



KAP POLLS FOR IMMUNIZATION AND POLIO PROGRAMMES:

A guide to higher quality in-person
KAP polls for C4D managers

IDEAS FROM THE HSPH/HORP/UNICEF COLLABORATION FOR POLLING

Introduction

This tool is a guide for managers responsible for social research related to immunization programmes, including “routine immunization” and polio. It is designed to provide guidance on quality standards in order to help you develop and oversee higher quality Knowledge, Attitudes and Practices (KAP) polls that effectively support communication for development (C4D) strategies. The examples focus on immunization, though the general principles can be applied to other behavioural areas as well.

We hope this guide is particularly useful because it is built on the real-world experience of a KAP polling collaboration between UNICEF and the Harvard Opinion Research Program at the Harvard T.H. Chan School of Public Health. Over the course of that collaboration, teams conducted more than a dozen polls across eight polio- and immunization-priority countries. The excellence in quality standards that were brought to bear proved useful in developing strategically relevant findings that were ultimately the backbone of the C4D strategies in polio. We hope the pragmatic learnings, with a particular view of the challenges for communications managers, make this a useful tool.

With such a perspective in mind, this guide covers all stages of KAP polls from design to dissemination, with pragmatic guidance at each step. Building on what has been commonly seen in past KAP studies carried out by UNICEF, the expectation is that you will be managing and working with a research firm that includes a field team of interviewers, as well as a statistician. Therefore, this tool provides guidance from the perspective of providing oversight, setting standards and ensuring quality while working with those specialized experts. Please note that this guide does not go into depth on fieldwork practices, interviewing skills, statistics, data visualization or other technical dimensions of the process. This guide covers topics at a fairly high level with practical tips making it easy to read. It cannot be a replacement for in-depth technical training on polls or surveys.

The guide will be most helpful for you if you read it the whole way through first – before you know for sure that you will even be doing a KAP poll. It is fairly short to make that as easy as possible. If you decide a KAP poll is right for your programme, then you can re-read each section as a reference for each stage of the process.

We hope this is a useful tool and look forward to hearing stories of your KAP poll successes!

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There are free, online resources that discuss each of these topics in more technical detail. One good starting reference is the Cross-cultural Survey Guidelines published by the Survey Research Center, Institute for Social Research at the University of Michigan
ccsg.isr.umich.edu/

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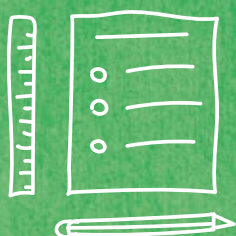
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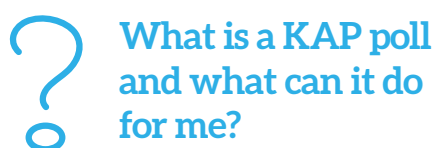


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CONSIDERING A KAP POLL?



**What is a KAP poll
and what can it do
for me?**

A KAP poll is a research tool designed to understand people's **knowledge (K)**, **attitudes (A)** and **practices (P)** about a specific topic.

KAP polls can provide critical insight for developing C4D and programme strategies.

Key questions that KAP polls can answer include:



What percentage of your population is at risk of missing their children's vaccinations?



Which people in your population are at risk?



Why are people not taking action to get their children vaccinated?



What do people in your population believe?

Where do these beliefs come from?

What do people think of new C4D and programme initiatives you are considering?

KAP polls are part of an array of tools that can provide insight into these questions.

Distinguishing features of KAP polls are:



KAP polls focus on subjective opinion data

They are designed to capture the perspective of the people we serve by giving a voice to their views and opinions.



KAP polls provide quantitative data

They are designed to provide statistically representative data that explore those views and opinions in quantitative terms.



Sometimes the term KAB is used, referring to **knowledge**, **attitudes** and **behaviours**. This essentially means the same thing but emphasizes that the full range of behaviours and lack of behaviours may be of interest, rather than just more routine practices.



What does it mean for KAP data to be quantitative?

Quantitative data provide information largely in numerical terms (e.g., per cent) and the findings are "statistically representative".

This means findings from your sample relate to the larger population from which they are drawn in roughly the same proportions.

This is a key advantage because it can help you plan effective C4D and programmatic initiatives and encourage others to be confident in the data.

The key downside is that, in order to quantify the findings, you must often simplify and standardize your questions about complex ideas.



For example, if 25% of people in your sample say they **do not trust** vaccinators...

...then you can be confident that approximately 25% of the larger population from which the data are drawn **do not trust** vaccinators.



Respondents report their feelings and emotional experiences using standardized scales, or even numbers. In general, the majority of questions will be "closed ended" meaning that they provide respondents with a set of possible responses from which they choose.

To help make the meaning of quantitative data clear, we can contrast it to qualitative data. Qualitative data come from research approaches such as in-depth interviews or focus groups.



Qualitative data can provide rich insight about people's views using open-ended questions and probing, but cannot provide statistically representative results. This means we cannot know if their insight are shared by any particular proportion of the population.

For additional information on qualitative research for immunization, please see Demand for Health Services Field Guide: A human-centred approach
hcd4i.org/

What are the advantages of high-quality KAP polls?

The primary advantage of high-quality KAP polls is that they provide data and critical insight about your population's views and experiences that can inform C4D and programme strategies. These polls have other advantages too:

KAP polls give you protection from making mistakes, such as:



Relying on anecdotes that are not broadly true. Anecdotes can be powerful warnings about what people think – for example, if there are rumors about vaccination. Unless you understand what fraction of your population holds this misperception, you will not understand how big a threat it is to your programme.



Missing information about what some subgroups of your population think.

KAP polls can have strategic benefits to your processes.



The KAP poll process and results can bring organizations together to agree on critical elements for shared or complementary strategies.



KAP poll results can provide a set of shared understandings among stakeholders about the population you serve.

KAP polls can be great advocacy tools.



KAP polls can also reveal data that are helpful in generating media interest and can amplify your advocacy strategy to policymakers.

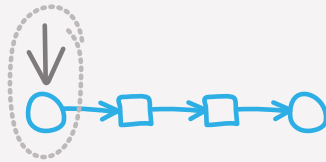


KAP polls can help create compelling claims to policymakers about central challenges, help defend a proposed strategy and provide effective justification for new investments.

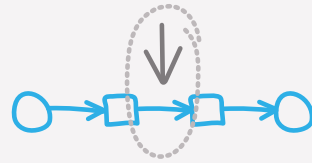


At what point in my strategic planning process should I conduct a KAP poll?

KAP polls can provide well-targeted data to drive strategy effectively. The best times to take advantage of their benefits are:

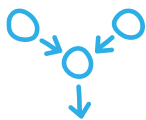


Before you develop a strategy



At mid-term, when your strategy may need adjustments.

The results can inform your programme and subsequent studies can monitor your progress and guide adjustments over time.



How do I bring in others to get the process started?

To get the KAP process started and to ensure a successful project, it is critical to get input from internal and external collaborators. This is typically a requirement, but also benefits the project. Gathering input from others internally and externally will help you ensure you have developed a robust tool that addresses the key issues, provide you with assistance when you need it for technical matters, and help ensure buy-in of the results at the end of the process.

Internally, you will of course need to check who needs to have input and project sign-off. Colleagues will also help you identify the critical external partners, including government. It can also be a good idea to check with the procurement office to ensure you know all of the procedural requirements up front.

The best approach for working with partners varies across organizations, but the basic principles of working in a group apply. An inception meeting with all relevant stakeholders at the start of the project is of utmost importance.

One approach that can work well is to create a small working group that includes members of all relevant teams and organizations. This is an efficient way to get input, though the political considerations of your own office will be your best guide to deciding whether or not this is appropriate.

→ **Also see:** [Managing a KAP poll](#)



What are the key steps of the KAP poll process?

Once you and your colleagues have decided that a KAP poll is needed, it will be important to think ahead to all the steps of the process. While every project will vary, generalized steps often include the following:

Step 1: Design the KAP poll

Although you will be outsourcing the operations and key design aspects to an outside research firm, you will need to plan the basic design of the study in order to develop terms of reference (TOR) and work with the firm throughout the project. The research firm you select should be able to help you refine your ideas with needed technical input.

Step 2: Manage the KAP poll

Though the research firm will be handling many of the day-to-day logistics, you will need to manage the overall study and inputs from internal and external partners, as well as overseeing the firm's work.

Step 3: Analyse KAP results

In order to drive the analytic process forward, you will need to ask the research firm to run certain kinds of standard analyses. You will also be responsible for interpreting the results in the context of your programme.

Step 4: Share KAP results

After analysing the results, you will be able to share them widely. Though your working group will be aware of the results from their involvement in prior steps, you may need to develop formal presentations or manuscripts to help ensure the results are impactful.

This guide discusses these topics in dedicated chapters. These are in approximate order, but may steps overlap and intersect. We therefore recommend reading the whole guide so you can plan in a way that will work well for you and anticipate challenges before they happen.



How is a KAP poll different from a health survey?

The main purpose of a **KAP poll** is to provide data that will be **strategically relevant** to C4D and programming by examining people's health experiences, including their underlying views and understanding of issues relevant to their health behaviours.

The main purpose of a **health survey** is often to provide **epidemiologically relevant** data to document people's health experiences, including their health status, observable and objective health behaviours and access to health services.



Warning: KAP polls cannot replace evaluation research

Often country offices expect to conduct a “baseline and endline” KAP poll in order to evaluate the effectiveness of C4D interventions over time. Be warned: polls can monitor changes in attitudes, knowledge or self-reported behaviours over time, but the studies cannot show that C4D interventions caused the changes. In this way, they are not true evaluation studies. Several factors prevent baseline/endline KAP polls from functioning well as full evaluation studies. Two important factors are:

1. There are no measures of factors outside of the C4D efforts – such as shifts in other programmes/policies or even demographic/economic shifts – that occurred at the same time. These other factors may also cause changes in knowledge, attitudes and behaviours.
2. There may not be enough sample to show changes at the scale likely to come from C4D interventions. Changes from C4D interventions can be small-scale and slow, so expecting a baseline/endline KAP to show dramatic change could set you up for disappointment!

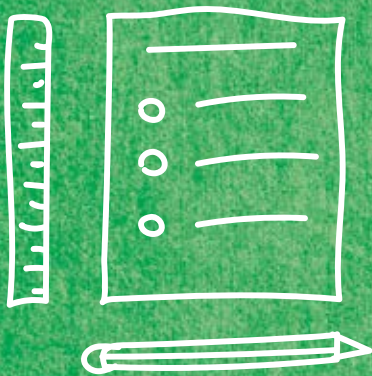
If you simply want to monitor changes over time, baseline/endline (or baseline, mid-point, endline) KAP polls are great. If you need to demonstrate that those changes are because of what you did in C4D, discussion with an evaluation research specialist is critical.



Warning: Do you have data already that can answer most of your questions?

Often, country offices have done research on a particular topic multiple times – whether it was a KAP poll or qualitative research. KAP polls are sizable investments, so scouring the files for previous studies is worthwhile.

Looking to see whether partner organizations have done work is also sensible. Even if you ultimately determine that you need a new KAP poll, having past studies in hand will help guide you and improve your efforts.



DESIGNING A KAP POLL



Before you begin

All high-quality studies start from a clear understanding of the programmatic goals and the challenges to those goals.

What are the programme objectives?



Often the primary programme objective for immunization is to increase coverage, overall or for a particular subgroup with particularly low rates.

There may also be objectives that support this overarching aim, such as increasing outreach efforts in remote areas or expanding services in areas of urban sprawl.

eg.

*Increase overall vaccination rates from **72% to 85%** over the next two years.*

*Increase vaccination rates among migrant communities in urban areas from **50% to 65%** within the next year.*

Hopefully these programmatic goals are well known to you, but often people are so busy with the day-to-day challenges that documentation of the goals is neglected.

This is the time to get clarity. If your programme has a national action plan or some other guide, this is the time to re-read it. When you do, make sure you can write out clearly the programmatic goals for the coming two years and the key populations of interest.

What are the barriers?



With those strategic goals clarified, it is important to identify the possible barriers to achieving them. What are the key challenges to getting more children vaccinated? Do you think that people are unaware of vaccination services? Do you think that parents do not prioritize vaccination? Do you think parents believe the services are of poor quality? Do parents have a hard time crossing social boundaries to access services? You may not have the answers yet, but these are some ideas about the challenges. Ideas will likely come from other data sources and field anecdotes. With these possibilities in mind, you will have an idea of what you most need to focus on in your KAP poll.

eg.

Overall dissatisfaction with services and negative experiences for first-time mothers are reducing their motivation to return.

Migrant communities in urban areas are reluctant to seek care because they are not familiar with processes and worry they will be embarrassed.

What are the research questions?



Once you have an idea of what the programmatic goals and barriers are, you know **who** you want to learn about (this is your poll population) and **what** you want to learn about (these are your research questions). They can be general to start, and then you can refine them.

eg.

Who?

- o Parents overall
- o First-time mothers
- o Migrants living in areas of urban sprawl

What?

