Rapid Social Data Collection Tools

Rapid Polling and Rapid Qualitative Research for Polio Outbreak Response

Version 2, November 2020
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Introduction

WHY WERE THESE RESEARCH INSTRUMENT TEMPLATES DEVELOPED?

C4D strategies for polio eradication efforts are greatly enhanced by incorporating data about the social and behavioral context of infection and vaccination.

This has been proven in many contexts around the world. Data can provide various forms of guidance for making decisions about appropriate C4D strategies for a particular country or community context.

However, Polio outbreak response faces a number of specific challenges with regard to collecting this kind of data. The rapidity with which such data is needed is one important barrier. In many contexts there is simply not enough time to conduct a full research study or, at least, a study would normally take so long to conduct that the outbreak may well have passed before research findings are available.

Research is often somewhat expensive, and may not be the most effective use of the financial resources available for outbreak response. Most C4D teams responding to Polio outbreaks do not have a dedicated data manager or M&E staff who could manage the outsourcing of research to an external company or institution. For these reasons, rapid research approaches represent a better option for collecting data about the social and behavioral aspects of Polio vaccination.

This guide outlines a number of ways to conduct rapid social research for Polio outbreak response. The purpose of the guide is to provide the building blocks for teams in outbreak contexts to perform this kind of data collection, when extensive research is not possible for the reasons described above.

It is intended as a highly practical tool. The methods described here can also be used to respond to the requirement for qualitative research to be conducted in order to respond to clusters of missed children, as described in the Minimum Standards for Monitoring, Evaluation, and Research in for C4D in Polio Outbreaks.

The tools included in this guide are:

1. Rapid polling
2. Rapid qualitative research with caregivers (general, not refusal focused)
3. Rapid qualitative research with refusal caregivers
4. Rapid qualitative research with frontline workers

WHICH OF THE RESEARCH INSTRUMENT TEMPLATES SHOULD BE USED?

This is largely self-explanatory, and depends mostly on the country context and what information you think will be useful for strengthening your C4D strategy.

As general guidance:

Rapid Polling is useful for collecting quantitative information on many aspects of Polio campaigns. It can be used to understand the proportion of caregivers who intend to vaccinate their children in OPV campaigns, the proportion of caregivers who hold various beliefs about OPV and vaccination campaigns, the proportion of caregivers who are resistant to polio vaccination, the proportion of caregivers who have positive experiences in previous vaccination campaigns, the proportion of caregivers who use or trust a particular communications channel, or essentially the proportion of caregivers who have any kind of knowledge, attitudes of practice that are relevant to campaigns in your country.

Rapid Polling can be conducted before Polio campaigns in order to support strategy development, after campaigns to understand caregiver experiences of the campaign and thus adapt and improve C4D aspects of future campaigns, or continuously as a ‘pulse’ survey to provide constant feedback on changes in these aspects of caregiver behavior.

Rapid Qualitative Research with Caregivers (general) is useful for understanding the communications channels that would be most effective in reaching caregivers, the community’s perceptions of OPV and Polio campaigns, social norms around OPV acceptance, the messages which might be most effective for gaining OPV acceptance, and decision-making processes around OPV acceptance. It can be used prior to any campaigns for a new outbreak, or at any stage in an outbreak response.

Rapid Qualitative Research with Refusal Caregivers is useful for situations where caregiver refusal of the vaccine is a significant barrier to closing a Polio outbreak. This tool allows you to develop an understanding of the perceptions and norms underlying OPV refusal in a particular geography or demographic, and therefore to strengthen C4D strategies for overcoming such perceptions.

For any of these methods, it is very likely that you will need a member of the outbreak response team to act as a focal point and manager for the research. Although these research approaches have been designed to be light, strong management is likely to be required in order to take these forward successfully.

WHAT IF I HAVE QUESTIONS OR NEED GUIDANCE?

If you have questions about these tools, or general questions about rapid research in resource-limited settings, you can write to our NY-HQ/Polio colleague Ross McIntosh, who leads the research/social data portfolio.

Contact: rmcmintosh@unicef.org

Support may also be available from UNICEF colleagues in Regional Offices, depending on the Region.
1. Rapid Polling

Rapid Polling can be conducted through a number of telephone-based or sometimes online platforms. Particularly after the emergence of COVID-19, telephone-based surveys have increasingly replaced traditional face-to-face surveys for collecting quantitative data in many aid and development programmes. Telephone-based surveys replace the need to send field researchers to conduct in-person interviews with caregivers. Instead, caregivers are contacted through phone calls or SMS, which allows for surveys to be conducted much more quickly. While this is an emerging field at the time of writing, with some important sampling and other methodological constraints, telephone-based surveys have the advantage of generally being far quicker and somewhat less expensive than face-to-face surveys, which make them particularly well-suited to collecting data to support Polio outbreak response.

