be leveraged to inform the situation analysis phase of subsequent NIS development.

The tables below indicate the expected data analysis and the corresponding key analytical questions for your HSS and/or EAF application. The chart indicates where the requirement differs according to country segment and the type of support being requested.

**LEGEND KEY**

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| **Icons** |  | **Meaning behind the requirement prompts** | | |
| **Research with solid fillQuantitative Data** |  | **Yes** | **Encouraged or required as part of planned activities** | **Encouraged in the Situational Analysis** |
| **Shape  Description automatically generated with low confidenceQualitative Data** |  | The Question Prompt is fundamental to grant application and must be provided during grant submission otherwise application will be considered incomplete and will not pass pre-screening. | Providing information to these prompts are highly recommended during the grant application, however where information is unavailable or out of date, country must plan on investing resources in making this information available by capturing them in the costed FPP plan. | Providing information to these prompts are highly recommended to ensure a high-quality application. However, where the information is unavailable, the country is not mandated to provide. |
| **Shape  Description automatically generated with low confidenceResearch with solid fillMixed Data** |  |

**A. INTRODUCE AND SCALE**

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| **CRITERIA** | **Corresponding key analytical questions** | **FRAGILE/CONFLICT** | | **POTENTIAL DATA SOURCES**  **TO CONSIDER** |
| **HSS** | **EAF** |
| **Coverage & Equity** |  |  |  |  |
| **A1:** Assessment of national population data availability, accuracy, utility, and scale of denominator data challenge: Comparison/Validation of national estimates of births / surviving infants used with alternative data sources  **Research with solid fill** | Are population estimates used for planning immunisation services at the macro-level up-to-date and accurate?  (a) When was the last census survey completed?  (b) What data source(s) and assumptions are used to derive target population estimates? | Yes | Yes | a. Country’s Census Data & Projections from Bureau- of Statistics  b. UN Population Estimate Data  c. GIS/Gridded population data sets  d. Operational/Programme Denominators  <https://www.who.int/publications/m/item/assessing-and-improving-the-accuracy-of-target-population-estimates-for-immunization-coverage> |
| **A2:** Assessment of sub-national population data availability, accuracy, utility, and scale of denominator data challenge: Comparison/Validation of national numbers of births with sums of numbers of births from overall number of subnational areas  **Research with solid fill** | Are population estimates used for planning immunisation services at subnational levels, including the community, up-to-date and accurate?    (a) Are there some communities and/or settlements which are not captured by these estimates (e.g., mobile / nomadic populations, IDPs, etc.)?  (b) Do you have information regarding these communities and/or settlements which are not captured by these estimates?  (c) Do the available target population estimates allow to ascertain the size of the catchment area population? | Encouraged in the Situational Analysis at the time of application | Encouraged in the Situational Analysis at the time of application | a. Country’s Census Data & Projections from Bureau- of Statistics  b. UN Population Estimate Data  c. GIS/Gridded population data sets  d. Operational/Programme Denominators  <https://www.who.int/publications/m/item/assessing-and-improving-the-accuracy-of-target-population-estimates-for-immunization-coverage> |
| **A3:** Considering those left-out of programme targets (for example IDPs, Migrant, Refugees, Urban Poor & Other ERG populations) using various sources  **Research with solid fill** |  | Encouraged in the Situational Analysis at the time of application | Encouraged in the Situational Analysis at the time of application or required as a planned activity in the application | a. IOM’s Country Flow Monitoring Data Set  b. UNHCR Operational Data Portal  c. Operational Data from other programmes (Ministry of Social Affairs, Ministry of Planning, Ministry of Humanitarian affairs)  <https://technet-21.org/en/library/main/6620-4.-triangulation-annex:-programme-targets-(national-level)> |
| **A4:** Linkage between SIAs and zero-dose Programming  **Research with solid fill** | (a) What are the PCCS coverages of the last campaigns? Did they include disaggregated data on zero-dose children?  (b) Have root cause analyses been conducted? If so, what mitigating actions were triggered based on the results?  (c) Any plans to reach children missed post campaigns?  (d) What have been any recent efforts put in place to improve the quality of previous campaigns? | Encouraged in the Situational Analysis at the time of application or recommended as a planned activity in the application | Encouraged in the Situational Analysis at the time of application or recommended as a planned activity in the application | a. Previous Country PCCS Data.  b. Relevant PIEs  c. Relevant RCAs embedded with CEAs, EPI reviews, Gavi Joint Appraisals, EPI Reviews or Partner Assessments in-country |

**Country comments**

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| *Please include information or commentary on key insights here.* |

