COMMUNICATION FOR IMMUNIZATION
E-LEARNING RESOURCES

04| SITUATION ANALYSIS AND DATA SOURCES

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The Situation Analysis is the foundation for evidence-based communication planning and will ensure the plan uses resources the most strategically and efficiently. It will help define:

- **The problem itself**
- **The population affected by the problem**
- **The barriers to solving the problem**
- **Those who can influence and help solve the problem.**

The goal is to formulate a specific problem statement, like this:

The DTP3 coverage in the country is 85%, but in Medea province is just 55%, because health workers are not planning immunization sessions directly with communities. According to the community, this is because the health workers and communities are from different ethnic groups, speak different languages and have different cultural norms.

Achieving a deep understanding of a problem requires an in-depth situation analysis of quantitative and qualitative information. It's possible that formative research will be required to achieve the level of understanding required.

A checklist for conducting a situation analysis:

1. Identify a broad issue that may require a communication solution – such as "low DTP3 coverage in X province", "high drop-outs in X districts", "introducing HPV vaccine nationally".
2. Plan a meeting with the communication team to discuss and analyse the issue. Collect available data – see the list of data sources on the next page, and use qualitative information such as discussions with colleagues, trip reports, media reports, and lessons learned documents to supplement the information.

3. Meet with the communication team to present and analyse available data sources to determine:
   a) Exactly where the problem is occurring (nationwide? In a province? In a district?)
   b) Who is it affecting? (All families? Remote communities? Urban populations? Minorities?)
   c) Why is the problem occurring? (service-delivery, trust, politics, lack of community link)

   Then examine the potential barriers and enablers for immunization including:
   d) Qualities of the health and immunization system (# and distribution of health centres/posts, health personnel per 1,000 pop, community health workers, strikes, RI strategy, current or historical problems with RI)
   e) The social, economic, demographic and cultural qualities of the affected communities
   f) Traditional health-seeking behaviour of the communities
   g) The current communication activities (Do they exist? Are they being implemented? Monitored? Are they the right ones?)
   h) Trusted sources of information fo the affected populations
   i) Potential trusted channels of information for the affected populations
   j) Potential activities that may help overcome the barriers

4) If analyses of available information will le to a comprehensive situation analysis, dr the problem statement.

5) If available information is insufficient, ma out the additional information required, and determine how this will be gathered. Formative research in certain communitie may be necessary.

Types of data sources for immunization

	Type	Location	What it tells you	The limitations
Understanding the big picture	Multiple-Indicator Cluster Survey (MICS)	National	Information on a broad range of maternal and child health indicators; disaggregated by gender, rural or urban, wealth quintile	National data; disaggregates by state/province but not by district. Conducted infrequently.
	Demographic health survey (DHS)	National	Information on a broad range of indicators, including employment, education, health	Disaggregates to state level only. Conducted infrequently.
	National Immunization Coverage Survey	National	Immunization coverage by antigen at national and sub-national level. May include summary of reasons for non-vaccination.	May not include socio-cultural-economic factors.
	Immunization Equity Assessments	National	Identification and classification of high-risk communities in GAVI-eligible countries	A new tool that may take time to implemented in a countries.
	EPI Reviews	National	Strengths, weaknesses and recommendations for improving the programme.	Quality of communication-related review varies by country.
Getting closer to the subject	Knowledge, Attitude, Practice surveys (KAP)	Usually national	The knowledge, attitudes and practices on any issue, can be immunization specific.	Will be indicative for a broader geographic area, but not for specific communities.
	Administrative coverage data	District level	The basic coverage data for routine immunization in a district.	Variable quality.
	RI monitoring data	District level	Depends on country, but generally RI planning, supervision, session information.	Variable quality.
	SIA monitoring data	Location of SIA	Depends on indicators, but can give coverage and social information (eg. why child was missed). May be disaggregated to a low level.	Dependent on indicators, quality of data gathering and analysis.
	VPD Case investigations	Case based	Social/cultural/economic characteristics of child affected by VPD; RI coverage sampling within the community. Good if there are multiple cases in a small geographic area.	Limited to individual cases unless there are investigations of many cases in a large outbreak.
	Media Studies	Any level	Indicative of community concerns and complexities; can be quite specific.	Variable quality of media reporting; bias
	Donor reports	Any level	Often well researched, comprehensive, give insights into donor-funded communities.	May not be relevant for main area of concern.
	Satellite maps	Any level	Can give overview of terrain	Not available or current everywhere.
Understanding leaders and communities	In-depth interviews	Any level	Insights from key stakeholders, particularly leaders. identify policy, systemic problems.	Individual views; subjects may have an agenda.
	Focus group discussions	Local	Insights into attitudes and the reasons for behaviours. Can be done with local groups– health workers, caretakers, local leaders.	Quality FGD results are dependent on adhering to FGD methodology.
	Community household surveys	Can be local	Specific information about any desired topic; gets very close to a community.	Sampling method and data quality very important.
	Social mapping	Local	Identifies socio-cultural-economic dynamics, neighbourhoods, gathering places, and other relevant social information.	Accuracy requires participation from wide representation of the community.
	Rapid or "dipstick" surveys	Local	Specific, on-time information in many settings (e.g. interviewing parents at a health camp).	Data limited to the place of the survey.
	Observational studies	Local	On-time information about behaviours- eg. health worker behaviours during RI session.	Requires many sessions to achieve statistically significant findings.
	SWOT*	Any level	Identifies specific SWOTs linked to the priority program. Can be applied to various issues.	Data can be subjective, dependent on who is conducting the analysis