

Rapid Community Assessment Guide

A guide to help you understand your community's needs around vaccination



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



Vaccinate with **Confidence**

Protect communities. Empower families. Stop myths.

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This rapid community assessment (RCA) guide for immunization is for health department or health ministry staff worldwide involved in various aspects of immunization who wish to better understand their community's needs regarding acceptance and uptake of vaccines. Conducting an RCA may also be relevant for coalitions, hospitals, health systems, clinics, and other organizations that have strong connections with the communities they serve and want to increase vaccine uptake.

Why conduct an RCA

An RCA can help you:

- Understand what communities, or parts of communities, think about vaccines
- Assess barriers and facilitators to vaccine uptake
- Identify community leaders, trusted messengers, and other important channels of communication with communities
- Identify potential solutions to increase vaccine confidence and uptake

This guide is built on the latest best practices and evidence for understanding and addressing vaccination demand challenges at the community level. It draws from the community-based participatory approach outlined in the World Health Organization's [Tailoring Immunization Programmes](#) guide and uses the [Behavioral and Social Determinants for Vaccination](#) framework ([Exhibit 3](#)) to frame data collection tools and analysis approaches.

This guide adds to these best practices with a rapid assessment process designed to be:

- fast
- resource-efficient
- used at the local level
- accessible to those with a limited background in community assessments or behavioral research
- customized based on the community of focus and the time and resources available
- used to inform strategies for increasing vaccine demand and uptake in real time



When to conduct an RCA

Participatory, rapid community assessment can help generate actionable insights about barriers to vaccine uptake and engage communities in a meaningful way at the same time. This method can be employed when there is:

- urgency around increasing vaccine demand and uptake in a community
- a disease outbreak or emergency
- an upcoming vaccination campaign (e.g. outbreak responsive vaccination, supplemental immunization activity)
- a new vaccine being introduced
- low vaccine uptake in specific parts of a community

Conducting an RCA provides quick insights into the community of focus. Based on the findings of this assessment, strategies can be developed and tailored for your community.

How to conduct an RCA and Sample Timeline

This guide provides a step-by-step process on how to conduct an RCA. An RCA consists of five steps. Each step below links to the section in the guide with further information about that topic. You can click on a particular section to learn more. Additionally, there are tools and templates provided in the appendices which you can customize to fit your needs. Keep in mind that while [Step 5](#) involves evaluating your efforts, it is important to start planning for your evaluation early in your process.

This community assessment method is unique in that it is designed to be conducted over a short period of time. Conducting assessment rapidly may be important during an outbreak or pandemic as well as for routine immunization since the perceptions, motivations, and behaviors of community members may change as the context changes. While the length of time it takes to conduct an RCA might vary, this guide provides the steps and tools to quickly gather insights to inform vaccination strategies that are responsive to community needs.

Exhibit 1: Sample RCA Process

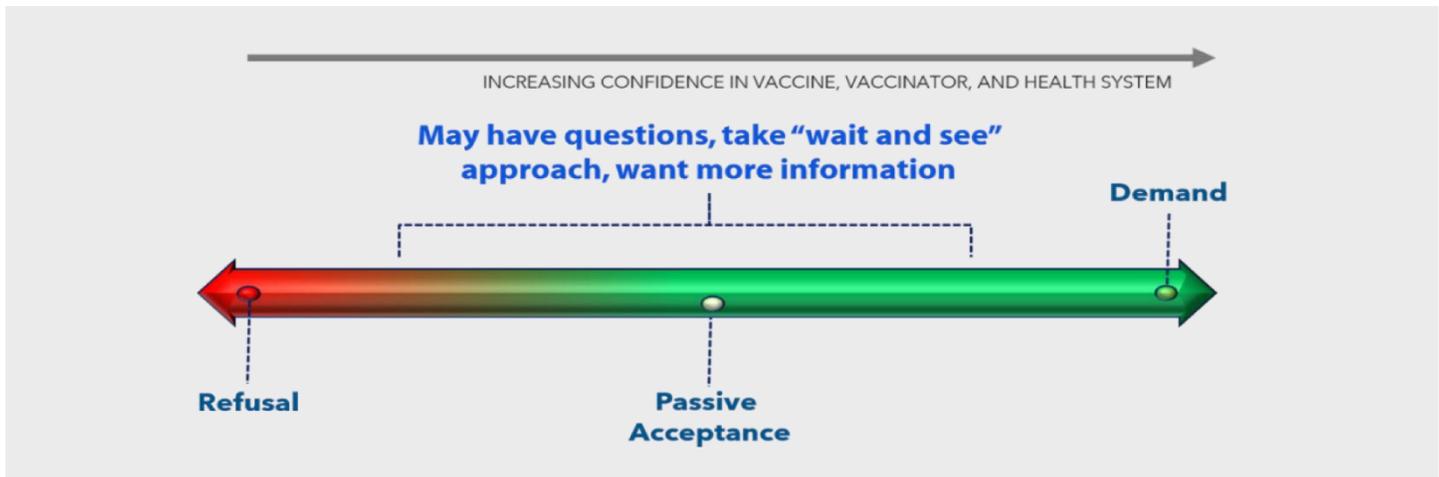




Understanding Vaccine Demand

Demand for vaccines exists on a spectrum, ranging from refusal to passive acceptance to demand. People can move along this spectrum based on information, experiences, barriers, or facilitators they encounter. Reinforcing confidence in vaccines is critical to ensure high vaccine uptake among adults, adolescents, and children. One of this guide's objectives is to move more people toward the right of the demand spectrum (Exhibit 2). For pediatric vaccination, this will require moving caregivers toward the right of the spectrum.

Exhibit 2: Spectrum of Vaccine Demand



The COVID-19 pandemic highlighted the role of community trust in public health systems and how that can affect immunization efforts. Some communities experience poor relationships with public health entities due to factors such as historical events of mistreatment by medical systems and not having access to routine medical care. Misinformation about vaccines can damage trust in health systems and negatively affect vaccine uptake. Experiences that diminish trust can spark hesitancy and push people toward the left of the spectrum, where they may delay or decline vaccination for themselves or their children.

To build vaccine confidence, individuals need trust in:

- The vaccines
- The providers who give the vaccines
- The system from which the vaccines come (i.e., vaccine development, licensing and authorization, manufacturing, and recommendations for use)