Practicalities

Depending on the specific country, a number of providers exist with the capacity to conduct this kind of Rapid Polling. The best platform to use will therefore depend on the country context, and will likely be largely determined by whether a given platform already exists in the country in question, and whether UNICEF has a contractual arrangement with a platform which can be quickly leveraged (eg, an LTA). As a first step, we would recommend considering the feasibility of creating a contract for rapid data collection with Viamo, if it is available in your country. As of 2021 Viamo currently holds a global LTA with UNICEF and so should be more straightforward to contract from an administrative perspective. Your country office may also hold LTAs with other providers of similar remote data collection services. There may also be opportunities to utilize RapidPRO and U-Report for this purpose, depending on the country in question. As a general guideline, the ‘right’ platform in this situation will often likely be whichever one that is easily and quickly available to you without the need to create new institutional agreements, and which can be used with the human and financial resources available to you.

Sampling considerations

Sampling and research methodology is a complex technical area which cannot be covered comprehensively in this document. If possible, it’s generally a good idea to consult with M&E colleagues in your office, or colleagues in the UNICEF HQ Polio team, for input on sampling methodology. There are a number of aspects of telephone polling which are different from those of a face-to-face survey that you will need to consider.

Telephone polling generally uses lists of phone numbers in order to reach caregivers to conduct the poll. The provider conducting the polling will randomly select phone numbers to dial, and will continue to call these numbers until a sufficient number of caregivers have responded to the poll. The lists themselves will generally need to be lists of caregivers with children under five years old. If you are interested in collecting information on the experiences of caregivers with recent Polio campaigns, then the lists will of course need to be lists of caregivers with children under five who live in geographical areas which have recently been targeted by Polio vaccination campaigns.

Creating these lists of phone numbers is a practical question which is very much dependent on the specific country context, and therefore it is not possible to provide a definitive solution here. There are however some approaches to this which have been effective in some contexts. Telephone polling providers may already have conducted numerous polls in your country, in which case they may already have accumulated lists of appropriate respondents. These providers may also have pre-existing relationships with mobile network operators, who in some countries are able to tell you which phone numbers are registered to people within a particular geographical area. UNICEF or partners may have previously conducted telephone surveys, or face-to-face surveys which collected the phone numbers of respondents, and you may be able to access this data and share these numbers with the telephone polling provider. You may also have the opportunity to use social mobilization to collect these lists of phone numbers. The correct approach will depend on what is available in the country you work in. Telephone polling providers should be able to advise on what option is best suited to your work.

Information that can be collected through Rapid Polling

There are a number of kinds of information that can be collected through rapid polling that may be useful for planning C4D in Polio outbreak response:

- Rapid Polling can tell you whether caregivers already know what Polio is, and whether they are concerned about it. This can therefore also tell you if awareness-raising activities have been effective or not, and whether further investment in awareness-raising is necessary.
- Once campaigns have been conducted, Rapid Polling can tell you whether caregivers had a positive experience with frontline workers.
- If there is a refusal issue in the country, Rapid Polling can also begin to tell you something about what the main reasons why people refuse Polio vaccination are. This data is in theory also collected for any previous rounds via IM, but in practice there are many countries where such data is not collected in the IM process, or it is not collected in sufficient detail. Rapid Polling can therefore be used to fill this data gap. Data of this kind can be used (preferably in conjunction with qualitative research) to design C4D strategies to overcome refusal issues in subsequent campaigns.
- If you have previously conducted telephone surveys, or face-to-face surveys which collected the phone numbers of respondents, you may be able to access this data and share these numbers with the telephone polling provider. You may also have the opportunity to use social mobilization to collect these lists of phone numbers. The correct approach will depend on what is available in the country you work in. Telephone polling providers should be able to advise on what option is best suited to your work.
Rapid Polling Data Collection Tool

Section A: Qualifying question to be asked to all respondents.

The purpose of this section is to ensure that the people responding to the poll are caregivers.

i. Are you the main caregiver to a child under 5 years old?

☐ Yes  ☐ No  ☐ Don’t know

If response is ‘No’ or ‘Don’t know’, the poll should end, and respondents should be thanked for their time. If response is ‘Yes’, the poll should continue.

Section B: Geography and Demographics.

The purpose of this section is to be able to segment, or ‘disaggregate’, respondents by particular demographics of interest when you analyze the data. All of the questions other questions in this survey are substantially more useful for C4D planning if you know if there are differences between caregivers in different geographical areas or belonging to different demographic groups.

You will very likely need to select the one or two demographic questions of most importance to you, given the low limits to the number of questions that can be used in a remote data collection survey. It may be possible for the platform provider to use other methods to find out where – this is different for each platform and you should speak to the platform provider about this. For question 3, a number of special populations which sometimes require different C4D strategies are listed, but this is very much indicative, and you will need to select special populations that are relevant in your country context. For this question you should use terminology which is locally understandable, rather than technical terms like ‘internally displaced person’.

i. Which province/district/other relevant geographical boundary do you live in?

ii. Are you an internally displaced person / nomad / miner / member of a particular ethnic minority / member of a particular religious group / speaker of a particular language / etc?

☐ Yes  ☐ No

iii. Are you the main caregiver to a child under 5 years old?

☐ Yes  ☐ No  ☐ Don’t know

Section C: Questions on Knowledge of Upcoming Polio Campaigns.