**B. EXTEND AND REACH**

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| **CRITERIA** | **Corresponding key analytical questions** | **FRAGILE/CONFLICT** | | **POTENTIAL DATA SOURCES TO CONSIDER** |
| **HSS** | **EAF** |
| **Coverage & Equity** | | | | |
| **B1:** Estimated # and % of zero-dose children (defined as lack of DTP 1) with the following disaggregation:  (a) national level  (b) sub-national level (admin 1 and admin 2)  **Research with solid fill**(c) ERG setting and/or urban/rural | How does the country estimate the # and % of ZD, under-immunised and missed children at national and sub-national levels?  How many zero-dose, under-immunised and missed children are estimated?  How are zero-dose, under-immunised and missed children and their communities geographically distributed?  (a) Are they geographically concentrated or evenly distributed?  (b) Which regions have high numbers of zero-dose and which regions have low immunisation coverage?  (c) What is the proportion of zero-dose and under-immunised children living in different settings, especially urban, remote rural, and fragile / conflict contexts? | Encouraged in the Situational Analysis at the time of application or required as a planned activity in the application | Yes | a. Gavi ZD Analytics Package  b. Latest Surveys (MICS, DHS, Other validated Survey Data)  c. DHIS2 Immunisation Analysis Package  Qualitative Data  RCA data from CEA, EPI reviews, Gavi JA, Partner assessments |
| **B2:** Estimated # of under-immunised children (defined as lack of DTP 3) with the following disaggregation:  (a) national level  (b) sub-national level (admin 1 and admin 2)  (c) ERG setting and/or urban/rural  **Research with solid fill** | Yes | Yes | a. Gavi ZD Analytics Package  b. Latest Surveys (MICS, DHS, Other validated Survey Data)  c. DHIS2 Immunisation Analysis Package |
| **B3:** Comparison of DTP1, DTP3, and MCV1 coverage at national level  **Research with solid fill** |  | Yes | Encouraged in the Situational Analysis at the time of application | a. Gavi ZD Analytics Package  b. Latest Surveys (MICS, DHS, Other validated Survey Data)  c. DHIS2 Immunisation Analysis Package |
| **B4:** Comparison of the Fully Immunised Child and Baseline coverages of vaccines within country EPI schedule (Breadth of Protection) \*  **Research with solid fill** |  | Encouraged in the Situational Analysis at the time of application | Encouraged in the Situational Analysis at the time of application | a. Latest Surveys (MICS, DHS, Other validated Survey Data)  b. DHIS2 Immunisation Analysis Package  c. WHO’s HEAT Package |
| **B5:** Comparison of DTP1-DTP3 and MCV1-MCV2 drop-out rates with the following disaggregation:  (a) national level  (b) sub-national level (admin 1 and admin 2)  (c) Equity Reference Group (ERG) setting and/or urban/rural (Urban/Rural, Nomadic, Peri-Urban, Conflict affected etc)  **Research with solid fill** |  | Encouraged in the Situational Analysis at the time of application | Encouraged in the Situational Analysis at the time of application | a. Latest Surveys (MICS, DHS, Other validated Survey Data)  b. DHIS2 Immunisation Analysis Package  c. WHO’s HEAT Package |
| **Service Delivery & Human Resources for Health** | | | | |
| **B6:** Service Availability  **Research with solid fill** | (a) How is service delivery currently organised (i.e., proportion of fixed, outreach and/or mobile immunisation sessions)?  b) Which of the service delivery platforms are performing adequately? Which platforms remain weakest? Why?  Provide information (where possible) towards the following indicators  (i) Proportion of immunisation sessions held against planned  (ii) Number and proportion of health facilities offering immunisation services  (iii) Percentage of sites with functional PQS equipment | Yes  (qualitative information is an allowable substitute where quantitative data is unavailable) | Yes (qualitative information is an allowable substitute where quantitative data is unavailable) | a. Essential Health Service (EHS) Pulse Survey results - SARA Surveys, SPA (Service Provision Assessment), HeRAMS (esp. fragile context)  b. eJRF c. DHIS2 Immunisation Analysis Package |
| **B7:** Service extension across the continuum of life | a) Were services disrupted in the last 2years? In what locations? How has this affected coverage?  b) Any catch-up activities conducted and monitored as a result of the pandemic or other events?  c) Any lessons learned from recent vaccine introductions across the life course (e.g. C19, MCV2, HPV,etc) ? | Yes (qualitative information is an allowable substitute where quantitative data is unavailable | Yes (qualitative information is an allowable substitute where quantitative data is unavailable | a. Admin & HMIS data  b. EHS Pulse Surveys (SPA, SARA, HeRAMs)  c. PIRI & other RI catch-up campaign reports  d. Reaching Every District (RED) Assessment  e. New Vaccine Introduction Data  f. PIE data |
| **B8:** Service integration and service quality | a) What are coverage gaps of immunisation and PHC services?  b) What affects the quality of services (e.g. availability of vaccines and skilled health worker)?  c) What has the past experience been with integrated immunisation programs (campaigns, routine immunisation and/or other health interventions with co-delivery or collaboration)?  What other opportunities for integration have been identified for future implementation? | Yes (option for qualitative reports (i.e. consolidated implementing partner reports on HR immunisation/related-PHC programmes) in the absence of updated quantitative data) | Yes (option for qualitative reports (i.e. consolidated implementing partner reports on HR immunisation/related-PHC programmes) in the absence of updated quantitative data) | a. Survey Data (DHS, MICS, Other Surveys)  b. Admin and HMIS Data  c. Health Resources Data (SARA, SPA, HeRAMS)  d. Campaign Report Data (Polio/cVDPV outbreak & report, Measles outbreak & report)  e. Vaccine Introduction data & PIE data |
