<u>Decision-making for childhood vaccination in crisis settings</u>

Target population: governmental or non-governmental actors in charge of planning, designing and implementing vaccination services (to children) affected by humanitarian crises

Section I. Participant Information
1. What organization are you representing?
2. Where are you based?
3. What is your job title?
4. Which best describes your work?
   a) Technical advisory
   b) Policy
   c) Operational
   d) Monitoring and evaluation
   e) Other (please specify)
5. What is your gender?

Section II. Organization characteristics
1. How is your organization involved in childhood vaccination in humanitarian crisis settings? (check all that apply)
   a. Direct service provision
   b. technical support
   c. operational support
   d. financial support
   e. other (specify)

6. Where does your organization provide services/support for vaccination in humanitarian crisis settings? (choose one)
   a) multiple crisis-affected countries on more than one continent (select continents)
   b) multiple crisis-affected countries within one continent (select continent)
   c) in one crisis-affected country only (specify)
   d) other (specify)

7. How is your organization funded? (check all that apply)
   a) private donations
   b) philanthropic donations
   c) government funds
   d) membership dues
   e) other (specify)

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Section III. Decision making, design, & delivery
This section refers to decisions related to the technical design of childhood vaccination interventions in humanitarian crisis settings, specifically vaccine selection, vaccine delivery and target population.

III.i. Use of technical guidelines

8. Do you use a specific framework/set of guidelines to guide intervention design for childhood vaccination? (yes/no)
    a) If YES, specify or upload

9. How much do the following factors influence your decision-making during intervention design for childhood vaccination in humanitarian crises? (rate 1-5, with 1 being not at all and 5 being very much; don't know option)
    a) Technical guidelines
    b) Pre-existing vaccination coverage
    c) Geographical region of crisis
    d) Expected impact of the crisis on vaccination coverage and/or services
    e) Coordination with other humanitarian actors, including gap analysis
    f) Formal request for assistance by the affected government
    g) Organisation's mandate/strategy
    h) Organisation's expertise/technical capacity
    i) Instinct/personal past experiences of previous crises by staff involved in decision-making
    j) Likely availability of funding
    k) Donor preferences
    l) Media/political influences

10. Does your organisation use the WHO Framework for Vaccination in Acute Humanitarian Emergencies (hyperlink) to guide childhood vaccination intervention design? (always/usually/sometimes/no/don't know)
    a) If NO, were you aware that this framework existed? (yes/no)
        i. If YES, why do you not use the framework? (check all that apply)
            1. We use other guidance (specify/upload)
            2. The WHO framework is too complicated/difficult to interpret
            3. The WHO framework is not relevant to our work
            4. Following the framework would take too much time
            5. Following the framework would take too much manpower
            6. The WHO framework is not available in the language(s) we need
            7. Other (specify)

    b) If ALWAYS/USUALLY/SOMETIMES, do you find the framework to be a helpful tool in practice? (no/somewhat/yes)

      c) If ALWAYS/USUALLY/SOMETIMES, what, if anything, do you like about the framework? (check all that apply)
- i. Framework is clear/easy to interpret
- ii. Framework provides good practical guidance
- iii. Framework provides strong evidence to justify decisions
- iv. Nothing
- v. Other (specify)

      d) If ALWAYS/USUALLY/SOMETIMES, what problems, if any, do you have with the framework? (check all that apply)
- i. Framework is complex/difficult to interpret
- ii. Framework is subjective
- iii. Guidance from framework is not practical
- iv. Risk assessment is too time-consuming
- v. Risk assessment requires expertise that we do not have
- vi. Framework is not available in relevant languages
- vii. Framework does not work well for the types of crises we deal with
- viii. No problems
- ix. Other (specify)

11. Is there anything you would like to add about childhood vaccine intervention design in humanitarian crises? (optional free response)

III.ii. Vaccine delivery modes

12. Since the start of 2014, what type of childhood vaccination services has your organisation provided/supported in humanitarian crisis settings? (check all that apply)
    a) Routine vaccination services
    b) Mass vaccination campaigns (refers to any mass vaccination interventions, including all supplementary immunization activities and outbreak response campaigns)
    c) Other (specify)