The purpose of this section is to be able to see if caregivers already know that a campaign is scheduled to take place in their area.

i. Are you aware of the upcoming house-to-house Polio vaccination campaign in your area?

☐ Yes  ☐ No  ☐ Don’t know

Section D: Questions on Caregiver Knowledge of Polio.

The purpose of this section is to provide data which can tell you what caregivers know about Polio.

i. Have you or have you not heard of a disease called Polio?

☐ Yes  ☐ No  ☐ Don’t know

Section E: Questions on Caregiver Perceptions of Frontline Workers.

The purpose of this section is to provide feedback on caregiver experiences of Frontline Workers and previous Polio vaccination campaigns. If the number of questions you are able to use in your Poll is limited, you will need to select the most relevant of these questions to your purposes.

i. The last time Polio teams were in your village/neighborhood, did they or did they not come to your home?

☐ Yes  ☐ No  ☐ Don’t know

ii. The last time any Polio teams came to your home to offer Polio drops, did your children receive Polio drops or not?

☐ Yes  ☐ No  ☐ Don’t know

iii. Did you or did you not personally see or talk to any Polio teams when they came to your own?

☐ Yes  ☐ No  ☐ Don’t know

iv. Overall, how much did you trust the Polio teams? Would you say you trusted them a great deal, somewhat, not very much, or not at all?

☐ A great deal  ☐ Somewhat  ☐ Not very much  ☐ Not at all  ☐ Don’t know

v. How much did the Polio teams seem to care about the well-being of your children? Would you say they cared?

☐ A great deal  ☐ Somewhat  ☐ Not very much  ☐ Not at all  ☐ Don’t know

vi. Were the Polio teams knowledgeable about children’s health or not? Would you say they were very knowledgeable, somewhat knowledgeable, not very knowledgeable, or not at all knowledgeable?

☐ Very knowledgeable  ☐ Somewhat knowledgeable  ☐ Not very knowledgeable  ☐ Not at all knowledgeable  ☐ Don’t know
SECTION F: Questions on Caregiver Concerns about Polio Vaccine.

The purpose of this section is to understand whether or not caregivers intend to vaccinate their children. It is useful principally in country contexts where caregiver refusal represents a major barrier to achieving sufficient vaccination coverage to close an outbreak.

i. Have you or have you not heard of a disease called Polio?  
   - Yes  
   - No  
   - Don’t know

ii. Are you concerned or not concerned that any of your children may get sick with polio this year?  
   - I am very concerned  
   - I am somewhat concerned  
   - I am not very concerned  
   - I am not at all concerned  
   - Don’t know

iii. As far as you know, how effective or ineffective is the Polio vaccine?  
   - Very effective  
   - Somewhat effective  
   - Not very effective  
   - Not at all effective  
   - Don’t know

SECTION G: Questions on Caregiver Intent to Vaccinate.

The purpose of this section is to understand whether or not caregivers intend to vaccinate their children in the next Polio campaign. This is particularly useful information if it can be disaggregated by geography or demographic characteristics.

i. Will you vaccinate your children against Polio the next time the vaccine is offered?  
   - Yes  
   - No  
   - Don’t know

ii. By the time your children reach their 5th birthday, how often do you intend to have vaccinators give them Polio vaccines?  
   - Every time they are offered  
   - Most of the time they are offered  
   - Just a few times they are offered  
   - Only once  
   - Never  
   - Don’t know

SECTION H: Questions on Reasons for Caregiver Refusal.

The purpose of this section is to gain insights into the reasons why caregivers refuse to vaccinate their children. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination. It is useful principally in country contexts where there is caregiver refusal of Polio vaccination.

i. Will you vaccinate your children against Polio the next time the vaccine is offered?  
   - Yes  
   - No  
   - Don’t know

(Respondent answers “Yes” to this question, end this section of the survey. If respondent answers “No” or “Don’t know” to this question, proceed to the next question.)

ii. Why not?  
   - Do not think the vaccine is safe  
   - Do not think the vaccine is effective  
   - Vaccination is not my decision  
   - Think that my child has already received enough Polio vaccine  
   - Religious reasons  
   - Other, [more responses should be added as per the specific country context]

Rapid Qualitative Research can serve a number of needs for Polio outbreak response. It is, first and foremost, a structured means of hearing the thoughts of caregivers and frontline workers. This feedback can be used to inform C4D strategies prior to the start of any outbreak response, and as a way of understanding ongoing challenges, if multiple Polio campaigns are needed to close an outbreak. It can provide an indication of perceptions of OPV and Polio campaigns in a given community, the messages and communications channels which are most likely to reach and to resonate with a community, and social norms around Polio vaccination. Moreover, it is a powerful tool for overcoming caregiver refusal of Polio vaccination if this is a problem in your country context, since it can provide a more in-depth and more nuanced understanding of why caregivers refuse to vaccinate their children than is possible through Independent Monitoring data or Rapid Polio Polling. Rapid Qualitative Research of this kind can be targeted to particular communities where refusal is an important issue.

Finally, rapid qualitative research can be used to understand the perceptions of frontline workers, which can be used as a tool for incorporating their feedback into C4D planning as well as understanding where the frontline experience can be strengthened.