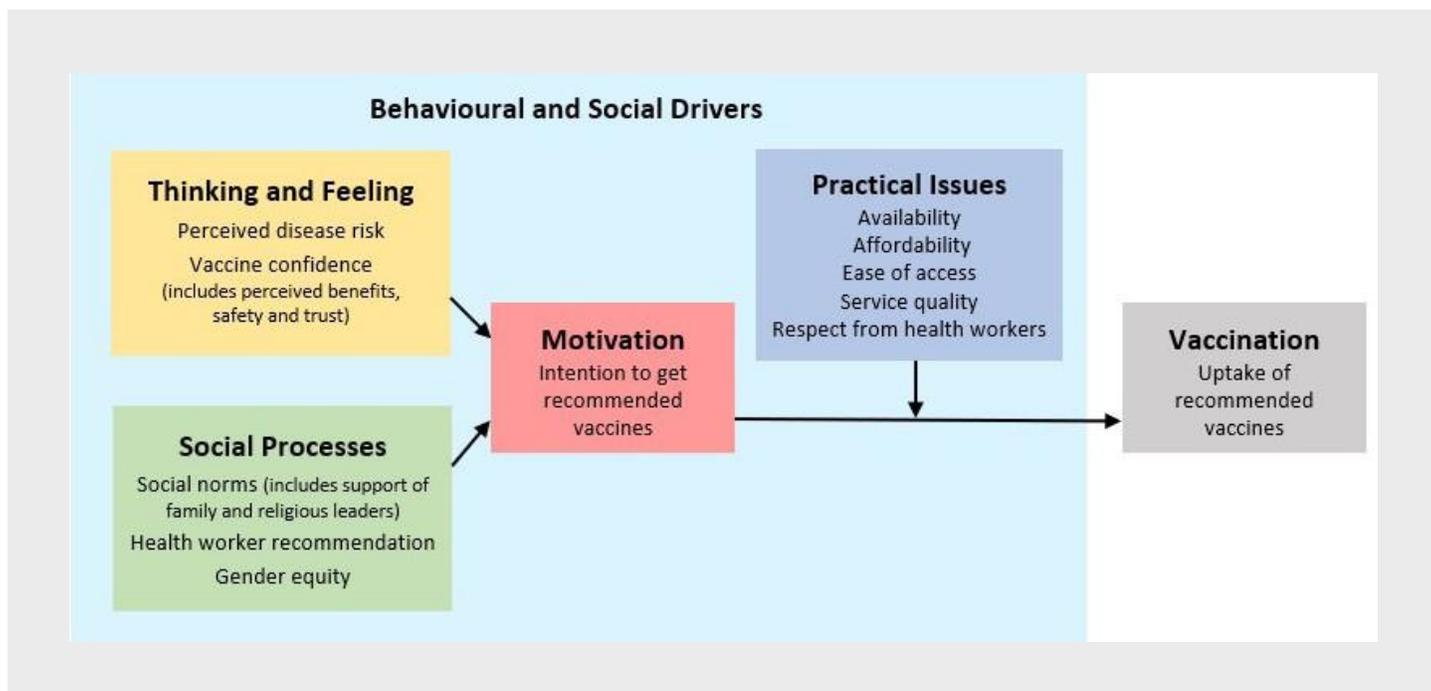
CDC's [Vaccinate with Confidence framework](#) for COVID-19 vaccines uses three strategies for building vaccine confidence, which can be applied beyond COVID-19:

- Building trust through credible, clear communications and addressing misinformation and disinformation
- Empowering healthcare personnel to have effective vaccine conversations with parents and patients and strongly recommending vaccines
- Engaging families, communities, and schools in a sustainable, equitable, and inclusive way, using two-way communication to reinforce trust in health authorities and build confidence in vaccines



Evidence shows that vaccine uptake depends on three main behavioral and social drivers: what people think and feel; social processes; and practical issues. The WHO has developed the Behavioral and Social Drivers (BeSD) of vaccination framework to identify the barriers and facilitators of vaccination (Exhibit 3). This rapid assessment guide uses the BeSD categories to identify themes in vaccination barriers and facilitators in the community.

Exhibit 3: Behavioral and Social Determinants of Vaccination Framework



Source: The WHO BeSD working group. Based on Increasing Vaccination Model (Brewer et al., 2017). Reprinted with permission from the WHO.

Step 1
**Prepare for the Rapid
Community Assessment**





In this section:

- Obtain Approval from Officials
- Identify your Objectives
- Identify Your Community(ies) of Focus
- Human Subject Considerations
- Identify and Obtain Resources

Obtain Approvals from Officials

You may need approval, particularly from government or other officials, to successfully implement an RCA. These officials might not be familiar with rapid assessments. Consider who in your community might need to approve of conducting this assessment before it can begin. Ideally, you want their buy-in and participation in addition to formal approval. Be prepared to have conversations with them about what the RCA will involve, how vaccination coverage data indicate the need for the RCA, how they can support the effort, and why it will help increase vaccine uptake.

You might need approval from

- Ministry of Health or health department (national, state, district, local) officials
- Officials from other ministries or departments as they might apply such as: Bureau of Statistics, Ministries of Social Welfare, Social Development, or Education
- Expanded Program on Immunizations (EPI) managers
- Risk Communication and Community Engagement or Health Promotion managers

How these stakeholders might support the effort

- Share information about past or current related or similar efforts
- Provide resources, including funding and staff to implement
- Provide legitimacy and acceptance from members of the community of focus
- Make introductions for you and your data collection team in the community of focus
- Implement strategies based on the findings

Identify Your Goals and Objectives

As part of your efforts to increase vaccine confidence and uptake, an RCA can help you:

- Directly address barriers specific to the community
- Tailor strategies based on community needs



It is important to know from the beginning of the RCA what you want to learn that will inform the development of community-specific strategies to increase vaccination. Consider including community members in defining specific objectives. Example objectives include:

- Learn what structural, informational, and behavioral barriers to vaccination exist in the community
- Learn why the community has persistently low vaccine uptake even when there is widespread vaccine availability and/or concerted social mobilization activities
- Learn what questions and concerns people in the community have about the vaccine
- Understand how information voids, misinformation, or too much information is influencing what people think



Tip: To help you come up with the objectives, it might be helpful to think about them as questions. For example, "**Why are we seeing low vaccine uptake among children in rural parts of our district?**"

Consider using the Vaccine Learning Template ([Appendix A](#)) to help you document what was learned from previous efforts to roll out the vaccine of interest or other similar efforts. These lessons learned can help you formulate assessment questions and identify potential communities of focus.

Identify Your Community(ies) of Focus

An RCA might focus on one specific population or can be conducted among multiple populations, either simultaneously or over time as resources permit.

You may wish to conduct your assessment in the following types of communities:

- **Migrant or displaced** communities
- Communities with **zero dose** children or **historically low routine adult or childhood immunization rates**, or who have experienced declines in coverage due to the COVID-19 pandemic
- Communities with recent measles outbreaks among children as measles is a known tracer for identifying areas with low routine childhood immunization rates
- Communities that have experienced **disproportionately high rates of vaccine-preventable infection and severe disease or death**
- Communities that have **high rates of underlying health conditions** that place them at greater risk for severe illness (e.g., heart disease, lung disease, obesity)
- Communities with **access barriers** to the vaccine (e.g., hard-to-reach, urban poor, rural poor)
- Communities **with low ability to adopt disease mitigation measures** (e.g., overcrowded living conditions, lack of access to clean water)



- Communities that seek **alternative prevention or treatment** that may lead to adverse health outcomes including use of traditional medicines and healers (e.g., overdoses reported of herbal or allopathic medicines used as a way to prevent COVID-19 infection)
- Communities with **a history of mistrust** in and/or exploitation by government agencies, health authorities, or the medical establishment
- Communities that are **not well-known to health authorities** or have not traditionally been the focus of immunization programs (e.g., migrants, displaced people, marginalized communities, people in fragile, conflict and violence (FCV) settings, pregnant women and babies)



Tip: Reviewing local and national data can help with identifying a desired community of focus.

See "[Example of Existing Data Sources](#)" in [Step 2](#).