- o Parents' perceptions of and satisfaction with vaccination and related health services



Designing your KAP poll

The design of your KAP poll will derive from your research goals. The two fundamental pieces of a KAP poll design are:

1. The sampling plan

This builds on **who** you want to learn about. It is a plan that tells the research firm where to go and how to select respondents.

2. The questionnaire

This builds on **what** you want to learn about. It tells the research firm what questions interviewers will ask.

Thus, the overall design of a high-quality KAP poll looks like this:





All about sampling

How do I design a sampling plan?

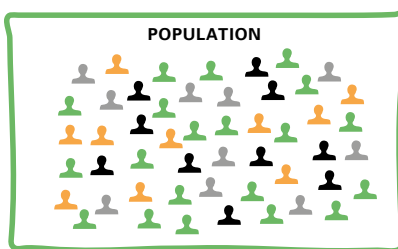
A sampling plan is the tool used to get the right people in your poll. The work you have done on addressing your research questions will be the first guide to developing your sampling plan. It will tell you who you want to reach and where they are. In our example, your target population could be all of the following:

- o Parents overall
- o First-time mothers
- o Migrants living in areas of urban sprawl

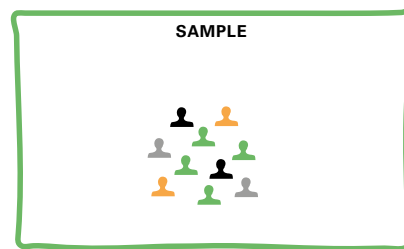
You then need to develop the technical plans to get an effective and sufficient sample of the populations of interest. Though the research firm will develop the specifics of these plans, you need to have an overarching idea to guide TOR and from which the selected research firm can work.

The plan has two dimensions. First, a statistical dimension and second, an implementation dimension. Starting with the statistical dimension is a good idea because that will give guidance for the implementation team, though it is important to keep in mind that the practical realities of fieldwork will shape the final statistical plan. Ultimately this is an iterative process.

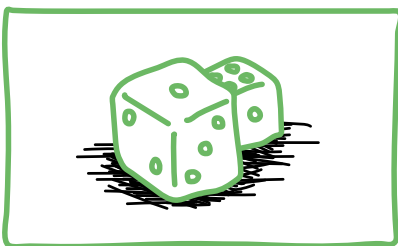
How can I have a statistically representative sample?



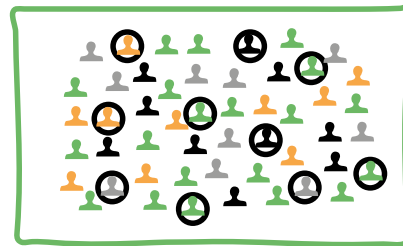
The aim in a KAP poll is to provide results that reflect the total **population** you are interested in...



...even though you interview just a **sample** of this population



To achieve this, you need a statistically representative sample, which is accomplished using a **randomization procedure**.



In the simplest terms, this means people are **selected randomly** to participate...

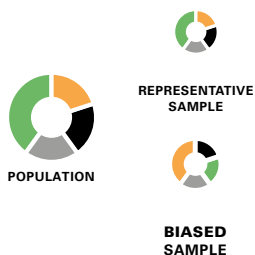


...and the sample population will have roughly **the same characteristics** as your total population.

Random sampling does not mean just talking to any person that you find on the street.



It means that every person in the population has a known chance of being selected for your sample. Random sampling is in fact quite hard to achieve, and requires a lot of organization on the part of the research firm conducting the survey and their supervisors.



If you do not use a randomization procedure, you will have a “convenience sample.” The people in that sample are likely to be different to your total population. For example, if you do not use randomization procedures and let the research firm select who they want to interview, they will typically select people who are easier to interview – those who live closer, who are home more often or who are friendlier. This will create a bias in your results, which will make them inaccurate and therefore much less useful. A correctly selected sample is essential for the validity of the research.



One place where you can anticipate some discussion around sampling is the number of locations (e.g., the number of states/provinces, districts, and/or settlements) to be included in the KAP poll. In most national surveys, it will be very expensive to sample all districts or settlements and time consuming to cover a large geography.



To cut down on cost and make travel feasible, the research company will design a sampling plan in which states are sampled, then districts within those states, and then towns/settlements within the districts etc. This means the research firm only has to go to a select number of places within a smaller geography, but the randomization ensures the sample is representative. This is called cluster sampling and the parameters will need to be agreed on by you and the research firm.



You will also need advice on procedures for the research firm to randomly select a household – such as a random walk or a selection from a household listing (also called an enumeration) – and procedures to randomly select a respondent within each household, such as a coin toss or a Kish grid.

How many people should be in the sample?

Although **the research firm may suggest the final sample size**, there are some important considerations that you will want to put in the TOR or discuss with them. Note that the sample size will likely have big implications for the cost of the survey – it can be a key determinant of the budget required to conduct the KAP poll. It is worthwhile to be aware of these considerations when negotiating the sample size.

Factors that influence sample size



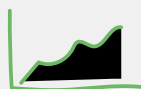
Precision: The more precise your estimates need to be, the more interviews you will need. For example, if it is important that the information you collect is accurate to within 1 or 2 per cent of the real situation, the sample size will likely need to be increased.



Subgroups: If you want to examine the views of a particular demographic subgroup (for example, men, people living in rural areas, or people of a certain ethnicity), you may need a larger sample to ensure that enough people of this group are included. If you want to compare two or more subgroups, you may need even more of these people in the sample.



Geographic level of analysis: Do you need national-level information or information valid at a lower geographic level – such as at the state or district level? Sample sizes will generally increase if you need estimates valid at subnational levels. The level of analysis should be specified in the TOR.



Trends: Similar to the comparisons described above, if you want to make comparisons over time (for example, comparing people's attitudes before and after an intervention), you will need more interviews.



Size of the geography: To cover a large geography, you will generally need a larger number of interviews. Sometimes you can gain efficiencies by clustering in the sample procedures (see previous page).

How do I sample populations that move?

The standard sampling procedures discussed here rely on geographic boundaries for sampling. This makes it difficult to apply the same approaches to populations that are not easily defined by geography – nomads, seasonal migrants, refugees, displaced persons and others.

Often, it will be too difficult to use these kinds of randomized procedures to sample mobile populations, but in some cases modified methodologies can be applied. Sometimes there are lists of migrant populations, or a geography where nomadic people stop for a predictable time. This can give you a chance to do a random walk within those physical bounds. You will need to discuss details with a statistician.

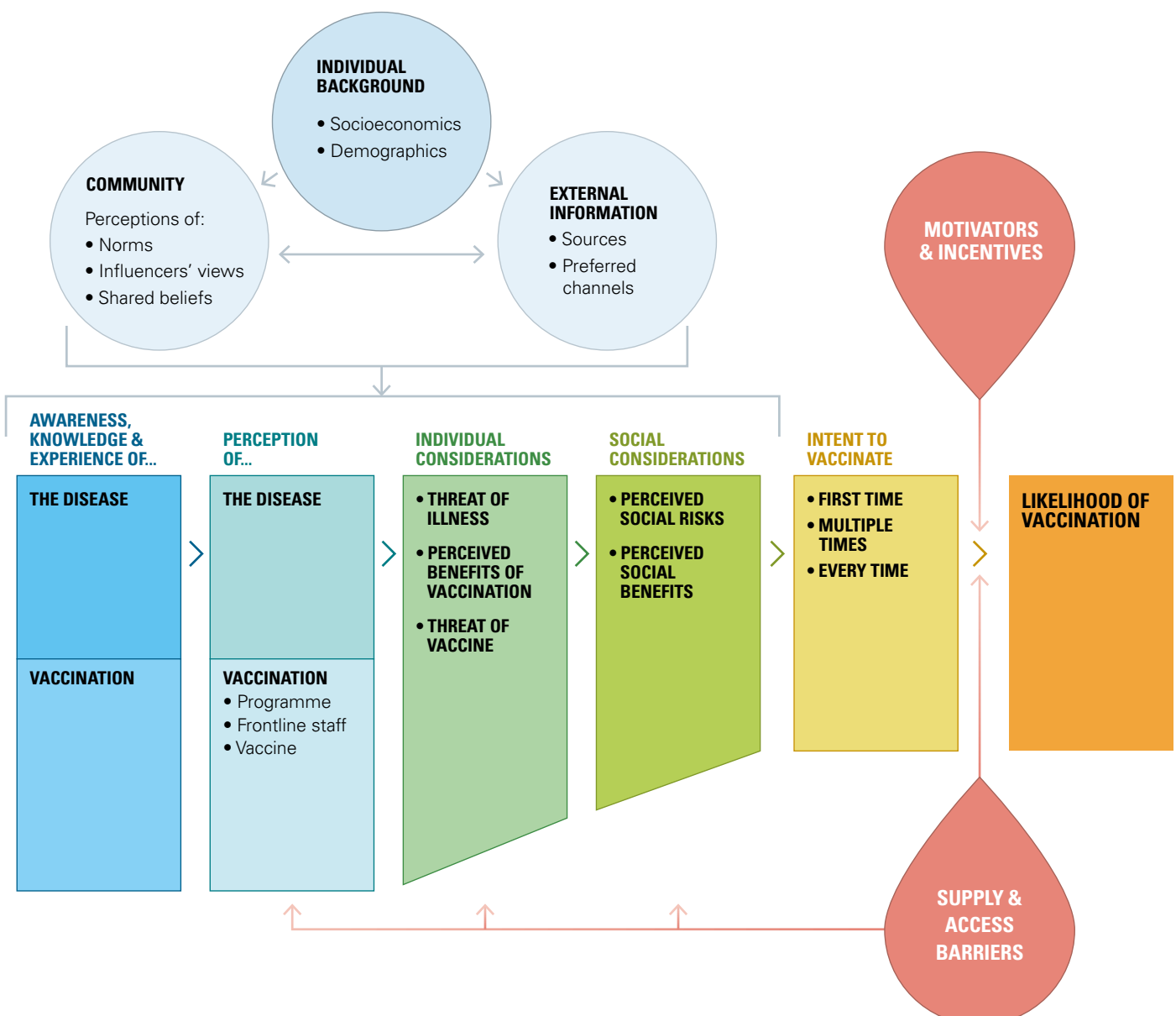
Where does theory fit in to all this?

Behavioural theory may seem like an abstract concept, but theory can be a very practical tool for developing a high-quality KAP poll. The basic idea of behavioural theory is to provide you with a working model of all the different factors that can affect whether or not a child gets vaccinated. By examining this working model, you have a visual checklist of the topics you may want to include in your KAP poll.

There are many formalized behavioural theories relevant to immunization, including the the socioecological model and the health model, among others. If your group does not have a standard model that they rely on, you can start with these formalized models. Often there are factors affecting immunization in your community that are not well captured in the existing formalized models, so you can build your own working model. It is best to vet this with colleagues to make sure there is widespread agreement on your perspective of what is important and that it is consistent with the broader research in the field.

Below is an example on a working behavioural model that was used in the Polio Programme as the basis to organize research questions and questionnaire questions.

There is not yet widespread agreement on such a model for immunization more broadly, but plenty to draw on in the literature and with colleagues.





Designing your questionnaire

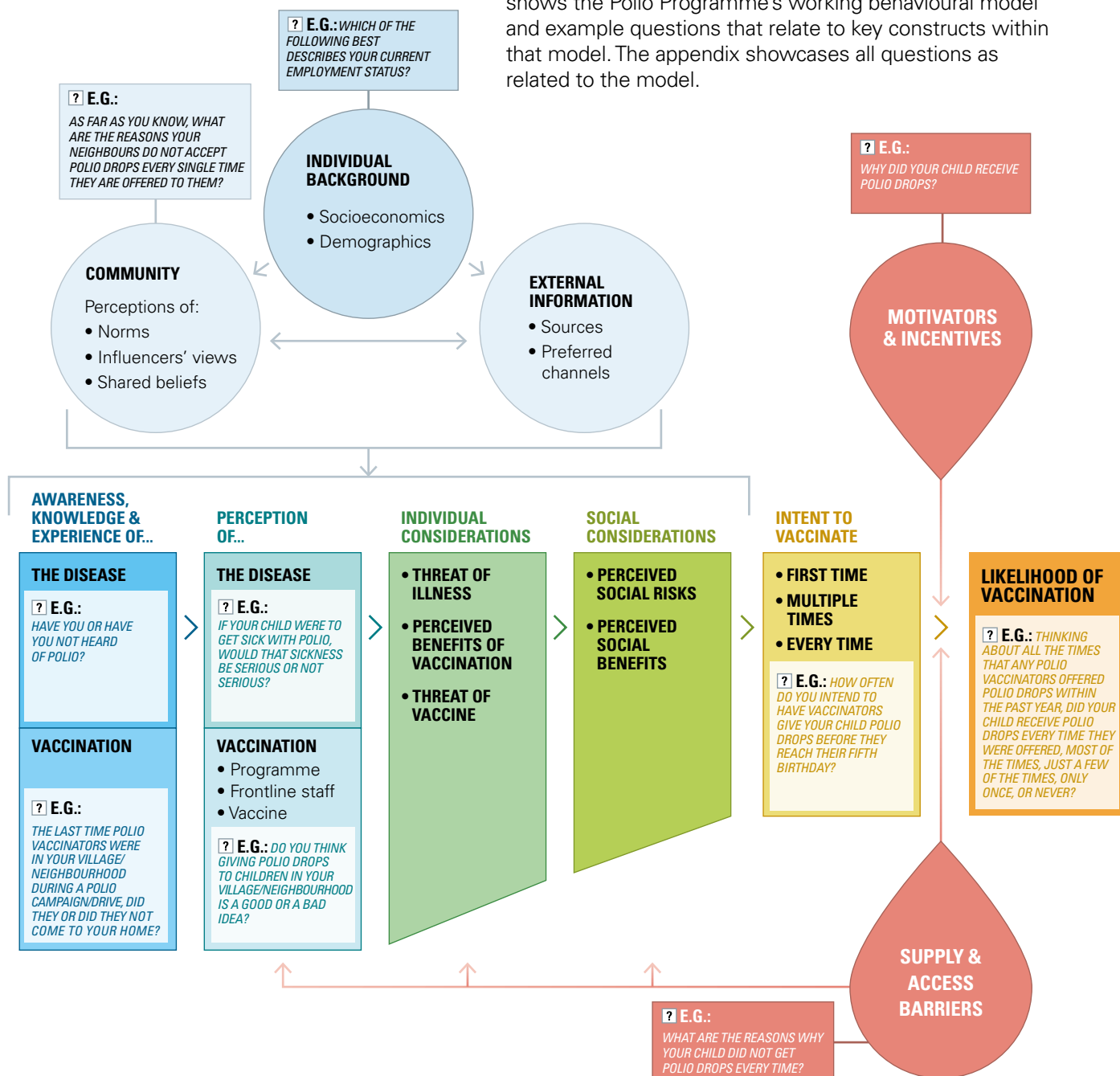
How do I begin designing a high-quality questionnaire?