| **B9:** HR availability  **Research with solid fill** | Has an EPI HR assessment been one? Is an EPI HR plan available?  a) Are there adequate numbers of skilled vaccinators and other health workers available at facility level especially in areas with high number of ZD and missed children?  b) What are other challenges in the distribution and retention of vaccinators and other health workers? | Yes (option for qualitative reports (i.e. consolidated implementing partner reports on HR immunisation/related-PHC programmes) in the absence of updated quantitative data) | Yes (option for qualitative reports (i.e. consolidated implementing partner reports on HR immunisation/related-PHC programmes) in the absence of updated quantitative data) | a. NIS/cMYP  b. EPI Review  c. Service availability assessments (SARA, SPA, HeRAMS etc)  d. HR audit data  e. HRIS data/HR Registry/Pay Roll Registry |
| **Supply Chain** | | | | |
| **B10:** CVM Diagnostics in keeping with focused iSC strategy for select focused countries in Gavi\*  **Research with solid fill** | Has a CVM diagnostic been done? (Only applicable for CVM priority Countries: *Nigeria​,*  *Congo DRC\*​, Ethiopia, Burkina Faso, Pakistan, Bangladesh​, Tanzania​, Kenya​, Uganda, Cote d’Ivoire,*  *Mali, Sudan, Republic of​ Madagascar & Yemen)* | Yes | Encouraged in the Situational Analysis at the time of application or required as a planned activity in the application | a. Admin coverage data  b. Survey data  c. EVM Assessment  d. CCEI |
| **B11:** Supply Chain Performance Assessment  **Research with solid fill** | a) Has a recent SC performance assessment (EVMA) been conducted?  b) Have improvement plans been developed? Are they up to date?  (See EVM guidelines) | Encouraged or a simple rapid assessment of iSC performance using iSC Matrix Tool or required as a planned activity in the application | Encouraged or a simple rapid assessment of iSC performance using iSC Matrix Tool or an update of the EVMAcIP | a. EVM Assessment  b. EVM Implementation Plan (Latest)  c. Cold Chain Inventory  d. Comprehensive CCE Needs Document for CCEOP Support |
| **B12:** CCEOP Requirements | See [CCEOP application requirements](https://www.gavi.org/news/document-library/completion-checklist) | Yes, if CCEOP application planned | Yes, if CCEOP application planned | [Comprehensive CCE Needs Document for CCEOP Support](https://www.gavi.org/news/document-library/comprehensive-cce-needs-document-cceop-support) |
| **Demand (BeSD framework)** | | | | |
| **B13:** Assessment of Behavioural and Social Drivers of Vaccination  **Research with solid fill** | Has a ‘behavioural and social drivers of vaccination’ assessment been done? Analysis across possible BeSD metrics such as 1. Thinking & Feeling 2. Motivation & Intention (3. Social Processes & Family Norms  4. Practical Issues – access & affordability | Encouraged in the Situational Analysis at the time of application (use of relevant social data from other health programmes encouraged) or required as a planned activity in the application (a simple convenience sampling using (same indicators) would suffice in lieu of survey in the activity plan) | Encouraged in the Situational Analysis at the time of application (use of relevant social data from other health programmes encouraged) or required as a planned activity in the application (a simple rapid convenience sampling using (same indicators) would suffice in lieu of survey in the activity plan) | a. Recent Household Surveys (DHS, MICS)  b. BeSD & KABP Surveys  c. CEA  d. SARA survey  e. Key informant interviews  f. FGDs g. Existing publications & studies on Demand & Social Determinants h. Social Listening Data |
| **B14:** Gender  **Research with solid fill** | Have gender barriers been assessed? Analyses across possible gender metrics such as 1. gender autonomy, 2. travel autonomy, 3. caregiver literacy, 4. service quality and 5. community environment  See gender and immunisation guide for examples of metrics: <https://www.who.int/teams/immunization-vaccines-and-biologicals/gender> (p 52 to 60) | Encouraged in the Situational Analysis at the time of application or required as a planned activity in the application (a simple convenience sampling using (same indicators) would suffice in lieu of survey in the activity plan)  *Up to 3 metrics and/ or qualitative information* | Encouraged in the Situational Analysis at the time of application or required as a planned activity in the application (a simple convenience sampling using (same indicators) would suffice in lieu of survey in the activity plan)  *Up to 3 metrics and/ or qualitative information* | a. Statistical/Global Indicators (UN Women, UNFPA, WB)  b. Recent Household Surveys (DHS, MICS)  c. BeSD & KABP Surveys  d. CEA e. SARA survey  f. Key informant interviews  g. FGDs  h. Existing publications & studies on Gender |
| **B15:** CSO | a) Full mapping of CSOs and local partners in and outside of the immunisation sector and categorisation by area of expertise area of intervention, and other relevant information  b) Criteria to select CSO for implementation  c) Mechanisms for contracting CSO | Encouraged in the Situational Analysis at the time of application or use of already available info (previous mapping) if not >2yrs or required as a planned activity in the application | Encouraged in the Situational Analysis at the time of application or use of already available info (previous mapping) if not >2yrs or required as a planned activity in the application | a. Country CSO list  b. Key Informant Interviews  c. Focus Group Discussions |