Human Subject Considerations

Check whether your agency or organization requires Human Subjects or Institutional Review Board (IRB) review for collecting community data. The purpose of an ethics review is to make sure there are no unintended consequences of data collection, all risks to participants are minimized, and all data that could identify a respondent are kept confidential.

If your organization does require IRB review, consult with the person or institution who coordinates it (e.g., Institute of Medical Research, National/State Ethics Committee). This person can determine whether an IRB review is needed or whether your project is exempt from review. Some organizations or agencies may not require IRB review or may have exemptions or emergency processes that allow you to collect data quickly during an outbreak or other emergency situation.



Tip: See the [International Compilation of Human Research Standards](#) to check laws, regulations, and guidelines that apply in your country. If you need to develop a research protocol for your RCA in order to submit for ethics review, the [World Health Organization provides a recommended protocol](#).

Identify and Obtain Resources

In addition to human resources, determine what funding is available and/or identify new potential funding sources to ensure the assessment can be carried out (Exhibit 4). Resources may also be needed to report back to the community and then implement interventions, though the type and scope of resources needed will depend on assessment findings.



Exhibit 4: Potential Resources Needed

- Space for training and in-person daily debriefs
- Wages or stipend for data collectors
- Honoraria for community members who participate in the assessment
- Per diems for transportation, fuel, etc.
- Internet data packages
- Information technology services (e.g., to support virtual meetings)
- Data collection equipment/supplies (e.g., laptops, tablets, paper questionnaires)
- Printing (e.g., reports, questionnaires)
- Translation and interpretation services (e.g., for data collection, reports, community forums, listening sessions)
- Institutional Review Board fees
- Incentives for survey/focus group participants (e.g., gift cards, food)
- Other miscellaneous expenses

Step 1 Checklist

Before moving on to Step 2 of the process, consider if you have completed these actions:

- Have clearly defined and shared goals and objectives
- Gauged level of buy-in in addition to formal approval
- Received approval to conduct the RCA
- Communicated with all relevant authorities and gained understanding of how each will support the effort (e.g., provide resources and staff, share information)
- Identified a specific community of focus
- Checked on human subject/IRB requirements and have taken needed actions
- Secured funding to conduct the RCA

Representing Women in RCA



The COVID-19 pandemic had a disproportionately negative impact on women, especially in some communities. Also, women are often primary caregivers of children and most often are the ones that take children for immunizations. Ensure you are partnering with women from the beginning of the assessment by including leaders from women-led organizations and searching for informal female community leadership.

When you are collecting and analyzing data, make sure you are hearing voices of women and girls. Women and girls are not a homogenous group, so make sure they are well-represented so that you are capturing information about subgroups as well. When analyzing data, disaggregate women from men to identify any differences.

Some ideas for recruiting participants for data collection include

- Aim to include at least 50% of responses from women
- Choose meeting places that are convenient for women
- Hold separate listening sessions for women and men to help ensure women's voices are heard
- Obtain buy-in from gatekeepers such as husbands or mothers-in-law
- For intercept interviews, go to places that women frequent (e.g., salons, markets)

Consider the data collection tools you are using as well. Make sure that survey questions about employment, for example, include options for the many roles that women may play including informal work, childcare, and farm labor.

Include women on your data collection team as, depending on local culture, women may be more comfortable speaking to or may only be permitted to speak to other women.

A useful resource about increasing vaccination for women is the [Little Jab Aid](#). While designed to address women in the Middle East and North Africa and around COVID-19, it can be adapted for other contexts.



Step 2

Plan for the Rapid Community Assessment



In this section:

- Review Existing Data
- Identify Local Partners and Get Buy-in
- Choose Assessment Methods
- Form Data Collection Team
- Train Data Collection Team



Review Existing Data

Once you have identified your focus community(ies), rapidly review existing data sources to get a picture of your focus community's demographics and health status. Consider how people have been impacted by vaccine-preventable diseases, experiences with the medical community, and trust of the medical community. Suggested data to review are contained in Exhibit 5.

Identify if there are gaps in the data that you would like to fill in by collecting certain information during the RCA. If so, this can be added to the goals and objectives of the RCA and should be reflected in the data collection methods used.

Exhibit 5: Examples of Existing Data Sources

United States	Global
Disease and Vaccination Data	
COVID-19 disease surveillance data (e.g., cases, testing, hospitalization, deaths)	WHO's COVID-19 dashboard
COVID-19 vaccine uptake data	WHO Africa Region Situation Report
Routine immunization data	PAHO COVID-19 vaccines deliveries dashboard
CDC VaxView	UNICEF Data on Immunization
	Infectious Diseases Data Observatory
	WHO Immunization Global Dashboard
	WHO Global Measles and Rubella Monthly Updated Data
	Health Campaigns Intelligence Hub

United States	Global
Demographic Data (used to understand the size, location, socioeconomic status, and composition of the focus community)	
Local government data, including school system data	
U.S. Census Quick Facts, available for states, counties, and towns of 5,000 or more	Multiple Indicator Cluster Surveys (MICS)
American Community Survey	Demographic Health Surveys (DHS)
National Health Interview Survey (NHIS)	World Bank Open Data
National Survey of Children's Health (NSCH)	
Behavioral Risk Factors Surveillance System	

United States	Global
Data on race, ethnicity and COVID 19 disease by race and ethnicity	
CDC COVID Data Tracker	Health Inequality Monitor
COVID-NET: A Weekly Summary of U.S. COVID-19 Hospitalization Data	
COVIDView: A Weekly Surveillance Summary of U.S. COVID-19 Activity	
CDC/ATSDR Social Vulnerability Index	

United States	Global
Data on sex, socioeconomic status and COVID-19 disease	
US Census Bureau's COVID-19 Demographic and Economic Resources	UN Women's Survey Report on Pandemic Responses
	Measuring the Shadow Pandemic: Violence Against Women During COVID-19

United States	Global
Existing health assessment data	
Surveys conducted at the local level to assess community needs, health behaviors, healthcare use practices, or health indicators may be useful to anticipate some potential needs of the community(ies) of focus.	
Community health assessments conducted by local health departments or nonprofit hospitals	
Other local/community surveys	
County Health Rankings	Primary Health Care (PHC) Survey Module
PLACES Project	
Vaccine Tracking System (VTrckS)	
Bureau of Primary Health Care (BPHC) Resources	
<p>Peer-reviewed literature: Literature reviews can provide useful information on population characteristics, effective assessment, and intervention strategies. Tutorials on how to conduct a literature review using PubMed® can be accessed through the U.S. National Library of Medicine at https://learn.nlm.nih.gov/documentation/training-packets/T0042010P/</p>	
<p>Social Listening: Review any published reports, online social media discussions, or local news coverage on the impact of vaccine preventable diseases in your community of focus to better understand the current climate and sentiments about the vaccines identified for the RCA for immunization. Tools for social listening can be accessed at https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/rca-guide/downloads/cdc_rca_guide_2021_tools_appendix_e_sociallistening-monitoring-tools-508.pdf</p>	



Identify Local Partners and Get Buy-in

You may need partnership from multiple organizations to successfully implement an RCA. This may include non-governmental organizations (NGOs), community based and religious organizations, and government agencies, as well as local community leaders. People in the community and at these organizations might not be familiar with rapid assessments.