PROCESS AND LOGISTICS

Overall, the process for Rapid Qualitative Research follows standard approaches for qualitative research. There is however an emphasis on completing the research quickly rather than the usual emphasis on methodological rigor. That is to say, the process is to develop a data collection tool, find the most appropriate people to travel to communities and talk to them using interviews or FGDs, and then for these conversations to be relayed in one way or another to those responsible for C4D planning.

A full set of data collection tools are presented below. These tools can provide the core questions for Rapid Qualitative Research, and are also designed in a way which is intended to allow you to remove parts which are not important or relevant to your outbreak response, and to allow you to focus on your key needs. Additional questions can also be added if there are specific needs which are not covered.

SEPARATE TOOLS ARE PRESENTED FOR:

- General research with caregivers which covers a range of issues, which can be focused on the areas of greatest interest for your outbreak response
- More focused research with refusal caregivers
- Research with frontline workers

These tools will likely need to be translated into the appropriate local language. It is also very much worth involving colleagues from the country itself in the selection of the questions for the tools, since they are most likely to have the right cultural insights to know whether or not questions are likely to be appropriate for the local context, and therefore able to adapt the questions to this context as needed.

There is no need at all to stick rigidly to either the structure or the wording of the questions provided in the tools here. There are no hard and fast rules for the best way to conduct the fieldwork itself, as country contexts vary so hugely. Essentially, given that this research is intended to be rapid, there is a good chance that it will not be possible to outsource the work, since contracting processes can often take time and human resources.

Though it is very much preferable to conduct fieldwork using skilled and experienced qualitative researchers this option may therefore be unavailable.

Instead, it is likely that you will need to look for staff to conduct the fieldwork from within UNICEF and its partners. The people available for this task will vary hugely from country to country. Overall, the priority in selecting who should conduct the research should be those who are available, who are good listeners, who are willing to take on the task with enthusiasm, who are acceptable to the community and with whom the community are comfortable expressing themselves, who have the right language skills, who have strong interpersonal skills, who will be able to engage with the community in a respectful and sensitive manner, and who are able to physically get to the communities in question. Safety and ethics as per UNICEF policies are also crucial considerations. These individuals should be briefed on the purpose of the research, the
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Discussion Guide

SECTION A: Objectives of the research.

This section is useful for giving those conducting the fieldwork a good idea of what we are trying to achieve. This therefore should be adapted for the specific purpose of the research that you are conducting, though some examples are given here.

- To understand the most effective communications channels for reaching caregivers
- To understand this community’s perceptions of OPV and Polio campaigns
- To understand if there is any resistance in the community to Polio vaccination
- To understand what caregivers’ thought about previous vaccination campaigns, and how we can improve them

SECTION B: Welcome, Instructions and Consent.

The purpose of this section is to explain to caregivers why the researcher has come to talk to them, the importance of the caregivers participation in the interview, to tell them what the interview or focus group will be like, and to gain their informed consent to take part. It will likely need to be adapted for the local context.

Introduction

Welcome and thank you for agreeing to participate in this interview / focus group. My name is _____________. I work with the polio eradication initiative and your interview will very much helpful for preventing this disease. To assist me with this activity are ______________ [names of a note-taker, if there is one].

Purpose of Participation

You have been asked to participate in this interview / focus group because we want to know your opinions and gain an understanding of the community’s sentiments about polio vaccination from your perspective. We also want to know your opinion about OPV. We value your experience and knowledge and the information we collect will help us design interventions that will serve the needs of people living in this part of region and eradicate polio from your community so your children can live a healthy long life.

Comfortable participation

We welcome all your comments, questions, and suggestions. We are eager to hear from you / each of you, but also want you to know that there is no obligation to answer any question that you do not feel comfortable answering. There is no right or wrong answer to the questions I’m going to ask, so please relax and feel free to speak openly.

Informed Consent and Confidentiality

Before we start, I would like everyone to understand that anything you say here will be kept anonymous and that there won’t be any negative effects on you based on what you say. Neither your name nor any information about you will be shared with any other person or organizations. No one will ever know who said each comment, we will only share the summary of your combined responses and some anonymous statements. I would also like to make sure everyone choosing to be a part of this focus group discussion willingly.

[researcher should answer any questions participants might have regarding their participation, and if anyone wishes not to participate, they should be excused and can leave]

SECTION C: Warm-up questions.

While this can be cut if they make the interview too long, it is very useful for making participants comfortable with expressing their opinion. A warm-up conversation is also very useful in establishing trust with respondents, and can therefore result in more useful answers later on in the conversation.

Please tell me a little about yourself and your family who lives here with you.

Probe as appropriate:

- Who are the family members who live with you?
- How many children do you have, and how old are they?
- What do you/your spouse do for work?
- What ethnic/language/tribal group do you belong to?

NOTE ON USING PHONE CALLS RATHER THAN IN-PERSON DISCUSSIONS

There is in general a long-standing belief among some researchers that qualitative fieldwork findings need to take place face-to-face, and that too much is lost when an interview takes place over the phone. In general, you should perform fieldwork using face-to-face conversations if you can. However, particularly in the context of COVID, this may simply not be possible. You should therefore explore whether or not it is feasible to have substantive conversations with communities over the phone. In certain contexts even full video calls may be possible.

