



Special Investigation Tool Assessment of Reasons for Missed Children

ADAPTED FOR ADDITION TO THE RHIZOME POLIOK.IT PLATFORM 16 JAN 2017



INFORMATION FOR
ERADICATION FROM

POLIO GLOBAL
ERADICATION
INITIATIVE

Special Investigation Tool

Assessment of Reasons for Missed Children

State/Province	
District/LGA	
Sub-district/Ward	
Village/settlement which triggered the investigation	
Area of community	<input type="checkbox"/> 1. Urban <input type="checkbox"/> 2. Peri-urban <input type="checkbox"/> 3. Rural
Investigation team <i>(If one of more partners did not participate, explain why)</i>	MOH: UNICEF: WHO:
Reason for investigation <i>(check all that apply)</i>	<input type="checkbox"/> Zero-dose AFP case/cluster <input type="checkbox"/> WPV/cVDPV <input type="checkbox"/> Cluster of missed children <input type="checkbox"/> Cluster of refusals <input type="checkbox"/> Other (<i>specify:</i> _____)
Date of above event identified (DD/MM/YY)	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>
Date of last campaign in the community (DD/MM/YY)	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>

PART A: District-level Assessment	<input type="checkbox"/> Completed <i>(Date completed (DD/MM/YY)):</i> <div style="display: flex; align-items: center; gap: 10px; margin-left: 20px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <input type="checkbox"/> Not completed <i>If not completed, state reason:</i> _____
PART B: Sub-district-Level Assessment	<input type="checkbox"/> Completed <i>(Date completed (DD/MM/YY)):</i> <div style="display: flex; align-items: center; gap: 10px; margin-left: 20px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <input type="checkbox"/> Not completed <i>If not completed, state reason:</i> _____
PART C: Community Risk Assessment	<input type="checkbox"/> Completed <i>(Date 20th questionnaire completed (DD/MM/YY)):</i> <div style="display: flex; align-items: center; gap: 10px; margin-left: 20px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> <input type="checkbox"/> Not completed <i>If not completed, state reason:</i> _____

Part A: District-level assessment

This section reviews plans and staff capacity at district level. Review microplans, social mobilization, OPV and training plans, and taskforce meeting minutes, and interview the below key informants to identify gaps or challenges at district level.

Key informant 1: Senior District Polio Official

Review date (DD/MM/YY)	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Reviewer's name								
District Administrative Officer's Name								
Official title								

Assessment of knowledge and leadership

Have a brief conversation with the informant about the polio situation in this district in general. Also assess his/her knowledge prior to this investigation about the village/settlement that triggered the investigation. Was s/he aware of the problem in this village/settlement? What are the mitigating measures that have been taken to address any challenges? To assess his/her leadership and involvement (e.g. chairing a meeting, inaugurating a campaign, etc.), ask him/her to give you an example of a recent challenge that s/he had, how s/he solved it and held staff accountable for the outcome. Based on this conversation, answer the following questions:

Q1	How knowledgeable is s/he about the polio situation in this district in general?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q2	How knowledgeable is s/he about the polio situation in the focus village/settlement specifically?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q3	What is his/her level of leadership and involvement in polio activities?	<input type="checkbox"/> 1. Very good <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>

<p>Q4</p>	<p>What does s/he think are the main obstacles to reducing the number of missed children in the village/settlement? (tick all the apply)</p>	<p><input type="checkbox"/> 1. Limited financial resources <input type="checkbox"/> 2. Poor management, inadequate supervision, or poor accountability <input type="checkbox"/> 3. Inadequate/inappropriate IEC materials and messages <input type="checkbox"/> 4. Poor team performance <input type="checkbox"/> 5. Poor social mobilization performance <input type="checkbox"/> 6. Poor community support (community leaders do not support, etc) <input type="checkbox"/> 7. Inaccessibility (due to geographic complexity, security issues, etc) <input type="checkbox"/> 8. Mobility of the population</p> <p><input type="checkbox"/> 9. Others (Specify: _____) <i>Briefly explain/elaborate further on the items above that were selected:</i></p>
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Funding		
<p>Q5</p>	<p>Is there written evidence of when s/he received funds for the last campaign from UNICEF?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes," when (DD/MM/YY)?</i> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p><i>Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign?</i> <input type="text"/> <input type="text"/> days</p>
<p>Q6</p>	<p>Is there written evidence of when s/he received funds for the last campaign from WHO?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes," when (DD/MM/YY)?</i> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p><i>Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign?</i> <input type="text"/> <input type="text"/> days</p>
<p>Q7</p>	<p>Is there written evidence of when s/he released funds for the last campaign?</p>	<p><input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes," when (DD/MM/YY)?</i> <i>Operations</i> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <i>Social Mobilization</i> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p><i>Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign?</i></p> <p><i>Operations</i> <input type="text"/> <input type="text"/> days <i>Social Mobilization</i> <input type="text"/> <input type="text"/> days</p>

