

CRS/GAVI Civil Society Organization Survey — 2014

Thank you in advance for completing this questionnaire. This questionnaire is being administered to civil society organizations (CSOs) involved in immunization in Pakistan, Malawi, Chad, Guinea, Nigeria, Liberia, India, Uganda, and Haiti. The main purpose of this survey is to collect data so that we can demonstrate the contribution civil society is making towards immunization goals in countries receiving CRS/GAVI funding. We will collect data on (1) immunization service delivery and community mobilization activities being done by CSOs; and (2) engagement of CSOs with the Ministry of Health, via the Health Sector Coordinating Committee.

The data will be compiled and the cumulative analysis will be shared with the GAVI Secretariat and GAVI Alliance partners (e.g. UNICEF and WHO), governments, donors and other key stakeholders. It will be used to tell the story of how CSOs are making a contribution, who we serve, and to what extent CSOs are working collaboratively with government. Ultimately, we hope that this information will lead to increased resources for CSOs with regards to immunization activities, and importantly, to an increased role of civil society in immunization policy making in our country and globally.

Please answer the questions below to the best of your ability. Thank you again for your help on this important information-sharing initiative.

Organization identification and information

1. What is the name of your organization?
2. What country are you in (the country where your network/platform is based)?
3. How many districts are in your country?
4. How many districts does your organization cover?
5. Is your organization a faith-based organization (FBO)?

Please tick one.

- a. Yes
- b. No
- c. Don't know

6. For how long has your organization been working on immunization-related activities?

Please tick one.

- a. Less than 1 year
- b. 1 year to less than 5 years
- c. 5 years to less than 10 years
- d. 10 years to less than 20 years
- e. 20 years or more
- f. Don't know

Services offered: type, amount, and challenges

7. Which of the following activities does your organization do?

Please tick as many as apply.

- a. Deliver vaccinations directly to clients on a routine basis
- b. Deliver vaccinations directly to clients ONLY during national (or community) immunization days / campaigns (e.g. measles campaigns)
- c. Community mobilization services, i.e. activities that encourage caregivers to bring their children for immunizations. This might include campaigns, door-to-door visits, events and other initiatives that increase the demand for immunization services.
- d. Information, education and communication (IEC) and behavior change communication (BCC) efforts to increase knowledge and promote vaccination behaviors
- e. Track and follow up with clients who have defaulted on their vaccinations
- f. Advocacy in immunization at the local, district or national level
- g. Assistance in transporting vaccines from the main center to the site where they are administered
- h. Provide cold storage facilities for government or other organizations administering vaccines
- i. Conduct research on immunization-related issues
- j. Address gender-related barriers to immunization
- k. Address other barriers to immunization (please specify:
 - l. All of these
 - m. None of these

8. We are interested in knowing the total number of children who were vaccinated by your organization. Please include BOTH children who were routinely vaccinated at the health facility AND those that were vaccinated by your organization during national (or community) immunization days or campaigns in 2013.

Please enter a number in each row. If you are not sure of a particular number, please tick the “don’t know” box in that row. If you do not administer vaccines, please check the box after “My organization does not do vaccinations.”

	Total number of children vaccinated by your organization in 2013						
	Vaccinated during immunization campaigns			Routine vaccination			Don't know
	Total	Female	Male	Total	Female	Male	
Any vaccinations							<input type="checkbox"/>
Measles							<input type="checkbox"/>
DTP1							<input type="checkbox"/>
DTP3							<input type="checkbox"/>
Number of children 'fully immunized'							<input type="checkbox"/>
My organization does not do vaccinations							<input type="checkbox"/>

9. We are interested in knowing approximately how many communities and people your organization reached **directly** through community mobilization services in 2013.

For each activity, please first indicate if your organization did this in 2013.

For each activity your organization did in 2013, please tell us **how many people** were reached through each activity. If you don't know the exact number, please give an approximate number. **Please only count 'direct' beneficiaries** – ones that your CSO communicated with directly, not 'indirect' beneficiaries, such as family and friends of the direct beneficiaries. If you don't know the number of direct beneficiaries, please tick, 'don't know.'

