

# POLIO GLOBAL ERADICATION INITIATIVE

SOCIAL AND BEHAVIOUR CHANGE IN POLIO OUTBREAK RESPONSE

## SPECIAL INVESTIGATION METHODOLOGY



# THE TEAM



**Anpuj Panchanan Achari**  
Social & Behavior Change  
Manager



**Claude Monj**  
Social & Behavior  
Change Specialist



**Soterine Tsanga**  
Social & Behavior  
Change Specialist



**Nasir Ateeq**  
Social & Behavior  
Change Specialist



**Emanuele Cidonelli**  
Social Behavioural Change  
Communication Specialist



**Muhamad Ridwan Hasan**  
Social & Behavior  
Change Specialist



**Ross McIntosh**  
Social & Behavior Change  
Monitoring & Evaluation  
Specialist



**Daria Shubina**  
Knowledge Management  
Specialist



## DEFINITION AND OBJECTIVE



Understand the social environment for areas or groups affected by the virus



Plan interventions based on understanding of all relevant social barriers and promote vaccination



Should be integrated in all aspects of planning and responding to an outbreak or high-risk event

A special investigation may be initiated in response to one or more of the following triggers, indicators:

1

WPV or cVDPV cases (AFP or environment surveillance)

2

AFP “zero-dose” case within 7 days of an AFP case investigation in which a child hasn’t received any dose of OPV

3

Cluster of children missed by vaccination campaigns and identified by independent monitoring/LQAS

4

Cluster of people who refused vaccination during SIAs and identified through supervision or follow-up (IM/other)

5

Any other reasons identified by a country



# METHODOLOGY

# METHODOLOGY FOR SPECIAL INVESTIGATION TOOL TO IDENTIFY REASONS FOR MISSED CHILDREN

The tool is composed of 3 distinct sections reflecting 3 different levels of investigation District, Sub-district (UC) & Community: A, B & C

## PARTS A and B

Designed to evaluate the overall planning of SIAs, staff capacity, accountability, and leadership at the district (Part A) and sub-district levels (Part B).

## PARTS C

Designed to assess community perceptions and attitudes towards the polio programme and the vaccine, as well as the wider routine immunization system

It is conducted by a joint MOH/WHO/UNICEF team designated by the province

Key people are:

- The District/Union Council Officials, polio lead (MoH or partner agency)
- District/UC Communication lead
- (District, Union Council-COMNet structure)

The documents to be examined shall include the most recent versions:

Micro plans of the District/UCs, including logistics and supply plans

From the District/UCs Social Mobilization Plan

From the minutes of the most recent meeting of the Working Group

All pre/post-campaign dashboards

Led by a joint MOH/  
WHO/UNICEF team  
designated by the state/  
province in the event that  
one of the triggers is  
reported or in the event  
that an isolated, local  
social barrier appears in  
a community.

Key informants include:



Local, traditional or  
religious leaders for  
the “community risk  
assessment”



One caregiver (ideally the  
mother) from each of 30  
randomly selected  
households for the  
“community household  
survey”



## Community Assessment has two parts

### Community Risk Assessment

Request a social mobilizer (or local health worker if no social mobilizers are present) to identify the top 3 influential leaders for the community. Select one at random for the interview.

### Community household survey

30 households must be selected for the community survey, and the selection must include...(shown on next slide)



## Selection methodology

**All households with a child meeting the trigger criteria (WPV/cVDPV case, AFP zero-dose, missed children, or refusal) AND/OR**

**Additional randomly selected households with children under 5 years of age until 30 households are reached**

In the case of a zero-dose AFP, WPV/cVDPV case, include the index house and randomly select 30 households with children under 5 years of age in the immediate area around the index case.

## The gender issue has been integrated in the updating of the social investigation tools:



Remember to probe on gender related barriers (gender roles within the district and responsibilities related to childcare within the household, decision making on health of the family within the district and community).



Ask the informant if they are aware of gender barriers before, during and after immunization to understand challenges at all points of the immunization journey.



Assess if the informant has knowledge of the specific needs and access issues for different groups of girls, boys, women and men.

COLD CHAIN IS THE BACK BONE OF EPI

**PROVINCIAL COLD CHAIN**  
**BALUCHISTAN QUETTA**  
**EXPANDED PROGRAM ON IMMUNIZATION**  
**VACCINE INVENTORY**



Date: 27/08/2018

S#	Name of Vaccine	Batch No.	Balance (Doses)	Manufacturer	Expiry Date
1.	HEP-B	20170801/17	47900	S. India	Oct-2020
2.	B.C.G	20170801/17	10090	Bio-Pharma	2020
3.	OPV	20170801/17	15080	GSK	APR-2019
4.	PENTA	20170801/17	360350	S. India	2nd Feb-2019
5.	PCV10	20170801/17	51900	GSK	May 2019
6.	IPV	20170801/17			
7.	ROTA	20170801/17	93360	S. India	July-2019
			70000	Bio-Pharma	Jun-2020
				A. vex	3-3-2019
			2,26,880		31-5-2019
				Bio-Pharma	March-2020
			77900		
				S. India	May 202
11.	MEASLES-DIL	20170801/17	63350	Bio-Pharma	
			70000		
12.	OPV-CAMPAIGN	20170801/17		GSK	7-201
13.	IPV-CAMPAIGN	20170801/17		Bio-Pharma	Oct-2019

Signature:-

Name of Cold Chain Attendant:-

Incharge Cold Room:- \_\_\_\_\_

Note: Without Cold Boxes and Ice packs Vaccine will not be issued.

# ANALYSIS AND REPORTING

1

**Compiling**

2

**Analysing the  
data**

3

**Using the  
locally adapted  
templates**

4

**A complete  
report written  
and shared  
within 7 days of  
the end of the  
investigation**



**ANY QUESTIONS  
ON THE METHODOLOGY?**

# SPECIAL INVESTIGATION TOOL ONLINE

Questionnaire:

[bit.ly/poliosbctool](https://bit.ly/poliosbctool)



Dashboard:

[bit.ly/poliosbc](https://bit.ly/poliosbc)





All national offices of partner organizations (UNICEF, WHO, Ministry of Health) should organize a cascade training on the tool

The tool is available in several languages: English, French, Arabic, Swahili, Portuguese.

The regional offices will continue to work closely together in case of problems.

**Polio outbreak response Team  
(HQ Nairobi)**



**Anpuj Panchanan Achari**

Social & Behavior  
Change Manager

[nateeq@unicef.org](mailto:nateeq@unicef.org)

**Polio outbreak response Team  
(HQ Nairobi)**



**Soterine Tsanga**

Social & Behavior  
Change Specialist

[mrhasan@unicef.org](mailto:mrhasan@unicef.org)

**West and Central Africa Regional  
(WCAR) Office**



**Claude Monj**

Social & Behavior  
Change Specialist

[cmonj@unicef.org](mailto:cmonj@unicef.org)

# THANK YOU

**POLIO** GLOBAL  
ERADICATION  
INITIATIVE

EVERY  
LAST  
CHILD



BILL & MELINDA  
GATES foundation