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IN-PERSON DISCUSSIONS

- Calls may be possible.
- You should therefore explore whether or not it is feasible to have substantive conversations with communities over the phone. In certain contexts even full video calls may be possible.

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Comfortable participation

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Please tell me a little about yourself and your family who lives here with you.

Probe as appropriate:

- Who are the family members who live with you?
- How many children do you have, and how old are they?
- What do you/your spouse do for work?
- What ethnic/language/tribal group do you belong to?
SECTION D: Questions on communications channels.

These questions are designed to give you an understanding of which communications channels are likely to be listened to and trusted by caregivers in this community. This provides an indication of which communications channels you should use for C4D in the outbreak response for this community. The questions deepen the understanding of communications channels that can be gained from Independent Monitoring data.

This section can be used in two ways. If there is a strong interest and need for information about communications channels to guide the outbreak response, the full section can be used to gather in-depth information. If this makes the interview or FGD too long, questions 3, 6, and 7 can be used alone, which get directly to the key information.

Before we talk about health specifically, I would like to learn about where you get news about what’s happening in the community and beyond.

i. Where do you tend to get news about what’s happening in the community and beyond?
   Probe as appropriate:
   • Who are the people inside your family that you talk to about this? Outside your family?
   • Do you have a TV? Do you watch TV at home or elsewhere? How often? What stations or shows? With other people or alone?
   • Do you have a radio? Do you listen to radio at home or elsewhere? What’s your most and least favorite radio programme(s)? How often do you listen to it? What stations or shows? With other people or alone? Do you have a cell phone with SMS or internet access? Borrow or share it?
   • What are the reasons you tend to go to those sources?

ii. Do they have a phone or access to a phone? Please tell me about the ways you use (your/the) phone for news and information.
   Probe as appropriate:
   • How often do you have access to use a phone?
   • Do you use a service like WhatsApp or Viber?
   • Who do you generally send messages to? Who do you generally get messages from?
   • Can it show videos? Do you send/receive them?

Now let’s talk about health information more specifically.

iii. Where do you get information about children’s health issues – like specific diseases or treatments or ways to protect against illness?
   Probe as appropriate:
   • Who are the people inside your family that you talk to about this? Outside your family?
   • How much do you tend to trust this information? Who provides the most trustworthy/useful information?
   • Do you ever get information from the other sources we talked about – TV, radio, phone? How much? How much do you trust it?
   • Do you get information about children’s health from posters or other written materials? How much? How much do you trust it?
   • What are the reasons you tend to go to those sources?

I’d like to learn about the health of your child/ren, and I want to ask particularly about your young children (under age 5).

iv. How is your child/ren’s health now?
   Probe as appropriate:
   • Are any of them sick right now? If yes, which sickness is it?
   • Have they had any major illnesses in the past year?
   • What are the more usual kinds of illnesses they get?

v. Please tell me about the last time one of your children got sick.
   Probe as appropriate:
   • What did they get sick with?
   • What were their symptoms?
   • Who did you ask for help from – inside the family? Outside the family?
   • Did you ultimately see health worker/driver? Traditional healer?
   • What are the reasons you went to these people?
   • How much do you trust advice from those different people?

vi. What information do you have about Polio campaigns? Where do you get information about polio drops more generally?
   Probe as appropriate:
   • Who are the people inside your family that you talk to about this? Outside your family?
   • How much do you tend to trust this information? Who provides the most trustworthy/useful information?
   • Do you ever get information from the other sources we talked about – TV, radio, phone? How much? How much do you trust it?
   • Do you get information about children’s health from posters or other written materials? How much? How much do you trust it?
   • What are the reasons you tend to go to those sources?

SECTION E: Questions on community perceptions of Polio and OPV, and caregivers’ intent to vaccinate in future rounds.

These questions can tell you what people in the community already know about the disease, which can support the design of communications materials. Questions 4 to 6 can tell you what people think about the Polio vaccine and the vaccination campaigns, and whether they have any hesitation to vaccinate their children, as well as who in the household would make decisions about vaccination.

This can tell you about any potential perceptual barriers to vaccination acceptance, and can therefore be used to design communications materials which overcome these barriers. Question 4, in particular can be used to further explore the ‘reasons for missed’ and particularly ‘reasons for refusal’ indicators provided through Independent Monitoring data.

i. I want to talk about one specific disease with you now - Polio.
   Please tell me what you know about Polio.
   Probe as appropriate:
   • Have you heard of it?
   • If yes, what are the symptoms?
   • How serious is it?
   • How do children get it?

ii. As far as you know, what can be done to prevent children from getting polio?
   Probe as appropriate:
   • What things can parents do at home?
   • Is there a vaccine or a medicine that children can take to prevent getting it? If yes, what is it?