Any additional comments:

Key informant 2: District Polio Focal Point

Review date (DD/MM/YY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Reviewer's name	
District Polio focal point's Name	
Official title	

Assessment of knowledge and leadership

Have a brief conversation with the informant about the polio situation in this district in general. Also assess his/her knowledge prior to this investigation about the village/settlement that triggered the investigation. Was s/he aware of the problem in this village/settlement? What are the mitigating measures that have been taken to address any challenges? To assess his/her leadership and involvement (e.g. chairing a meeting, inaugurating a campaign, etc.), ask him/her to give you an example of a problem that s/he had, how s/he solved it and held staff accountable for the outcome.

Q1	How knowledgeable is s/he about the polio situation in this district in general?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q2	How knowledgeable is s/he about the polio situation in the focus village/settlement specifically?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q3	What is his/her level of leadership and involvement in polio activities?	<input type="checkbox"/> 1. Very good <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>

Q4	What does s/he think are the main obstacles to reducing the number of missed children in the village/settlement? <i>(tick all that apply)</i>	<input type="checkbox"/> 1. Limited financial resources <input type="checkbox"/> 2. Poor management, inadequate supervision, or poor accountability <input type="checkbox"/> 3. Inadequate/inappropriate IEC materials and messages <input type="checkbox"/> 4. Poor team performance <input type="checkbox"/> 5. Poor social mobilization performance <input type="checkbox"/> 6. Poor community support (community leaders do not support, etc) <input type="checkbox"/> 7. Inaccessibility (due to geographic complexity, security issues, etc) <input type="checkbox"/> 8. Mobility of the population <input type="checkbox"/> 9. Others (<i>Specify:</i> _____) <i>Briefly explain/elaborate further on the items above that were selected:</i>
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Microplan Assessment

Review the district micro plan of the last campaign and ask questions regarding the plan.

Q5. Are the following elements included in the micro plan?

a	District map with clear identification of high risk areas?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
b	Clear definition of high risk groups?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
c	An integrated communications and operational plan?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
d	Identification of challenges based on most recent campaign data?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
e	District level social maps?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
f	Identification of events (such as festivals) for the last vaccination?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
g	A logistics plan for OPV	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
h	A logistic plan for cold chain equipment	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
i	A logistic plan for transportation	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Q6	Did you receive sub-district micro plans from all the sub-districts prior to the last campaign?	<input type="checkbox"/> 1. Yes, from all sub-districts <input type="checkbox"/> 2. Yes, but not from all sub-districts <input type="checkbox"/> 3. No, none of the sub-districts submitted.
Q7	Did the key informant sign and date all the sub-district plans in advance of the last campaign? (<i>observation</i>)	<input type="checkbox"/> 1. Yes, from all sub-districts <input type="checkbox"/> 2. Yes, but not from all sub-districts <input type="checkbox"/> 3. No, none of the sub-districts submitted.

Funding and Logistics

Ask the key informant the following questions.