➔ [View full questionnaire](#)

The first step in designing a high-quality questionnaire is to ensure the content of its questions map back to your research questions and your theoretical/working behavioural model. There should be a tight link between individual questions and the constructs of your model.

You should be able to map all your research questions (and ultimately your questionnaire questions) onto your working model. For example, if your model says that fear of the disease is an important motivator for vaccination, then you should have research questions about parents' fear of the disease and include questions on this in your questionnaire. Conversely, if there are questions that do not map to your model, you should ask yourself whether they are needed.

For an example of how this link is made, the diagram below shows the Polio Programme's working behavioural model and example questions that relate to key constructs within that model. The appendix showcases all questions as related to the model.



How do I make sure questions are well written?

Once you know the content of the questionnaire, it is time to make sure the questions themselves are written well. Though the research firm may develop the draft questionnaire, you will need to provide them with overarching guidance in the TOR and review the drafts they provide. To do that, there are some general principles to consider first.

Overall simplicity

Keeping the questionnaire simple is important. It will make interviewer training, fielding, analytics and reporting more streamlined, less expensive and less prone to error. Some tips to keeping it simple:

- o Ensure that all your questions are relevant to your programme goals.
- o Keep the topic focused on immunization. There will always be a temptation to include questions on other topics because it seems more efficient than conducting multiple studies. But be warned, adding more topics can confuse participants and will limit the opportunity for you to get the in-depth, strategic information you need on immunization itself.

Overall length

Respondents to your KAP poll will likely have limited time for participation. The questionnaire should be kept to a reasonable length because people will have to take time away from their work and family to talk and will also lose interest and focus after a while. Interviews of more than 30–40 minutes are normally considered too long for a KAP poll. Longer interviews will also drive up costs for the firm and for you in terms of the time you spend managing the process and working with the data.

The following principles are good to keep in mind when reviewing the questions sent by a research firm.

[Please note that the examples are not full vetted questions, but are to highlight the specific principles discussed below. The appendix includes some questions that have been asked in previous immunization-related polls.]

Language simplicity

The questions should use language and concepts that are familiar to respondents. Questions should avoid technical terms whenever possible.

eg.

✗ Too technical

“If a child has a fever, is that a contraindication for vaccination or not?”

✓ Simplified

“If a child has a fever, should they still receive the vaccine or not?”

Cognitive simplicity

Questions should be cognitively simple. Asking people to perform complex thinking tasks – ranking long lists, for example – will not work well.

eg.

✗ Too complex

“Please rank the following diseases in order of how much they worry you: measles, mumps, polio, tuberculosis, rubella, diphtheria, diarrhoea, pneumonia.”

✓ Simplified

“How worried are you that [child] will get sick with tuberculosis this year?” (You can ask about each disease separately.)

Precise wording

Be precise. Vague wording can be more challenging for respondents and lead to inconsistent interpretations.

eg.

✗ Too vague

"Have you seen stock-outs of vaccines?"

✓ More precise

"During your most recent visit to get [child] vaccinated at the health centre in your neighbourhood, were any of the vaccines out of stock or were they all available?"

Unbiased wording – in the question

Respondents often want to present a positive image of themselves to interviewers and will consciously and unconsciously try to answer questions in a way that they believe does this. Questions that imply there is a correct answer – even subtly – will lead people to do this and bias poll results. This is called social desirability bias.

Providing a question structure that implies more than one type of answer is acceptable will "balance" the question.

eg.

✗ No balance

"Were you satisfied with the quality of services at the health centre during your last visit?"

✓ Simple balance

"Were you satisfied with the quality of services at the health centre during your last visit **or not**?"

✓✓ Middle balance

"Were you **or were you not** satisfied with the quality of services at the health centre during your last visit?"

✓✓✓ Full balance

"Were you satisfied with the quality of services at the health centre during your last visit, **or were you not satisfied with the quality of services at the health centre during your last visit?**"

Unbiased wording – in the response

Question responses can also be a subtle cue for how people should answer. A common problem occurs when there are only two responses – such as "satisfied" or "unsatisfied." Expanding the scale to give a range of positive and negative answers can give respondents a polite way to answer and still indicate their dissatisfaction.

eg.

✗ Only two responses

"Were you satisfied or unsatisfied with the quality of services at the health centre during your last visit?"

✓ Response scale helps remove bias

"How satisfied or unsatisfied were you with the quality of services at the health centre during your last visit: very satisfied, somewhat satisfied, not very satisfied or not at all satisfied?"

Permission

Despite technical balances in the question wording and responses, sometimes respondents will still be reluctant to admit something – like going to the health centre at all. In this case, you can add a full statement to ensure respondents explicitly know the response is acceptable.



✗ Standard question

“In the past year, have you brought [child] to the health centre for vaccination services or not?”

✓ Extra permission

“Some parents bring their children to the health centre for vaccination services and some do not. In the past year, have you brought [child] to the health centre for vaccination services or not?”

How do I make sure that the questionnaire is translated well?

While technical approaches vary, the general aim is to translate for meaning and not just for literal wording similarities. Sometimes when professional translators get involved, they have a much higher level of education and by habit they use more complicated language in the translation. It is often a good idea to double check with the research firm and ask specialists from the relevant areas to do a final review.



What is pre-testing and why is it needed?

Pre-testing is a means of trying out questions on respondents before going into the field to make sure everything is working well. The pre-testing will help to:

1. See how well individual questions are understood
2. Evaluate whether questions have sufficient and clear response categories
3. See whether questions and context are culturally appropriate or raise concerns
4. Assess overall flow and logic for respondents
5. Run quality checks on skip patterns

The research firm should be able to do the pre-testing for you and deliver a report with identified problems and proposed solutions.

A robust pre-testing process will include the range of respondents in the final survey, though you are not looking to get a representative sample in this case. Instead, you are looking to try the questionnaire and recruiting process out on a select number of people in each category of respondents, for example, men and women.

Be suspicious of a pre-test that does not reveal any flaws with a KAP tool. Pre-tests can often be a “tick-box exercise” for research firms without a real effort to improve the tool. A high-quality pre-test and report should be described in the TOR.



MANAGING A KAP POLL



Choosing and working with a research firm

How do I work best with partners internally and externally?

At the start of the project, you will already have developed a working group or another collaboration process to get input from colleagues internally and externally.

→ **Also see:** [How do I bring in others to get the process started?](#)

It will be helpful to get input from these colleagues at the start of the process and at each stage thereafter, including:



Considering a KAP poll

- o Confirm programme objectives that cut across organizations
- o Gather their views on how KAP poll results would be useful for them
- o Ask for their views about the biggest challenges to these programme objectives
- o Inquire about whether they have any data sources to guide development or complement the findings



Designing a KAP poll

- o Gather their ideas on what research questions are of most interest
- o Gather their ideas on which populations are of most interest
- o Gather their ideas for questions to ask in the questionnaire
- o Ask them to review the questionnaire drafts (though you should make it clear that technical review and strategic fit will be the final criteria for inclusion)



Making sense of KAP data

- o Share preliminary results and ask for feedback
- o Ask them for ideas about additional analyses that would help the overall effort or their efforts personally
- o Ask them for complementary data sources that could enrich the lessons



Sharing KAP poll results

- o Gather their ideas for who should receive the results and in what format
- o Consider co-presenting results to ensure buy-in from all participants
- o Ask them to serve as co-authors on any manuscripts or reports written

How do I conduct a high-quality KAP poll at reasonable cost?

Working with well-trained and experienced research firms, having appropriate quality checking in place, and getting sufficient technical guidance is more expensive. These costs are often worth it in terms of quality results.

However, there are places where you can reduce costs. It is helpful to identify cost drivers straight away so you can decide what is needed and negotiate with the research firm.



Limit number and location of interviews: Conducting more interviews is more expensive, as you would expect, but in many cases, travel is really the major expense for the research firm. Work with a statistician to design an efficient sample that keeps travel to a minimum.



Keep geography simple: Using standardized geographic boundaries – existing district limits, for example – is much easier for the research firm (and the statistician!) than using programme-based geography. For example, if your programme runs in certain “neighbourhoods” and you only want to interview people there, it can be difficult for the research firm to define the boundaries and ensure a rigorous design while keeping cost down.



Simplify screening: When interviewers get to the door, they have to choose (randomly!) a person to interview. If they can choose from anyone in the house, this is easiest. The more you require that they screen through and select only some persons, the more time consuming and expensive it will be.



Keep interviews short: Longer interviews tend to be more difficult to field – and the length will increase costs for other features, including quality checking, analysis and reporting.

How do I write a good TOR?

Writing a good TOR is critical for selecting a research firm that understands your needs, and proposes the right methodology and sampling at a given cost.

Be as clear and strategic as you can about what you need from the KAP poll. The more you are able to explain what you require from the firm, the more information they have to design the correct methodology and stick to the budget.

On the methodological side, this includes:

- o the geographic areas that you want to include
- o the people and subgroups that you want to include
- o whether you need to include both men and women
- o the level of statistical rigour you require
- o the approximate number of questions in the questionnaire (sometimes indicated as number of minutes per interview)

You should also include requirements such as:

- o professional translation of the questionnaires
- o pre-testing of the questionnaire with a report of results
- o specific timelines
- o agreement to independent monitoring and quality control protocols
- o ethics standards and protocols of the company

- o security protocols and measures that are in place (where appropriate/necessary)
- o content needed in research report (including analytic and fielding results)
- o specific format of research report(s), for example presentations for stakeholders

A firm bidding on your TOR is likely to look at these elements in great detail. Clarity here should result in higher quality proposals.

Consulting the monitoring and evaluation team in your office or other colleagues with proven research competence is generally a good idea at the TOR development stage, as well as during the selection of the firm for assessment of the proposals. If in doubt, reach out to your counterpart at the regional office (RO) and/or headquarters (HQ) to review your TOR.

How do I choose a high-quality research firm to work with?

Choosing a high-quality research firm to work with is a critical element in making sure your KAP poll is a success. The first step is to ensure that the research firms have an opportunity to put together a thoughtful proposal. Writing a clear TOR, as described above, is essential.

Before putting out the TOR, seek advice from your Operations Manager or Supply Manager on the available mechanisms to interact with companies who will apply for the bid either before, during or after the TOR is advertised. You want to make sure that you answer all the questions companies have while writing the proposal. For example, in some offices, there is a good practice on having a meeting with representatives of companies who are interested in applying, for a Q&A session during the first week of the advertisement. In coordination with your Operations/ Supply Manager you announce that such a meeting will take place, collect questions, provide answers and then publish the minutes online, to ensure everyone has the same information.

If you have done this, you will then get a series of comparable proposals. UNICEF has procurement procedures with which you should familiarize yourself. These procedures specify that the proposals received should be reviewed by three or four UNICEF technical staff. As you review proposals, there will certainly be budgetary considerations, but a view to quality is also essential.

Good indicators of high-quality research firms:

- ✓ Did the firm follow the basic parameters you have asked for in the TOR or suggest clearly why they recommended alternative approaches?
- ✓ Has the firm done work in this substantive area before? Have they worked in the specific geographies you need?
- ✓ Was the firm open to the quality checking protocols – including independent monitoring?
- ✓ Did they set clear boundaries about what they could do from a logistics or security perspective?
- ✓ Did they provide good references that checked out?
- ✓ Do they have the staff resources needed, including good logistics teams and statisticians?