iii. [If interview / FGD participants know about the Polio vaccine]
   Please tell me (more) about what you think about the vaccine.
   Probe as appropriate:
   • What forms does the vaccine come in? (drops/injections)
   • How often should children take it? (what do vaccinators say, and what do you think?)

iv. If your children were offered polio vaccine, do you think you would accept it or not?
   Probe as appropriate:
   • Can you tell me a bit more about the reasons why you would/ wouldn’t accept it?
   • Would this vary by child?
   • Overall, is it more positive or more negative?
   • What are the positives about polio drops?
   • What are the negatives about polio drops?

v. How do you think the decision would be made?
   Probe as appropriate:
   • Who makes the decision?
   • How much was this really thought about?
   • Whose opinions really matter in this decision?
   • What information would help support the decision in favour, or the decision against?

vi. What do other people in your community think about the drops and campaigns, as far as you know?
   Probe as appropriate:
   • What do they like or dislike about it?
   • How do they feel about the vaccinators? How do they feel about the vaccine? How do they feel about the people organizing the vaccinators?
   • How many of them get their child vaccinated?
SECTION F: Questions on caregiver experience of Polio vaccination campaigns.

This section can be used to gain feedback on what caregivers think about vaccination campaigns which have already taken place (this of course will not be relevant if campaigns have not taken place in the area before). This information can be used to gain insights into any issues with social mobilizer and vaccination team behavior, which can alert you to any issues and therefore tell you if specific items need to be included in frontline worker training for subsequent rounds.

These questions are a good way of closing the discussion with the caregiver, and can also yield valuable recommendations from the caregiver.

i. Please tell me what you know about the organizations or people who organize the vaccinators to come to your neighborhood.
   Probe as appropriate:
   • Who organizes them?
   • How do you feel about the organizations or people?

ii. Can you give any specific suggestions to improve the vaccinator visits and interaction with you?
    Probe as appropriate:
    • Do you think they come at a good time of day? Do you think they come for the right amount of time?
    • Do you think there are any ways that vaccinators should change the way they behave? The way they act? The way they talk to you?

iii. Do you think there are any ways that vaccinators should change the way they behave? The way they act? The way they talk to you?

SECTION G: Questions on local leaders and influencers on health decisions.

These questions can tell you whether there are any categories of influencers with whom you should engage, if this is not information which is already available to national staff. These questions are particularly useful for specific target groups who are minorities in your country context, for whom information about social structures and influence is not readily available.

SECTION H: Questions which ask caregivers for their suggestions and recommendations.

These questions are a good way of closing the discussion with the caregiver, and can also yield valuable recommendations from the caregiver.

i. Do you have anything that you would recommend doing when we visit the community for immunization and why?

ii. What should we do to make sure that all the children are vaccinated in your community and how?

iii. Before I end this discussion, I want to check to see if there is anything else you would like to say about polio, the drops, the campaigns, or other health issues for your children?

Rapid Qualitative Research with Caregivers Data Collection Tool
(Refusal Caregivers)

DISCUSSION GUIDE

SECTION A: Objectives of the research.

This section is useful for giving those conducting the fieldwork a good idea of what we are trying to achieve. This therefore should be adapted for the specific purpose of the research that you are conducting, though for this form of rapid qualitative research, the objectives are likely to be as stated below in many cases.

• To understand the reasons why caregivers are refusing Polio vaccination
• To understand caregivers’ suggestions as to what could make Polio vaccination acceptable to them

SECTION B: Welcome, Instructions and Consent.

The purpose of this section is to explain to caregivers why the researcher has come to talk to them, to tell them what the interview or focus group will be like, that this interview will be helpful for polio eradication, and to gain their informed consent to take part. It will likely need to be adapted for the local context.

ONLY CAREGIVERS WHO HAVE REFUSED POLIO VACCINATION SHOULD BE INCLUDED IN THESE INTERVIEWS OR FOCUS GROUPS

Introduction

Welcome and thank you for agreeing to participate this interview / focus group. My name is ___________ and I work with the polio eradication initiative. Your interview will be helpful for polio eradication. To assist me with this activity are ___________ [names of a note-taker, if there is one].

Purpose of Participation

You have been asked to participate in this interview / focus group discussion because we want to know your opinions and gain an understanding of your views about preventive health, and also of the community’s sentiments about polio vaccination from your perspective. We also want to know your opinion about OPV. We value your experience and knowledge and the information we collect will help us design interventions that will serve the needs of people living in this part of region and eradicate polio from your community so your children can live a healthy long life.

We welcome all your comments, questions, and suggestions. We are eager to hear from you / each of you, but also want you to know that there is no obligation to answer any question that you do not feel comfortable answering. There is no right or wrong answer to the questions I’m going to ask, so please relax and feel free to speak openly.

Informed Consent and Confidentiality

We value your opinion, and would like everyone to understand that anything you say here will be kept anonymous and that there won’t be any negative effects on you based on what you say. Neither your name nor any information about you will be shared with any other person or organizations. No one will even know who said each comment, we will only share the summary of your combined responses and any anonymous statements. I would also like to make sure everyone choosing to be a part of this focus group discussion willingly.

[researcher should answer any questions participants might have regarding their participation, and if anyone wishes not to participate, they should be excused and can leave]

SECTION C: Warm-up questions.

