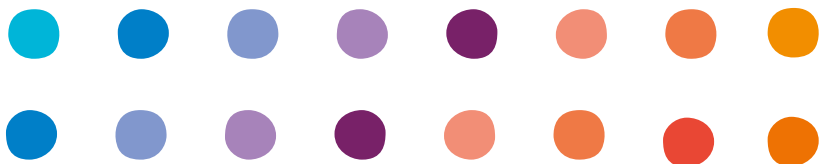


Rapid Social Data Collection Tools



Rapid Polling and Rapid Qualitative Research for Polio Outbreak Response

Version 2, November 2020



Contents



Introduction	2
Why were these research instrument templates developed?	2
Which of the research instrument templates should be used?	3
What if I have questions or need guidance?	3
1.Rapid Polling	4
Tool Development	6
Rapid Polling Data Collection Tool	7
2.Rapid Qualitative Research	9
Process and Logistics	9
Note on using phone calls rather than in-person discussions	10
Rapid Qualitative Research with Caregivers Data Collection Tool (General)	11
Rapid Qualitative Research with Caregivers Data Collection Tool (Refusal Caregivers)	15
Rapid Qualitative Research with Frontline Workers Data Collection Tool	19

Introduction



WHY WERE THESE RESEARCH INSTRUMENT TEMPLATES DEVELOPED?

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

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

However, Polio outbreak response faces a number of specific challenges with regard to collecting this kind of data. The rapidity with which such data is needed is one important barrier. In many contexts there is simply not time to conduct a full research study or, at least, a study would normally take so long to contract and perform that the outbreak may well have closed before research findings are available. Research is often somewhat expensive, and may not be the most effective use of the financial resources available for outbreak response. Most C4D teams responding to Polio outbreaks do not have a dedicated data manager or M&E staff who could manage the outsourcing of research to an external company or institution. For these reasons, rapid research approaches represent a better option for collecting data about the social and behavioral aspects of Polio vaccination.

This guide outlines a number of ways to conduct rapid social research for Polio outbreak response. The purpose of the guide is to provide the building blocks for teams in outbreak contexts to perform this kind of data collection, when extensive research is not possible for the reasons described above. It is intended as a highly practical tool. The methods described here can also be used to respond to the requirement for qualitative research to be conducted in order to respond to clusters of missed children, as described in the [Minimum Standards for Monitoring, Evaluation and Research in for C4D in Polio Outbreaks](#).

The tools included in this guide are:

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

WHICH OF THE RESEARCH INSTRUMENT TEMPLATES SHOULD BE USED?

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

As general guidance:

Rapid Polling is useful for collecting quantitative information on many aspects of Polio campaigns. It can be used to understand the proportion of caregivers who intend to vaccinate their children in OPV campaigns, the proportion of caregivers who hold various beliefs about OPV and vaccination campaigns, the proportion of caregivers who are resistant to polio vaccination, the proportion of caregivers who had positive experiences in previous vaccination campaigns, the proportion of caregivers who use or trust a particular communications channel, or essentially the proportion of caregivers who have any kind of knowledge, attitudes of practice that are relevant to campaigns in your country. Rapid Polling can be conducted before Polio campaigns in order to support strategy development, after campaigns to understand caregiver experiences of the campaign and thus adapt and improve C4D aspects of future campaigns, or continuously as a 'pulse' survey to provide constant feedback on changes in these aspects of caregiver behavior.

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

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

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

Rapid Qualitative Research with Frontline Workers is useful because health care workers are likely to have insights and suggestions based on previous vaccination campaigns or routine immunization experiences. It can be useful to ask health care workers for their recommendations about how to motivate caregivers/parents to come and vaccinate their children. Suggestions from frontline workers can be used to develop materials and approaches for motivating communities to come for other services may help enhance the effectiveness of the campaigns. While the category of 'frontline workers' includes both social mobilizers and vaccinators, and both will often work together, this tool is targeted at social mobilizers, given UNICEF's focus and accountabilities.

WHAT IF I HAVE QUESTIONS OR NEED GUIDANCE?

