Vaccine Efforts Learning Template

Use these tables to summarize what worked and what did not work during previous efforts to vaccinate this community of focus, including with other vaccines.

Rollout Successes: What Worked

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Population Segment** | **Vaccine** | **Rollout Successes:****What Worked?** | **Why did it work?** | **Issues to explore during the RCA** |
| e.g., Mother of young children | e.g., Measles vaccine |  |  |  |

Rollout Challenges: What Did Not Work

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Population Segment** | **Vaccine** | **Challenge** | **Solutions Tried** | **Why did it not work?** | **Potential Solutions: Identified but Not Tried** | **Issues to explore during the RCA** |
| e.g., Mother of young children | e.g., Measles vaccine |  |  |  |  |  |

# IMPLEMENTATION GUIDE FOR COMMUNITY INTERVIEWS AND LISTENING SESSIONS

Use the guide below to plan and implement community interview and/or listening sessions with key individuals or small groups from the community that can provide information on community perceptions and experiences related to vaccination.

This guide includes:

* Sample script for opening a community interview/listening session
* Sample informed consent language
* Suggested questions you can use as a discussion guide

You should adapt these based on the community context. Listening sessions are recommended to be at least 60 minutes, while individual interviews may be 30-45 minutes.

Planning a Community Interview/Listening Session

1. **Organize an internal meeting to discuss ideas for a community interview or listening session**
* Identify potential partners, organizations, and individuals to participate in the session. Get contact information through relevant in-person connections or research organizations in the local community or on the Internet.
* Identify and list key questions to discuss.
* Note any potential dates to propose to potential participants.
* Identify a member of your data collection team to conduct the community interview/listening session.
1. **Contact community-based staff, organizations, and/or key figures to schedule the community interview/listening session**
* Contact organizations in person preferably to establish trust or via telephone or email, as appropriate. Introduce yourself and explain the assessment goals and objectives.
* Explain to the participants how the information they provide will be useful for the assessment and the expected outcome of this interview/listening session.
* Propose potential dates and meeting mode.
* Ask for the participant’s preference for participation (call/in-person session).
* Confirm dates and follow up prior to the session as a friendly reminder.
* Identify and secure interpreter(s) to mitigate language challenges, including if facilitators aren’t able to speak the participants’ language(s).
1. **Conduct the community interview/listening session as follows**
* Get consent for participation and recording if applicable.
* Make sure to reserve the first few minutes for an introduction and explain the objective(s) of the session to the participant(s).
* Take detailed notes on the key themes/ideas presented in each session.
1. **After the listening session**
* Send a thank-you note to the organizer/trusted community member and participant(s), if applicable.
* Provide a small token of thanks if possible.
* Review and discuss the feedback/notes/translation among facilitators and notetakers.
* Summarize key themes/findings and next steps for each session.

Sample Agenda for Opening Community Interviews/Listening Session

Community Interview/Listening Session for Vaccine Confidence

[Enter date]

Agenda

* Welcome and introductions
* Informed consent
* Brief situational update
* Main discussion
* Closing remarks and thank you

Sample Script for Opening a Community Interview/Listening Session

Welcome and Introductions

Hello, my name is [NAME], and I would like to thank you for joining us today for this

interview/listening session on [VACCINATION TOPIC]. I’m joined by [NAME] who will be taking

notes for us. Please take a moment to briefly tell us your name and the organization you

represent.

[INTRODUCTIONS] (Thank you to everyone. We are so glad to have you here today.)

Before we begin with this discussion, we would like to go over a few details.

Informed Consent

Your participation in this interview/listening session is voluntary. We would like to hear your

honest opinions about the topics we discuss. Your responses will be written anonymously

and reported in aggregate. There are no right or wrong answers to any of our questions.

We encourage you to speak openly and honestly about your opinions and experiences. If you

don’t want to respond to a question, you don’t have to. If a question doesn’t make sense, stop me

so I can clarify.

Our discussion should take about 30- 60 minutes.