While this can be cut if they make the interview too long, it is very useful for making participants comfortable with expressing their opinion. A warm-up conversation is also very useful in establishing trust with respondents, and can therefore result in more useful answers later on in the conversation.

i. Please tell me a little about yourself and your family who lives here with you.
   Probe as appropriate:
   • Who are the family members who live with you?
   • How many children do you have, and how old are they?
   • What do you/your spouse do for work?
   • What ethnic/language/tribal group do you belong to?
SECTION D: Questions on caregiver perceptions of Polio.

These questions can tell you whether refusal caregivers are informed about Polio, and whether they are concerned about their children catching Polio. This can provide an indication as to whether focusing on raising the awareness of caregivers might be effective in reducing caregiver refusal in this community.

i. I want to talk about one specific disease with you now - Polio.
   Please tell me what you know about Polio.
   Probe as appropriate:
   • Have you heard of it?
   • What are the symptoms?
   • How serious is it?
   • How do children get it?

ii. As far as you know, what can be done to prevent children from getting polio?
   Probe as appropriate:
   • What things can parents do at home?
   • Is there a vaccine or a medicine that children can take to prevent getting it?

iii. Are you concerned that your children might catch Polio disease?

SECTION E: Questions on caregiver perceptions of OPV.

These questions can tell you what refusal caregivers think about the vaccine, give you some indication of how the decision-making process around vaccination works in the community and most importantly, give caregivers the opportunity to explain why they have refused vaccination in their own words. These questions provide depth and nuance to the refusal issues identified through IM data, and this depth of understanding can then be used to identify C4D actions which can overcome these refusals.

If IM data says that there are specific reasons for vaccination refusal, or if you have another source of information on why caregivers are refusing, it would be an advantage to add some new questions which aim to understand these issues more specifically.

i. [If interview / FGD participants know about the Polio vaccine] Please tell me (more) about what you think about the vaccine.
   Probe as appropriate:
   • What forms does the vaccine come in? (drops/injections)
   • How often should children take it? (what do vaccinators say, and what do you think?)

ii. If your children were offered polio vaccine, do you think you would accept it or not?
   Probe as appropriate:
   • Can you tell me if there are any particular verses / parts of the qu’raan or hadith / etc which support these beliefs?
   • Can you tell me if there are any particular verses / parts of the qu’raan or hadith / etc which support these beliefs?

iii. How do you think the decision would be made?
   Probe as appropriate:
   • Who makes the decision?
   • How much was this really thought about?
   • Whose opinions really matter in this decision?
   • What information would help support the decision in favour, or the decision against?

iv. As per our understanding, the last time that the Polio vaccinators came to vaccinate children in your community, you did not accept vaccination. Can you tell us why you didn’t accept this vaccination?
   Probe as appropriate:
   • Have you held this opinion for a long time, or is this the first time that you have refused Polio vaccination?
   • What kinds of actions could the vaccinators take that would change your mind about this issue?

v. What do other people in your community think about the drops and campaigns, as far as you know?
   Probe as appropriate:
   • What do they like or dislike?
   • How do they feel about the vaccinators? How do they feel about the vaccine? How do they feel about the people organizing the vaccinators?
   • How many of them get their child vaccinated?

SECTION F: Questions for caregivers who have refused for religious reasons.

These questions can tell you about the specific religious considerations which underlie caregiver refusals of this type, if there are any media or social media sources which highlight these considerations, and about specific religious figures in the community and beyond who are involved in reaching these conclusions.

These questions should of course be removed from the tool, or simply not asked by researchers, if refusals for religious reasons are not a major factor in this community.

You / some of you mentioned that you did not accept Polio vaccination for reasons relating to religion. I would like to hear more of what you think about this.

i. Can you please tell me in more detail what it is about the vaccine that is not acceptable to your religious beliefs? [note to researchers: it is important here that you aim to hear from caregivers, and if possible avoid entering into religious discussions where you express your own perspective]
   Probe as appropriate:
   • Can you tell me if there are any particular verses / parts of the qu’raan or hadith / etc which support these beliefs?

ii. Where you hear about this idea?
   Probe as appropriate:
   • From other members in the community
   • From community leaders
   • From religious leaders in the community
   • From social media (if so, ask for details on the specific video or message, and to see it if possible)

iii. Is there any information or any action that would change your opinion on this issue?
   Probe as appropriate:
   • Any action from other community members or community leaders?
   • Any action from religious leaders in your community?
   • Any action from people outside your community?

SECTION G: Questions for caregivers who have refused for reasons relating to vaccine safety or trust in the vaccine.