As soon as you decide to conduct the assessment, meet with community leaders and organizations to introduce the assessment and invite them to participate in the planning and implementation. This might include governmental leaders in the jurisdiction (e.g., administrative, health, social services), leadership of key community partners, and other individuals community members view as leaders. Partners are people who are invested in the focus community, as well as the implementation and outcomes of immunization programs. Securing key partners' support will help you to gain community members' trust, paving the way for a successful assessment.



Tip: Consider what level of participation you would like from local leadership. Their role can range from publicizing their approval to introducing you to community members to co-designing and implementing data collection methods.

Participatory Approach: You may want to consider taking a participatory research approach to conducting the RCA. This means involving community members in the design, execution, and analysis of the assessment. Community members can refine the key objectives, plan the data collection, serve on the data collection team, and present findings to community leaders. A participatory research approach often leads to deeper insights and greater community buy-in for the strategies that result from the assessment.

To identify additional potential partners, ask everyone you talk with to suggest other people you could contact. You can also do a quick scan of local social media, online sources, and news media to identify partners. Look for information and articles about local politics, local NGOs focused on health or social issues, school health officials, religious leaders, and community health events (see Exhibit 6). Look for groups involved in previous vaccine promotion efforts and community engagement.



Exhibit 6: Sample Partners to Engage

- **Local health coalitions, multi-sectoral technical working groups, or immunization coalitions**
- **Pharmacists and clinician experts, such as infectious disease physicians, pediatricians, or medical providers from a large community practice**
- **Public sector (e.g., government ministries, law enforcement, education, healthcare services)**
- **Organizations implementing social welfare development programs**
- **Professional associations: state, district, or local chapters (e.g., community health workers, nurse, medical doctors, social workers)**
- **Faith-based organizations and religious leaders**
- **Leaders of local health systems, hospitals, and clinics**
- **Community-based organizations serving populations of interest (e.g., people experiencing homelessness, injection drug users, migrants, refugees, rural populations, people with disabilities, women and girls, orphans and street children)**
- **Other organizations with wide community reach (e.g., market women associations, farmers groups)**
- **Major employers in the community: financial institutions, supermarkets, factories, and hospitals**
- **Owners of local stores, restaurants, or other service industry businesses**
- **Citizen advisory groups (e.g., councils, local government boards, local vigilante security groups)**
- **Staff in congregate settings (e.g., jails, prisons, orphanages)**
- **School communities (e.g., school administrators, educators, school nurses)**
- **Academic and research institutions**
- **Youth leaders and youth-focused organizations (e.g., Boys and Girls Clubs, Scouts, youth service corps, youth sports leagues)**
- **Community media outlets (especially those that serve closed/isolated communities) and digital media**



Tip: Consider working directly with youth as partners in the assessment. Youth offer a different perspective and can support data collection and introduce you to other youth participants. Be sure to obtain parental permission to speak with them, in alignment with the local context.

When you speak with potential community partners, cover the following topics:

- Reasons for the assessment (objectives) and who is conducting it
- Assessment timeline
- Ideas for data collection activities
- Community members who might be interested in being part of the data collection team (see section on forming the team below)
- How the data collected will be used and who will have access to it
- Plans for reporting back to the community and developing strategies to increase vaccine demand and uptake, including to them as a partner

It can be helpful to prepare a short, one-page document (i.e., situational report) in plain language or a brief presentation that summarizes rates and consequences of illness, vaccination rates, vaccine distribution plans, assessment objectives, and contact information for your team. Have the one-page document translated into the language(s) most spoken by community members. You may want to include a member of the community of focus when developing the document to avoid any cultural or language/translation issues. In addition, community partners might be able to provide some of the information for the situational report.



Choose Assessment Methods

There are several methods that can be utilized to collect qualitative and quantitative data for an RCA. The exhibit below provides a summary of methods and their objectives.

Exhibit 7: Summary of Data Collection Methodologies

Methods	Objective	Appendix
Community Interviews	Structured interviews with community members who have deep knowledge or experience about a particular topic, issue, or community.	B
Listening Sessions	Guided discussions with a small group of participants chosen based on their role or their organization's role in the community. Like community interviews, listening sessions can provide a nuanced understanding of community questions, concerns, and perspectives toward vaccines.	B
Observations	Attend and observe meetings or places where the audiences of focus congregate. You can observe public places such as a busy downtown area or a vaccination clinic or include observations as you map the community.	C
Intercept Interviews	Intercept interviews are informal conversations that include a brief set of open-ended questions. The interviews are conducted by approaching respondents in public places, such as parks, farmers markets, street corners, restaurants/bars, or grocery stores.	D
Surveys	Questionnaires that assess how people think and feel, what social processes affect their lives, what practical obstacles they face, and what their motivations are to get vaccinated.	See the WHO resource: Behavioral and social drivers of vaccination: tools and practical guidance for achieving high uptake
Digital Listening	Digital listening refers to the process of collecting data from social media platforms to track online discussions, trends, and sentiments about a topic. It is useful for understanding the information landscape (including misinformation) and concerns and attitudes of your community of focus. It also can inform digital marketing and communication strategies.	I



Tip: Before you choose the methods to be used for your assessment, determine your organization's capacity. Here are some factors to consider:

- **Available budget**
- **Available time**
- **Available staff**
- **Methods experience within the organization or partners who can be consulted on a desired method (e.g. consider seeking advice from someone with a statistics background if you're planning to do a survey)**
- **Accounting of what tools are already being used (you may wish to choose different tools to avoid duplication of data already collected or available)**
- **Expected/desired timeline**
- **Existing partnerships/links to communities**

Form the Data Collection Team

The ideal data collection team will include individuals committed to understanding and addressing community needs regarding vaccination and who have varied backgrounds, skills, and experience. Consider if the data collection team should include the people who will be implementing the recommendations that emerge from the RCA. The data collection team members need to be available for training if they are not already experienced data collectors and available to conduct full time data collection for at least one week. Data collectors should already have mastery of the soft skills needed to collect data in a community setting (e.g., cultural competence, safety awareness, active listening, and fluency in the language(s) spoken in the community).

Individuals who might comprise the data collection team:

- Staff at your organization
- Staff from local health facilities, such as immunization program managers, epidemiologists, health educators, community health workers, public information officers, etc.
 - » Note that in some communities, people do not feel comfortable speaking openly with officials about their health experiences. Consider if this will be a barrier in your community.
- Staff from local organizations that have trusted relationships with the communities of focus
- Community members to promote ownership and sustainability of the assessment outcomes, including members of key populations (e.g., people with disabilities, people living with HIV/AIDS)
- University students



Training the Data Collection Team

If the people on your data collection team do not have experience with gathering information from community members using the methods you have chosen, or experience conducting needs assessments in general, then you can provide them with training before beginning the data collection tasks. Make the training interactive and experiential with opportunities for participants to practice new skills and trainers to provide feedback. Topics for the training include:

- Background on vaccine confidence and demand
- Identifying and engaging assessment participants
- Building and applying soft skills, including active listening and cultural competency
- Conducting in-person data collection: intercept interviews, community interviews, community observations, and listening sessions
- Online social listening
- Analyzing collected data quickly
- Turning data into action: How to develop recommended strategies
- Reporting your findings

Even experienced data collectors will benefit from an orientation and training overview. Consider providing self-directed training opportunities, such as through assigned web sites and videos, for data collectors to review on their own.



