

Minimum Standards for Monitoring, Evaluation and Research for C4D in Polio Outbreaks

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Purpose

The purpose of this document is to outline a set of minimum standards and approaches to monitoring, evaluation and research for the C4D component of Polio outbreaks. It is intended as a resource and as guidance for those responding to Polio outbreaks in UNICEF Country Offices. These minimum standards relate specifically to the C4D aspect of outbreak response, and do not include an approach to the Vaccine Management component of UNICEF's work. The approach described here is built on a series of discussions with UNICEF staff and consultants in Country Offices and Regional Offices who have responded to Polio outbreaks. This document is accompanied by a series of tools and resources which can be used to meet these minimum standards. These standards are likely to be revised in the future, based on Country and Regional Office experiences in their implementation.

Overview

These minimum standards have five components:

- i) A set of management indicators for monitoring of the response
- ii) A simple approach to monitoring of social mobilization activities
- iii) Analysis of Independent Monitoring and LQAS data
- iv) Social investigations of Polio cases
- v) A method for conducting qualitative research with caregivers whose children are missed in Polio vaccination campaigns due to caregiver refusal or child absence, to be triggered if and when clusters of children who are missed for C4D reasons become a major barrier to vaccination coverage

1. Process Indicators

These indicators aim to provide visibility regarding the status of different aspects of the C4D component of each campaign. They provide a mechanism for tracking of the response across countries and regions, as well as a checklist for CO colleagues responding to an outbreak. They are closely tied to the C4D aspects of the Outbreak Response SOPs. Progress against these process indicators should be reported to prior to each campaign. These indicators represent a minimum set at the global level, and Regional Offices will often specify additional indicators to complement those described here.

Management Indicators

Indicator	Collection Method	Reporting Frequency
Proportion of UNICEF surge staff recruited and deployed	COs to report recruitment plan and number of surge staff recruited	Ongoing
UNICEF funds received at implementation level 10 days before the campaign	COs to share	Each campaign

Planning Indicators

Indicator	Collection Method	Reporting Frequency
The outbreak response plan includes a C4D component	CO to provide C4D plan HQ / RO to review whether C4D component is included in C4D plan	Ongoing
Existing research on barriers to vaccine acceptance in the country has been reviewed	CO to provide C4D plan HQ / RO to analyze the plan to check if existing research results are included in situation analysis	Once per outbreak

Implementation Indicators

Indicator	Collection Method	Reporting Frequency
Social case investigations have been completed for each outbreak	COs to share social investigation report/data	Ongoing
Independent Monitoring data from the previous round has been analyzed	COs to share social data analysis	Each campaign
An updated C4D plan is in place to address missed children and refusals	CO to provide C4D plan HQ / RO to review whether such interventions are included in C4D plan	Each campaign
C4D interventions targeting special populations are included in the C4D plan	CO to provide C4D plan HQ / RO to review whether such interventions are included in C4D plan	Each campaign
Social mobilizers have been trained	CO to provide figures from training report	Once per outbreak

2. Monitoring social mobilization activities

Social mobilization takes place according to a wide variety of organizational arrangements depending on the country context. Where available resources allow for such an approach to be taken, countries responding to outbreaks should establish a lightweight approach to monitoring social mobilization activities. The objectives of this monitoring should be:

- To provide a degree of clarity on the activities taking place in the field
- To provide a system for understanding if vaccine hesitancy is a major barrier to campaign coverage, in a particular geographical area or with a particular special population

Countries responding to outbreaks should therefore develop simple forms for social mobilizers or their supervisors to complete during their work, which should include the following information:

- Number of communities visited by social mobilization teams
- Number of households visited by social mobilization teams
- Number of households hesitant to vaccinate their children against Polio
- Number of community advocacy meetings held

The data collected from this process should be disaggregated in terms of special populations. That is to say, it should be possible to know the above information for each of the special 'at-risk' populations identified in the C4D plan. It should also be possible to split this information by geography.

These forms, and in particular the methods for collating and analyzing this data, will vary by country. An adaptable template for the form is available.