[IF PLANNING TO RECORD SESSION] In addition to taking notes, would it be okay if we make an

audio recording of our discussion? The recording will help us to summarize today’s discussion.

Just like the notes, any data from the recordings will be anonymous.

Brief Situational Update(by the facilitator)

Provide a brief situational update for the community interview/listening session. An example is found below, but adapt it to the current circumstances surrounding your community and vaccine(s) of focus.

* You/your organization are/is an important part of this community, and you may offer insights on what your community is thinking and experiencing related to vaccination. It is important for us as (insert organization or implementing partner name) to understand the different issues that may affect whether people in the community get vaccinated or not, and what we can do to ensure everyone accepts and has access to the vaccine.
* With that, I would like to turn this all back to you and give each of you a chance to share your thoughts and insights with us. We have prepared several questions in advance, so I would like to share a few of them and allow each of you to respond. However, we are also happy to discuss other issues as they emerge.

Main Discussion

Use the questions below to facilitate the main discussion. Adapt questions and add more probes as needed to elicit detailed information.

A. General Introduction

1. To start, it would be helpful to understand how [DISEASES OF FOCUS] and other infectious diseases have affected your community in recent years. How do you think these diseases have affected your community?

B. General Vaccine Attitudes in the Community

1. What do people in your community think about vaccines in general?
	1. What do you think about vaccines in general yourself?
	2. What do parents in your community think about vaccines in general?
2. What do people in your community think about experiences receiving medical care in general?
	1. What do you think about experiences receiving medical care in general yourself?
	2. What do parents in your community think about experiences receiving medical care in general?
3. What do people in your community think about [VACCINE(S) OF FOCUS]?
	1. What do you think about [VACCINE(S) OF FOCUS] yourself?
	2. What do parents in your community think about [VACCINE(S) OF FOCUS]?
4. Which groups of adults or children tend to not be vaccinated?

C. Barriers to and Enablers of [VACCINE(S) OF FOCUS] Vaccination in the Community

1. What are the main reasons people in your community would want to get a vaccine?
	1. What are the main reasons parents in your community would want to get their children vaccinated?
	2. Probe on vaccine availability, free transportation, educational campaigns, etc.
2. What are some of the things that make it easier for people in your community to get a vaccine?
	1. What makes it easier for parents to get their children vaccinated?
3. What are some things that make it harder for people or parents in your community to get a vaccine?
	1. Probe on vaccine access, lack of paid time off work, misinformation, attitudes toward vaccines, fear of side effects, trust in medical system/healthcare workers, fear of needing to show identification, etc.
4. There’s a lot of misinformation about the vaccines circulating on social media and in the news. What have you heard about the [VACCINE(S) OF FOCUS] from sources you trust?
	1. What have you heard about vaccination for children?
	2. What are the sources you trust?

D. Strategies to Improve Vaccine Confidence in the Community

1. How do you think that health departments, social welfare organizations, schools, and community/ faith-based organizations can build vaccine confidence and make vaccines more accessible?
2. How do you think the Ministry of Health/Health Department and other community partners are doing at building vaccine confidence and making vaccines accessible?
	1. [Probe on messaging content (making sure it is culturally and linguistically appropriate), information sources, managing misinformation, other communication materials, access to vaccination provider sites (including having medical interpretation services available), any virtual events, or campaigns]

Closing Remarks and Thank You

Thank the participants for their time and ask them if they have any questions or anything else they would like to share. Provide brief information about how findings from this session will be shared with the participants.

Notetaking Template for Community Interviews and/or Listening Sessions

Use and adapt this template as needed, but make sure the areas below are covered in addition to any other issues the discussion may have generated.