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

Contact: rmcintosh@unicef.org

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

1. Rapid Polling

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

Practicalities

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

Sampling considerations

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

Telephone polling generally uses lists of phone numbers in order to reach caregivers to conduct

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

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

Information that can be collected through Rapid Polling

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



Rapid Polling can tell you whether caregivers already know what Polio is, and whether they are concerned about it. This can therefore also tell you if awareness-raising activities have been effective or not, and whether further investment in awareness-raising is necessary.



Rapid Polling can tell you if there is a part of the target population who are likely to refuse to vaccinate their children in the next campaign, and can therefore provide an early indication that C4D approaches should be created to overcome this.



Once campaigns have been conducted, Rapid Polling can tell you whether caregivers had a positive experience with frontline workers. This can be used to identify specific aspects of social mobilization which can be strengthened through further frontline worker training.



If there is a refusal issue in the country, Rapid Polling can also begin to tell you something about what the main reasons why people refuse Polio vaccination are. This data is in theory also collected for any previous rounds via IM, but in practice there are many countries where such data is not collected in the IM process, or it is not collected in sufficient detail. Rapid Polling can therefore be used to fill this data gap. Data of this kind can be used (preferably in conjunction with qualitative research) to design C4D strategies to overcome refusal issues in subsequent campaigns.



Rapid Polling can tell you whether caregivers have particular concerns about the vaccine or the vaccination campaign (for example, whether they believe that the vaccine is safe). This can be used to design materials, messaging and frontline worker training that addresses these concerns.



Rapid Polling can tell you whether or not caregivers know that an upcoming Polio campaign is to take place. It can therefore tell you if awareness-raising activities have been effective or not, and whether further investment in awareness-raising is necessary. This to some extent is information that can normally be found in Independent Monitoring data.





TOOL DEVELOPMENT

Remote data collection is not well suited to long surveys. Few caregivers are likely to respond to a survey that takes much of their time, given that many platforms for remote data collection are an automated series of menus or voice recordings and not a real person interacting with the caregiver. Therefore there is a strong need for the questions which are asked to be very well targeted, and for the responses to be directly related to decisions around C4D strategy development. The maximum number of questions is likely to be smaller than those of a face-to-face survey, since evidence from many countries shows that respondents will simply stop responding if the list of questions is too long. This will depend on the specific platform and the country context. It is recommended that you ask the provider of the platform the maximum number of questions they would recommend, and use this as a guide for developing your tool.

The below tool is therefore modular. That is to say, that aside from some necessary qualifying questions, the intention is to provide rapid polling questions which can be included or removed from the data collection tool as per your judgement as to the specific needs of the survey. You are likely to use only some of the modules in a given survey, due to the limitations on the number of questions which are feasible.

The questions are simple and the overall length is short to facilitate ease of use and interpretation. The template will need to be adapted for content (i.e., the topics covered) and style (i.e., the length and way questions are asked), depending on the needs of the outbreak response and the local cultural context. It is recommended that you ask colleagues internally as well as external partners and government counterparts for their inputs on content and style. Specifically, it is recommended that you include colleagues from the country and those familiar with the local context in order to ensure appropriate local fit with respect to the types of questions and responses, the length of the interview, translation and needed wording refinements.

RAPID POLLING DATA COLLECTION TOOL

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

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

- i. Are you the main caregiver to a child under 5 years old?**
 Yes No Don't know

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

SECTION B: Geography and Demographics.

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

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

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

- ii. Are you an internally displaced person / nomad / miner / member of a particular ethnic minority / member of a particular religious group / speaker of a particular language / etc?**
 Yes No

SECTION C: Questions on Knowledge of Upcoming Polio Campaigns.

The purpose of this section is to provide data which can tell you if caregivers already know that a campaign is scheduled to take place in their area.

- i. Are you aware of the upcoming house-to-house Polio vaccination campaign in your area**
 Yes No Don't know

SECTION D: Questions on Caregiver Knowledge of Polio.

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

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

SECTION E: Questions on Caregiver Perceptions of Frontline Workers.