	Please tick IF your organization did this in 2013	Number of direct beneficiaries as result of activity in 2013 (estimate)		
		Number of people	Number of communities	Don't know
Conduct door-to-door visits with families	<input type="checkbox"/>			<input type="checkbox"/>
Meet with political, religious, and/or community leaders to obtain their cooperation in communicating with communities	<input type="checkbox"/>			<input type="checkbox"/>
Conduct community surveillance and report cases of specific diseases	<input type="checkbox"/>			<input type="checkbox"/>
Track and follow up with clients whose children have defaulted on their vaccinations	<input type="checkbox"/>			<input type="checkbox"/>
Use media messages via TV or radio to educate and promote immunizations	<input type="checkbox"/>			<input type="checkbox"/>
Distribute flyers in communities to educate and promote immunizations	<input type="checkbox"/>			<input type="checkbox"/>
Use billboards to educate and promote immunizations	<input type="checkbox"/>			<input type="checkbox"/>
Hold community events to educate and promote immunizations	<input type="checkbox"/>			<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>			<input type="checkbox"/>
Total (sum of people and communities reached through all activities)				<input type="checkbox"/>
Within the communities reached, percentage of population reached				<input type="checkbox"/>

10. If you do not know the details of activities or how many people were reached through each, please give us your best guess as to the TOTAL number of direct beneficiaries who were reached as result of your organization's activities in 2013:

Please enter an approximate number of people:

Please enter an approximate number of communities:

OR if you don't know, please indicate here

11. In the communities where you work, why are children not fully immunized?

Please tick as many as apply.

Lack of information	Unaware of need for vaccination	<input type="checkbox"/>
	Unaware of need to return for 2 nd or 3 rd dose	<input type="checkbox"/>
	Place and/or time of immunization unknown	<input type="checkbox"/>
	Fear of side reactions	<input type="checkbox"/>
	Wrong ideas about contraindications	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Lack of motivation	Postponed until another time	<input type="checkbox"/>
	No faith in immunization (cultural/religious reasons)	<input type="checkbox"/>
	Rumours	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Obstacles	Place of immunization too far	<input type="checkbox"/>
	Time of immunization inconvenient	<input type="checkbox"/>
	Vaccinator absent	<input type="checkbox"/>
	Vaccine not available	<input type="checkbox"/>
	Mother too busy	<input type="checkbox"/>
	Family problem, including illness of mother	<input type="checkbox"/>
	Child ill - not brought	<input type="checkbox"/>
	Child ill - brought but not given immunization	<input type="checkbox"/>
	Long waiting time	<input type="checkbox"/>
	Other	<input type="checkbox"/>

12. Thinking about physical access to the communities where you operate, how do they compare to **other communities in your country**? If you work in multiple communities, please select the response that best matches the overall average of the communities you work in.

Please tick one.

- a. Much more difficult to reach
- b. Somewhat more difficult to reach
- c. About the same
- d. Somewhat easier to reach
- e. Much easier to reach
- f. Don't know

Health system support

13. To the best of your knowledge, how many (if any) health workers did your organization train to *conduct immunizations* in 2013?

Total: Female: Male:

OR if you don't know, please indicate here

14. To the best of your knowledge, how many (if any) *community volunteers* did your organization train in *community mobilization related to immunizations* in 2013?

Total: Female: Male:

OR if you don't know, please indicate here

15. To the best of your knowledge, how many (if any) *health workers* did your organization train in *community mobilization related to immunizations* in 2013?

Total: Female: Male:

OR if you don't know, please indicate here

16. To the best of your knowledge, how many (if any) *health workers* did your organization train in *monitoring and evaluation* in 2013?

Total: Female: Male:

OR if you don't know, please indicate here

17. To the best of your knowledge, how many (if any) *community volunteers* did your organization train in *monitoring and evaluation* in 2013?

Total: Female: Male:

OR if you don't know, please indicate here

18. To the best of your knowledge, how many and what percentage of health workers and community volunteers trained by you stayed in their community to work for at least six months following their training?

Total number: Number of Females: Males:

Total percentage: Percentage of Females: Males:

Health Facilities

19. **If your organization manages health facilities**, how many health facilities did your organization operate in 2013?

20. **If your organization manages health facilities**, on average, approximately how far do your clients have to travel in order to get to your health facility?

Please tick one.