\**\*'The Gavi 5.0 definition of BOP includes the following vaccines: third dose of pentavalent vaccine, IPV2, third dose of pneumococcal conjugate vaccine (PCV3), first dose of rubella containing vaccine (RCV1), RotavirusC (last dose in schedule), second dose of measles-containing vaccine (MCV2), yellow fever, meningococcal A, Japanese encephalitis, human papillomavirus (HPVC; last dose in schedule).*

**Country comments**

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| *Please include information or commentary on key insights here.* |

**C. MANAGE, MONITOR AND LEARN**

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| **CRITERIA** | **Corresponding key analytical questions** | **FRAGILE/CONFLICT** | | **POTENTIAL DATA SOURCES TO CONSIDER** |
| **HSS** | **EAF** |
| **Health Information Systems monitoring & Learning** | | | | |
| **C1:** Assessment of EPI programme management system | a) Does the EPI team have the capacities to deliver minimum core functions such as planning and  policy, financial planning, performance management/M&E and vaccine management? What are existing challenges?  b) Is the organizational structure of the EPI team appropriately and clearly designed to support its mandate?  c) Is an annual working plan in place, and progress tracking and review meetings setup? | Yes | Yes | a. EPI organogram & governance  b. EPI/immunisation programme budget and performance  c. NIS (latest)  d. Gavi JA/MSD report  e. Partner Assessment Report  f. Immunisation Annual Operational Plan & Implementation Report  g. Key informant interviews |
| **C2:** Assessment of digital health & data ecosystem\* | Has there been a mapping & assessment of existing digital health interventions? | Encouraged in the Situational Analysis at the time of application | Encouraged in the Situational Analysis at the time of application or required to articulate plans on tracking/monitoring ZD in the application | a. Digital Health Atlas <https://digitalhealthatlas.org/en/-/>  b. Global Digital Health Index <http://index.digitalhealthindex.org/map>  c. Country’s Digital Strategy  d. Key Informant interviews |
| **C3:** Assessment of digital health & data ecosystem  **Research with solid fill** | What are the challenges faced in terms of data collection, reporting, analysis, and use?  Has the country conducted a recent DQA? Has a DQIP been developed? What is the level of implementation of IP activities? Are they implementation gaps and why? | Yes | Encouraged in the Situational Analysis at the time of application or required as a planned activity in the application | a. Admin coverage data  b. Immunisation survey coverage report  c. WUENIC data  d. DQA report & level of implementation  e. eJRF  f. Immunisation quality assessment report |
| **C4:** Reporting & Response  **Research with solid fill** | a) Are surveillance data (case-based & laboratory) for key VPD & outbreaks collected on a timely & complete basis?  b) Have there been recent VPD outbreaks? Did they have a timely response? If not, why?  c) How does the surveillance data system compare with routine HMIS system in the country? | Encouraged in the Situational Analysis at the time of application or required to articulate surveillance/HMIS triangulation as a planned activity in the application | Encouraged in the Situational Analysis at the time of application or required to simply articulate surveillance/ HMIS data triangulation as a planned activity for immunity gaps targeting the EAF application | a. IDSR data  b. VPD Case Data by Disease  c. Surveillance Assessment Report  d. Country related surveillance data from WHO, CDC etc |
| **C5:** Laboratory Based Surveillance System  **Research with solid fill** | a) Is the laboratory-based surveillance system sufficient to meet system needs (sample collection, transport, processing & reporting?) | Encouraged in the Situational Analysis at the time of application | Encouraged in the Situational Analysis at the time of application | Laboratories assessment & certification report |
| **C6:** Reporting & Response  **Research with solid fill** | a) Are surveillance targets met?  b) What gaps exists and why? | Encouraged in the Situational Analysis at the time of application | Encouraged in the Situational Analysis at the time of application | a. IDSR data  b. VPD Case Data by Disease  c. Country related surveillance data from WHO, CDC etc |