Tip: Consider the pros and cons of having an RCA data collection team made up of individuals from within or outside of the community. In some cases, having an RCA team composed of people from outside the community can better position them to gather unbiased insights about community members' concerns. In other cases, people in a community might trust people from within the community more than outsiders.

Step 2 Checklist

- Reviewed existing data to better understand the community
- Identified gaps in information
- Conducted an environmental scan to identify relevant community organizations to partner with
- Identified non traditional partners (e.g., informal leadership, non health related organizations)
- Created a one page document to help explain to potential partners the vaccine confidence related issue being addressed through the RCA
- Selected which data collection methodologies will be used
- Ensured approvals have been obtained for data collection (such as IRB)
- Assembled the data collection team
- Trained the data collection team
- Developed a plan and timeline for data collector orientation and training

Step 3
**Collect and
Analyze Data**



In this section:

- Recruit Participants
- Data Collection Tools
- Data Analysis



Recruit Participants

Once you have formed your data collection team and obtained partner buy-in, you can begin recruiting participants. Aim to obtain a broad mix of people within your community(ies), so you can hear a variety of perspectives. Include different ages, sexes, races, ethnicities, primary languages, national origins, education levels, and occupations. If you are focusing on pediatric vaccination, consider parents, guardians, foster parents, grandparents, and others who care for children.

It can be challenging to recruit participants, especially if the community of focus is not well-connected to the health system, has not been previously engaged in community health efforts, or are wary of working with government or health officials.

One way to start is to plan a few initial meetings or listening sessions with groups you already have relationships with that are involved in vaccination outreach or have strong relationships in your community(ies) of focus. This can include local health or immunization coalitions, local public health programs, or networks of community-based organizations. Use the opportunity to learn about their experiences, perspectives, and ideas. Share why you think their participation is worthwhile and ask for their support in identifying key individuals to speak with for the assessment. It may be easier to join existing community meetings rather than schedule new ones. During these meetings, ask for names of other people or organizations you can work with.

Exhibit 8 provides some examples of where to identify stakeholders. Reach out to these individuals and organizations through email, text messaging, WhatsApp, social media, or in-person visits to their organization. You can also post information about the RCA through flyers to increase public awareness about the effort.

You may want to begin scheduling some data collection activities before your week in the community. To help manage this, use a tracking tool, such as a shared calendar or spreadsheet, that everyone on the data collection team can access. Make sure to leave room in your daily calendar for data collection activities that emerge once you enter the field.



Tip: Use a "snowball" sampling approach for participant recruitment, speaking with a few leaders/community members and asking them whom else you should contact.



Exhibit 8: Examples of Organizations to Contact

Organizations

- Professional associations
- Trade unions
- Women’s groups or mother-to-mother support groups
- Community health workers
- Community-based organizations
- Faith-based organizations
- Nonprofit organizations
- Youth-serving and youth-led organizations
- Schools and parent-teacher organizations
- Research institutions
- Colleges/universities
- Online communities representing local groups

Token incentives (e.g., refreshments at meetings or listening sessions, gift cards, internet data packages, retail discount coupons) can also increase response and participation rates. For example, respondents may be given reimbursement for transportation costs.

Recruitment can happen at various locations depending on the population. Consider where people in your community of focus live, work, learn, play, and pray to help locate community members to include in the assessment.



Some ideas for recruitment

- Develop flyers suitable to the reading level and language(s) of the community of focus and put up in areas of congregation: the market, local shops, and cafes
- Ask the local community association to post about the assessment in its social media group or community center/clinic
- Attend a neighborhood meeting
- Reach out to religious leaders of large places of worship
- Contact large employers in the community (e.g., supermarket, financial institution, local manufacturing business)
- Reach out to college administration staff to find out how to best promote to students
- Run an ad or give an interview with a DJ at a local radio station
- Visit places where people in the community congregate (e.g., parks, recreation centers)

Data Collection Tools

Several tools and templates have been developed for you to use and build on if you do not have existing data collection tools available. You will need to tailor the tools for use in your community. Here are some other considerations:

- Tools should be translated and adapted for the local context. An alternative would be to utilize interpreters.
- Ask a few members of the community to review the tools to ensure they are socially and culturally appropriate.
- Some IRBs might require data collection tools to be finalized when the protocol is submitted to them for approval.
- Be thoughtful about what you call the data collection tools. For example, a “listening session” might be called a “focus group” if that will be better received by the community.
- Tools can be adapted throughout the data collection process. You might need to revise the questions to gather insight on a particular topic or expand the participant pool to hear relevant perspectives.
- Consider conducting a survey after the RCA, instead of as part of the RCA, to fill in any gaps or to see if what was heard during RCA data collection is more widespread in the community.

Methods and objectives for each data collection tool are described in [Exhibit 7](#) above. Highlights of how to implement each methodology are provided below in [Exhibit 9](#). Full descriptions and tools for each method are available in the appendices.

Exhibit 9: How to Implement Data Collection Methodologies

Methods	Descriptions
Community Interviews	<ul style="list-style-type: none"> • A facilitator conducts a semi-structured interview with one participant at a time for approximately 30-45 minutes in person or virtually. • Use the discussion guide to conduct the interview. Use probes as necessary to elicit in-depth information. • If possible, a note taker can be used to take detailed notes on all topics discussed in the interview.
Listening Sessions	<ul style="list-style-type: none"> • You may be invited to an existing group's meeting or you may invite participants to a table. • Conducted with five to 10 members of the community. • A facilitator conducts the listening session for approximately 60 minutes in person or virtually. • Use the discussion guide to conduct the session. Use probes as necessary to elicit in-depth information. • A note taker is used to take detailed notes of all topics discussed in the listening session.
Observations	<ul style="list-style-type: none"> • Find out what community meetings or events are happening by asking partners and reviewing websites and social media. These could include mass vaccination events, community festivals, market gatherings, or religious events. • Drive or walk around the community and note gathering places, posted health information or information about vaccines, locations to receive health services, etc. • Take notes on what you hear and see.
Intercept Interviews	<ul style="list-style-type: none"> • Approach people in public places (e.g., parks, markets, street corners or in front of bars, restaurants, stores). • Identify yourself and your purpose. • Ask a brief set of open-ended questions during informal conversation.
Surveys	<ul style="list-style-type: none"> • Questionnaires can be administered in person, over the phone, or via online survey platform (e.g., SurveyMonkey). • When choosing a platform, consider how your community(ies) of focus prefer to provide information, whether they have easy access to phones or computers, and what their level of literacy is. • Pilot test self-administered surveys (e.g., online or paper) to ensure the audience of interest can easily understand the content.
Digital Listening	<ul style="list-style-type: none"> • Identify any existing monitoring tools your organization may already be using. • In addition to existing tools, sign up for other relevant tools (free or paid) to set up a social and traditional media monitoring system. • Check your monitoring tools regularly and record observations. • Alternatively, informal monitoring can be conducted when resources for more in-depth monitoring are not available, by reviewing local social media for information about vaccines. A systematic search can be used.



Data Analysis

Remember that the goal of the RCA is to quickly learn more about your community. In-depth analysis or the use of special analysis tools or software are not necessary and would delay your results.