Q8	Is there written evidence of when s/he received funds before the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes," when (DD/MM/YY)?</i> <input type="text"/> / <input type="text"/> / <input type="text"/>
		<i>Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign?</i> <input type="text"/> days
Q9	Is there written evidence of when s/he released funds before the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes," when (DD/MM/YY)?</i> <input type="text"/> / <input type="text"/> / <input type="text"/>
		<i>Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign?</i> <input type="text"/> days

Q10	Were there any sub-districts with insufficient number of vaccination teams in your district during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes", list below the sub-districts with an unreasonable workload for vaccination teams, and ensure these sub-district plans are reviewed in part B.</i>
Q11	Have you seen stock-outs of OPVs in any sub-district during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes", list the sub-districts with stock-outs below and review the OPV plans in part B:</i>

<p>Training Q 12 Was there a training plan and materials for the district for the last SIA? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If "no," describe the reason below: If "yes," review the plan for the last campaign and assess the following:</p>		
a	Were the training materials in accordance with national guidelines?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
b	Was there a specific module on IPC included, which was facilitated by a UNICEF-supported focal point?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
c	How many trainees (sub-district trainers) are identified?	<input type="text"/> <input type="text"/>
d	Is there a record of the last training?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If yes, answer the following questions based on the record. If no, skip to the following section.</i>
When was the training? (DD/MM/YY)		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign? <input type="text"/> <input type="text"/> days
How many actually participated?		<input type="text"/> <input type="text"/>

<p>Interagency participation in meetings</p> Q13. Are there minutes and clear action points from the last task force meeting held in advance of the last campaign? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If "no," describe the reason here: If "yes," check all the agencies which participated the meeting based on the minutes.	
<input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4.	

<input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7.

Any additional comments?

Key informant 3: District Communication Supervisor

Review date (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reviewer's name	
District Communication Supervisor's Name	
Official title	

Assessment of knowledge and leadership
*Have a brief conversation with the informant about the polio situation, and social challenges, in this district in general. Also assess his/her knowledge prior to this investigation about the village/settlement that triggered the investigation. Was s/he aware of the problem in this village/settlement? What are the mitigating measures that have been taken to address any challenges? To assess his/her leadership and involvement (e.g. chairing a meeting, inaugurating a campaign, etc.), ask him/her to give you an example of a **communication** problem that s/he had, how s/he solved it and held staff accountable for the outcome.*

Q1	How knowledgeable is s/he about social and communication issues as they related to the polio situation in this district in general?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q2	How knowledgeable is s/he about social and communication issues as they relate to the polio situation in the village/settlement specifically?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>

Q3	What is his/her level of leadership and involvement in social and communication activities?	<input type="checkbox"/> 1. Very good <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q4	What does s/he think are the main social and communication problems to reducing the number of missed children in the village/settlement? <i>(tick all the apply)</i>	<input type="checkbox"/> 1. Limited financial resources for IEC materials and social mobilization activities <input type="checkbox"/> 2. Inadequate/inappropriate materials and messages <input type="checkbox"/> 3. Poor management, inadequate supervision, or poor accountability <input type="checkbox"/> 4. Poor team performance/cultural acceptability <input type="checkbox"/> 5. Poor social mobilization performance <input type="checkbox"/> 6. Poor community support (community leaders, social mobilizers or influencers do not support, trust the programme, etc) <input type="checkbox"/> 7. Inaccessibility (due to geographic complexity, security issues, etc) <input type="checkbox"/> 8. Mobility of the population <input type="checkbox"/> 9. Others (<i>Specify:</i> _____) <i>Briefly explain/elaborate further on the items above that were selected:</i>

Assessment of social mobilization plan

Q5. Is there a social mobilization plan for the district? 1. Yes 2. No

If "no," describe the reason below:

If "yes," review the plan for the last campaign and assess the following:

a	Is this plan integrated into the microplan?	<input type="checkbox"/> 1. Yes, sufficiently <input type="checkbox"/> 2. Yes, but insufficiently <input type="checkbox"/> 3. No, not at all
b	Were activities identified to increase caregivers' awareness before the campaigns (Information, Education and Communication-IEC- materials, street theatre, miking, etc)?	<input type="checkbox"/> 1. Yes, sufficiently <input type="checkbox"/> 2. Yes, but insufficiently <input type="checkbox"/> 3. No, not at all
c	Were activities identified to specifically target non-compliant/refusal families?	<input type="checkbox"/> 1. Yes, sufficiently <input type="checkbox"/> 2. Yes, but insufficiently <input type="checkbox"/> 3. No, not at all
d	Were activities identified to address children who were absent when team visited (e.g. campaign awareness through schools, madrassa's, mobilization activities in transit and cross-borders, etc.)?	<input type="checkbox"/> 1. Yes, sufficiently <input type="checkbox"/> 2. Yes, but insufficiently <input type="checkbox"/> 3. No, not at all
e	Is there a recent social map that has been developed?	<input type="checkbox"/> 1. Yes, sufficiently <input type="checkbox"/> 2. Yes, but insufficiently <input type="checkbox"/> 3. No, not at all
f	Has the plan been signed and dated by a supervisor? (<i>observation</i>)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Funding