Community Interview/Listening Session Title or Number:

Community Interview/Listening Session Date and Time:

Community Interview/Listening Session Participant(s) (do not use personal names):

FOR LISTENING SESSION ONLY

* Number of groups/organizations represented: \_\_\_\_\_
* Number of individuals in this listening session: \_\_\_\_\_

Notes to Be Taken During a Specific Community Interview/Listening Session

|  |  |
| --- | --- |
| **Questions** | **Summary of key issues, important points, discussed action items, other interesting points** |
| * + - 1. What effect has [DISEASE OF FOCUS] and other emerging infectious diseases had on this community?
 |  |
| 1. What are participants’ thoughts about [DISEASE OF FOCUS] vaccination and other routine immunizations including COVID-19?
 |  |
| 1. Who tends not to be vaccinated?
 |  |
| 1. What makes it easier for people to get vaccinated?
 |  |
| 1. What makes it harder for people to get vaccinated?
 |  |
| 1. What types of misinformation are circulating regarding (disease of focus) vaccine?
 |  |
| 1. Who are trusted messengers in this community?
 |  |
| 1. What role can the Ministry of Health/Health Department, community-based organization, CSO or other organizations play to make sure everyone gets the (disease of focus) vaccine?
 |  |
| 1. Are you aware of any vaccination campaigns that have been carried out in this community? How were they implemented? Was it successful?
 |  |

Synopsis of Discussions Above Based on Debriefing After a Specific Community Interview/Listening Session

|  |  |
| --- | --- |
| **Questions** | **Summary of key issues, important points, discussed action items, other interesting points** |
| * + - 1. What are some summarized key themes from this community interview/listening session?
 |  |
| 2. |  |

ObservatioN

This form can be used to record observations at vaccination sites, health facilities, and community centers where people from the community congregate.

**Note: Tailor these questions and probes as needed for your specific community circumstances.**

Observations may provide you with the opportunity to do intercept interviews in some settings. For more information about intercept interviews, see section following Observation Questions.

**Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event name** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hosting Organization** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Observer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observation Questions

1. How many people were there (estimate)?
2. What were the demographics of the people you observed (e.g., age, sex)? What was the atmosphere of the event/location?
3. What did you observe about the health services and education being offered?
4. What did you notice about interactions between the community and public health staff or healthcare providers?
5. What types of information were being shared about [VACCINE(S) OF FOCUS] and other vaccines, if any? Who was sharing it?
6. Did you hear any misinformation about vaccines? What did you hear?
7. What else did you observe that offers relevant insights to your assessment?

Intercept Interviews

**An intercept interview** is a qualitative research method used to gather feedback from a community of focus in a central location. The interview is conducted by approaching respondents in public places (e.g., market areas, street corners, restaurants/bars, in front of stores). An intercept interview is an informal conversation that includes a brief set of open-ended questions. Once feedback is received from the respondent, a clearer view of their perspective regarding vaccinations is captured.

Tips for Conducting Intercept Interviews

* Intercept interviews should be kept brief; no more than 5 minutes.
* Look for people who may offer a different perspective (e.g., local business owner, vendors, artists) than the community leaders and members you have already engaged. If your assessment is focused on pediatric vaccines, seek out parents/caregivers.
* If your assessment is focused on adolescent vaccination, you could also speak with teens, as they are often involved in vaccine decision-making along with their parents. Remember to get permission before speaking with minors.
* Always identify yourself, state your purpose for approaching the respondent, and provide the purpose of the intercept interview.
* First impressions matter. Consider who from your data collection team may be best positioned to strike up a conversation.
* Your entry conversation may not be vaccine-related. Start with any relevant topic and be engaging, then transition to, “We’re here working with [NAME OF ORGANIZATION] to understand what’s happening here in the community about vaccinations. Do you mind if I ask you a few questions?”.
* Assume that a lot of your interactions will be standing, and so where possible, carry a small notebook or handheld device for note-taking during or immediately after the interview.
* Sometimes it is helpful to have fewer members of the interview team standing around, so the conversation doesn’t feel intimidating. Step back or leave if someone else does not need additional support.
* Understand that intercept interviews are to be used as “pulse checks” on community perceptions and are not meant to be comprehensive or representative of the entire population – convenience samples are fine.

