

Suggested Report Outline

1. High level summary
2. Background section
 - The EPI (include vaccination schedule) and health sector in the country
 - Previous surveys
 - Justification to do this survey
 - Objectives (primary, secondary)
3. Survey methods
 - Sampling (size calculations, frame, implementation)
 - Profile of implementers
 - Training and piloting
 - Field work (data collection tools, pictures)
 - Ethical considerations
 - Data management
 - Analyses
4. Results section
 - See other document
 - Include tables, graphs, maps and highlight main findings as text
 - Highlight clusters with an “alarmingly low” (define) number of vaccinated people (if any)
5. Discussion section, with strengths and limitations and implications of limitations (eg. Likely bias towards lower/higher coverage)
 - In design (examples of limitations: old sampling frame, quota sampling instead of true probability sampling, inaccessible areas that had to be excluded from the sampling frame)
 - In implementation (examples of limitations: low response rate, inaccessible clusters at the time of visit, difficulties extracting vaccination card data, low percentage of documented vaccination)
6. Implications and recommendations
 - Main recommendations based on the results.
 - Examples:
 - Clusters with an “alarmingly low” number of vaccinated people
 - Significant lower coverage some districts compared in the rest of the country
 - High DTP1 coverage, but low DTP3 (high drop-out)
 - Low Hep B birth dose
 - Low card distribution and/or availability, variety of cards
7. Annexes
 - All survey materials (including questionnaires, maps, training agendas, SOPs, etc.)