- a. Less than 5km
- b. 5km to 9km
- c. 10km to 19km
- d. 20 to 39km
- e. 40km or more
- f. Don't know
- g. We don't manage any health facilities

Global Vaccine Action Plan (GVAP)

21. Are you familiar with the goals and objectives of the Decade of Vaccines Global Vaccine Action Plan (GVAP)?

- a. Yes
- b. No

22. Have you conducted any activities that address any of the goals or strategic objectives of GVAP? A list of GVAP activities is provided on the next page.

- a. Yes
- b. No

23. If you conducted any activities that address any of the goals or strategic objectives of GVAP, please list the activities, the main outcomes of each activity, and the source of funds for conducting the activity. (See Annex 1 for Examples of GVAP activities).

Activity	Main outcome of activity	Funding source

MACIS Network Specific Questions

1. Name of Your Organization:
2. Year of Registration/incorporation:
3. Name of Head/Executive Director of the organization:
4. Number of Staff:
5. Areas of focus:
[Malaria/HIV&AIDS/Immunization/Community development/ Maternal Health/Youth development/Child Health (ICCM)/Environment Conservation/ Nutrition/ Tuberculosis/Other (Specify)]
6. Type of Activities:
[Service delivery/ Advocacy/Capacity building/training/Resource mobilization]
7. In how many districts:
8. In how many sub-counties:
9. In how many parishes:

THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT

Annex 1: Examples of GVAP Activities

Strategic Objective	Activity
Strategic Objective 1: All countries commit to immunization as a priority	Ensure legislation or legal framework in all countries, including provisions for a budget line for immunization, and for monitoring and reporting.
	Develop comprehensive national immunization plans that are part of overall national health plans through a bottom-up process that includes all stakeholders
	Set ambitious but attainable country-specific targets
	Scrutinize, defend and follow more closely immunization budgets, disbursements and immunization programme activities
	Support local civil society organizations and professional associations to contribute to national discussions on immunization and health.
	Explore models to promote collaboration between stakeholders that generate evidence on immunization and those who use it in order to set priorities and formulate policies
	Develop and disseminate the evidence base on the public health value of vaccines and immunization and the added value of achieving equity in access and use of immunization
	Include immunization in the agendas of governing body meetings at all levels and in other social, health and economic forums
	Create, or strengthen existing, independent bodies that formulate national immunization policies (for example, national immunization technical advisory groups or regional technical advisory groups).
	Develop more effective ways for national regulatory agencies, health sector coordination committees, and interagency coordination committees to support immunization programs as part of disease control programs and preventive health care
	Create regional forums and peer-to-peer exchange of information, best practices and tools
	Create expanded and more transparent mechanisms for aggregating, sharing and using information to monitor commitments.
Strategic Objective 2: Individuals and communities understand the value of vaccines and demand immunization as both their right and responsibility	Engage in a dialogue which both transmits information and responds to people's concerns and fears.
	Utilize social media tools and lessons learnt from commercial and social marketing efforts.
	Leverage new mobile and Internet-based technologies.
	Include immunization in the basic education curriculum
	Conduct communications research
	Create incentives for households and health workers in favour of immunization
	Conduct social research to improve the delivery of immunization services and the ability to meet the needs of diverse communities
	Train health-care workers in effective communication techniques
	Engage, enable and support in-country civil society organizations to advocate the value of vaccines to local communities and policy-makers and local and global media
	Create national or regional advocacy plans that involve in-country civil society organizations
	Link global, national and community advocacy efforts with professional and academic networks
Strategic Objective 3: The benefits of immunization are equitably extended to all people	Engage underserved and marginalized groups to develop locally tailored, targeted strategies for reducing inequities.
	Introduce appropriate new vaccines into national immunization programs
	Establish a life-course approach to immunization planning and implementation
	Prevent and respond to vaccine-preventable diseases during disease outbreaks and humanitarian crises, and in conflict zones
	Track each individual's immunization status
	Take advantage of community structures to enhance communication and deliver services