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

- i. The last time polio teams were in your village/neighborhood, did they or did they not come to your home?**
 Yes No Don't know
- ii. The last time any polio teams came to your home to offer polio drops, did your children receive polio drops or not?**
 Yes No Don't know
- iii. Did you or did you not personally see or talk to any polio teams when they came to your own?**
 Yes No Don't know
- iv. Overall, how much did you trust the polio teams? Would you say you trusted them a great deal, somewhat, not very much, or not at all?**
 A great deal Somewhat Not very much
 Not at all Don't know
- v. How much did the polio teams seem to care about the well-being of your children? Would you say they cared**
 A great deal Somewhat Not very much
 Not at all Don't know

- vi. Were the polio teams knowledgeable about children's health or not? Would you say they were very knowledgeable, somewhat knowledgeable, not very knowledgeable, or not at all knowledgeable?**
 Very knowledgeable Somewhat knowledgeable
 Not very knowledgeable Not at all knowledgeable
 Don't know

SECTION F: Questions on Caregiver Concerns about Polio Vaccine.

The purpose of this section is to provide data on the perceptions and attitudes of caregivers of the vaccine.

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

- Yes No Don't know

ii. Are you concerned or not concerned that any of your children may get sick with polio this year?

- I am very concerned I am somewhat concerned
 I am not very concerned I am not at all concerned
 Don't know

iii. As far as you know, how effective or ineffective is the Polio vaccine?

- Very effective Somewhat effective
 Not very effective Not at all effective Don't know

SECTION G: Questions on Caregiver Intent to Vaccinate.

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

i. Will you vaccinate your children against Polio the next time the vaccine is offered?

- Yes No Don't know

ii. By the time your children reach their 5th birthday, how often do you intend to have vaccinators give them Polio vaccines?

- Every time they are offered Most of the time they are offered
 Just a few times they are offered
 Only once Never Don't know

SECTION H: Questions on Reasons for Caregiver Refusal.

The purpose of this section is to gain insights into the reasons why caregivers refuse to vaccinate their children. It is useful principally in country contexts where there caregiver refusal represents a major barrier to achieving sufficient vaccination coverage to close an outbreak.

i. Will you vaccinate your children against Polio the next time the vaccine is offered?

- Yes No Don't know

If respondent answers 'Yes' to this question, end this section of the survey. If respondent answers 'No' or 'Don't Know' to this question, proceed to the next question.

ii. Why not?

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

2. Rapid Qualitative Research



Rapid Qualitative Research can serve a number of needs for Polio outbreak response. It is, first and foremost, a structured means of hearing the thoughts of caregivers and frontline workers. This feedback can be used to inform C4D strategies prior to the start of any outbreak response, and as a way of understanding ongoing challenges, if multiple Polio campaigns are needed to close an outbreak. It can provide an indication of perceptions of OPV and Polio campaigns in a given community, the messages and communications channels which are most likely to reach and to resonate with a community, and social norms around Polio vaccination.

Moreover, it is a powerful tool for overcoming caregiver refusal of Polio vaccination if this is a problem in your country context, since it can provide a more in-depth and more nuanced understanding of why caregivers refuse to vaccinate their children than is possible through Independent Monitoring data or Rapid Polling. Rapid Qualitative Research of this kind can be targeted to particular communities where refusal is an important issue.

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

PROCESS AND LOGISTICS

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

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

SEPARATE TOOLS ARE PRESENTED FOR:

General research with caregivers which covers a range of issues, which can be focused on the areas of greatest interest for your outbreak response

More focused research with refusal caregivers

Research with frontline workers

These tools will likely need to be translated into the appropriate local language. It is also very much worth involving colleagues from the country itself in the selection of the questions for the tools, since they are most likely to have the right cultural insights to know whether or not questions are likely to be appropriate for the local context, and therefore able to adapt the questions to this context as needed. There is no need at all to stick rigidly to either the structure or the wording of the questions provided in the tools here.

There are no hard and fast rules for the best way to conduct the fieldwork itself, as country contexts vary so hugely. Essentially, given that this research is intended to be rapid, there is a good chance that it will not be possible to outsource the work, since contracting processes can often take time and human resources. Though it is very much preferable to conduct fieldwork using skilled and experienced qualitative researchers this option may therefore be unavailable.