Sample Intercept Interview

**Note:** Tailor these questions as needed for your specific community circumstances.

Hi, my name is [NAME]. I am with [NAME OF ORGANIZATION]. We are talking to people in [NAME OF COMMUNITY] about vaccinations. Do you have a few minutes to chat with me? I don’t need your name or any personal information.

* What have you heard about [VACCINE(S) OF FOCUS]?
* Have you gotten a vaccination yourself? If yes, what motivated you to get vaccinated? If no, what is keeping you from getting vaccinated?
* If you have children, do you plan to get them vaccinated? Why or why not?
* Do you have any suggestions about how to encourage more people to get vaccinated?

DIGITAL LISTENING

**Collecting data online to identify trends in public sentiment and experience can help answer questions that inform strategies to increase vaccine uptake like:**

* What are people saying about the vaccine?
* How do people feel about the vaccine?
* Are people expressing specific concerns about the vaccine (e.g., effectiveness, safety)?
* What barriers are people encountering to getting vaccinated?
* What are the motivations of people who get the vaccine (or get their children vaccinated)?
* What reasons are shared by people who do not get the vaccine (or get their children vaccinated)?
* What dis- and misinformation is circulating online about the vaccine?

**You can collect data online from:**

* Social media networks (Twitter, Facebook, Instagram, TikTok, NextDoor, Reddit)
* Media outlets
* Blogs
* Online system for public queries
* Google trends (search data)
* Website analytics (popular pages) intercept interviews should be kept brief; no more than 5 minutes.

Where you conduct digital listening depends on where your community of focus is looking for,

hearing, or discussing vaccine related information.

If your community of focus uses social messaging platforms that are closed (i.e., WhatsApp), you can gather insights about what information is circulating on them by asking community members and partners.

**Approaches to Digital Listening as Part of an RCA**

1. Conduct Digital Listening First: You can search online to gather sentiments, trends, and insights before you start in-person data collection. Then, you can get feedback from those you speak with on
2. Whether the sources you looked at are trusted (and if not, where online the community of focus goes for information they trust)
3. Whether and how the trends you are seeing online could be affecting vaccination decision making in your communities of focus
4. What types of information or message framing gets traction and spreads easily in your community of focus
5. How people determine whether digital information they see is valid decision making in your communities of focus
6. Conduct Digital Listening First: You can search online to gather sentiments, trends, and insights before you start in-person data collection. Then, you can get feedback from those you speak with on
	1. Trusted sources of digital information (networks, media outlets, influencers)
	2. Keywords, terms, and language used to talk about the vaccine
	3. Narratives and concerns about the vaccine
	4. Dis- and misinformation circulating about the vaccine

**Getting Started**

* Talk to colleagues and partners (e.g., communications team) that conduct social listening in your community of focus to understand:
	+ Where they are seeing information about the vaccine
	+ Who is sharing information about the vaccine
	+ What keywords and terms they may use to gather information circulating about vaccines
	+ Review existing social media monitoring data and reports from colleagues and partners.
	+ Review posts and comments on posts from news outlets, local health coalitions, faith-based

**How to quickly identify useful data**

* Start with the trusted sources your community of focus goes to for information (networks, media outlets, influencers). Look for the most locally focused ones, like a neighborhood FaceBook group or Nextdoor chat.
* Search using the keywords and phrases identified as the most important and relevant for your communities of focus. Use the same terms, language, and spelling used by the community of focus.
* Consider themes and events that are tied to vaccination in your community of focus. For example, if looking for dis- or misinformation you may want to search for the terms the community uses to talk about common themes. Some examples may include:
	+ Side effects
	+ Risks
	+ Government control
	+ Pharmaceutical profits
* When possible, use Boolean logic to gather results on important topics and the community of focus. For example, adding AND between keywords gives results that contain both keywords. Use quotation marks to denote exact words and phrases.
* Where funds are available, leverage digital technology that uses artificial intelligence (AI) to show trends and sentiment. In a low-cost environment, use [Google Trends](https://trends.google.com/trends/) to help see trends in queries based on your keywords, and use [Google Alerts](https://www.google.com/alerts) to see breaking news and blog posts.