To understand any potential group differences, you can separate the data by different population subgroups. This is particularly useful when looking at survey data. This would allow you to look at vaccine confidence information, including barriers and facilitators, by age, sex, and race.



Tip: During data collection, debrief daily with the data collection team (See [Appendix H](#)). Identify themes based on what you heard that day. The Insights Synthesis Tool (See [Appendix F](#)) can be used to record key findings. Using a shared visualization, such as with flip charts and post-it notes or electronically with a [Miro Board](#), helps organize the debrief for analysis.

Qualitative Data Analysis

- Review and synthesize information from the notes.
- Work with other members of the data collection team to identify major themes that emerged from the various discussions and interviews.
- Identify if key findings are different for different demographic groups or parts of the community.
- Consider findings across all of the different data collection activities.
- Determine if you have reached saturation, that is, if you are no longer finding new information through your conversations with community members and start to hear themes repeated.

Survey Data Analysis

- Online survey collection tools, like Survey Monkey, come with basic data analysis functions. If you collected surveys on paper, you may enter data into an Excel spreadsheet to conduct analysis. More advanced tools (e.g., SAS, SPSS, STATA) can be used but are not necessary.
- Look at descriptive statistics such as averages, percentages, or tabulations by sociodemographic characteristics.
- Quantify vaccine-related issues that help with understanding the magnitude of the facilitators and barriers.



Tip: Be mindful that you may produce a lot of quantitative analysis based on a small number of completed surveys. Weigh the meaningfulness of your survey data compared to your qualitative data considering how many people it represents.

More information on different qualitative and quantitative analytic methods can be found on the [Better Evaluation](#) website.

Synthesizing Insights Across Methods

Once you analyze data from the different data collection methods, look across the information to see if findings are consistent and develop a comprehensive picture of the main issues affecting vaccine confidence, demand and uptake. The Insights Synthesis Tool in [Appendix F](#) can help to structure, visualize, and compare all the findings from your assessment in a systematic manner.

The tool consists of four columns to summarize data analysis for each population of focus.

1. Summary of key findings
2. Summary of barriers to vaccination
3. Summary of facilitators to vaccination
4. Summary of solutions proposed by the community

Data Analysis Example

Situation Description: You are trying to understand barriers and facilitators to vaccination in a predominantly Muslim refugee community in a mostly rural area. Many community members are working in agriculture, laboring for large farms. Some have started small service enterprises. Data show high hesitancy to receive COVID-19 vaccines in these populations compared to other populations.

Selected Tools: Community interviews, observations, and listening sessions.

Initial Data Points

- Communication materials, such as vaccine FAQs, have been requested in several languages.
- A local nonprofit health organization, the Open Arms Support Clinic, specifically caters to refugees and has previously hosted an information session with the Ministry of Health.
- An interview was conducted with Open Arms' outreach coordinator, who suggested you speak to a local imam and to the local radio station DJ for further insights.
- The health clinic is located far from where most refugees live, and few have access to transportation.
- Most refugee children attend the same school very near where most families live. The school offers some supportive services for families.

Insights Synthesis Tool

Sub population group	Summary of Key Findings Across Data Collection Activities	Summary of Barriers to Vaccination	Summary of Facilitators to Vaccination	Summary of Proposed Solutions from the Community
Refugee workers	<ul style="list-style-type: none"> • At least three languages are spoken in the refugee community. • Most men are working in agriculture. A few women have started cottage industry work. 	<ul style="list-style-type: none"> • Health center is not close to where people live. • Employers have not offered assistance or made allowances for vaccination. 	<ul style="list-style-type: none"> • An information session held at a clinic with Ministry of Health; increased knowledge in the community. • There is some interest in receiving the vaccine. • Refugees trust the staff at the nonprofit health clinic. 	<ul style="list-style-type: none"> • Mobile vaccination van to come to large farms so workers can receive vaccination after work. • FAQs translated into multiple languages
Refugee families	<ul style="list-style-type: none"> • Most refugee children attend school. • Family culture is primarily matriarchal. 	<ul style="list-style-type: none"> • Lack of time to get vaccinated. • Health center is not close to where families live. • Mothers do not think the vaccine is necessary for their children. 	<ul style="list-style-type: none"> • Women trust the staff at the health clinic. • Local school offers supportive services to families. 	<ul style="list-style-type: none"> • Health clinic to partner with the school to make vaccination available at the school. • Provide childcare at vaccination locations.

Step 3 Checklist

Ensure you are completing these actions during Step 3 of the process:

- Adapted data collection tools specifically to the vaccine confidence issue of interest and your community
- Scheduled some data collection activities
- Established a tracking tool, such as a shared calendar or spreadsheet
- Arranged logistics (e.g., refreshments, venue) for data collection activities
- Scheduled daily debriefs with the data collection team during the data collection phase
- Considered using a visualization during daily debriefs (e.g., Miro board, flip chart/post it notes, Insights Synthesis Tool)
- Identified major themes related to facilitators and barriers to vaccination
- Assessed if the major themes identified are different for different subpopulations
- Determined if saturation of information has been reached

Step 4 Identify Solutions and Report Findings



In this section:

- Identify Solutions
- Report Findings



After you have collected and analyzed data, discuss and prioritize solutions to address the challenges and needs of your community(ies) of focus. Then, you need to report your findings back to your community(ies) of focus and partners. This is a critical step in an RCA because one of the goals of this process is to engage in and build relationships.

Identify Solutions

Once there is consensus on the key barriers affecting vaccine confidence and uptake, identify solutions that fit the barriers and challenges in the community, keeping in mind the setting and the resources available. Consider, too, CDC's Vaccinate with Confidence framework (see Understanding Vaccine Confidence section of this guide) which emphasizes clear communication, addressing mis/disinformation, strong recommendations from healthcare providers, and engaging the community. It is important to include key stakeholders who will be doing the implementation, if different from the data collection team, in conversations about potential solutions.



Tip: Identify solutions in consultation with the communities you are working with, and build on solutions that have previously worked for them. Consider utilizing a co-design approach with the community. This may include holding intervention design workshops. One way to do this is to use a human-centered design model which emphasizes equitable empowering solutions. UNICEF has several [tools](#) to help apply this model.

Any solutions that you identify should include consideration of:

- Capacity required
- Ability to scale to the community
- Sustainability
- Funding
- Human resources
- Time



Effective solutions will

- Increase trust in the vaccines, vaccinators, and/or the healthcare system.
- Establish or solidify getting vaccinated as a social norm.
- Motivate or encourage people to get the vaccine.
- Improve physical access to the vaccine.

Strategic thinking on the following questions can help to identify solutions

- What are the main barriers affecting your community(ies) of focus's willingness or ability to be vaccinated?
- What, if anything, is already being done to address barriers to vaccine confidence and uptake? How effective are these efforts, and where is there room to improve?
- Which issues can be more easily addressed than others?

Strategies for building vaccine demand include making vaccines

- **Accessible:** Easy to get
- **Beneficial:** Perceived health benefits outweigh risk of getting ill or perceived or real side effects from vaccination
- **Convenient:** Reduce out of pocket, social, and opportunity costs
- **Desirable:** Appealing
- **Normative:** Presented as a social default
- **Necessary:** Indispensable for accessing things they want to do

[Appendix G](#) provides a list of solutions/interventions to address the specific issues identified by the RCA. This list is based on a scientific review of recent literature.