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



purpose behind each of the questions you are using in the data collection tool and, ideally, should receive some training from UNICEF colleagues who are experienced in conducting qualitative research. General guidelines for those conducting interviews or FGDs is available in the M&E Supplementary Resources section of the Rhizome library (<https://poliok.it/library/>), if needed.

Questions in the in-depth interview guide template are designed to stimulate a conversation in which the caregiver can give rich descriptions of their experiences and views. The questions are mostly open-ended, meaning there are no pre-formed responses. Questions can be asked in the order they appear, or the interviewer can re-order them to meet the natural flow of conversation. Interviewers may need to follow-up on participants' initial answers to the questions in order to understand more of the caregiver's perspective. "Probing" is a way to ask about specific details after the respondent has given their views. Specific prompts are provided in the template, but you can always use general probes like "Please tell me more about that" or "Please tell me the reasons for that." There is no expectation that every probe will be used for every interview; the probes that are most appropriate for a given situation can be determined by the person carrying out the fieldwork.

Either interviews with individuals or Focus Group Discussions (FGDs) both work for Rapid Qualitative Research, and the same questions can be used for each. Decisions around which to use will depend largely on what is most feasible in your context. The number of interviews or FGDs that should be conducted is likely to be determined by the resources and time available to you. As a rule of thumb, three FGDs or eight interviews in a given community or geography will generally provide you with

a considerable amount of useful information. Each additional interview or FGD will require more time not only for conducting the fieldwork itself, but also for documenting, analyzing and reporting findings. In order to document participant views and be able to share with others, the interviewer or preferably a separate note-taker should take written notes.

Finally, you will need to make sense of the fieldwork findings. For formal research, this would normally require that audio recordings or written notes are provided from the fieldwork, that these are then translated into the working language of the office, that data analysts read through these documents and draw out the findings of the research, and normally that a report is written and to describe the findings. While these steps should be undertaken if possible, for research in Polio outbreak response, there are unlikely to be the time or resources to perform all of these steps.

If so, then informal methods of producing research findings are encouraged. We would encourage that those who conducted the fieldwork to debrief C4D staff on what the community have told them, either in the office or over the phone. While these conversations can require skill and sometimes on the part of C4D staff, and while some nuances of the research findings may be lost, this is the fastest and sometimes the most insightful method of understanding research findings. These findings can then be used immediately, without needing to wait for a longer process of analysis and documentation. Slides can be used to present these research findings to relevant stakeholders.

NOTE ON USING PHONE CALLS RATHER THAN IN-PERSON DISCUSSIONS

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

Rapid Qualitative Research with Caregivers Data Collection Tool (General)

DISCUSSION GUIDE

SECTION A: Objectives of the research.

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

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

SECTION B: Welcome, Instructions and Consent.

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

Introduction

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

Purpose of Participation

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

Comfortable participation

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

Informed Consent and Confidentiality

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

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

SECTION C: Warm-up questions.

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

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

Probe as appropriate:

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

SECTION D: Questions on communications channels.

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

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

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

i. Where do you tend to get news about what's happening in the community and beyond?

Probe as appropriate:

- Who are the people inside your family that you talk to about this? Outside your family?
- Do you have a TV? Do you watch TV at home or elsewhere? How often? What stations or shows? With other people or alone?
- Do you have a radio? Do you listen to radio at home or elsewhere? What's your most and least favorite radio programme/s? How often do you listen to it? What stations or shows? With other people or alone? Do you have a cell phone with SMS or Internet access? Borrow or share it?
- What are the reasons you tend to go to those sources?

ii. [If they have a phone or access to a phone] Please tell me about the ways you use (your/the) phone for news and information.

Probe as appropriate:

- How often do you have access to/use a phone?
- Do you use a service like WhatsApp or Viber?
- Who do you generally send messages to? Who do you generally get messages from?
- Can it show videos? Do you send/receive them?

Now let's talk about health information more specifically.

iii. Where do you get information about children's health issues – like specific diseases or treatments or ways to protect against illness?