13. Since the start of 2014, what strategies have you used to deliver childhood vaccination services in humanitarian crisis settings? (check all that apply)
    a) Permanent fixed vaccine posts.
    b) Temporary fixed vaccine posts
    c) Mobile vaccine posts
    d) House-to-house vaccination
    e) Vaccination at schools, preschools and day care centres
    f) Supplementary outreach (i.e. going to door-to-door encouraging population to attend vaccine post)
    g) Other (specify)

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14. How much do the following factors influence your choice of delivery strategy (see question 12) for childhood vaccination in humanitarian crises? (rate 1-5, with 1 being not at all and 5 being very much, add don't know option)
    a) Community acceptance of vaccines
    b) Target population location/size
    c) Security
    d) Technical guidance recommendations
    e) Funding/budget
    f) Availability of resources (staff/supplies/logistics)
    g) Opportunity to integrate multiple interventions
    h) Preferences of other actors, i.e. governments and local leaders
    i) Other (specify)

15. For which vaccine-preventable diseases have you used expanded target age groups since 2014?
    a) Cholera, Diphtheria, Haemophilus influenzae Type B (Hib), Hepatitis A/E/B, Human Papillomavirus (HPV), Influenza, Japanese encephalitis, Measles, Meningococcal meningitis, Pertussis, Pneumococcal disease, Poliomyelitis, Rabies, Rotavirus, Rubella, Tetanus, Tuberculosis (TB), Typhoid, Varicella, Yellow fever, did not use, don't know

16. For which vaccine-preventable diseases have you used reduced dosing schedules since 2014?
    a) Cholera, Diphtheria, Haemophilus influenzae Type B (Hib), Hepatitis A/E/B, Human Papillomavirus (HPV), Influenza, Japanese encephalitis, Measles, Meningococcal meningitis, Pertussis, Pneumococcal disease, Poliomyelitis, Rabies, Rotavirus, Rubella, Tetanus, Tuberculosis (TB), Typhoid, Varicella, Yellow fever, did not use, don't know

17. In the majority of your childhood vaccination responses in humanitarian crisis settings since the start of 2014, have you been able to achieve desired levels of coverage with the vaccines you had? (yes/somewhat or in some responses/no/don't know)
    a) If SOMEWHAT or NO, why not? (check all that apply)
        a. vaccine availability
        b. vaccine cost
        c. lack of guidance
        d. lack of leadership
        e. insufficient resources
        f. cold chain issues
        g. insecurity, violence, or threat of violence
        h. constraints placed by governments
        i. difficulty identifying zero-dose or under-immunised children/communities
        j. vaccine hesitancy among beneficiaries
        k. don't know
        l. other (specify)

18. Is there anything you would like to add about delivery of childhood vaccines in humanitarian crises? (optional free response)

III.iii. Vaccine selection

19. What best describes your organisation's approach to vaccine selection for children in humanitarian crises? (select one)
    a) Assess the risk for each vaccine-preventable disease individually
    b) Rely on the routine vaccination programme in country of operation
    c) Rely on routine vaccination programme in country and supplement with measles and/or polio mass campaigns
    d) Rely on routine vaccination programme in country and supplement mass campaigns other than/in addition to measles and/or polio
    e) Focus on vaccination for measles and/or polio only
    f) Other (specify)

20. Since the start of 2014, which vaccine-preventable diseases have you targeted with routine services in humanitarian crisis settings? (check all that apply)
    a) Cholera, Diphtheria, Haemophilus influenzae Type B (Hib), Hepatitis A/E/B, Human Papillomavirus (HPV), Influenza, Japanese encephalitis, Measles, Meningococcal meningitis, Pertussis, Pneumococcal disease, Poliomyelitis, Rabies, Rotavirus, Rubella, Tetanus, Tuberculosis (TB), Typhoid, Varicella, Yellow fever