Please note this list is a starting point in thinking about solutions for greater vaccine uptake. You can also consider approaches that may not be well-reflected in current literature or evidence-based approaches but may be identified by your community(ies) of focus as a potential new way to increase vaccine confidence and uptake. Examples include motivational interviewing, peer-to-peer engagement, or education through entertainment, storytelling, and other narrative methods. See CDC's [COVID-19 Vaccination Field Guide](#) for a description of twelve evidence-based behavioral approaches, as well as [The Little Jab Book](#) and the [iVaccinate booklet](#) to identify interventions that could be effectively adapted for your context.



Report Findings

It is critical to create a report that is user-friendly for the community. Consider both the format and the literacy level. For example, a slide deck presentation format may be developed more quickly, focusing on larger themes, and shared more easily than an in-depth report (see presentation template in [Appendix J](#)). Verbally presenting results at a community meeting without a formal presentation may be the simplest way to share findings. The presentation to the community is an opportunity to show that you heard what they shared with the data collection team. Be sure their voice is represented.

When reporting findings, be careful not to include any names or descriptors that could identify who said what, especially in small communities. Use general descriptors to attribute verbatim quotes, such as “community health worker” or “parent of teenager.”

Exhibit 10: Suggestions for Reporting Assessment Findings

Examples of Sections in Your Report	Examples of Report Format
<ul style="list-style-type: none"> Background, including why the community was selected for assessment Key objectives of the RCA Summarized methodology Summarized key findings, disaggregated by relevant subgroups (e.g., race/ethnicity, language, sex) Recommended solutions Next steps 	<ul style="list-style-type: none"> Dissemination event: Verbal report of findings Slide presentation One-page results summary Longer narrative report Visualization of key data Video



Tip: Visuals in your presentation can engage your audience and effectively communicate findings. Consider using word clouds, quotes, and pictures (if you have photo consent), especially to communicate qualitative data findings.

Step 4 Checklist

Before moving on to Step 5 of the process, consider if you have completed these actions:

- Identified potential strategies to increase vaccine demand and access based on what was learned during data collection
- Prioritized strategies
- Drafted a presentation of key findings for key stakeholders and the community
- Presented key findings and recommendations to key stakeholders and the community
- Identified next steps for implementing strategies to increase demand, access and uptake

Step 5 Evaluate Your Efforts



In this section:

- Evaluate RCA Effort



After you have concluded your RCA, revisit your objectives to see if you have met them. It is recommended to do this immediately following the assessment and to involve the data collection team in the evaluation.

Some questions that can help you evaluate your assessment efforts

- To what extent have you achieved your primary objective(s)?
- Do you have enough data to understand barriers and facilitators to vaccine demand?
- What questions remain unanswered? Which population subgroups do you still need more information about?
- Did findings include new information that community stakeholders were previously unaware of?
- Did you identify potential strategies that address the barriers identified through the assessment?
- How well-equipped are you to address your communities' needs related to vaccine access, vaccine confidence, and demand?

After evaluating your efforts and consulting with partners, including members of your community(ies) of focus, you can decide whether you need to conduct additional data collection in targeted areas. We also recommend checking back with your community(ies) of focus to see if suggested solutions were implemented and to understand whether challenges may have changed over time.

Step 5 Checklist

As you finish your RCA, consider if you have completed these actions:

- Reviewed initial objectives
- Held a debrief session with the data collection team
- Identified where there are remaining questions about barriers and facilitators
- Determined if additional data collection is needed in targeted areas or with subpopulations

Appendix A
**Vaccine Efforts
Learning Template**





Appendix A: 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.

Table 1: 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			

Table 2: Challenges: What Didn't 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					

Appendix B

Implementation Guide for Community Interviews and Listening Sessions



Appendix B: 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 to be used 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 community listening session.**
 - » Identify potential partners, organizations, and individuals to participate. 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.
- 2. Contact community-based staff, organizations, and/or key stakeholders 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).



3. Conduct the community interviews/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.

4. 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 _____, 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, I 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

2. What do people in your community think about vaccines in general?

- a. What do you think about vaccines in general yourself?
- b. What do parents in your community think about vaccines in general?

3. What do people in your community think about experiences receiving medical care in general?

- a. What do you think about experiences receiving medical care in general yourself?
- b. What do parents in your community think about experiences receiving medical care in general?

4. What do people in your community think about [vaccine(s) of focus]?

- a. What do you think about [vaccine(s) of focus] yourself?
- b. What do parents in your community think about [vaccine(s) of focus]?

5. Which groups of adults or children tend to not be vaccinated?



C. Barriers and Facilitators of [Vaccine(s) of focus] Vaccination in the Community

6. What are the main reasons people in your community would want to get the vaccine(s)?
 - a. What are the main reasons parents in your community would want to get their children vaccinated?
 - b. Probe on vaccine availability, free transportation, educational campaigns, etc.
7. What are some of the things that make it easier for people in your community to get the vaccine?
 - a. What makes it easier for parents to get their children vaccinated?
8. What are some things that make it harder for people or parents in your community to get the vaccine?
 - a. 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.
9. There's a lot of misinformation about vaccine(s) circulating on social media and in the news. What have you heard about the [vaccine(s) of focus] from sources you trust?
 - a. What have you heard about vaccination for children?
 - b. What are the sources you trust?

D. Strategies to Improve Vaccine Confidence in the Community

10. 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?
11. How do you think the Ministry of Health/Health Department and other community partners are doing at building vaccine confidence and making vaccines accessible?
 - a. 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?	
2. What are participants' thoughts about (disease of focus) vaccination and other routine immunizations including COVID19?	
3. Who tends not to be vaccinated?	
4. What makes it easier for people to get vaccinated?	
5. What makes it harder for people to get vaccinated?	
6. What types of misinformation are circulating regarding (disease of focus) vaccine?	
7. Who are trusted messengers in this community?	
8. 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?	
9. Are you aware of any vaccination campaigns that have been carried out in this community? How were they implemented? Was it successful?	

Synopsis of above Discussions Based on Debriefing After a Specific Community Interview/Listening Session	
1. What are some summarized key themes from this Community Interview/listening session?	
2.	

Appendix C

Observation





Appendix C: 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?

Appendix D

Intercept Interviews





Appendix D: 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_. 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?

Appendix E
Digital Listening



Appendix E: 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)

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
 - a. Whether the sources you looked at are trusted (and if not, where online the community of focus goes for information they trust)
 - b. Whether and how the trends you are seeing online could be affecting vaccination decision making in your communities of focus
 - c. What types of information or message framing gets traction and spreads easily in your community of focus
 - d. How people determine whether digital information they see is valid
2. **Conduct Digital Listening after In-person Data Collection:** You can start with in-person data collection to learn about the following and then conduct more focused searches to gather online insights
 - a. Trusted sources of digital information (networks, media outlets, influencers)
 - b. Keywords, terms, and language used to talk about the vaccine
 - c. Narratives and concerns about the vaccine
 - d. 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 organizations, community-based organizations, major employers, schools, and government accounts, and make a list of recurring words and phrases.