Probe as appropriate:

- Who are the people inside your family that you talk to about this? Outside your family?
- How much do you tend to trust this information? Who provides the most trustworthy/useful information?
- Do you ever get information from the other sources we talked about – TV, radio, phone? How much? How much do you trust it?
- Do you get information about children's health from posters or other written materials? How much? How much do you trust it?
- What are the reasons you tend to go to those sources?

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

iv. How is your child/ren's health now?

Probe as appropriate:

- Are any of them sick right now? If yes, which sickness is it?
- Have they had any major illnesses in the past year?
- What are the more usual kinds of illnesses they get?

v. Please tell me about the last time one of your children got sick.

Probe as appropriate:

- What did they get sick with?
- What were their symptoms?
- Who did you ask for help from – inside the family? Outside the family?
- Did you ultimately see health worker/doctor? Traditional healer?
- What are the reasons you went to these people?
- How much do you trust advice from those different people?

vi. What information do you have about Polio campaigns? Where do you get information about polio campaigns? Where do you get information about polio drops more generally?

Probe as appropriate:

- Who are the people inside your family that you talk to about this? Outside your family?
- How much do you tend to trust this information? Who provides the most trustworthy/useful information?
- Do you ever get information from the other sources we talked about – TV, radio, phone? How much? How much do you trust it?
- Do you get information about children's health from posters or other written materials? How much? How much do you trust it?
- What are the reasons you tend to go to those sources?

vii. What is the best way to share information with your community, and why?

Probe as appropriate:

- Who else should be included to make sure that community is receiving the messages and taking the required action and why?
- Do we need to communicate with anyone in the community at a specific time or in a specific way and why? For example, do we need to communicate with mothers and fathers differently?

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

Questions 1, 2 and 3 can tell you what people in the community already know about the disease, which can support the design of communications materials. Questions 4 to 6 can tell you what people think about the Polio vaccine and the vaccination campaigns, and whether they have any hesitation to vaccinate their children, as well as who in the household would make decisions about vaccination.

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

i. I want to talk about one specific disease with you now - Polio. Please tell me what you know about Polio.

Probe as appropriate:

- Have you heard of it?
- If yes, what are the symptoms?
- How serious is it?
- How do children get it?

ii. As far as you know, what can be done to prevent children from getting polio?

Probe as appropriate:

- What things can parents do at home?
- Is there a vaccine or a medicine that children can take to prevent getting it? If yes, what is it?

iii. [If interview / FGD participants know about the Polio vaccine] Please tell me (more) about what you think about the vaccine.

Probe as appropriate:

- What forms does the vaccine come in? (drops/injections)
- How often should children take it? (what do vaccinators say, and what do you think?)

iv. If your children were offered polio vaccine, do you think you would accept it or not?

Probe as appropriate:

- Can you tell me a bit more about the reasons why you would/would not accept it?
- Would this vary by child?
- Overall, is it more positive or more negative?
- What are the positives about polio drops?
- What are the negatives about polio drops?

v. How do you think the decision would be made?

Probe as appropriate:

- Who makes the decision?
- How much was this really thought about?
- Whose opinions really matter in this decision?
- What information would help support the decision in favour, or the decision against?

vi. What do other people in your community think about the drops and campaigns, as far as you know?

Probe as appropriate:

- What do they like or dislike about it?
- How do they feel about the vaccinators? How do they feel about the vaccine? How do they feel about the people organizing the vaccinators?
- How many of them get their child vaccinated?

SECTION F: Questions on caregiver experience of Polio vaccination campaigns.

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

(The term ‘vaccinators’ is used here to refer to both vaccinators and social mobilizers. This is because in many countries caregivers will not know who in a vaccination team is a vaccinator and who is a social mobilizer. If the distinction is clearer in your country, then it is better to ask about social mobilizers directly. If you ask about ‘vaccinators’ as is the default option here, it is advisable to at a minimum let WHO know that you are asking this question beforehand, since it is inevitably likely to end up collecting information on the performance of vaccinators as well as social mobilizers).

There are people who come to communities to offer children polio drops, and they go to most if not all homes directly. I will call them “vaccinators.” Please tell me about the last time vaccinators came to your home to offer your child polio drops.

i. What was the overall experience like?