These questions should of course be removed from the tool, or simply not asked by researchers, if refusals for reasons relating to vaccine safety are not a major factor in this community.

i. Do you believe that the vaccine is safe for your children?

ii. Did you hear that the vaccine is not safe from other people in your community?
   Probe as appropriate:
   • From other members in the community
   • From community leaders
   • From religious leaders in the community
   • From medical workers
   • From social media (if so, ask for details on the specific video or message, and to see it if possible)

iii. Is there any information or any action that would change your opinion on this issue?
   Probe as appropriate:
   • Any action from other community members or community leaders?
   • Any action from medical workers?
   • Any action from people outside your community?
Rapid Qualitative Research with Frontline Workers Data Collection Tool

DISCUSSION GUIDE

SECTION A: Objectives of the research.
This section is useful for giving those conducting the fieldwork a good idea of what we are trying to achieve. This therefore should be adapted for the specific purpose of the research that you are conducting, though some examples are given here.

- To understand the perspectives of frontline workers on the Polio vaccine and Polio vaccination campaigns
- To identify communications issues faced by frontline workers when conducting Polio campaigns
- To hear suggestions as to the ways in which communications aspects of Polio campaigns can be improved

SECTION B: Welcome, Instructions and Consent.
The purpose of this section is to explain to participants why the researcher has come to talk to them, to tell them what the interview or focus group will be like, and to gain their informed consent to take part. It will likely need to be adapted for the local context.

Terms of Participation
We welcome all your comments, questions, and suggestions. We are eager to hear from you, each of you, but also want you to know that there is no obligation to answer any question that you do not feel comfortable answering. There is no right or wrong answer to the questions I’m going to ask, so please relax and feel free to speak openly.

Informed Consent and Confidentiality
Before we start, I would like everyone to understand that anything you say here will be kept anonymous and that there won’t be any negative effects on you based on what you say. Neither your name nor any information about you will be shared with any other person or organizations. No one will ever know who said each comment; we will only share the summary of your combined responses and some anonymous statements. I would also like to make sure everyone choosing to be a part of this focus group discussion willingly.

[researcher should answer any questions participants might have regarding their participation, and if anyone wishes not to participate, they should be excused and can leave. Participants should not feel that they do not have a choice to participate or not]

SECTION C: Warm-up questions.
While this can be cut if they make the interview too long, it is very useful for making participants comfortable with expressing their opinion.

i. Please tell me a little about yourself and your family who lives here with you.
   Probe as appropriate:
   - Who are the family members who live with you?
   - How many children do you have, and how old are they?
   - What do you or your spouse do for work?
   - What ethnic/language/tribal group do you belong to?

ii. Can you please describe the tasks that you undertake during Polio campaigns?
   Probe as appropriate:
   - What training did you receive?
   - What is the composition of the team that you go to the community with?
   - What kinds of social mobilization activities do you normally undertake, and how do you decide which to use?
SECTION D: Questions on communications issues faced in Polio campaigns.

The purpose of this section is to better understand any caregiver concerns about Polio vaccination, and how frontline workers try to deal with them. This can tell you what training needs that frontline workers have, as well as allowing you to understand in more detail any refusal or absence issues identified in IM data.

i. What are the main reasons that children are missed in vaccination campaigns in your community?
   Probe as appropriate:
   • Are children absent from home when the vaccination team comes? If so, where are they usually?
   • Do caregivers refuse to vaccinate their children? If so, what are the reasons that they give?
   • Was there no vaccination team in the area?

ii. What do you do in order to try to overcome these issues?
   Probe as appropriate:
   • Do you try to talk to caregivers about the importance of Polio vaccination? What kinds of arguments do you use?
   • Do you speak to community leaders and other important people in the community about the importance of Polio vaccination? What kinds of arguments do you use?
   • What is the role of your supervisor in this?
   • Are there other actions that you take?

iii. Are you confident that the frontline workers in your team are able to persuade people of the importance of Polio vaccination? If not, what are the barriers to doing so?
   Probe as appropriate:
   • Are you able to convince people that they should make efforts to ensure their children are home during the time of the vaccination campaign? Why / why not?
   • Are you able to persuade caregivers who are worried about the vaccine that they should vaccinate children, and overcome their arguments? Why / why not?
   • What information can we share with people in this community to gain their enthusiasm for vaccinating their children?

iv. Are there any people or groups that you think the Polio programme should talk to, that would be helpful for persuading people in the community about vaccination?
   Probe as appropriate:
   • Any influential organizations outside of the community, for example senior religious or medical figures?
   • Any influential people within the community?

v. Is there anything else you need the Polio programme to provide you with to ensure that you are able to vaccinate all children in the communities you cover?
   Probe as appropriate:
   • Are there skills you need to be trained on to do this?
   • Are there communications materials you need to do this?

vi. What is the best way to encourage parents/caregivers to get their children vaccinated?

SECTION E: Questions on frontline worker perspectives of Polio vaccination

i. What do people know/believe about polio in the communities/villages served by this clinic/post?

ii. What do people know/believe about how it is spread?

SECTION F: Feedback on frontline worker experience of Polio campaigns.

The purpose of this section is to tell you what frontline workers think about their work on Polio campaigns, and to identify areas for improvement. This can have consequences for your understanding of the training and management needs of frontline workers.

i. Do you have anything that you would recommend doing when we visit the community for immunization and why?

ii. What should we do to make sure that all the children are vaccinated in your community and how?

iii. Before I end this discussion, I want to check to see if there is anything else you would like to say about polio, the drops, your work or the Polio campaigns?