Running your KAP poll

How do I make sure the project is on time and on budget?

Even if you start out with a design that is a reasonable cost and you have a good research firm to work with, the process of keeping projects on time and on budget can be incredibly challenging and important. Even if a KAP poll delivers great results, if the project has gone far above time or budget expectations, it can sour views on the data and organizations' willingness to engage in future KAP or other social research processes.

While the unique circumstances of your office may provide additional considerations, there are some broad strategies that are helpful. Many of these are consistent with good project management practices overall, but they have unique considerations with respect to KAP polls.



Think through the design clearly: The good news is that you are reading this guide, so you have had at least some chance to think through the design clearly. Often delays come from unexpected circumstances related to the design – so spending the time up front to think through the design and its implications is time well spent.



Get buy-in early: Often the delays in fieldwork are due to delays in buy-in from partner organizations. For example, if the research firm needs letters of support from a ministry, there may be delays in obtaining them unless the ministry has already bought into the value of the process. Buy-in is also crucial to ensuring the results of the poll are used (see [How do I get buy-in to the results](#)).



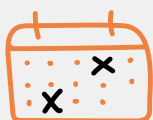
Identify all formal processes and guidelines you will need to comply with up front: It can be helpful to lay out each formal process – internal review, government support, official Institutional Review Board (IRB) (ethics) review, visas – with appropriate timelines.



Set realistic timetables with more time for planning: While everyone wants data quickly, high-quality results take some time. Rushing through the planning process may allow you to save time on paper, but it will probably cost you time in unexpected problems during the process.



Balance speed and quality: If working with a research firm, note that you will become entirely dependent on this firm to deliver on time. Therefore, once a research firm is selected, the way that you manage this relationship becomes key to completing the KAP poll on time. It is necessary to find a balance between speed and quality.



Anticipate fieldwork down/black-out days: If you can, try to avoid predictable times when there are likely to be delays. These vary greatly from country to country, but are mostly predictable: holidays, national/local elections, rainy seasons when roads can be washed out and poll locations inaccessible, winter snow blocking access to mountain villages, and so forth.



Produce an inception report: Requiring the research firm to produce an inception report which fully outlines the design of the research can ensure that the expectations of both parties regarding the research design are absolutely clear.



A written plan covering each stage of the poll process: This plan should include all the steps from design to dissemination and the relevant timelines needed. This will help you keep track of all the steps and help you set expectations for others. Share it early and often.

How do I conduct research ethically?

→ For additional information on how to conduct research ethically, please see the Ethical Considerations chapter of the Cross-cultural Survey Guidelines by the Survey Research Center, Institute for Social Research at the University of Michigan.

Ethical considerations in KAP polls are manifold, and it is your responsibility to account for them. On the practical side, your poll may need to pass formal ethics review boards before it can be conducted. Ethical review boards may be necessary due to the processes of your research firm, which (particularly in the case of universities) may require this approval due to their own internal governance structures. Moreover, governments, such as a Ministry of Health or its equivalent, may also require that your KAP poll is approved by their ethical review board. UNICEF itself requires research to be passed by an ethical review board if the research meets certain criteria, some of which may be relevant to a KAP poll. An e-learning course on conducting ethical research is also available. These ethical review necessities should be considered when establishing timelines for a KAP poll.

Even where a review board is not necessary, you should take care to conduct the KAP poll in an ethical way. Research can pose many risks to those who participate in it and there is often a power imbalance between those doing the research and those who are its subjects. Survey research can harm the people who agree to take part, through the disclosure of confidential or sensitive information, security threats in some areas, or many other means. This is especially likely where the population under research is in some way vulnerable. Care should be taken to ensure not only compliance with review boards, but also that these ethical considerations are taken into account at every stage in the research process.

How do I ensure the quality of fieldwork?

Monitoring the quality of fieldwork is an important dimension of ensuring overall quality of your poll and one that will often be emphasized when you share results. Poor quality fieldwork results in poor quality data (that is to say, inaccurate or fraudulent data). Poor quality data in turn means that your analysis and conclusions may be unreliable. There will therefore need to be a field **quality checking** system that verifies whether the fieldwork is being conducted well. You will need to decide what responsibilities are for UNICEF and what are for the research firm, and whether you need an independent quality checking team (see opposite page).

The research firm should provide at minimum an outline of a quality checking plan at the proposal stage. This should be specified in the TORs. The quality checking plan should be sufficient to convince you that the research firm can be sure that their field staff are conducting the interviews to a high standard, that they are correctly following the sampling procedures and that they are not fabricating data. Fieldwork fraud, where fieldworkers do not conduct the interview but instead create fake data because it is easier, can be a major issue in some countries. Common areas where quality checking is needed from the research firm and methods of performing quality checking, are described below.

ASPECT OF FIELDWORK	QUESTIONS TO ASK YOURSELF	POSSIBLE TECHNIQUES FOR MONITORING
Sampling plan	Does the fieldwork match the sampling plan? Were the fieldwork teams in the field in the places they said they would be?	Unannounced spot checks GPS signal checks Photographs of identifying landmarks Signed letters from community leaders (where security prevents other check tools)
Sampling procedures	Did the research firm follow random sampling or random route procedures as expected? Did they follow sampling protocols at the door?	Unannounced spot checks Daily reports on demographics of interviewees (it should be consistent with a random sample)
Quality of the interviews	Did the interviewers ask questions as expected? Did they follow skip patterns? Did they spend sufficient time?	Unannounced spot checks/observations Re-contacting respondents to confirm answers on select questions Summary of times for interviews (they should not be too short or too long)



Quality checking and independence

If your KAP poll asks respondents to **judge** or even **report** their experiences with your programme efforts, and you are using UNICEF staff or government to conduct the poll or directly observe, it may be reasonable to ask whether presence of your staff on site **would impact – or be perceived as impacting** – the results. Thus,

you may find it better to hire an independent firm, apart from the research firm, to do the quality checking in these circumstances. You will still take measures to ensure the independent team does their work properly, but having an independent check can be a useful strategy that is worth the cost.



Security considerations

Where appropriate or necessary add this chapter into your TOR, requesting information on the company's existing protocols and standards. The security of the respondents and research firm are of utmost importance in carrying out a KAP poll in challenging field environments. As a contractor, the research firm would be

responsible for implementing their internal safety and security protocols. Working with a research firm who has experience in any security-compromised areas and can bring local expertise is crucial. They should have their own, comprehensive security strategy to keep the research firm safe.



MAKING SENSE OF KAP DATA



How is the quality of the data set checked?

Now that the collection of data is done, the research firm will start analysing the information. The first key deliverable from the research firm should be the final, raw dataset or “data file.” Even if they are running statistical analyses, you may want to carry out a quality check on the data. You may not be able to run all of these checks yourself, but you may have other UNICEF staff who can do this. As a second-best approach, you can also ask the research firm to run these tests and show you the results in a small report. Ensuring the research firm agrees to this report as part of the TOR can save you frustration and cost overruns.

Common areas to examine as part of the quality check are shown below:

- ✓ **Basic integrity of the data set:** Does the data set have clear and consistent variable labelling and structure? Are there missing values or extraneous data points? Do the variables match the questionnaire and skip patterns? Does the data set include the necessary metadata (e.g. field location and interviewer number)?
- ✓ **Match to the field plan and contract agreement:** Does the data match the field plan in terms of the number of interviews expected, the areas expected and the demographic profile of respondents expected? Are there any cases that seem impossible from a logistics perspective – for example, interviews conducted in two districts on the same day by the same interviewer or two interviews conducted at the same time on the same day by the same interviewer?
- ✓ **Apparent quality of interviews:** Is the average length of interviews appropriate? Are there lots of “don’t knows” or blank responses to questions?
- ✓ **Internal logic:** Do variables that should correspond actually correspond – for example, are all mothers female and all fathers male?
- ✓ **External logic:** Do results match your local knowledge? Do key variables match other data sources if you have them?



What should the research report include?

Once you and the research firm are confident in the data quality, the firm will begin to prepare the research report. It is often a good idea to request a preliminary report of initial findings from the KAP poll. The research firm can provide this before starting the process of writing a full report, and it can provide you with an opportunity to begin reflecting on what the results might mean for your programme.

The final report for a KAP poll should contain, at a minimum:

- An **overview** of the project and introduction
- A detailed **methodology** which explains the sampling and fielding approach and results in detail (this is sometimes provided as a separate “technical report”)
- A presentation of the **analyses and findings** (see below)
- Some **conclusions and recommendations**

The quality of reports produced by research firms varies considerably. You may need to undertake two or three rounds of comments and revisions to get a high-quality final product. You should be aware that most research firms are unlikely to be able to have someone on staff or find someone to write the report who is both an expert in the subject matter and who is able to perform the data analysis. They are much more likely to know how to do the analysis, but not know the subject matter. They will certainly not know your programme as well as you do. This means that your own interpretation of the data presented in the report is a key input.

→ **Also see:** How do I interpret and use the research findings for C4D and programme strategy?

The most essential part of the report may be the “topline” results, which means the fraction of people who provided each response for each question. This allows you to see how many people have key knowledge, hold the essential attitudes and have adopted core practices you are interested in.

A second essential part of the report is the “subgroup analysis”, which means the fraction of different subgroups (e.g. men versus women) who provided each response for each question. (This can also be called “disaggregation”) These are often some of the most useful findings you can receive from a KAP poll, since it allows you to tailor the programme to these subgroups.

All about subgroup analysis



Deciding on subgroup analyses often takes multiple steps. At the design stage, you should try to anticipate as many needed subgroup analyses as possible – for example, your main populations of interest – to ensure you have sufficient sample. Experience shows that even if you try to do this, you may think of other important subgroups once you present findings or discuss with other colleagues. You will likely need to revisit this with the research firm at the analysis stage. Whether or not the subgroup analyses you want at this final stage are possible depends on the sampling design. The research firm should be able to tell you what kinds of subgroup analyses can be performed with the design and data you have.

The most useful subgroups to examine depends entirely on your programme.
The most common kinds of subgroup analysis are:



By geographical area

(for example, by region, province, district, etc)



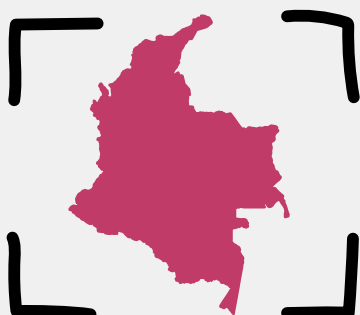
By gender



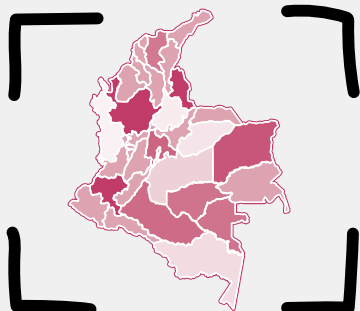
By behavioural traits

(for example, people who vaccinate or do not vaccinate their children)

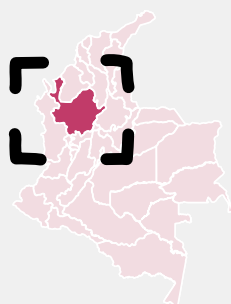
For example:



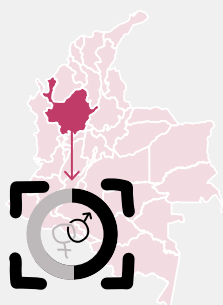
You may have **performed a KAP poll at a national level**, but be interested in differences between people in different regions, since it allows you to understand where people's knowledge, attitudes, or practices are weakest.



To find this out, you would need to **have the research firm conduct subgroup analyses at a regional level**. You may then want to become even more specific and understand differences by different provinces or districts.



To find this out, you would need to **have the research firm conduct subgroup analyses at a provincial or district level**. You may find that the sample was not designed to allow for subgroup analysis at the provincial or district level.



You may be interested in **differences between key populations within your sample**, such as men and women. You may be able to look at these subgroups at the national level or within a province or district. Again, whether or not this is possible at the provincial or district level depends on how the sample was designed at the beginning of the research.



How do I interpret and use the research findings for C4D and programme strategy?

The primary purpose of having a data report is to be able to interpret and use the findings for evidence-based recommendations in C4D strategy. This is the most critical, most interesting and sometimes the hardest part of the process.