Probe as appropriate:

- What did you like and dislike? What did you like and dislike about it?
- Who are the vaccination team? How did they act, and what did they say to you?
- Were the vaccination team able to answer any questions that you had? If not, which questions were they not able to answer?
- How was the process of gathering children for vaccination? Did it disrupt other activities?

ii. Please tell me what you know about the organizations or people who organize the vaccinators to come to your neighborhood.

Probe as appropriate:

- Who organizes them?
- How do you feel about the organizations or people?

iii. Can you give any specific suggestions to improve the vaccinator visits and interaction with you?

Probe as appropriate:

- Do you think they come at a good time of day? Do you think they come for the right amount of time?
- Do you think there are any ways that vaccinators should change the way they behave? The way they act? The way they talk to you?

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

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

i. Who do your community members trust most, and why?

Probe as appropriate:

- Are there local leaders who are important for ensuring that people in the community will accept to vaccinate their children? Who are they?

iii. Who else could help with the community mobilization and why?

Probe as appropriate:

- Religious leaders
- Healthcare workers
- Employers, landowners, shopkeepers
- Others

ii. What is the correct process we should use if we wanted to engage these community members to request that the community accepts Polio vaccination?

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

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

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

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

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

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

DISCUSSION GUIDE

SECTION A: Objectives of the research.

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

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

SECTION B: Welcome, Instructions and Consent.

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

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

Introduction

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

Purpose of Participation

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

Comfortable participation

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

Informed Consent and Confidentiality

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

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

SECTION C: Warm-up questions.

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

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

Probe as appropriate:

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

SECTION D: Questions on caregiver perceptions of Polio.

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

i. I want to talk about one specific disease with you now - Polio. Please tell me what you know about Polio.

Probe as appropriate:

- Have you heard of it?
- What are the symptoms?
- How serious is it?
- How do children get it?

ii. As far as you know, what can be done to prevent children from getting polio?

Probe as appropriate:

- What things can parents do at home?
- Is there a vaccine or a medicine that children can take to prevent getting it?

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

SECTION E: Questions on caregiver perceptions of OPV.

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

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

i. [If interview / FGD participants know about the Polio vaccine] Please tell me (more) about what you think about the vaccine.

Probe as appropriate:

- What forms does the vaccine come in? (drops/injections)
- How often should children take it? (what do vaccinators say, and what do you think?)

ii. If your children were offered polio vaccine, do you think you would accept it or not?

Probe as appropriate:

- Can you tell me a bit more about the reasons why you would/ would not accept it?
- Would this vary by child?
- Overall, is it more positive or more negative?
- What are the positives about polio drops?
- What are the negatives about polio drops?

iii. How do you think the decision would be made?

Probe as appropriate:

- Who makes the decision?
- How much was this really thought about?
- Whose opinions really matter in this decision?
- What information would help support the decision in favour, or the decision against?

iv. As per our understanding, the last time that the Polio vaccinators came to vaccinate children in your community, you did not accept vaccination. Can you tell us why you didn't accept this vaccination?

Probe as appropriate:

- Is this information correct?
- Have you held this opinion for a long time, or is this the first time that you have refused Polio vaccination?
- What kinds of actions could the vaccinators take that would change your mind about this issue?

v. What do other people in your community think about the drops and campaigns, as far as you know?

Probe as appropriate:

- What do they like or dislike?
- How do they feel about the vaccinators? How do they feel about the vaccine? How do they feel about the people organizing the vaccinators?
- How many of them get their child vaccinated?

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

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

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

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

i. Can you please tell me in more detail what it is about the vaccine that is not acceptable to your religious beliefs? [note to researchers: it is important here that you aim to hear from caregivers, and if possible avoid entering into religious discussions where you express your own perspective]

Probe as appropriate:

- Can you tell me if there are any particular verses / parts of the qu'aarn or hadith / etc which support these beliefs?

ii. Where you hear about this idea?

Probe as appropriate:

- From other members in the community
- From community leaders
- From religious leaders in the community
- From social media (if so, ask for details on the specific video or message, and to see it if possible)

iii. Is there any information or any action that would change your opinion on this issue?