**What to listen for**

* Concerns
* Questions
* Challenges
* Misinformation
* Information voids
* Motivations and intent

**Analysis & Interpretation**

In digital listening, information is analyzed for insights using a mixed deductive and inductive

approach.

* Inductive: Capturing and triangulating relevant themes around vaccines that organically emerge. This is done by looking for themes that come up again and again across data inputs (repetition and triangulation), as well as identifying information gaps.
* Deductive: Assessing the themes’ relevance to and effect on the social and behavioral drivers of vaccine uptake (thinking and feeling, social processes, motivation, and practical issues) in the community of focus. This is done by checking what you are hearing online against what you are hearing through in-person data collection to identify high-impact themes.

**Tools**

* Free
	+ [Google Trends](https://trends.google.com/trends/)
	+ [Google alerts](https://support.google.com/websearch/answer/4815696?hl=en)
	+ [WHO Ears](https://www.who-ears.com/#/)
	+ [BuzzSumo](https://buzzsumo.com/)
* Subscription
	+ [Mention](https://mention.com/en/pricing/)
	+ [Brand24](https://brand24.com/)
	+ [Keyhole](https://keyhole.co/social-listening/)
	+ [Emplifi](https://emplifi.io/products/social-media-marketing/listening)
	+ [Meltwater](https://www.meltwater.com/en)
	+ [Determ](https://www.determ.com/)

Insights Synthesis Tool

Use this tool to compare and contrast your survey findings with findings from different methods (surveys, interviews, listening sessions, and observations). What themes can you identify across all findings? Which findings reinforce each other? Which ones contradict each other? Are there examples that illustrate that something is working well?

It is helpful to use this tool to guide the data collection team’s daily debrief.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Population of Focus** | **Summary of Key Findings Across Data Collection Activities** | **Summary of Barriers to Vaccination** | **Summary of Facilitators of Vaccination** | **Summary of Proposed Solutions from the Community** |
| e.g., Parents/Caregivers of infants and young children  |  |  |  |  |
| e.g., Adolescents and Teens  |  |  |  |  |
| e.g., Religious Community  |  |  |  |  |
| e.g., Healthcare Workers  |  |  |  |  |
| e.g., Immunocompromised Groups including PLHIV, TB patients, etc.  |  |  |  |  |
| e.g., Marginalized Groups including people experiencing homelessness, people living with disabilities, etc. |  |  |  |  |
| e.g., Migrant/Nomadic Groups |  |  |  |  |
| e.g., Internally Displaced populations |  |  |  |  |
| e.g., Adult Population (Urban setting) |  |  |  |  |
| e.g., Adult Population (Rural setting) |  |  |  |  |

Intervention Tables

The table below suggests potential interventions for different barriers or problem areas that are uncovered through the RCA. Table cell colors indicate the domain within the **BeSD framework**.

 Thinking and Feeling

 Social Processes

 Motivation

 Practical Issues

Examples adapted from [2022 IVaccinate Booklet](https://medicine.yale.edu/yigh/resources/education/yale_ivaccinate_2022_438437_54652_v2.pdf)

|  |  |  |
| --- | --- | --- |
| **Domain**  | **Indicator/Problem Areas**  | **Intervention Category and Description**  |
| **What people think**  | **•** Community members have low  | **1. Educational campaign**  |
| **and feel**  | trust in vaccines. **•** Community members do not feel that vaccines are safe or effective. **•** Community members do not feel that vaccines are important for disease prevention.  | a. Educational campaign consisting of informational posters with disease risk, letters, educational materials combating misinformation, group educational sessions highlighting disease salience and importance of vaccines, posters encouraging vaccination to protect yourself. Sessions can feature trusted community leaders or be hosted by community organizations. b. Personalized education about vaccine; workshops, classes/ sessions c. Employee health education in workplace settings: lectures, online training d. Decision aid that guides individual through the vaccination decision-making process e. Health risk appraisal (assessing health risk behaviors and uptake of preventative care) f. TV/media ads to raise awareness about disease and response efficacy for a specific population (e.g., 65+ and 50+) **2. Institutional recommendation** a. Institutions and workplaces encourage vaccination and provide vaccination stickers including workshops **3. Provider Recommendation** a. Health professional encourages vaccination and provides information on importance of vaccines. Work with Community clinic staff, immunization nurses, pharmacists |
| **Domain**  | **Indicator/Problem Areas**  | **Intervention Category and Description**  |
| **Social processes**  | Community lacks strong social norms emphasizing vaccination  | **1. Vaccination on site** a. Increase convenient access to and affordability of vaccine by providing vaccination on site or at workplace **2. Institutional recommendation** a. Institutions and workplaces encourage vaccination and provide vaccination stickers **3. Vaccine ambassadors and influencers**  |