3. Analysis of Independent Monitoring and LQAS data

Independent Monitoring and LQAS data are the cornerstone of campaign monitoring in Polio outbreak response. In practice, Independent Monitoring data is often the most useful of these data sources for informing C4D decision-making. These data are collected and normally analyzed by WHO. To enhance the quality of the collection of this data, UNICEF C4D colleagues should be involved in the training of independent monitors, where possible. It is critical that independent monitors understand the purpose and importance of collecting the social indicators used by UNICEF, and the manner in which these questions should be asked.

Insights from the analysis of this data should be considered essential to planning C4D / social mobilization. While formats for data collection and analysis differ from country to country, they normally collect data for the same set of indicators. These indicators are:

- Proportion of Children Missed
- Reasons for Missed Children
- Reasons for Absence
- Reasons for Refusal
- Proportion of caregivers aware of the vaccination campaign
- Source of Information about the campaign

All of these indicators have practical implications for C4D planning and operations. COs may want to conduct further analysis of the raw data, in addition to the analysis provided by WHO counterparts. Further analysis which may be useful in C4D planning are dependent on the challenges to campaign coverage faced within a specific country. Although there is a wide range of analyses which can be useful in enhancing C4D planning and effectiveness, there are two which should be conducted for each round of a Polio outbreak response campaign. First, if data for a country is showing that refusals are a major barrier to vaccination coverage, then analysis of IM data which shows the level of refusal by province or district is necessary. Second, for outbreaks that are not closed within two or three campaigns, longitudinal analysis (i.e., analysis which compares each round that has taken place against one another, rather than which shows only the most recent round) of the above indicators is necessary to understand trends and differences between the rounds. Disaggregating this data by geographic area is crucial for analyses of these kinds.

A set of guidelines is available to support analysis of this kind. There are also plans to build the capacity within GPEI platforms to perform this kind of data analysis for staff without advanced Excel skills. In the meantime, support for additional analysis of this kind may also be available from the RO or HQ level.

When a Polio outbreak occurs in a country, that country also becomes required to report on Polio activities in the annual Strategic Monitoring Questions (SMQ) exercise. The SMQs which relate to Polio C4D are:

- Number of districts covered in last campaign of the SMQ reporting period
- Number of districts with fewer than 5% missed children in last campaign of the SMQ reporting period

The second of these indicators can be reported on through analysis of IM data. Further guidance on reporting on these SMQs is available through the SMQ portal and reporting structure.

4. Social investigation of Polio cases

As per the SOPs for outbreak response, social investigation should be conducted for Polio cases. Social investigations should ideally be conducted alongside the WHO case investigation, though modalities will vary from country to country. Social investigations can provide insights into the reasons why a child has not been vaccinated against Polio. When social investigations are performed frequently, the insights from these investigations can therefore inform C4D planning. Global tools and guidance for conducting social investigations are available.

5. Light qualitative research on clusters of missed children

In some contexts, overcoming social barriers to vaccination may be crucial to increasing vaccination coverage. One key way in which data has been leveraged in Polio eradication in many countries is through the use of social data in order to understand these perceptions, and to use these insights to build C4D plans which address such perceptions and therefore increase vaccination coverage. Social data of this kind can be most effectively collected through qualitative research.

Where resources permit, and where such approaches are feasible, qualitative research of this kind should be conducted in the following circumstances:

- Where IM data shows that more than 5% of the target population in the country as a whole, or within a particular province or district, has not been vaccinated in a campaign because of caregiver refusal
- Where social mobilization monitoring data indicates a very high number of caregivers from a specific special population who are hesitant to vaccinate their children (what constitutes a very high number should be determined by the local context)
- Where social mobilization monitoring data indicates a very high number of caregivers from a specific geography, such as a province or a district, are hesitant to vaccinate their children
- Where, as per the understanding of the country office, it is clear that social barriers to vaccination are a key factor preventing the outbreak from being closed

This qualitative research should be conducted using light and rapid methodologies. The purpose is to understand some basic factors and perceptions underlying clusters of missed children, and not to produce substantial or detailed academic-style research. The process should not take more than around two weeks, in order for findings to be incorporated into planning for subsequent campaigns. It should be possible for the research to be conducted using in-house resources such as UNICEF staff, STOP consultants or social mobilizers, rather than through external vendors. A full set of tools, research protocols and further guidance are available to support country offices engaged in this work.