What follows here is a set of examples of how data can be interpreted. Essentially, the interpretation of data requires people with sufficient knowledge of the programme to consider what the data says about the target populations and what implications this has for C4D and programme strategy. You are likely to have asked many questions in your KAP poll. It can therefore be helpful to look at the topline and subgroup analysis for each according to the following simple process:

1. **Results:** What are the topline and subgroup results?
2. **Interpretation:** What does this mean?
3. **Implications for C4D:** What do we need to do differently?

eg. Topline analysis

RESULTS	INTERPRETATION	IMPLICATIONS FOR C4D
50% of caregivers trust the health workers at their local clinic “a great deal”.	Not as many caregivers as we would hope trust the health workers at their local clinic.	Building trust in health workers will be important for the programme.

eg. Subgroup analysis: **Geography**

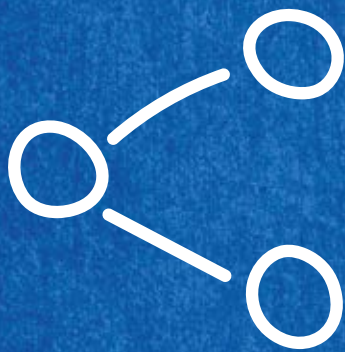
RESULTS	INTERPRETATION	IMPLICATIONS FOR C4D
Urban areas: 45% of caregivers trust the health workers at their local clinic “a great deal”. Non-urban areas: 60% of caregivers trust the health workers at their local clinic “a great deal”.	Caregivers in urban areas are less likely to trust their health workers “a great deal”.	Targeted efforts to increase trust in urban areas may be needed.

eg. Subgroup analysis: **Specific demographic group**

RESULTS	INTERPRETATION	IMPLICATIONS FOR C4D
All parents: 50% of caregivers trust the health workers at their local clinic. New mothers: 35% of new mothers trust the health workers at their local clinic.	New mothers are less likely to trust the health workers at their local clinic.	Targeted efforts to increase trust among new mothers may be needed.

eg. Subgroup analysis: **Groups who have not adopted desired behaviours**

RESULTS	INTERPRETATION	IMPLICATIONS FOR C4D
Caregivers who trust the health workers “a great deal”: 80% believe they have received all age-appropriate vaccines for their children. Caregivers who do not trust the health workers “a great deal”: 40% believe they have received all age-appropriate vaccines for their children.	Caregivers who do not trust health workers “a great deal” are less likely to believe they have received all age-appropriate vaccines for their children.	Address underlying sources of distrust in health workers.



SHARING KAP RESULTS



How do I present results effectively to others?

In order to share KAP poll results effectively with others, there are at least two levels of presentation that are often helpful:

Level 1

First, for most audiences – and especially for policymakers and other decision makers – you will need to be able to provide a short summary of the data and what they mean for the programme. Many people describe this process as letting the data ‘tell a story.’ In the process of telling a story, you will likely need to streamline results to include what is most important, but you will also need to interpret the data to focus on the implications for C4D and programme strategy going forward.

You should ask the research firm to organize final results into a short memo or presentation. It is not uncommon to ask them to present findings in a memo of 1-2 pages or a presentation of fewer than 10 slides.

Level 2

For more technical audiences, and sometimes for the core team working on a given issue such as immunization, a longer presentation of data is needed. This should provide more detail on each of the key points, but it is helpful to keep the data organized in the same thematic topics as the shorter presentation. For this reason, it can be helpful to draft (or at least outline) the short presentation first.



How do I get buy-in to the results?

Getting internal and external buy-in needs to begin early in the process. Although this is the last stage of the process, it needs to be something you consider first. Getting buy-in is not something that can be easily done last minute.

As mentioned earlier, it is a very good idea to get the buy-in from the team in your office, national and international partners and, of course, government partners at the design stage. It is important to engage relevant colleagues, partners and counterparts in each step of the research, allowing them to comment and provide feedback. If these stakeholders feel some ‘ownership’ of the research, they are more likely to accept the findings as accurate, and to use them to inform operations or policy.

→ **Review:** Get buy-in early

Another opportunity to generate or maintain buy-in comes after the data have been finalized and findings produced. At this stage, you will likely present the results to those who you are hoping will use it. While presenting the results you should explain how you’ve ensured that the data are high quality, why these data and their analysis should be considered credible and how you suggest they could be used. Don’t forget to suggest the next steps and a strategic view on the way forward.



How do I ensure that the results are used?



If you have buy-in early, partners may co-present results with you. This can be even more effective in ensuring results are used.



A workshop or another kind of meeting could be dedicated to this effort. At the workshop or meeting, partners involved in the programme can review the data, share their ideas for implications and agree on tangible steps forward.



It is also good to insert your results into existing strategic resources that your programme and partners rely on, such as a national strategic plan. If you can get the results and implications into that document, there is a much better chance they will be used.

When the programme does use the results, there is a final opportunity to document the successes of your KAP poll. Taking the time to write up even a short summary of the ways in which results have been used is worthwhile. It will showcase your successes and provide a great example for others to follow.



Completion

Following the guidelines here should ensure the study has provided you with important information regarding your target populations, and has allowed you to improve your C4D and programme strategy in an evidence-driven way.

Looking forward

To ensure the long-term success of your efforts, it can be helpful to document the successes of your KAP poll. A short summary how results have been used is worthwhile. It will showcase your successes and provide a great example for others to follow!

Lastly, it can be useful to [review the process of conducting the KAP poll, and draw out some lessons learned](#). As should be clear from these guidelines, successfully managing a research poll is a skill in itself, and the learnings from this should be captured to inform subsequent KAP polls.

Although conducting a high-quality KAP poll entails a considerable amount of work, this evidence-based approach can be critical in improving outcomes for children.

Congratulations!

APPENDIX:

Sample KAP Poll Questionnaire

Q1.1-Q1.3 – What are the important health problems currently facing [your child/your children/the children in your household] ?

Please emphasize '[your child/your children/the children in your household]'. Insist on more than one word responses and write verbatims in the box below or select 99/'No answer'. Record a maximum of three health problems.

99 No answer *[do not read]* → Go to INSTR1 at Q3

[Ask only of respondents who mentioned more than one issue in Q1]

Q2 – Of these health problems that you mentioned, which one is the most important?

Insist on more than one word responses and write verbatims in the box below or select 99/'No answer'.

99 No answer *[do not read]*

INSTR1 – I would now like to ask you about a kind of illness that children can get – diarrhea, which is a common illness among infants. By diarrhea, I mean *[local term]* or having loose stools at least three times in a day.

Q3 – In the past three months, approximately how many times has *[index child]* gotten sick with diarrhea? If *[index child]* was sick with diarrhea for more than day in a row, please count all days in a row as one time.

Do not read out items. Select one only that best corresponds to respondent verbatim. Ask for approximate number of times if respondent is unsure at first.

DO NOT READ OUT	Once	1
	Twice	2
	Three times	3
	Four times	4
	Five times	5
	Six times	6
	Seven times	7
	Eight times	8
	Nine times	9
	Ten times or more	10
	Zero times in the past three months	11
	Don't know / Refused	98

Q4 – When was the last time that *[index child]* got sick with diarrhea? Was it...

Read out items and select one only.

During the last week	1	→ CONTINUE
1-4 weeks ago	2	→ CONTINUE
1 month to 3 months ago	3	→ CONTINUE
More than 3 months ago, but within six months	4	→ CONTINUE
More than 6 months ago, but within one year	5	→ CONTINUE
More than one year ago	6	→ CONTINUE
<i>[Index child]</i> has never gotten sick with diarrhea	7	→ Go to Q7
Don't know / Refused <i>[do not read]</i>	98	

Q5 – What treatment, if any, did you give to [index child]?

Read out each item and select all that apply or select 'Don't know / Refused'. If 'Don't know / Refused' is selected, nothing else is selected. Ensure that respondent does not select both 'Gave [index child] more fluids to drink' and 'Gave [index child] fewer fluids to drink'.

A. Gave [index child] oral rehydration salts (ORS) packets mixed with boiled water or bottled/mineral water	1	→ Go to Q7
B. Gave [index child] sugar and salt mixed with boiled water or bottled/mineral water	2	→ CONTINUE
C. Gave [index child] MORE fluids to drink	3	→ CONTINUE
D. Gave [index child] FEWER fluids to drink	4	→ CONTINUE
E. Gave [index child] zinc tablets	5	→ CONTINUE
F. Gave [index child] traditional medicine	6	→ CONTINUE
G. Prayed [index child] would get healthier	7	→ CONTINUE
H. Other (Please record response accurately below) [do not read]	8	→ CONTINUE
I. Don't know / Refused [do not read]	98	→ CONTINUE

IF ORAL REHYDRATIONS SALTS (ORS) (CODE 1) IS MENTIONED AT ALL (I.E. ON ITS OWN OR ALONG WITH FEVER, DIARRHEA AND OTHER), GO TO Q7. ONLY SKIP Q7 IF ORAL REHYDRATIONS SALTS (ORS) IS NOT MENTIONED.

Q6 – What were the reasons you did not give [index child] oral rehydration salts (ORS) packets mixed with boiled water or bottled/mineral water ?

Do not read out items. Select all that apply or select 'Did give [index child] ORS, but forgot to mention' or 'Don't know / Refused'.

DO NOT READ OUT	No one advised that I should	1
	ORS packets are too expensive	2
	ORS packets do not work well	3
	Gave [index child] sugar and salt mixed with boiled water or bottled/mineral water	4
	ORS packets are difficult to find/get	5
	Other (Please record response accurately below)	6
	Did give [index child] ORS, but forgot to mention	7
	Don't know / Refused	98

Q7A-G – I am now going to read you a list of different ideas about ways that parents can prevent their children from getting diarrhea and ask how effective or not effective you think each is. Is [INSERT ITEMS A-G] very effective, somewhat effective, not very effective or not at all effective in preventing diarrhea?

Emphasize 'parents' and 'preventing'. **Read out** each item in Q7 in rotating order, starting each interview with a different item. For each item in Q7, **read question** and then **read answer categories** in each row. Select one only in each corresponding row. Read question as many times as needed to address all items in Q7.

	Very effective	Somewhat effective	Not very effective	Not at all effective	Don't know / refused [do not read]
A. Make sure children drink clean water	1	2	3	4	98
B. Make sure family members use toilets and don't go outside	1	2	3	4	98
C. Wash their own hands frequently	1	2	3	4	98
D. Pray that children will not get diarrhea	1	2	3	4	98
E. Wash children's hands frequently	1	2	3	4	98
F. Make sure infants have only breast milk to eat or drink until they are 6 months old	1	2	3	4	98

G. Give children zinc tablets	1	2	3	4	98
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Q8 – To help avoid getting diarrhea, at what points during the day is it important to wash your hands? If you do not think it is important to wash your hands in order to help avoid getting diarrhea, please tell me.

Do not read out items. Select all that apply or select 'Not important to wash hands' or 'Don't know / Refused'.

DO NOT READ OUT	Before eating	1
	Before preparing/cooking or serving food	2
	Before feeding a baby/helping a child eat	3
	After defecating	4
	After urinating	5
	After changing/cleaning a child when they defecate	6
	After returning from the fields	7
	After returning from other kinds of work	8
	Before prayer	9
	Other (Please record response accurately below)	10
	Not important to wash hands	11
	Don't know / Refused	98

INSTR2 – Now I want to ask you about other health problems affecting some children.

Q9A-C – Have you or have you not heard of each of the following diseases?

Read out the item each row, then read answer categories and select one only in each corresponding row.

	Yes, have heard	No, have not heard	Don't know / Refused [do not read]
A. Measles	1	2	98
B. Whooping cough	1	2	98
C. Tuberculosis/TB	1	2	98

INSTR3 – Vaccines to prevent diseases may be given to infants at health clinics or health centers, hospitals, community centers or other places. Usually vaccines are given as an injection in the thigh or upper arm. I am not talking about liquid drops that children are given in their mouths.

Read out statement.

Q10 – Some families get injectable vaccines for their children and others do not. When [index child] was born, did [he/she] get any injectable vaccines or not?

Read out items and select one only.

Yes, [index child] did receive	1
No, [index child] did not receive	2
Don't know / Refused [do not read]	98

Q11 – After [index child] was born and before [his/her] first birthday, did [index child] receive or did [index child] not receive any injectable vaccines?

Read out items and select one only. Use phrase 'and before their first birthday' if child is older than 1 year.

Yes, [index child] did receive	1	→ Go to Q13
No, [index child] did not receive	2	→ CONTINUE
Don't know / Refused [do not read]	98	→ Go to Q23

Q12 – What are all the reasons why [index child] did not receive any injectable vaccines after [he/she] was born and before their first birthday?

Do not read out items and select all that apply or select 'Don't know / Refused'. Emphasize 'did not' and 'any'. Use phrase "and before their first birthday" if child is older than 1 year. Select items that best correspond to the respondent verbatim. If 'Don't know / Refused' is selected, nothing else is selected.

DO NOT READ OUT	Child was too young	1	→ Go to Q23
	Child/parent traveled to another area after birth	2	
	Person who usually goes was sick/weak	3	
	Person who usually goes was busy or working	4	
	Did not believe it was very important	5	
	Child is not likely to get sick with relevant illnesses	6	
	Do not believe vaccines prevent illnesses	7	
	Do not have family support	8	
	Religion prevents me from getting vaccines	9	
	Concern about side effects/harm to child	10	
	Do not know where/when to get vaccines	11	
	Too difficult/far to get to facility/place to get vaccines	12	
	Child was sick	13	
	Vaccines not available at facility/place to get vaccines	14	
	Service at facility was poor	15	
	Medical staff not available at facility/place to get vaccines	16	
	Other (Please record response accurately below)	17	
	Don't know / Refused	98	

Q13 – As far as you know, has [index child] received all the injectable vaccines for a child [his/her] age, or only some of them?

Do not read out items, emphasize 'all' and 'for a child [his/her] age' and select one only.