21. Since the start of 2014, which vaccine-preventable diseases have you targeted with mass campaigns in humanitarian crisis settings? (check all that apply)
    a) Cholera, Diphtheria, Haemophilus influenzae Type B (Hib), Hepatitis A/E/B, Human Papillomavirus (HPV), Influenza, Japanese encephalitis, Measles, Meningococcal meningitis, Pertussis, Pneumococcal disease, Poliomyelitis, Rabies, Rotavirus, Rubella, Tetanus, Tuberculosis (TB), Typhoid, Varicella, Yellow fever

22. Did your organization implement pneumococcal conjugate vaccine (PCV) mass campaigns in its most recent humanitarian crisis response? (yes/no/don't know)
    a) If NO, why not?
        i. Cost
        ii. Availability of vaccine
        iii. Not logistically feasible
        iv. Low pneumococcal disease burden
        v. Low priority relative to other issues
        vi. High PCV coverage
        vii. Focus on case management instead
        viii. Lack of research demonstrating benefit in crises
        ix. Donor constraints on funding use

   x. Lack of approval from country leadership
  xi. Lack of guidance
  xii. Don't know
 xiii. Other (specify)

23. Did your organization use Hib mass campaigns in its most recent humanitarian crisis response? (yes/no/don't know)
    a) If NO, why not?
        i. Cost
        ii. Availability of vaccine
        iii. Not logistically feasible
        iv. Low Haemophilus influenzae type b disease burden
        v. Low priority relative to other issues
        vi. High HiB vaccination coverage
        vii. Focus on case management instead
        viii. Lack of research demonstrating benefit in crises
        ix. Donor constraints on funding use
        x. Lack of approval from country leadership
        xi. Lack of guidance
        xii. Don't know
        xiii. Other (specify)

24. Did your organization use Rotavirus mass campaigns in its most recent humanitarian crisis response? (yes/no/don't know)
    a) If NO, why not?
        i. Cost
        ii. Availability of vaccine
        iii. Not logistically feasible
        iv. Low rotavirus disease burden
        v. Low priority relative to other issues
        vi. High rotavirus vaccine coverage
        vii. Focus on case management instead
        viii. Lack of research demonstrating benefit in crises
        ix. Donor constraints on funding use
        x. Lack of approval from country leadership
        xi. Lack of guidance
        xii. Don't know
        xiii. Other (specify)

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25. Did your organization use HPV mass campaigns in its most recent humanitarian crisis response? (yes/no/don't know)
    a) If NO, why not?
        i. Cost
        ii. Availability of vaccine
        iii. Not logistically feasible
        iv. Low HPV burden
        v. Low priority relative to other issues
        vi. High HPV vaccination coverage
        vii. Focus on case management instead
        viii. Lack of research demonstrating benefit in crises
        ix. Donor constraints on funding use
        x. Lack of approval from country leadership
        xi. Lack of guidance
        xii. Don't know
        xiii. Other (specify)

26. Did your organization use oral cholera vaccine (OCV) mass campaigns in its most recent humanitarian crisis response? (yes/no/don't know)
    a) If NO, why not?
        i. Cost
        ii. Availability of vaccine
        iii. Not logistically feasible
        iv. Low cholera disease burden
        v. Low priority relative to other issues
        vi. High OCV coverage
        vii. Focus on case management instead
        viii. Lack of research demonstrating benefit in crises
        ix. Donor constraints on funding use
        x. Lack of approval from country leadership
        xi. Lack of guidance
        xii. Don't know
        xiii. Other (specify)

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<u>Section V. Zero-dose children</u>
"Zero-dose children" refers to children who have not received any vaccines. In practice, children who have not received a first dose of the diphtheria-tetanus-pertussis (DTP) vaccine are classified as zero-dose, since this is a strong marker of whether a child will receive any vaccines. This section refers to organizational practices for identifying and reaching zero-dose children.