|  |  |  |
| --- | --- | --- |
| **Domain**  | **Indicator/Problem Areas**  | **Intervention Category and Description**  |
| **Motivation**  | Community is not motivated to get vaccinated or does not intend to get vaccinated despite recommendation.  | **1. Educational campaign** a. Educational campaign consisting of informational posters with disease risk, letters, educational materials, group educational session highlighting disease salience and importance of vaccine, posters encouraging vaccination to protect yourself b. Personalized education about vaccination c. Employee health education in workplace settings **2. Reminders and recall** a. Letters, telephone, and email reminders b. Walk-in clinics c. Appointment cards d. Patient outreach for reminder and assistance with follow-up and appointments **3. Message Framing**a. Persuasive Messaging: Messaging that emphasizes the disadvantages of not getting vaccinated b. Assertive Messages: Letters/messaging that emphasize vaccination norms (that most people get vaccinated) c. Gain vs. Loss Frame: motivating the uptake in vaccines by illustrating the benefits vs. loss d. Self-Affirmations: motivating healthy behavior change by reducing vaccine anxiety.  |

|  |  |  |
| --- | --- | --- |
| **Domain**  | **Indicator/Problem Areas**  | **Intervention Category and Description**  |
| **Motivation**  | Community is not motivated to get vaccinated or does not intend to get vaccinated despite recommendation.  | **4. Incentives:** a. Incentives for vaccination, including food vouchers/ packages, transportation fare, in kind incentives b. Monetary incentives for vaccination **5. Institutional recommendation:** a. Institutions and workplaces encourage vaccination and provide vaccination stickers, thereby creating an institutional norm to get vaccinated **6. Vaccine champions:** a. Vaccine champions: Influential figures get vaccinated and promote vaccination e.g. peers, nurses, community leaders, religious leadership, government officials, celebrities  |

|  |  |  |
| --- | --- | --- |
| **Domain**  | **Indicator/Problem Areas**  | **Intervention Category and Description**  |
| **Practical Issues**  | Community experiencing barriers to accessing the vaccine  | **1. On-site vaccination:** a. Increasing vaccination access with vaccination offered near hospital/clinic entrances b. Increasing vaccine accessibility in work site/high traffic areas c. Increasing accessibility (e.g., mobile carts, at public events/ venues during night and weekend shifts) d. School located vaccination programs e. Offer an option of getting vaccinated at home **2. Free/affordable vaccines** a. Free vaccines, free vaccination services  |

# DAILY DEBRIEFS: FACILITATION GUIDE AND BEST PRACTICES

CDC recommends daily debriefs with the data collection team during the week in the field. There are

several reasons to hold daily debriefs.

* To identify common themes being heard from community members: Data collectors can share what they are hearing from community members about barriers and facilitators to vaccination and look for topics, ideas, and experiences that are coming up repeatedly.
* Recognize when saturation is reached: By working together, the data collection team can tell when they are no longer finding new information through their conversations with community members and start to hear themes repeated.
* Troubleshoot: By meeting daily, the data collection team can work together to address any

emerging or unplanned issues encountered in the field.

* Planning: The data collection team can plan the next day’s data collection activities based on what is happening in the field in real-time and considering any gaps they are noticing in data collection.