**Country comments**

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| *Please include here any additional information or commentary on key insights.* |

**D. COMMIT AND SUSTAIN**

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| **CRITERIA** | **Corresponding key analytical questions** | **FRAGILE/CONFLICT** | | **POTENTIAL DATA SOURCES TO CONSIDER** |
| **HSS** | **EAF** |
| **Governance Policy & Strategic Planning** | | | | |
| **D1:** Governance & Accountability | a) Are governance and accountability platforms (NITAGs, ICC, EPIWGs, NRA, etc) for EPI established and functional?  b) Are meetings held regularly and recommendations well documented and followed-up?  c) How functional are sub-national governance platforms? | Yes | Yes | a. ICC ToR  b. ICC Meeting Minutes (latest)  c. NITAG ToR  d. NITAG Meeting Minutes (latest)  e. EPI review  f. EPI annual reports  g. Implementing Partner Assessment Reports  h. Key Informant Reports |
| Budgeting & Financing | | | | |
| **D2:** Budgeting & Financing: Fiscal Space Analysis  **Research with solid fill** | a) Are the allocated national financial resources sufficient for immunisation programming (incl. for vaccines on the one hand, for operations cost/ at subnational levels on the other hand)? Are allocated resources disbursed regularly?  b) Does immunisation have its own budget line?  c) What financial gaps exist and why? | Yes | Encouraged in the Situational Analysis at the time of application | a. NIS  b. National Health Accounts data.  c. Health Sector Budget (last 3yrs) and Budget Execution Report  d. State Budget (where relevant)  e. Health Financing Assessment  f. Immunisation Financing Assessment |
| **D3:** Budgeting & Financing: Fiscal Space Analysis | a) Have Gavi co-financing commitments been met adequately and on time?  b) What gaps exist and why? | Yes | Encouraged in the Situational Analysis at the time of application or recommended as a planned activity in the application | a. Gavi JA or Multi-stakeholder dialogue report  b. Gavi PCA report  c. national immunisation accountability framework report  d. Key informant reports |
| **D4:** Transition *(for transitioning countries only)*: reduction / phasing out of some key partners supporting the immunisation programme? Financially and/ or programmatically. Including Gavi transition. | a) Is the country transitioning out of Gavi any time soon? (Preparatory or accelerated transition phase).  b) Are there concerns about sustainable financing and operation of the immunisation programme? (vaccines (including co-financing ramp-up) and operational costs / routine immunisation financing)?  c) Are there any other concerns regarding sustainability of the programme and why? | yes | Encouraged in the Situational Analysis at the time of application | a. NIS (latest)  b. Gavi JA or Multi-stakeholder dialogue report  c. Gavi PCA report  d. EPI review report  e. Key informant reports |
| D5: Sustainability of HRH recurrent cost and service delivery operational costs  **Research with solid fill** | What proportion of HR and operational cost is supported by national resources. How has this changed over time (increasing or decreasing?). What are the government plans for absorbing the recurrent costs in the national budget? | Encouraged in the Situational Analysis at the time of application | Encouraged in the Situational Analysis at the time of application | a.PEFA/PFM assessment report  b. Immunisation programme budget  c. Health sector budget (last 3 years)  d. Health Financing assessment report (WB etc)  e. Latest Country NIS |

**Country comments**

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| *Please include information or commentary on key insights here.* |