

SOMALIA

FAMILY SOCIAL DATA FORM FOR WPV CONFIRMED CASES

Name of the Interviewer :

Organization :

Please be polite and do not stigmatize the family. Greet the family; ask how they are generally, ask about the children, express your sympathy for the child affected by the virus. When you sense that the interviewee is relaxed, and then asks for permission to ask a few questions which you should say will help the Ministry of Health respond to the outbreak better.

Remember the questions are to be focused to the time period the child was affected by polio virus.

Date of Interview :

EPID number (WHO) :

Name of Child with WPV :

OPV doses received:

Age (months)/Date of birth :

Gender: Male/Female

Address :

Village/District/Region :

Accessible/Inaccessible :

Caregiver Characteristics : Caregiver is Father/Mother/Grandparents/Siblings and extended family

Q1	Relationship to the child affected	1. Mother 2. Father 3. Other : _____
Q2	Number of children in the family	Male: _____ Female: _____
Q3	1. Fathers educational status 2. Mother's educational status 3. Child's educational status 4. Other family member's 5. How well can the mother of the children in this household read?	a. Islamic b. Primary c. Secondary d. College a. Islamic b. Primary c. Secondary d. College a. Islamic b. Primary c. Secondary d. College a. Islamic b. Primary c. Secondary d. College Child's school name: _____ a. Very easily b. With some difficulty c. Not at all
Q4	Caregiver ethnic profile	a. Ancestral village/location: b. Language spoken: a. Standard Somali b. Af Maay c. Other Somali c. Clan: d. Sub Clan: e. Clan elders name:

		f. Is your clan elder aware of Polio Outbreak: Yes/No
Q5	<p>a. Fathers occupation</p> <p>b. Mothers occupation</p>	<p>1. Farmers ---- Nomadic/Non-nomadic</p> <p>2. Animal husbandry ---- Nomadic/Non-nomadic</p> <p>3. Fishery</p> <p>4. Unskilled labourer</p> <p>5. Business _____</p> <p>6. Trade _____</p> <p>7. Others _____</p> <p>1. Farmers ---- Nomadic/Non-nomadic</p> <p>2. Animal husbandry ---- Nomadic/Non-nomadic</p> <p>3. Fishery</p> <p>4. Unskilled labourer</p> <p>5. Business _____</p> <p>6. Trade _____</p> <p>7. Others _____</p>
Q6	Mosque/Madrassa	<p>1. Name of the mosque:</p> <p>2. Imam name:</p> <p>3. Madrassa name:</p> <p>During Jumma prayer, is there announcement on polio vaccination campaign? Yes/No</p>

Household Characteristics

*Consider the questions to the **time period when the child was affected by polio virus***

Q7	How long have you lived in this house	
Q8	How many people live in this compound	
Q9	What is the source of drinking water for members of your household?	<p>1. Tap water</p> <p>2. Tube well or bore hole/Ground pump</p> <p>3. Protected dug well or spring</p> <p>4. Rainwater or surface water (river, lake etc.)</p> <p>5. Tanker truck or cart with small tank</p> <p>6. Other _____</p>
Q10	What kind of toilet facility do members of the household usually use?	<p>1. Individual Latrine</p> <p>2. Communal Latrine</p> <p>3. No facilities/field/bush</p>

Q11	Does anyone in your family travel regularly outside for work?	1. Yes 2. No
Q12	If Yes, where do they travel?	
Q13	Frequency of travel	1. Seasonal from _____ month to _____ month 2. Monthly _____ 3. Daily _____

Caregiver Health Seeking Behaviours & Health Beliefs

From where do you receive information about your child's health provided by the following source ((Do not read out the answer but tick all that are mentioned...If caregivers only mention one source, probe by asking "*Is there anyone else from whom you this type of information?*")):

Q14	a) Medical doctors, nurses or other health service providers?	1. Always 2. Sometimes 3. Never 4. I don't know
	b) Relative or neighbour?	1. Always 2. Sometimes 3. Never 4. I don't know
	c) Pharmacist?	1. Always 2. Sometimes 3. Never 4. I don't know
	d) Spiritual healers or herbalists?	1. Always 2. Sometimes 3. Never 4. I don't know
	e) Imams/Madrassa teachers?	1. Always 2. Sometimes 3. Never 4. I don't know
	f) Community's traditional leaders/elders and mobilizers?	1. Always 2. Sometimes 3. Never 4. I don't know
	g) UNICEF community mobilizers?	1. Always 2. Sometimes 3. Never 4. I don't know
	h) TV, radio, or newspaper?	1. Always 2. Sometimes 3. Never 4. I don't know
Q15	Of the sources of information you mentioned, which one(s) do you trust the most? <i>(tick all that are mentioned)</i>	1. Medical doctors, nurse or other health service providers 2. Relative or neighbours 3. Pharmacist 4. Traditional healers, or herbalists 5. Imams/religious leaders 6. Community's traditional leaders/elders and mobilizers 7. UNICEF community mobilizers 8. TV 9. Radio 10. Newspaper 11. Megaphones
Q16	Where do you generally take your child when s/he is sick?	1. Medical doctors, nurse, or other health care professionals <i>Is it a public or private facility/service?</i> <input type="checkbox"/> public <input type="checkbox"/> private 2. Pharmacist 3. Spiritual healers or herbalists 4. Imams, pastors, or religious figures 5. Other (<i>Specify</i>) : 6. I don't take him/her anywhere
Q17	Is there Immunization card for the child?	Yes/No
Q18	Do you & your family members accept routine immunization	2. Yes

	services	3. Somewhat 4. No. Why? _____
Q19	Where is the nearest health facility	
Q20	Does your health facility offer vaccination for all diseases?	4. Yes 5. No 6. Don't know
Q21	How many minutes does it take to walk to the closest community health centre hospitals or clinic?	a. ____ hours ____ minutes b. Don't know
Q22	What are the main fears or concerns against vaccination?	