27. Does your organisation have a mandate, strategy, or tool to identify and reach zero-dose children in your operational sphere? (yes/no/don't know)
    a) If YES, specify, insert URL or upload

28. Does your organisation know the estimated number of zero-dose children in your operational sphere? (yes/no/don't know)
    a) If NO, why not? (check all that apply)
        i. Lack of funds
        ii. Lack of human resources
        iii. Lack of guidance
        iv. Low priority relative to other issues
        v. Other (specify)
        vi. Don't know
    b) If YES, do you believe these measures are accurate? (yes/somewhat/no/don't know)
    c) If YES, do you also collect data on determinants of zero-dose status such as socioeconomic status, gender, disability, and location? (yes/no/don't know)

29. Does your organisation monitor progress in reaching zero-dose children/communities? (yes/no/don't know)
    a) If NO, why not? (check all that apply)
        i. Lack of funds
        ii. Lack of human resources
        iii. Lack of guidance
        iv. Low priority relative to other issues
        v. Other (specify)
        vi. Don't know
    b) If YES, do you think your approach is effective? (yes/no/somewhat/don't know)
        a. Please expand if you wish (free response)

30. In your experience, what barriers prevent zero-dose children from obtaining vaccines in humanitarian crises? (check all that apply)
    a) Service inaccessibility due to physical barriers (i.e. distance, transport)
    b) Service inaccessibility due to financial barriers
    c) Gender barriers (preventing women from bringing children to be vaccinated, i.e. service timing or location not safe/accessible for women)
    d) Insecurity/violence/threat of violence

   e) Mistrust or fear around health services or vaccines
   f) Not believing vaccines are necessary
   g) Not knowing that vaccine services are available
   h) Don't know
   i) Other (specify)

31. Does your organisation have strategies to mitigate these barriers? (yes/no/don't know)
    a) If NO, why not? (check all that apply)
        i. Lack of funds
        ii. Lack of human resources
        iii. Lack of guidance
        iv. Low priority relative to other issues
        v. Other (specify)
        vi. Don't know
    b) If YES, what strategies do you use? (check all that apply)
        i. Modified delivery i.e. mobile posts, house-to-house vaccination
        ii. Outreach (canvassing, beneficiary engagement)
        iii. Other (specify)
        iv. Don't know
    c) If YES, do you think your approach is effective? (yes/no/somewhat/don't know)
        i. Please expand if you wish (free response)

32. Does your organisation use the Gavi IRMMA framework (hyperlink)? (yes/no/don't know)
    a) If NO, were you aware that this framework existed? (yes/no)
        i. If YES, why do you not use the framework? (check all that apply)
            1. We use other guidance (specify)
            2. The framework is too complicated/difficult to interpret
            3. The framework is not relevant to our work
            4. The framework does not provide practical guidance
            5. The framework is not available in the language(s) we need
            6. Other (specify)
            7. Don't know

    b) If YES, do you find the framework to be a helpful tool in practice?
       (no/somewhat/yes/don't know)

    c) If YES, what, if anything, do you like about the framework? (check all that apply)
        i. Framework is clear/easy to interpret
        ii. Framework provides practical guidance
        iii. Framework provides strong evidence to justify decisions
        iv. Nothing
        v. Other (specify)

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       d) If YES, what problems, if any, do you have with the framework? (check all that apply)
- i. Framework is complex/difficult to interpret
- ii. Framework does not provide clear cut guidance/is too open to interpretation
- iii. Guidance from framework is not practical
- iv. Framework not available in relevant languages
- v. Framework does not work well for the type of crises we deal with
- vi. No problems
- vii. Other (specify)

33. Is there anything you would like to add about identifying and reaching zero-dose children and communities in humanitarian crises? (optional free response)

Section VI. Impact of COVID-19

34. Has COVID-19 negatively impacted your organisation's ability to deliver vaccines? (yes/no/don't know)
    a) If YES, please select why:
- i. Reduced funding
- ii. Reduced staff
- iii. Diversion of other resources
- iv. Increased vaccine hesitancy
- v. Other (specify)

35. Has COVID-19 improved your organisation's ability to deliver vaccines? (yes/no/don't know)
    a) If yes, please select why:
- i. Improved organisation
- ii. Easier to locate children/communities
- iii. Decreased vaccine hesitancy
- iv. Opportunity to integrate COVID-19 vaccination with other vaccine programmes
- v. Other (specify)

36. Is there anything you would like to add about the impact of COVID-19 on vaccination in humanitarian crises? (optional free response)

Section VII. Conclusion

37. Is there anything you would like to add about childhood vaccination design and delivery in humanitarian crises that was not covered by this survey? (optional free response)