**How many people were there (estimate)?**

* Scheduling
	+ Check with data collectors about their daily schedule and expectations related to time spent in the field the week of data collection.
	+ Add the daily debriefs on your data collection team members’ calendars at least the week prior to entering the field so they have that time reserved and do not schedule data collection or other activities for that time.
	+ Try to schedule at the end of the day so the team can process that day’s activities. However, first thing in the morning may work better for some teams.
* Logistics
	+ CDC recommends holding daily debriefs in person. To do this you will need to secure a convenient meeting location, likely in the community.
	+ If not all data collectors can attend in-person, a virtual option may be offered such as through Zoom.
	+ Plan at least 1 hour for each daily debrief.
* How to conduct the daily debrief
	+ Allow each data collector to report what data collection activities they completed that day.
	+ Encourage data collectors to start with what they are hearing. It’s important not to skip this part and move directly to identifying a theme they think they are hearing.
	+ Chart what you are hearing from community members, including barriers and facilitators to vaccination.
	+ Group barriers and facilitators by themes as they emerge.
	+ Use visual tools such as flip charts and post it notes or a virtual Miro board.
* Some questions for discussion
	+ What did you hear that was often repeated by different people?
	+ What did you hear that was new?
	+ What did you hear that was unexpected or surprising?
	+ Were there any key community leaders or influencers identified?
	+ Where are people getting their information about vaccines?
	+ Who are we not hearing from?
* Preserve the visual compilation of information to build on the next day.

# FINAL REPORT TEMPLATE

**Title Page**

**Title**

**Author/Teams**

**Locations/Dates**

## Executive Summary

**Background**

* 2-3 sentences summarizing introduction; overview; project description; community/communities of focus; and purpose of RCA

**Objectives**

* 2-3 sentences summarizing the RCA objective(s)
* Examples objectives include:
	+ Carry out an RCA in communities with potential for low uptake of COVID-19 vaccine; maximizing established relationships with local community organizations (e.g., faith-based, non-profits, businesses) and local public health.
	+ Build health department’s and their partners’ capacity to conduct similar assessments in other communities of focus in [INSERT STATE].
	+ Understand local perspectives regarding facilitators and barriers to MMR vaccine uptake in the community.
	+ Identify appropriate approaches to increase vaccine confidence among adults in selected communities.

**Methods**

* 2-3 sentences summarizing methods used for data collection (e.g., community interview, listening sessions, etc.)

**Results/Findings**

* 3-4 sentences summarizing:
	+ Results and high-level findings related to RCA objective(s) including key themes, statistics related to barriers and facilitators to vaccination; and
	+ Lessons learned from key findings including challenges, successes, and/or limitations

**Recommendations**

## 2-3 sentences summarizing recommended strategies and solutions to address themes, barriers, and challenges highlighted in results/findings

## Background

* Introduction
* Overview
* Project description
* Purpose and/or objective(s) of RCA

## Objectives

* Description of RCA objective(s)
* See example objectives above in Executive Summary

## Methods

* Description of methods used for data collection (e.g., community interviews, observations, survey, intercept interviews) including data collection tools, locations of data collection, sample sizes, analysis, and reporting, etc.

## Results/Findings

* Summary of results and findings related to RCA objective(s) including themes, key statistics, quotes, and takeaways (segmented by subgroups within community of focus as appropriate)
* Lessons learned from findings including challenges, successes, and/or limitations

## Recommendations

* Summary of recommended strategies and solutions to address themes, barriers, and challenges highlighted in results/findings
* Method for arriving at these recommendations (e.g., participation from the community) if applicable

## Next Steps

* Summary of planned next steps to address themes, barriers, and challenges highlighted in results including collaborations with and/or support to local CBOs and partners

## Acknowledgements

* Acknowledgements of key people, team members, and organizations credited for assisting with the RCA

## Resources/References

* List of citations utilized for RCA including background research and informing of methodologies

## Appendix/Appendices

* Any relevant appendix/appendices including data collection tools, documents, and/or developed resources utilized for the RCA