Caregiver Perspectives on Polio Campaign

Q23	Did you know about the last polio campaign in your area before it started?	1. Yes 2. No <i>If no, skip to Q1</i>
If yes, from which sources did you hear about it? (<i>do not prompt, mark all that apply</i>).		
Q24	a) Medical doctors, nurse or other health service providers?	1. Yes
	b) Spiritual healers or herbalists?	1. Yes
	c) Imams or religious leaders?	1. Yes
	d) Community's traditional leaders/elders and mobilizers?	1. Yes
	e) TV	1. Yes
	f) Radio	1. Yes
	g) Newspaper	1. Yes
	h) Relatives/friends/neighbours?	1. Yes
	i) Other (<i>specify</i>):	
Q25	What is the preferred place for your child to receive OPV?	1. Nearest health facility 2. My house 3. School/nursery 4. On roads/public transport 5. Other (<i>Specify: _____</i>) 6. I will not let my child receive OPV anywhere.
Q26	Did a vaccinator visit your house during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not sure <i>If "no" or "not sure," skip to the next section.</i>
Q27	Did you feel that the vaccinators that visited your house to give polio drops were of appropriate age?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Mother's Knowledge and Attitude about Polio and OPV

Q28	What do you think are the symptoms of polio? <i>(Do not read out the options)</i>	<input type="checkbox"/> 1. Paralysis <input type="checkbox"/> 2. I don't know <input type="checkbox"/> 3. Other (<i>Specify:</i> _____)
Q29	What do you think causes polio? <i>(Do not read out the options)</i>	<input type="checkbox"/> 1. Virus <input type="checkbox"/> 2. Lack of vaccination <input type="checkbox"/> 2. God's punishment, bad spirit/conduct <input type="checkbox"/> 3. I don't know <input type="checkbox"/> 4. Other (<i>Specify:</i> _____)
Q30	Are you concerned that your other children can contract polio?	<input type="checkbox"/> 1. Yes, very concerned <input type="checkbox"/> 2. Yes, somewhat concerned <input type="checkbox"/> 3. No, not concerned at all <input type="checkbox"/> 4. Not sure
Q31	Do you think polio vaccine is effective in preventing polio infection?	<input type="checkbox"/> 1. Very effective <input type="checkbox"/> 2. Somewhat effective <input type="checkbox"/> 3. Not effective at all <input type="checkbox"/> 4. Not sure
Q32	Do you think polio vaccine is safe?	<input type="checkbox"/> 1. Very safe <input type="checkbox"/> 2. Somewhat safe <input type="checkbox"/> 3. Unsafe <input type="checkbox"/> 4. Not sure
Q33	If the caregiver answers 2 or 3 in the above question, ask: "Why is polio vaccine unsafe?" <i>Do not read out answers, but mark all that apply</i>	<input type="checkbox"/> 1. Causes fever <input type="checkbox"/> 2. Comes from USA / western countries <input type="checkbox"/> 3. Causes sterility <input type="checkbox"/> 4. Its ingredients are haram/not halal <input type="checkbox"/> 5. Too many doses are unsafe Other (<i>specify:</i> _____)
Q34	Do you think your child needs multiple doses of OPV to fully protect him/her from polio?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not sure / Don't know
Q35	Do traditional/religious leaders in your community support polio campaigns / OPV?	<input type="checkbox"/> 1. Yes, very supportive <input type="checkbox"/> 2. Somewhat supportive <input type="checkbox"/> 3. No, they are against polio campaigns / OPV <input type="checkbox"/> 4. Not sure
Q36	Do people in your household support children to receive OPV?	<input type="checkbox"/> 1. Yes, very supportive <input type="checkbox"/> 2. Somewhat supportive <input type="checkbox"/> 3. No, they are against polio campaigns / OPV <input type="checkbox"/> 4. Not sure
Q37	Are the people in your community supportive of polio campaigns / OPV?	<input type="checkbox"/> 1. Yes, very supportive <input type="checkbox"/> 2. Somewhat supportive <input type="checkbox"/> 3. No, they are against polio campaigns / OPV <input type="checkbox"/> 4. Not sure
Q38	How many times did your child receive Polio drops before s/he was affected by polio virus	_____
Q39	Why was your child never vaccinated for polio (zero dose)	1. Child was not at home 2. Fear of vaccine 3. Travel to other regions 4. Child was sleeping 5. Child was sick 6. Household never visited by vaccinators OPV is unsafe/religious reasons/no family support
Q40	What was the health condition of the child before polio disease ? Child's health condition presently?	_____ _____

Q41	Are there any other issues you think can help us respond to this polio outbreak in Somalia?	
Q42	Residual Paralysis: Is the child able to walk normally now?	a. Yes b. No
Q43	Are there any other children in the community that have polio symptoms?	1. Yes 2. No
Key observations by the Investigator		
Q44	Does the household practice good hygiene and sanitation	1. Yes 2. No. _____ _____
Q45	How are the housing conditions	1. Multiple families living in same compound 2. Overcrowded 3. Good living conditions
Q46	Is the community hard to reach (hard to reach area, across river, flooded zone)	1. Yes. _____ 2. No
Q47	Does this community lie in any regional or international borders?	1. Regional border _____ 2. International border _____ 3. No
Q48	Is this community covered in the vaccination team micro plan?	1. Yes 2. No
Q49	Is there any special population that might be missed by vaccination teams	1. Nomadic population 2. Minority population 3. Hard to reach population _____

Thank the caregiver for her/his time.