Probe as appropriate:

- Any action from other community members or community leaders?
- Any action from religious leaders in your community?
- Any action from people outside your community?

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

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

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

ii. Did you hear that the vaccine is not safe from other people in your community?

Probe as appropriate:

- From other members in the community
- From community leaders
- From religious leaders in the community
- From medical workers
- From social media (if so, ask for details on the specific video or message, and to see it if possible)

iii. Is there any information or any action that would change your opinion on this issue?

Probe as appropriate:

- Any action from other community members or community leaders?
- Any action from medical workers?
- Any action from people outside your community?

SECTION H: Questions for caregivers who have refused for reasons relating to rumors they have heard.

These questions should of course be removed from the tool, or simply not asked by researchers, if refusals due to belief in false rumors are not a major factor in this community.

i. What negative ideas have you heard about the vaccine?

ii. Did you hear these ideas from other people in your community?

Probe as appropriate:

- From other members in the community
- From community leaders
- From religious leaders in the community
- From medical workers
- From social media (if so, ask for details on the specific video or message, and to see it if possible)

iii. Is there any information or any action that would change your opinion on this issue?

Probe as appropriate:

- Any action from other community members or community leaders?
- Any action from medical workers?
- Any action from people outside your community?

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

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

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

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

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

Rapid Qualitative Research with Frontline Workers Data Collection Tool

DISCUSSION GUIDE

SECTION A: Objectives of the research.

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

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

SECTION B: Welcome, Instructions and Consent.

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

Introduction

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

Purpose of Participation

You have been asked to participate in this interview / focus group discussion because we want to know your opinions about polio vaccination, to gain some feedback on polio vaccination campaigns from you, and to gain a better understanding of the community's sentiments about polio vaccination from your perspective. We value your experience and knowledge and the information we collect will help us design interventions that will serve the needs of people living in this area.

Terms of Participation

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

Informed Consent and Confidentiality

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

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

SECTION C: Warm-up questions.

While this can be cut if they make the interview too long, it is very useful for making participants comfortable with expressing their opinion.

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

Probe as appropriate:

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

ii. Can you please describe the tasks that you undertake during Polio campaigns?

Probe as appropriate:

- What training did you receive?
- What is the composition of the team that you go to the community with?
- What kinds of social mobilization activities do you normally undertake, and how do you decide which to use?

SECTION D: Questions on communications issues faced in Polio campaigns.

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

i. What are the main reasons that children are missed in vaccination campaigns in your community?

Probe as appropriate:

- Are children absent from home when the vaccination team comes? If so, where are they usually?
- Do caregivers refuse to vaccinate their children? If so, what are the reasons that they give?
- Was there no vaccination team in the area?

ii. What do you do in order to try to overcome these issues?

Probe as appropriate:

- Do you try to talking to caregivers about the importance of Polio vaccination? What kinds of arguments do you use?
- Do you speak to community leaders and other important people in the community about the importance of Polio vaccination? What kinds of arguments do you use?
- What is the role of your supervisor in this?
- Are there other actions that you take?

iii. Are you confident that the frontline workers in your team are able to persuade people of the importance of Polio vaccination? If not, what are the barriers to doing so?

Probe as appropriate:

- Are you able to convince people that they should make efforts to ensure their children are home during the time of the vaccination campaign? Why / why not?
- Are you able to persuade caregivers who are worried about the vaccine that they should vaccinate children, and overcome their arguments? Why / why not?
- What information can we share with people in this community to gain their enthusiasm for vaccinating their children?

iv. Are there any people or groups that you think the Polio programme should talk to, that would be helpful for persuading people in the community about vaccination?

Probe as appropriate:

- Any influential organizations outside of the community, for example senior religious or medical figures?
- Any influential people within the community?

v. Is there anything else you need the Polio programme to provide you with to ensure that you are able to vaccinate all children in the communities you cover?

Probe as appropriate:

- Are there skills you need to be trained on to do this?
- Are there communications materials you need to do this?

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

SECTION E: Questions on frontline worker perspectives of Polio vaccination

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

iii. What do people know/believe about how it can be prevented?

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

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

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

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

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

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