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](#) to help see trends in queries based on your keywords, and use [Google 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](#)
 - » [Google alerts](#)
 - » [WHO Ears](#)
 - » [BuzzSumo](#)
- Subscription
 - » [Mention](#)
 - » [Brand24](#)
 - » [Keyhole](#)
 - » [Emplifi](#)
 - » [Meltwater](#)
 - » [Determ](#)

Appendix F

Insights Synthesis Tool





Appendix F: Insights Synthesis Tool

Use this tool to compare and contrast your 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 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)				

Appendix G

Intervention Tables





Appendix G: 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](#)

Domain	Indicator/Problem Areas	Intervention Category and Description
What people think and feel	<ul style="list-style-type: none"> • Community members have low 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. 	<p>1. Educational campaign</p> <p>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.</p> <p>b. Personalized education about vaccine; workshops, classes/sessions</p> <p>c. Employee health education in workplace settings: lectures, online training</p> <p>d. Decision aid that guides individual through the vaccination decision-making process</p> <p>e. Health risk appraisal (assessing health risk behaviors and uptake of preventative care)</p> <p>f. TV/media ads to raise awareness about disease and response efficacy for a specific population (e.g., 65+ and 50+)</p> <p>2. Institutional recommendation</p> <p>a. Institutions and workplaces encourage vaccination and provide vaccination stickers including workshops</p> <p>3. Provider Recommendation</p> <p>a. Health professional encourages vaccination and provides information on importance of vaccines. Work with Community clinic staff, immunization nurses, pharmacists</p>

Domain	Indicator/Problem Areas	Intervention Category and Description
Social processes	Community lacks strong social norms emphasizing vaccination	<p>1. Vaccination on site</p> <p>a. Increase convenient access to and affordability of vaccine by providing vaccination on site or at workplace</p> <p>2. Institutional recommendation</p> <p>a. Institutions and workplaces encourage vaccination and provide vaccination stickers</p> <p>3. Vaccine ambassadors and influencers</p>

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.	<p>1. Educational campaign</p> <p>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</p> <p>b. Personalized education about COVID-19 vaccination</p> <p>c. Employee health education in workplace settings</p> <p>2. Reminders and recall</p> <p>a. Letters, telephone, and email reminders</p> <p>b. Walk-in clinics</p> <p>c. Appointment cards</p> <p>d. Patient outreach for reminder and assistance with follow-up and appointments</p> <p>3. Message Framing</p> <p>a. Persuasive Messaging: Messaging that emphasizes the disadvantages of not getting vaccinated</p> <p>b. Assertive Messages: Letters/messaging that emphasize vaccination norms (that most people get vaccinated)</p> <p>c. Gain vs. Loss Frame: motivating the uptake in vaccines by illustrating the benefits vs. loss</p> <p>d. Self-Affirmations: motivating healthy behavior change by reducing vaccine anxiety.</p>

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.	<p>4. Incentives:</p> <p>a. Incentives for vaccination, including food vouchers/packages, transportation fare, in kind incentives</p> <p>b. Monetary incentives for vaccination</p> <p>5. Institutional recommendation:</p> <p>a. Institutions and workplaces encourage vaccination and provide vaccination stickers, thereby creating an institutional norm to get vaccinated</p> <p>6. Vaccine champions:</p> <p>a. Vaccine champions: Influential figures get vaccinated and promote vaccination e.g. peers, nurses, community leaders, religious leadership, government officials, celebrities</p>

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

Appendix H

Daily Debriefs: Facilitation Guide and Best Practices



Appendix H: 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.

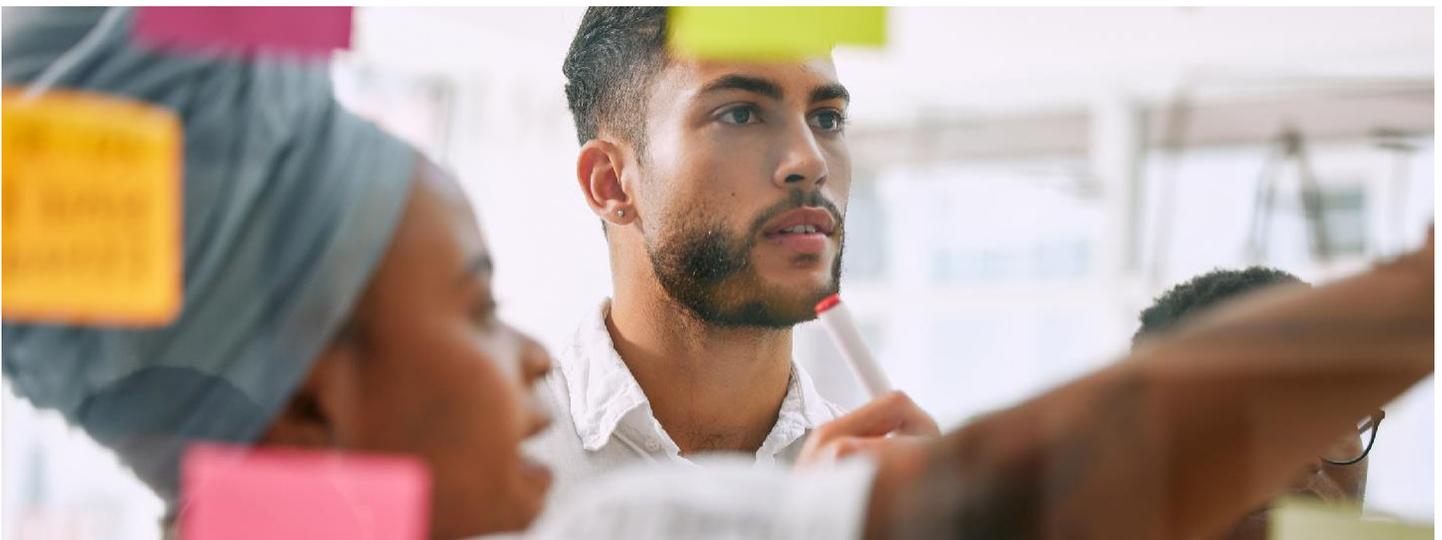
Some practical tips for the daily debrief

- 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.

Appendix I
Final Report Template





Appendix I: Final Report Template

Title Page

Title

Authors/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, etc.) 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

Appendix J

Powerpoint Presentation Template





The images below are examples of a PowerPoint template developed for you to use to report the finding of your RCA. You can download the actual template from the [RCA webpage](#). Be sure that you have permission to use any photos or images that you use in your presentation. You should also provide a source line under the photo or in the slide footer.

Examples of PowerPoint Presentation Slides



Presentation Title

DATE

CONTRIBUTORS/PRESENTERS

NAME OF ORGANIZATION

NOTE: Be sure you have permission to use any images/photos that you may include in your presentation. Also add to the bottom of the slides a footnote or source line for the image/photo used.

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Vaccinate with Confidence
Protect communities. Empower families. Stop myths.

Rapid Community Assessment Findings



5 Steps to the Rapid Community Assessment (RCA)

- Step 1: Identify objectives and communities of focus**
- Step 2: Plan for the assessment**
- Step 3: Collect and analyze data**
- **Step 4: Report findings and identify solutions**
- **Step 5: Evaluate efforts**



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Protect communities. Empower families. Stop myths.