Ask the key informant the following questions, *if relevant to this key informant.*

Q6	Is there written evidence of when s/he received funds before the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes," when (DD/MM/YY)?</i> <input type="text"/> / <input type="text"/> / <input type="text"/> <i>Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign?</i> <input type="text"/> days
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Q7	Is there written evidence of when s/he released funds before the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If "yes," when (DD/MM/YY)? <input type="text"/> / <input type="text"/> / <input type="text"/> Compare this date with the date of the onset of the last campaign, <input type="text"/> <input type="text"/> days how many days does this precede the campaign?
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COMMENTS AND KEY CONCLUSIONS OF THE INVESTIGATORS:
Please provide your general assessment of the district, and any key conclusions that need to be raised in the final report:

PART B: Sub-District Assessment

This section reviews plans and staff capacity at sub-district level. Review microplans, social mobilization, OPV and training plans, and taskforce meeting minutes, and interview the below key informants to identify gaps or challenges at sub-district level.

Key informant 1: Senior Sub-district Polio Official

Select the focal point responsible for overseeing the quality of polio campaigns in the community surveyed.

Review date (DD/MM/YY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reviewer's name	
Polio focal point's name	
Official title	

Assessment of knowledge and management

Have a brief conversation with the informant about the polio situation in this sub-district in general. Also assess his/her knowledge prior to this investigation about the village/settlement that triggered the investigation. Was s/he aware of the problem in this village/settlement? What are the mitigating measures that have been taken to address any challenges? To assess his/her leadership and involvement (e.g. chairing a meeting, inaugurating a campaign, etc.), ask him/her to give you an example of a problem that s/he had, how s/he solved it and held staff accountable for the outcome.

Q1	How knowledgeable is s/he about the polio situation in this sub-district in general?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q2	How knowledgeable is s/he about the polio situation in the village/settlement specifically?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q3	What is his/her level of leadership and involvement in polio activities?	<input type="checkbox"/> 1. Very good <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q4	What does s/he think are the main obstacles to reducing the number of missed children in the village/settlement? <i>(tick all the apply)</i>	<input type="checkbox"/> 1. Limited financial resources <input type="checkbox"/> 2. Poor management, inadequate supervision, or poor accountability <input type="checkbox"/> 3. Inadequate/inappropriate IEC materials and messages <input type="checkbox"/> 4. Poor team performance <input type="checkbox"/> 5. Poor social mobilization performance <input type="checkbox"/> 6. Poor community support (community leaders do not support, etc) <input type="checkbox"/> 7. Inaccessibility (due to geographic complexity, security issues, etc) <input type="checkbox"/> 8. Mobility of the population <input type="checkbox"/> 9. Others (Specify: _____) <i>Briefly explain/elaborate further on the items above that were selected:</i>

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Assessment of micro plan

Review the sub-district micro plan of the last campaign and ask questions regarding the plan.

Q5. Are the following elements included in the micro plan?

a	District map with clear identification of high risk areas?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
b	Clear definition of high risk groups?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
c	An integrated communications and operational plan?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
d	Identification of challenges based on most recent campaign data?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
e	District level social maps?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
f	Identification of events (such as festivals) for the last vaccination?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
g	A logistics plan for OPV	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
h	A logistic plan for cold chain equipment	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
i	A logistic plan for transportation	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Q6	Did you receive micro plans from all the teams prior to the last campaign?	<input type="checkbox"/> 1. Yes, from all teams <input type="checkbox"/> 2. Yes, but not from all teams <input type="checkbox"/> 3. No, none of the teams submitted
Q7	Did the key informant sign and date all the team plans in advance of the last campaign? (<i>observation</i>)	<input type="checkbox"/> 1. Yes, from all teams <input type="checkbox"/> 2. Yes, but not from all teams <input type="checkbox"/> 3. No, none of the teams submitted

Funding and Logistics

Ask the following questions regarding the last campaign to the key informant.