	Involve CSOs in community outreach and planning
	Develop new approaches to community engagement for urban and peri-urban areas
	Train health workers and CSOs in engaging communities, in identifying influential people who can assist in planning, organizing and monitoring health and immunization programs, as well as community needs, and in working with communities to meet those needs.
	Conduct operational and social science research to identify successful strategies to reduce inequities and improve the quality and delivery of immunization services
Strategic Objective 4: Strong immunization systems are an integral part of a well- functioning health system	Ensure that global vaccine programs focusing on eradication and elimination goals are incorporated into national immunization programs and to not operate independently
	Ensure that new vaccine deployment is accompanied by comprehensive plans to control targeted diseases.
	Ensure coordination between the public and private sectors for new vaccine introduction, reporting of vaccine-preventable diseases and administration of vaccines, and ensure quality of vaccination in the public and private sectors.
	Consider the inclusion of vaccines (as appropriate to national priorities) in health programs across the life-course
	Improve the quality of all administrative data concerning immunization and promote its analysis and use at all administrative levels to improve program performance
	Develop and promote the use of new technologies for collection, transmission and analysis of immunization data
	Further strengthen and expand disease surveillance systems to generate information for decision-making, monitoring the impact of immunization on morbidity and mortality and changes in disease epidemiology
	Ensure capacity for vaccine safety activities, including capacity to collect and interpret safety data, with enhanced capacity in countries that introduce newly developed vaccines
	Ensure that immunization and other primary health-care programs have adequate human resources to schedule and deliver predictable services of acceptable quality.
	Increase levels of pre-service, in-service and post-service training for human resources, and develop new, relevant curricula that approach immunization as a component of comprehensive disease control
	Promote coordinated training and supervision of community-based health workers
	Innovate to improve cold-chain capacity and logistics, as well as waste management
	Minimize the environmental impact of energy, materials and processes used in immunization supply systems, both within countries and globally
	Staff supply systems with adequate numbers of competent, motivated and empowered personnel at all levels
Establish information systems that help staff to track the available supply accurately	
Strategic Objective 5: Immunization programs have sustainable access to predictable funding , quality supply and innovative technologies	Establish a commitment for governments to invest in immunization according to their ability to pay and the expected benefits
	Engage new potential domestic and development partners and diversify sources of funding
	Develop the next generation of innovative financing mechanisms
	Explore differential pricing approaches to define explicit criteria for price tiers and the current and future prices to be made available to lower middle-income and middle-income countries
	Explore pooled negotiation or procurement mechanisms for lower middle-income and middle-income countries
	Strengthen budgeting and financial management in-country to better integrate financial and health care planning and priority setting

	Coordinate funding support from development partners and other external sources
	Evaluate and improve funding support mechanisms on the basis of their effectiveness in reaching disease goals
	Base funding on transparency and objectivity in order to ensure the sustainability of programs
	Promote the use of cost and cost-benefit arguments in fund raising, decision-making, and in defence of immunization funding
	Explore pay-for-performance funding systems
	Build and support networks of regulators and suppliers to share best practices and to improve quality assurance capabilities and quality control
	Develop tools to strengthen global standardization of manufacturing and regulatory processes
	Strengthen national regulatory systems and develop globally harmonized regulations
	Provide a forum where countries can communicate expected demand for vaccines and technologies and provide guidance to manufacturers on desired product profiles
Strategic Objective 6: Country, regional and global research and development innovations maximize the benefits of immunization	Engage with end-users to prioritize vaccines and innovations according to perceived demand and added value
	Establish platforms for exchange of information on immunization research and consensus building.
	Build more capacity and human resources in low- and middle-income countries to conduct research and development and operational research
	Increase networking among research centers for efficient building of partnerships among the institutions of high-, middle-, and low-income countries.
	Promote collaboration between traditional research disciplines and scientists from disciplines not previously engaged in vaccine research.
	Research the use of more effective information through modern communication technologies
	Conduct representative epidemiological, immunological, social and operational studies and investigations of vaccine impact to guide health economics analysis.
	Perform operational research on improved delivery approaches for life-course immunization, and vaccination in humanitarian emergencies, so-called fragile States and countries in and emerging from conflict.
	Perform research on interference effects and optimum delivery schedules
	Perform research to develop improved diagnostic tools for conducting surveillance in low-income countries
	Promote greater access to technology, expertise and intellectual property for adjuvants and their formulation into vaccines
	Develop non-syringe delivery mechanisms and vaccine packaging that best suit the needs and constraints of national programs
	Develop thermostable rotavirus and measles vaccines.
	Develop new bioprocessing and manufacturing technologies
	Develop a global, regulatory science research agenda
	Adopt best practices in portfolio and partnership management for research and development
	Research on the fundamentals of innate and adaptive immune responses, particularly in humans.
	Research on immunological and molecular characteristics of microbes
Improve understanding of the extent and causes of variation in pathogens and human population responses to vaccines	