DO NOT READ OUT	All the vaccines	1	→ Go to Q15
	Only some of the vaccines	2	→ CONTINUE
	Don't know / Refused	98	→ Go to Q15

Q14 – What are all the reasons why [index child] did not receive all the injectable vaccines for a child [his/her] age?

Do not read out items. Emphasize 'all the vaccines' and select all that apply or select 'Don't know / Refused'. Select items that best correspond to the respondent verbatim. If 'Don't know / Refused' is selected, nothing else is selected.

DO NOT READ OUT	Child was too young	1
	Child/parent traveled to another area after birth	2
	Person who usually goes was sick/weak	3
	Person who usually goes was busy or working	4
	Did not believe it was very important	5
	Child is not likely to get sick with relevant illnesses	6
	Do not believe vaccines prevent illnesses	7
	Do not have family support	8
	Religion prevents me from getting vaccines	9
	Concern about side effects/harm to child	10
	Do not know where/when to get vaccines	11
	Too difficult/far to get to facility/place to get vaccines	12
	Child was sick	13
	Vaccines not available at facility/place to get vaccines	14
	Service at facility was poor	15
	Medical staff not available at facility/place to get vaccines	16
	Other (Please record response accurately below)	17
	Don't know / Refused	98

Q15 – Did you personally ever go with [index child] to get an injectable vaccine or not?

Read out items and select one only. Emphasize "personally".

Yes, you went personally	1	→ Go to Q17
No, you have not gone personally	2	→ CONTINUE
Don't know / Refused [do not read]	98	→ Go to Q23

Q16 – Who has gone with [index child] to get an injectable vaccine most frequently?

Do not read out items and select one only.

DO NOT READ OUT	Father of [index child]	1	→ Go to Q23
	Mother of [index child]	2	
	Maternal grandfather of [index child]	3	
	Maternal grandmother of [index child]	4	
	Paternal grandfather of [index child]	5	
	Paternal grandmother of [index child]	6	
	Sister or brother of [index child]	7	
	Aunt or uncle of [index child]	8	
	Other person (Please record response accurately below)	9	
	Don't know / Refused	98	

Q17 – The last time you went with [index child] to get injectable vaccines, did you go to a health clinic, a health center, a hospital, or some other place?

Do not read out items and select one only. Select the item that best corresponds to the respondent verbatim.

DO NOT READ OUT	Health clinic/private clinic	1
	Health center/government-run center	2
	Hospital	3
	School	4
	Community center	5
	Elder's house ("bathek" or "utag")	6
	Some other place (Please record response accurately below)	7
	Don't know / Refused	98

Q18 – At your most recent visit, how much did you trust the quality of the injectable vaccines [index child] was offered? Would you say you trusted the quality...?

Read out items and select one only.

A great deal	1
Somewhat	2
Not very much	3
Not at all	4
Don't know / Refused [do not read]	98

Q19 – At your most recent visit, were any of the injectable vaccines for [index child] out of stock or were they all available?

Read out items and select one only.

Yes, some were out of stock	1
No, all were available	2
Don't know / Refused [do not read]	98

INSTR4 – In these next questions, I would like to ask you about the health workers who gave [index child] the injectable vaccines or talked to you at your most recent visit.

Read out statement.

Q20 – Overall, how much did you trust these health workers? Would you say...?

Read out items and select one only.

A great deal	1
Somewhat	2
Not very much	3
Not at all	4
Don't know / Refused [do not read]	98

Q21 – How much did these health workers seem to care about the well-being of [index child]? Would you say they cared...?

Read out items and select one only.

A great deal	1
Somewhat	2
Not very much	3
Not at all	4
Don't know / Refused [do not read]	98

Q22 – Were these health workers knowledgeable about children's health or not? Were they...?

Read out items and select one only.

Very knowledgeable	1
Somewhat knowledgeable	2
Not very knowledgeable	3
Not knowledgeable at all	4
Don't know / Refused [do not read]	98

Q23 – Based on your experience or what you have heard, how would you rate overall quality of the health facility or other location where [you have gone/people in your community usually go] to get injectable vaccines?

Read out items and select one only. Insert the phrase 'you have gone' for any respondents who have personally gone to get vaccines, and insert the phrase 'people in your community' for respondents who have not gone personally to get vaccines.

Excellent	1
Good	2
Fair	3
Poor	4
Don't know / Refused [do not read]	98

Q24A-C – Based on your experience or what you have heard about this place, how often would you say the following problems occur? [INSERT ITEMS A-C] Does this occur...?

Read out each item in rotating order, starting each interview with a different item. For each item, read question and then read response categories in each row [very frequently, etc.]. Select one only in each corresponding row. Read question as many times as needed to address all items in Q24.

	Very frequently	Somewhat frequently	Not very frequently	Never	Don't know / Refused [do not read]
A. Injectable vaccines are out of stock	1	2	3	4	98
B. Medical staff, such as doctors or nurses, are unavailable to administer injectable vaccines	1	2	3	4	98
C. Needed health services <u>other than</u> injectable vaccines are unavailable	1	2	3	4	98

INSTR5 – These last few questions are about children in your neighborhood/village as opposed to your own children.

Read out statement.

Q25 – In order to get all injectable vaccines, how many times do you think any child in your neighborhood/village needs to see a health worker after they are born and before their first birthday?

Do not read out items. Emphasize 'all', 'any child in your neighborhood/village' and 'before their first birthday'. Select one only that best corresponds to respondent verbatim. Ask for approximate number of times if respondent is unsure at first.

DO NOT READ OUT	Once	1
	Twice	2
	Three times	3
	Four times	4
	Five times	5
	Six times	6
	Seven times	7
	Eight times	8
	Nine times	9
	Ten times or more	10
	Don't know / Refused	98

Q26 – As far as you know, if any child in your neighborhood/village is sick at the time a vaccination is due, should the child receive the injectable vaccine or not?

Do not read out items, emphasize 'any child', and select one only.

DO NOT READ OUT	Yes, child should	1
	No, child should not	2
	Don't know / Refused	98

Q27 – Have you or have you not heard of polio?

Read out items and select one only.

Yes, have heard	1	→ Go to Q29
No, have not heard	2	→ CONTINUE
Don't know / Refused [do not read]	98	→ CONTINUE

Q28 – Have you or have you not heard of a disease that can paralyze children?

Read out items and select one only.

Yes, have heard	1	→ CONTINUE
No, have not heard	2	→ Go to D1
Don't know / Refused [do not read]	98	→ Go to D1

INSTR6 – I will refer to this disease as 'polio' throughout this interview.

Read out statement.

Q29 – Are you concerned or not concerned that [index child] may get sick with polio this year? Are you...?

Read out items and select one only.

Very concerned	1
Somewhat concerned	2
Not very concerned	3
Not at all concerned	4
Don't know / Refused [do not read]	98

Q30 – God forbid [index child] were to get sick, but if he/she were to get sick with polio, would that sickness be serious or not serious? Would it be...?

Emphasize 'were'. Read out items and select one only.

Very serious	1
Somewhat serious	2
Not very serious	3
Not at all serious	4
Don't know / Refused [do not read]	98

Q31 – God forbid [index child] were to get sick, but if he/she were to get sick with polio, what symptoms could [index child] get?

Emphasize 'were'. **Do not read out items** and select all that apply. Select items that best correspond to respondent verbatim. If 98/'Don't know / Refused' is selected, nothing else is selected. If respondent mentions 'Paralysis of the arms and/or legs' along with another answer, continue to next question.

DO NOT READ OUT	Paralysis of the arms and/or legs (include shorter limbs, difficulty walking)	1	→ CONTINUE
	Fever	2	→ Go to INSTR7 at Q33
	Diarrhea	3	
	Other (Please record response accurately below)	4	
	Don't know / Refused	98	

IF PARALYSIS (CODE 1) IS MENTIONED AT ALL (I.E. ON ITS OWN OR ALONG WITH FEVER, DIARRHEA AND OTHER), GO TO Q32. ONLY SKIP Q32 IF PARALYSIS IS NOT MENTIONED.

Q32 – Would this paralysis/[INSERT VERBATIM DESCRIPTION OF PARALYSIS FROM Q31] be curable or not?

Use respondent verbatim from Q31 instead of placeholder: '[verbatim description of paralysis]'. **Do not read out items** and select one only.

DO NOT READ OUT	Yes, paralysis would be curable	1
	No, paralysis would not be curable	2
	Don't know / Refused	98

INSTR7 – I am going to use the phrase 'polio drops' in the next questions to talk about the polio vaccine given orally as a liquid to children in order to protect against polio. I am not using that phrase to describe a polio vaccine injection or vaccines against other diseases.

Read out statement and emphasize 'polio drops', 'not,' 'a polio vaccine injection' and 'vaccines against other diseases'.

Q33 – As far as you know, how effective or ineffective are polio drops in preventing polio? Are they...?

Read out items and select one only.

Very effective	1
Somewhat effective	2
Not very effective	3
Not effective at all	4
Don't know / Refused [do not read]	98

Q34 – By the time [index child] reaches [his/her] 5th birthday, how often do you intend to have vaccinators give [index child] polio drops? Would you say...?

Read out items and select one only.

Every time polio drops are offered	1
Most of the times polio drops are offered	2
Just a few of the times polio drops are offered	3
Only once	4
Never	5
Don't know / Refused [do not read]	98

INSTR8 – The next few questions of this section are about children in your village/neighborhood as opposed to your own children.

Read out statement and emphasize 'children in your village/neighborhood'.

Q35 – Do you think giving polio drops to children in your village/neighborhood is a good or a bad idea? Is it a ...?

Read out items and select one only.

Very good idea	1
Somewhat good idea	2
Somewhat bad idea	3
Very bad idea	4
Don't know / Refused <i>[do not read]</i>	98

Q36A-G – So we can develop a fuller understanding, as far as you know, what do each of the following people think of the idea of giving polio drops to children in your village/neighborhood?

Q36A – What do *[index child]*'s grandparents think? Is it a _____?

Read out response categories and select one only in column Q36A.

Q36B – What do most of your friends think? Is it a _____?

Read out response categories and select one only in column Q36B.

Q36C – What do most of your neighbors think? Is it a _____?

Read out response categories and select one only in column Q36C.

Q36D – What do most community leaders in your village/neighborhood think? A community leader in your village/neighborhood could be a malik, Khan, local councilor of the Union Council, or other influential. Is it a _____?

Read out response categories and select one only in column Q36D.

Q36E – What do your religious leaders in your village/neighborhood think? A religious leader could be an imam or maulana of the mosque in your village/neighborhood or other religious authorities you follow. Is it a _____?

Read out response categories and select one only in column Q36E.

Q36F – What do most health workers at your local health facility think? A health worker could be a doctor, nurse, nurse's aide or other health professional. Is it a _____?

Read out response categories and select one only in column Q36F.

Q36G – What do traditional birth attendants in your village/neighborhood think? Is it a _____?

Read out response categories and select one only in column Q36G.

Q36H – What does your traditional healer think? Is it a _____?

Read out response categories and select one only in column Q36H.

	Q36A. <i>[Index child]</i> 's grandparents	Q36B. Most of your friends	Q36C. Most of your neighbors	Q36D. Most community leaders	Q36E. Your religious leaders	Q36F. Most health workers	Q36G. Traditional birth attendants	Q36H. Your traditional healer
Very good idea	1	1	1	1	1	1	1	1
Somewhat good idea	2	2	2	2	2	2	2	2
Somewhat bad idea	3	3	3	3	3	3	3	3
Very bad idea	4	4	4	4	4	4	4	4
Not applicable <i>[do not read]</i>	5			5	5	5	5	5
Don't know / Refused <i>[do not read]</i>	98	98	98	98	98	98	98	98

Q37 – In the last year, what positive things have you heard, read or seen about polio drops?

Emphasize 'positive'. **Do not read out items** and select all that apply. Select the items that best correspond to respondent verbatim. If E(5), F(6) or G(98) are the **ONLY** responses selected go to Q39. If A, B, or C are selected or there are multiple selections then continue to Q38.

DO NOT READ OUT	A. Polio drops can protect a child against polio	1	→ CONTINUE
	B. Polio drops can protect a child against diseases other than polio (e.g., malaria, cholera)	2	→ CONTINUE
	C. Polio drops can make a child healthier (no mention of immunity)	3	→ CONTINUE
	D. Taking polio drops can encourage organizations to bring other health services to children here	4	→ CONTINUE
	E. Other (Please record response accurately below)	5	→ If ONLY response Go to Q39
	F. I have not heard, read or seen anything positive	6	→ Go to Q39
	G. Don't know / Refused	98	

INSTR9 – I am now going to ask you about each positive thing that you have heard, read or seen about polio drops.

Read out statement and emphasize 'positive'.

Q38 – Do you believe that [ITEM(S) MENTIONED BY RESPONDENT IN Q37] is true or untrue? Is it...?

For each item mentioned by respondent in Q37, **read question** and then **read response categories** in each row. Select one only in each corresponding row. Read question as many times as needed to address all items mentioned by respondent in Q37.

