*Note: This PIRS reflects an Accelerator Behavior indicator for which data are readily available through The Demographic and Health Surveys (DHS) Program. The Accelerator Behavior that can be measured using this indicator is shown in the "Name of Result Measured" field below, and can be updated as needed. Data for this indicator are displayed for maternal and child survival priority countries at* [*acceleratorbehaviors.usaid.gov*](https://acceleratorbehaviors.org/index)*. Should a USAID Mission wish to adopt this indicator for its performance monitoring plan, this PIRS should be updated according to the needs of each Mission*.

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| **USAID Performance Indicator Reference Sheet** |
| **Name of Indicator:** Received all 8 basic vaccinations |
| **Name of Result Measured (DO, IR, sub-IR, Project Purpose, Project Outcome, Project Output, etc.):**  Caregivers seek a full course of timely vaccinations for infants and children under 2 years |
| **Is this a Performance Plan and Report Indicator?**  No  Yes  for Reporting Year(s)\_\_\_\_\_\_  **If yes, link to foreign assistance framework:** |
| **DESCRIPTION** |
| **Precise Definition(s):** Percentage of children 12-23 months who had received all 8 basic vaccinations  Calculated:   * Numerator: Number of children 12-23 months who had received all 8 basic vaccinations * Denominator: Total number of children age 12-23 [18-29] months   The eight basic vaccinations include BCG (for tuberculosis); Diptheria, Pertussis, and Tetanus (DPT, 3 doses); Polio (3 doses); and Measles, Mumps, and Rubella (MMR). |
| **Unit of Measure:** Percentage of children |
| **Data Type:** Percentage |
| **Disaggregated by:** |
| **Rationale for Indicator** *(optional):*This indicator represents a key behavior known to accelerate reduction of child mortality (<https://acceleratorbehaviors.org/immunization>). Full course and timely immunizations can prevent 1.5 million deaths of children under five every year (<https://www.unicef.org/immunization/files/Immunization_Facts_and_Figures_Nov_2015_update.pdf>). This is a periodic behavior that needs to be practiced at specific times before a child’s second birthday. |
| **PLAN FOR DATA COLLECTION BY USAID** |
| **Data Source.** Demographic and Health Survey Program (DHS), indicator ID: CH\_VACC\_C\_BAS. Data are readily available through the DHS Stat Compiler website: <https://www.statcompiler.com/en/>. Secondary sources: UNICEF Multiple Indicator Cluster Survey (MICS), and other national survey estimates, available here: <http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tscoveragebcg.html>. Note the quality and validity of the latter national sources cannot always be verified. |
| **Method of Data Collection and Construction:** DHS Household survey, Woman’s Questionnaire. Available here: <https://dhsprogram.com/publications/publication-dhsq7-dhs-questionnaires-and-manuals.cfm> |
| **Reporting Frequency:** Approximately every 5 years |
| **Individual(s) Responsible at USAID:** |
| **TARGETS AND BASELINE** |
| **Baseline Timeframe:** |
| **Rationale for Targets** *(optional):* |
| **DATA QUALITY ISSUES** |
| **Date of Data Quality Assessments and Name(s) of Reviewer(s):** |
| **Date of Future Data Quality Assessments***(optional)***:** |
| **Known Data Limitations:**  Timeliness: DHS survey timing may not align with program cycles and may be too infrequent for planning. However, data from MICS and DHS surveys combined may sufficiently bridge data gaps, as their timing alternates to provide more consistent data. National surveys of immunization coverage can also provide intermittent data coverage; however, the sample and survey methodology cannot always be verified and may not be comparable to DHS and MICS. USAID Missions may also wish to incorporate the same DHS questions and methodology into their own population-based surveys to ensure timeliness, though results may not be fully comparable to DHS and MICS. |
| **CHANGES TO INDICATOR** |
| **Changes to Indicator:** |
| **Other Notes** *(optional)***:** |
| **This Sheet Last Updated On:** December 22, 2017 |