	Completely true	Mostly true	Mostly false	Completely false	Don't know / Refused [do not read]
A. Polio drops can protect a child against polio	1	2	3	4	98
B. Polio drops can protect a child against diseases other than polio (e.g., malaria, cholera)	1	2	3	4	98
C. Polio drops can make a child healthier (no mention of immunity)	1	2	3	4	98
D. Taking polio drops can encourage organizations to bring other health services to children here	1	2	3	4	98

Q39 – In the last year, what negative things have you heard, read or seen about polio drops?

Emphasize 'negative'. **Do not read out items** and select all that apply. Select the items that best correspond to respondent verbatim. If I(9), J(10) or K(98) are the **ONLY** responses selected then go to INSTR11 at Q41. If A(1), B(2), C(3), D(4), E(5), F(6), G(7), H(8) are selected OR there are multiple selections continue to Q40.

DO NOT READ OUT	A. Polio drops can give a child a fever	1	→ CONTINUE
	B. Polio drops can give a child other side effects (not fever)	2	→ CONTINUE
	C. Polio drops can make boys unable to father children later in life	3	→ CONTINUE
	D. Polio drops can make girls unable to have children later in life	4	→ CONTINUE
	E. Polio drops are very likely to give a child polio	5	→ CONTINUE
	F. Polio drops can give a child HIV/AIDS	6	→ CONTINUE
	G. Polio drops are not halal	7	→ CONTINUE
	H. Polio drops are made with urine or blood	8	→ CONTINUE
	I. Other (Please record response accurately below)	9	→ If ONLY response, go to INSTR11 at Q41
	J. I have not heard, read or seen anything negative	10	→ Go to INSTR11 at Q41
	K. Don't know / Refused	98	

INSTR10 – I am now going to ask you about each negative thing that you have heard, read or seen about polio drops.

Read out statement and emphasize 'negative'.

Q40 – Do you believe that [ITEM(S) MENTIONED BY RESPONDENT IN Q39] is true or untrue? Is it...?

For each item mentioned by respondent in Q39, **read question** and then **read response categories** in each row. Select one only in each corresponding row. Read question as many times as needed to address all items mentioned by respondent in Q39.

	Completely true	Mostly true	Mostly false	Completely false	Don't know / Refused [do not read]
A. Polio drops can give a child a fever	1	2	3	4	98
B. Polio drops can give a child other side effects (not fever)	1	2	3	4	98
C. Polio drops can make boys unable to father children later in life	1	2	3	4	98
D. Polio drops can make girls unable to have children later in life	1	2	3	4	98
E. Polio drops are very likely to give a child polio	1	2	3	4	98
F. Polio drops can give a child HIV/AIDS	1	2	3	4	98
G. Polio drops are not halal	1	2	3	4	98
H. Polio drops are made with urine or blood	1	2	3	4	98

INSTR11 – As you may or may not know, there are people offering children polio drops in your village/neighborhood. I will call these people 'polio vaccinators'. Polio vaccinators go to people's homes to offer children polio drops. Small groups of vaccinators come house-to-house during 'polio campaign/drives'.

I would like to ask you about the last time that polio vaccinators were in your village/neighborhood offering polio drops during a polio campaign/drive. During polio campaigns/drives, polio vaccinators may not be able to visit every home in a village/neighborhood, but people might hear from their neighbors that the campaign/drive has occurred.

Read out statement and emphasize 'during a polio campaign/drive'.

Q41 – The last time polio vaccinators were in your village/neighborhood during a polio campaign/drive, did they or did they not come to your home?

Do not read out items and select one only.

DO NOT READ OUT	Yes, they did	1	→ CONTINUE
	No, they did not	2	→ CONTINUE
	Vaccinators have never come to my home during a polio campaign/drive	3	→ Go to Q61
	Vaccinators have never come to my village/neighborhood during a polio campaign/drive	4	→ Go to Q68
	Don't know / Refused	98	→ CONTINUE

INSTR12 – The next few questions focus on the last time polio vaccinators did come to your home to offer polio drops to [index child] during a polio campaign/drive. If polio vaccinators didn't come to your home during the last polio campaign/drive, think about the last time they did come to your home during a previous polio campaign/drive.'

Read out statement and emphasize 'last time' and 'did come'.

Q42 – The last time any polio vaccinators came to your home during a polio campaign/drive, did [index child] receive polio drops or not?

Read out items and select one only.

Yes, [index child] did receive	1	→ CONTINUE
No, [index child] did not receive	2	→ Go to Q44

Don't know / Refused <i>[do not read]</i>	98	
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Q43A-F – What are the reasons why *[index child]* did receive polio drops? Please tell me if each of the following is a major reason, a minor reason or not a reason at all that *[index child]* received polio drops. [INSERT ITEMS A-F] Is this a...?

Emphasize 'did'. Read out each item in rotating order, starting each interview with a different item. For each item, read question and then read response categories in each row [major reason, etc.]. Select one only in each corresponding row. Read question as many times as needed to address all items in Q43.

	Major reason	Minor reason	Not a reason	Don't know / Refused <i>[do not read]</i>
A. To protect <i>[index child]</i> from polio	1	2	3	98
B. You or your family always give <i>[index child]</i> polio drops	1	2	3	98
C. Many friends/neighbors give their children polio drops	1	2	3	98
D. If you don't give <i>[index child]</i> polio drops, the vaccinators will bother you	1	2	3	98
E. It is important to end polio for children in your village/neighborhood	1	2	3	98
F. It is important to end polio in Pakistan	1	2	3	98

Q44 – Did you or did you not see or talk to any polio vaccinators the last time they came to your home during a polio campaign/drive?

Emphasize 'the last time they came to your home during a polio campaign/drive'. Read out items and select one only.

Yes, did see or talk	1	→ CONTINUE
No, did not see or talk	2	→ Go to INSTR14 at Q53
Don't know / Refused <i>[do not read]</i>	98	

INSTR13 – The next few questions will focus on the polio vaccinators you saw or talked to.

Read out statement.

Q45 – How many polio vaccinators in total came to your home during the polio campaign/drive?

Read out items and select one only.

Only one vaccinator	1	→ CONTINUE
Only two vaccinators	2	→ Go to Q46B
Only three vaccinators	3	
Only four vaccinators	4	
More than four vaccinators	5	
Don't know / Refused <i>[do not read]</i>	98	

Q46A – Was the polio vaccinator from your village/neighborhood or not?

Read out items and select one only.

Yes, from village/neighborhood	1	→ Go to Q47
Not, not from village/neighborhood	2	
Don't know / Refused <i>[do not read]</i>	98	

Q46B – Were all the polio vaccinators from your village/neighborhood, were they all from outside your village/neighborhood, or were some from your village/neighborhood and some from outside?

Read out items and select one only.

All from village/neighborhood	1
All from outside village/neighborhood	2
Some from village/neighborhood and some from outside	3
Don't know / Refused <i>[do not read]</i>	98

Q47A-D – I would like to know the gender and approximate age of the polio vaccinator(s) who came to your home the last time. The [first/second/third/fourth] vaccinator was a...?

Read out items for each vaccinator and select one only in each corresponding column. Read second statement as many times as needed to address all vaccinators mentioned by respondent in Q46A/Q46B.

	Q47A. Vaccinator 1	Q47B. Vaccinator 2	Q47C. Vaccinator 3	Q47D. Vaccinator 4
Elder female (30+ yrs old)	1	1	1	1
Adult female (18-29 yrs old)	2	2	2	2
Teenage female (13-17 yrs old)	3	3	3	3
Child female (Under 13 yrs old)	4	4	4	4
Elder male (30+ yrs old)	5	5	5	5
Adult male (18-29 yrs old)	6	6	6	6
Teenage male (13-17 yrs old)	7	7	7	7
Child female (Under 13 yrs old)	8	8	8	8
Don't know / Refused [do not read]	98	98	98	98

Q48 – Overall, how much did you trust the polio vaccinator(s)? Would you say...?

Read out items and select one only.

A great deal	1
Somewhat	2
Not very much	3
Not at all	4
Don't know / Refused [do not read]	98

Q49 – Overall, how pleasant or unpleasant was this last visit when the polio vaccinator(s) offered drops? Was it...?

Read out items and select one only.

Very pleasant	1
Somewhat pleasant	2
Somewhat unpleasant	3
Very unpleasant	4
Don't know / Refused [do not read]	98

Q50 – How much did the polio vaccinator(s) seem to care about the well-being of [index child]? Would you say [they/he/she] cared...?

Read out items and select one only.

A great deal	1
Somewhat	2
Not very much	3
Not at all	4
Don't know / Refused [do not read]	98

Q51 – Were/was the polio vaccinator(s) knowledgeable about children's health or not? [Were they/Was he/she]...?

Read out items and select one only.

Very knowledgeable	1
Somewhat knowledgeable	2
Not very knowledgeable	3
Not knowledgeable at all	4
Don't know / Refused [do not read]	98

Q52 – Did you like [this/these] polio vaccinator(s) better, worse or about the same as other vaccinators who have visited your home to offer drops during polio campaigns/drives in the past?

Do not read out items and select one only.

DO NOT READ OUT	Better	1
	Worse	2
	Same	3
	Not applicable – only one(s) I have met	4
	Don't know / Refused	98

INSTR14 – Now I would like to ask you about the polio vaccinators who have visited your home to offer drops during polio campaigns/drives within the past year.

Read out statement and emphasize 'within the past year'.

Q53 – In the past year, approximately how many times have polio vaccinators visited your home during polio campaigns/drives?

Do not read out items and select one only.

DO NOT READ OUT	One	1	→ CONTINUE
	Two	2	→ CONTINUE
	Three	3	→ CONTINUE
	Four	4	→ CONTINUE
	Five	5	→ CONTINUE
	Six	6	→ CONTINUE
	Seven	7	→ CONTINUE
	Eight	8	→ CONTINUE
	Nine	9	→ CONTINUE
	Ten times or more	10	→ CONTINUE
	All the times but actual number not known	11	→ CONTINUE
	None	12	→ Go to Q61
	Don't know / Refused	98	→ CONTINUE

Q54 – In the past year, do you think polio vaccinators have visited your home during polio campaigns/drives too many times, too few times or about the right number of times?

Do not read out items and select one only.

DO NOT READ OUT	Too many times	1
	Too few times	2
	About the right number of times	3
	Don't know / Refused	98

INSTR15 – Among the polio vaccinators who have come to your home in the past 6 months, there may or may not have been one who is unique. She or he would live in your village/muhallah/neighborhood, and she or he would have come to your home every visit, while other polio vaccinators would vary.

Read out statement.

Q55 – Among the polio vaccinators who came to your home in the past six months, has there or hasn't there been a particular vaccinator like this? [IF NEEDED: This particular vaccinator would live in your village/muhallah/neighborhood, and she or he would have come to your home every visit.]

If respondent is unclear or needs further clarification read the sentence in brackets. Read out items and select one only.

Yes, a vaccinator like this has come	1	→ CONTINUE
No, a vaccinator like this has not come	2	→ Go to INSTR16 at Q59
Don't know / Refused [do not read]	98	

Q56 – How much did you trust this particular vaccinator? Would you say...?

Read out items and select one only.

A great deal	1
Somewhat	2
Not very much	3
Not at all	4
Don't know / Refused [do not read]	98

Q57 – How much did this particular vaccinator seem to care about the well-being of [index child]? Would you say [he/she] cared...?

Read out items and select one only.

A great deal	1
Somewhat	2
Not very much	3
Not at all	4
Don't know / Refused [do not read]	98

Q58 – Was this particular vaccinator knowledgeable about children's health or not? Was he/she...?

Read out items and select one only.

Very knowledgeable	1
Somewhat knowledgeable	2
Not very knowledgeable	3
Not knowledgeable at all	4
Don't know / Refused [do not read]	98

INSTR16 – Some people accept polio drops every time drops are offered and some people do not.

Read out statement.

Q59 – Thinking about all the times that any polio vaccinators offered polio drops within the past year, did [index child] receive polio drops every time they were offered, most of the times, just a few of the times, only once, or never?

Emphasize 'any'. Read out items and select one only.

Every time polio drops were offered	1	→ Go to Q61
Most of the times polio drops were offered	2	→ CONTINUE
Just a few of the times polio drops were offered	3	→ CONTINUE
Only once	4	→ CONTINUE
Never	5	→ CONTINUE
Don't know / Refused [do not read]	98	→ Go to Q61

Q60 – What are the reasons why [index child] did not get polio drops every time? Please tell me all the reasons you can think of.

Emphasize 'did not'. **Do not read out items** and select all that apply. Select items that best correspond to respondent verbatim. If 98/'Don't know' / Refused' is selected, nothing else is selected.

DO NOT READ OUT	[Index child] was sick	1
	[Index child] was sleeping	2
	[Index child] was not at home	3
	[Index child] was not born at time of last visit	4
	[Index child] was new-born or too small for drops	5
	[Index child] has already had enough drops	6
	Polio drops are not needed every time they are offered	7
	Religious reasons/vaccine is not halal	8
	Do not believe polio drops are effective	9
	Polio drops can give [index child] a fever	10
	Polio drops can give [index child] other side effects (not fever) / harm child	11
	Father-in-law does not support giving [index child] polio drops	12
	Spouse does not support giving [index child] polio drops	13
	Community or religious leaders advised against children taking polio drops	14
	Vaccinators did not look or act appropriately	15
	Don't like such frequent visits from the vaccinators	16
	Do not trust people organizing delivery of polio drops	17
	Want other services instead (e.g., bed nets, electricity, borehole)	18
	Other (Please record response accurately below)	19
	Don't know / Refused	98

Q61 – How many of your neighbors do you think accept polio drops for their children every single time polio drops are offered to them? Would you say...?

Read out items and select one only.

All of your neighbors do	1	→ Go to Q63
Most of your neighbors do	2	→ CONTINUE
Not very many of your neighbors do	3	→ CONTINUE
None of your neighbors do	4	→ CONTINUE
Vaccinators have never come to my village/neighborhood [do not read]	5	→ Go to Q68
Don't know / Refused [do not read]	98	

Q62 – As far as you know, what are the reasons your neighbors don't accept polio drops every single time polio drops are offered to them?

Do not read out items and select all that apply. Select items that best correspond to respondent verbatim. If 'Don't know / Refused' is selected, nothing else is selected.

DO NOT READ OUT	Child was sick	1
	Child was sleeping	2
	Child was not at home	3
	Child was not born at time of last visit	4
	Child was new-born or too small for drops	5
	Child has already had enough drops	6
	Polio drops are not needed every time they are offered	7
	Religious reasons/vaccine is not halal	8
	Do not believe polio drops are effective	9
	Polio drops can give child a fever	10
	Polio drops can give child other side effects (not fever) / harm child	11
	Family does not support giving child polio drops	12
	Community or religious leaders advised against children taking polio drops	13
	Vaccinators did not look or act appropriately	14
	Don't like such frequent visits from the vaccinators	15
	Do not trust people organizing delivery of polio drops	16
	Want other services instead (e.g., bed nets, electricity, borehole)	17
	Other (Please record response accurately below)	18
	Don't know / Refused	98

Q63 – As far as you know, are any of your neighbors against polio drops or not?

Read out items and select one only.

Yes, some are against polio drops	1	→ CONTINUE
No, none are against polio drops	2	→ Go to Q65
Don't know / Refused [do not read]	98	

Q64 – More specifically, how many of your neighbors are against polio drops? Would you say...?

Read out items and select one only.

All of your neighbors	1
Most of your neighbors	2
About half of your neighbors	3
Not very many of your neighbors	4
Only one or two of your neighbors	5
Don't know / Refused [do not read]	98

Q65 – Would you prefer to have a woman included among vaccinators who come to your home or only men?

Read out items and select one only.

A woman included	1
Only men	2
Don't know / Refused [do not read]	98

Q66 – As far as you know, what organizations or government agencies are responsible for the polio vaccinators trying to provide polio drops to children in your village/neighborhood?

Read out each items A-F in rotating order, starting each interview with a different item. Read out all items and select all that apply or 8 select 98/Don't know / Refused'. If 98/Don't know / Refused' is selected, observe routing logic and go to Q68.

A. Local health organization	1	→ CONTINUE
B. Local government / traditional leader	2	
C. Province/FATA government	3	
D. National government	4	
E. International organizations, such as United Nations or World Health Organization	5	
F. Governments of other countries	6	
G. Other (Please record response accurately below) <i>[do not read]</i>	7	
H. Don't know / Refused <i>[do not read]</i>	98	→ Go to Q68

Q67 – How much do you trust [INSTITUTION MENTIONED BY RESPONDENT IN Q66]? Would you say...?

For each institution mentioned by respondent in Q66, **read question** and then **read response categories** [a great deal, etc.]. Select one only in each corresponding row. Read question as many times as needed to address all items mentioned by respondent in Q66.

	A great deal	Somewhat	Not very much	Not at all	Don't know / Refused <i>[do not read]</i>
A. Local health organization	1	2	3	4	98
B. Local government / traditional leader	1	2	3	4	98
C. Province/FATA government	1	2	3	4	98
D. National government	1	2	3	4	98
E. International organizations, such as United Nations or World Health Organization	1	2	3	4	98
F. Governments of other countries	1	2	3	4	98
G. Other (Ask according to other response recorded in Q66)	1	2	3	4	98

Q68A-K – How much do you trust or not trust the following people for information about polio drops? Would you say you trust [INSERT ITEMS A-K]...?

Read out each item in rotating order, starting each interview with a different item. For each source, **read question** and then **read response categories** in each row [a great deal, etc.]. Select one only in each corresponding row. Read question as many times as needed to address all items in Q68.

	A great deal	Somewhat	Not very much	Not at all	Not applicable <i>[do not read]</i>	Don't know / Refused <i>[do not read]</i>
A. Family members	1	2	3	4		98
B. Most of your friends	1	2	3	4		98
C. Most of your neighbors	1	2	3	4		98
D. Most community leaders in your village/neighborhood (<i>A community leader in your village/neighborhood could be a malik, Khan, local councilor of the Union Council, or other influential</i>)	1	2	3	4		98
E. Shura/Jirga in your village/neighborhood	1	2	3	4	5	98
F. Maulana(s) in your village/neighborhood	1	2	3	4	5	98
G. Imam(s) in your village/neighborhood	1	2	3	4	5	98
H. Most health workers at your local health facility (<i>A health worker could be a doctor, nurse, nurse's aide or other health professional</i>)	1	2	3	4	5	98
I. Most lady health workers in your village/neighborhood	1	2	3	4	5	98
J. Traditional birth attendants in your village/neighborhood	1	2	3	4	5	98
K. Traditional healers in your village/neighborhood	1	2	3	4	5	98

DEMOGRAPHICS

D1 – Gender

Do not ask. Observe and select one only.

Male	1
Female	2

D2A – How old are you?

Write in respondent's age in the space provided and code in the grid. If the respondent is unsure, select 98/'Don't know / Refused' but **do not read it out** and estimate his/her age.

Years	1 st digit		1	2	3	4	5	6	7	8	9	0	→ Go to D3
	2 nd digit		1	2	3	4	5	6	7	8	9	0	→ Go to D3
98 Respondent is unsure [do not read]			→ CONTINUE										

D2B – Estimated age of respondent

Observe respondent and estimate respondent's age. Write in the age on the space provided and code in the grid.

Years	1 st digit		1	2	3	4	5	6	7	8	9	0	→ CONTINUE
	2 nd digit		1	2	3	4	5	6	7	8	9	0	→ CONTINUE

D3 – What is your marital status?

Read out items and select one only.

Single (never married)	1
Married/living with partner	2
Separated/Divorced	3
Widowed	4
Don't know / Refused [do not read]	98

D4 – What is the highest level of schooling you have completed?

Do not read out items and select one only.

DO NOT READ OUT	Illiterate	1
	Only religious education	2
	Primary	3
	Middle	4
	Matriculation	5
	FA/F.Sc	6
	BA/ B.Sc/BBA/B.Com	7
	MA/ M.Sc/MBA/M.Com	8
	Professional Education	9
	No basic education but can read/write	10
	Don't know / Refused	98

D5 – Can you read any part of these sentences to me?**Do not read out items and select one only.**

DO NOT READ OUT	Cannot read at all	1
	Able to read only parts of sentences	2
	Able to read whole sentences	3
	No card with required language	4
	Blind / visually impaired	5
	Don't know / Refused	98

SHOW CARD FOR LITERACY QUESTION**D5 – Can you read any part of these sentences to me?****1. Parents love their children.****2. Farming is hard work.****3. The child is reading a book.****4. Children work hard at school.****D6 – What language do you normally speak at home? I mean the language you use most at home.****Do not read out items and select one only.**

DO NOT READ OUT	Urdu	1
	Pashto	2
	Punjabi	3
	Sindhi	4
	Balochi	5
	Saraiki	6
	Farsi	7
	Potohari	8
	Other (Please record response accurately below)	9
	Don't know / Refused	98

D7 – What is your ethnic background?**Do not read out items and select one only.**

DO NOT READ OUT	Urdu	1
	Punjabi	2
	Sindi	3
	Pashtun	4
	Baluch	5
	Sariki	6
	Farsi	7
	Potohari	8
	Other (Please record response accurately below)	9
	Don't know / Refused	98

D8 – What is your religion?

Do not read out items and select one only.

DO NOT READ OUT	Islam	1
	Christianity	2
	Other (Please record response accurately below)	3
	None	4
	Don't know / refused	98

D9 – What is your tribe?

Write verbatim or select 99/'No answer'.

--

99 No answer [do not read]

D10 – Who is the main breadwinner in this household? By main breadwinner I mean the person who contributes most to the family income and/or is the head of the household.

Read out items and select one only.

Father of [index child]	1
Mother of [index child]	2
Maternal grandfather of [index child]	3
Maternal grandmother of [index child]	4
Paternal grandfather of [index child]	5
Paternal grandmother of [index child]	6
Brother or sister of [index child]	7
Other relative	8
Other person (Please record response accurately below) [do not read]	9
Don't know / Refused [do not read]	98

D11 – Which of the following best describes your current employment status?

Read out items and select one only.

Agricultural laborer	1
Farm owner	2
Unskilled laborer	3
Skilled laborer	4
Technician	5
Clerical employee	6
White collar employee	7
Management/supervisor	8
Small business owner	9
Large business owner	10
Government employee	11
Military, police, security	12
Housewife (not working outside the home)	13
Student/apprentice	14
Retired/disabled	15
Other (Please record response accurately below) [do not read]	16
Don't know / Refused [do not read]	98

D12 – Which of the following best describes the current employment status of the main breadwinner?

Read out items and select one only. If respondent is main breadwinner, circle code 17/ 'Respondent is main breadwinner'.

Agricultural laborer	1
Farm owner	2
Unskilled laborer	3
Skilled laborer	4
Technician	5
Clerical employee	6
White collar employee	7
Management/supervisor	8
Small business owner	9
Large business owner	10
Government employee	11
Military, police, security	12
Housewife (not working outside the home)	13
Student/apprentice	14
Retired/disabled	15
Other (Please record response accurately below) [do not read]	16
Respondent is main breadwinner [do not read]	17
Don't know / Refused [do not read]	98

D13 – How many people 15 years and older live in this household including yourself? Only count people who lived in this household – meaning they have eaten and done laundry together here – for at least 6 months or 180 days per year. Do not count visitors.

Emphasize 'and done laundry together'. Circle the number of household members and write number or select 98/'Don't know / Refused'. Assist the respondent with accurate estimate if unsure. If there are more than 15 persons, write the number but do not circle anything.

_____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
98 Don't know / Refused [do not read]															

D14 – And how many children under 15 years old live in this household?

Write in number of children under 15 years old or select 98/'Don't know / Refused'. Assist the respondent with accurate estimate if unsure. If there are more than 15 persons, write the number but do not circle anything.

_____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
98 Don't know / Refused [do not read]															

D15 – What is your relationship to [index child]?

Read out items and select one only.

Father of [index child]	1
Mother of [index child]	2
Maternal grandfather of [index child]	3
Maternal grandmother of [index child]	4
Paternal grandfather of [index child]	5
Paternal grandmother of [index child]	6
Sister or brother of [index child]	7
Aunt or uncle of [index child]	8
Other (Please record response accurately below) [do not read]	9
Don't know / Refused [do not read]	98

D16 – In the past year, how many months did you live at this residence?

Do not read out items and select one only.

DO NOT READ OUT	One	1
	Two	2
	Three	3
	Four	4
	Five	5
	Six	6
	Seven	7
	Eight	8
	Nine	9
	Ten	10
	Eleven	11
	Twelve	12
	Don't know / Refused	98

D17A-C – During these last [INSERT NUMBER OF MONTHS MENTIONED IN D16] months, how often did you travel...?

Read out each row, then read answer categories and select one only in each corresponding row.

	1 or 2 times	3 to 5 times	More than 5 times	Never	Don't know / Refused [do not read]
A. Outside this UC, but inside the province	1	2	3	4	98
B. Outside this province, but within Pakistan	1	2	3	4	98
C. Outside Pakistan	1	2	3	4	98

D18 – Where is your family coming from? Where is your ancestral village/city?

Do not read out items and select one only.

DO NOT READ OUT	Same village/city (where interview is taking place)	1
	Country (SPECIFY) _____ District (SPECIFY) _____ Village/City (SPECIFY) _____	2
	Don't know / Refused	98

INTERVIEW CLOSE-OUT – Again I would like to thank you for participating in this important study and I assure once again your answers are completely confidential.

Read out statement.

DO NOT ASK**D19 – Overall, how did the respondent behave during the interview?**Observe and select one only.

Interested	1
Indifferent	2
Distracted	3
Became tired	4
Scared or afraid	5

D20 – Please note any questions that caused particular difficulties for the respondent.Write question numbers or select 98/'None'.

Q	Q	Q	Q	Q	Q	Q	Q	Q
98 None								

D21 – What was the language of the interview?Select one only.

Urdu	1
Pashto	2
Punjabi	3
Sindhi	4
Balochi	5
Saraiki	6
Farsi	7
Potohari	8
Other (Please record response accurately below)	9