Q8	Is there written evidence of when s/he received funds for the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If "yes," when (DD/MM/YY)? <input type="text"/> / <input type="text"/> / <input type="text"/> Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign? <input type="text"/> days
Q9	Is there written evidence of when s/he released funds for the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If "yes," when (DD/MM/YY)? <input type="text"/> / <input type="text"/> / <input type="text"/> Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign? <input type="text"/> days
Q10	Were there any areas with insufficient number of vaccination teams in your sub-district during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If "yes," list below the areas with an unreasonable workload for vaccination teams:
Q11	Were there any areas with insufficient OPV supply sufficient in your sub-district during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No If "yes," which areas had insufficient supply:

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Training												
Q12 Is there an updated sub-district training plan for the last SIA? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No												
If "no," describe the reason below:												
If "yes," review the plan for the last campaign and assess the following:												
a	Are the training materials in accordance with national guidelines?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No										
b	Was there a specific module on IPC included, which was facilitated by a UNICEF-supported focal point?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No										
c	How many vaccinators are identified in the training plan?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
d	Is there a record of the last vaccinator training?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If yes, answer the following questions based on the record. If no, skip to the following section.</i>										
	When was the training? <i>(DD/MM/YY)</i>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">/</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <i>Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign?</i> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> days			/			/				
		/			/							
	How many actually participated?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

Taskforce meetings	
Q13. Are there minutes and clear action points from the last task force meeting held in advance of the last campaign?	
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
If "no," describe the reason below:	
If "yes," check all the agencies which participated the meeting based on the minutes.	
<input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/> 6. <input type="checkbox"/> 7.	

Any additional comments?

Key informant 2: Sub-district Social Mobilization Focal Point

If this area is covered by the Government officer, select the government officer responsible for Polio in the area and if the area is covered by an NGO, select a specific focal point managing social mobilization and communication from the NGO

Review date (DD/MM/YY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Reviewer's name	
Social mobilization focal point's name	
Official title	

Assessment of knowledge and leadership

Have a brief conversation with the informant about social and communication issues as they relate to the polio situation in this sub-district in general. Also assess his/her knowledge prior to this investigation about the village/settlement that triggered the investigation. Was s/he aware of the problem in this village/settlement? What are the mitigating measures that have been taken to address any challenges? To assess his/her leadership and involvement (e.g. chairing a meeting, inaugurating a campaign, etc.), ask him/her to give you an example of a problem that s/he had, how s/he solved it and held staff accountable for the outcome.

Q1	How knowledgeable is s/he about social and communication issues as they related to the polio situation in this sub-district in general?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q2	How knowledgeable is s/he about social and communication issues as they relate to the polio situation in the village/settlement specifically?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>

Q3	What is his/her level of leadership and involvement in social and communication activities?	<input type="checkbox"/> 1. Very good <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q4	What does s/he think are the main social and communication problems to reducing the number of missed children in the village/settlement? <i>(tick all the apply)</i>	<input type="checkbox"/> 1. Limited financial resources for IEC materials and social mobilization activities <input type="checkbox"/> 2. Inadequate/inappropriate IEC materials and messages <input type="checkbox"/> 3. Poor management, inadequate supervision, or poor accountability <input type="checkbox"/> 4. Poor team performance <input type="checkbox"/> 5. Poor social mobilization performance <input type="checkbox"/> 6. Poor community support (community leaders, social mobilizers or influencers do not support, etc) <input type="checkbox"/> 7. Inaccessibility (due to geographic complexity, security issues, etc) <input type="checkbox"/> 8. Mobility of the population <input type="checkbox"/> 9. Others (<i>Specify:</i> _____) <i>Briefly explain/elaborate further on the items above that were selected:</i>

Assessment of social mobilization plan

Q5. Is there a sub-district social mobilization plan? 1. Yes 2. No

If "no," describe the reason below:

If "yes," review the plan for the last campaign and assess the following:

a	Were activities identified to increase caregivers' awareness before the campaigns (Information, Education and Communication-IEC- materials, street theatre, miking, etc)?	<input type="checkbox"/> 1. Yes, sufficiently <input type="checkbox"/> 2. Yes, but insufficiently <input type="checkbox"/> 3. No, not at all
b	Were activities included to specifically target non-compliant/refusal families?	<input type="checkbox"/> 1. Yes, sufficiently <input type="checkbox"/> 2. Yes, but insufficiently <input type="checkbox"/> 3. No, not at all
c	Were activities identified to address children who were absent when team visited (e.g. campaign awareness through schools, madrassa's, mobilization activities in transit and cross-borders, etc.)?	<input type="checkbox"/> 1. Yes, sufficiently <input type="checkbox"/> 2. Yes, but insufficiently <input type="checkbox"/> 3. No, not at all
d	Has the plan been signed and dated by a supervisor? <i>(observation)</i>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Funding

Q6. Is there written evidence of when s/he received funds for the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "yes," when (DD/MM/YY)?</i> <input type="text"/> / <input type="text"/> / <input type="text"/> <i>Compare this date with the date of the onset of the last campaign, how many days does this precede the campaign?</i> <input type="text"/> days
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Quality of social mobilization activities

Ask the key informant the following questions.

Q7	Were elements of these social mobilization plans integrated into the overall sub-district micro plan?	<input type="checkbox"/> 1. Yes, it is well integrated <input type="checkbox"/> 3. No. <input type="checkbox"/> 2. Yes, it is somewhat integrated <input type="checkbox"/> 4. Not sure
Q8	Is there a list of non-compliant/refusal households for	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

	all areas during the last campaign?	
Q9	Is there evidence of accurate tracking of missed children through tally sheets?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Any additional comments?

Key informant 3: Team Supervisor for Most Recent Campaign

Select the team supervisor from the target community to be surveyed.

Review date (DD/MM/YY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Reviewer's name	
Polio focal point's name	
Official title	

Assessment of knowledge and leadership		
<i>Have a brief conversation with the informant about the polio situation in this area. Also assess his/her knowledge prior to this investigation about the village/settlement that triggered the investigation. Was s/he aware of the problem in this village/settlement? What are the mitigating measures that have been taken to address any challenges? To assess his/her leadership and involvement (e.g. chairing a meeting, inaugurating a campaign, etc.), ask him/her to give you an example of a problem that s/he had, how s/he solved it and held staff accountable for the outcome.</i>		
Q1	How knowledgeable is s/he about the polio situation in this area in general?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q2	How knowledgeable is s/he about the polio situation in the village/settlement specifically?	<input type="checkbox"/> 1. Very knowledgeable <input type="checkbox"/> 2. Somewhat knowledgeable <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>
Q3	What is his/her level of leadership and involvement in polio activities?	<input type="checkbox"/> 1. Very good <input type="checkbox"/> 2. Moderate <input type="checkbox"/> 3. Needs improvement <i>Describe below:</i>

Q4	What does s/he think are the main obstacles to reducing the number of missed children in the village/settlement? <i>(tick all that apply)</i>	<input type="checkbox"/> 1. Limited financial resources <input type="checkbox"/> 2. Poor management, inadequate supervision, or poor accountability <input type="checkbox"/> 3. Inadequate/inappropriate IEC materials and messages <input type="checkbox"/> 4. Poor team performance <input type="checkbox"/> 5. Poor social mobilization performance <input type="checkbox"/> 6. Poor community support (community leaders do not support, etc) <input type="checkbox"/> 7. Inaccessibility (due to geographic complexity, security issues, etc) <input type="checkbox"/> 8. Mobility of the population <input type="checkbox"/> 9. Others (<i>Specify:</i> _____) <i>Briefly explain/elaborate further on the items above that were selected:</i>
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Assessment of micro plan

Review the team micro plan of the last campaign and ask questions regarding the plan.

Q5. Are the following elements included in the micro plan?

a	Team map with clear identification of high risk areas?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
b	Clear definition of high risk groups?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
c	An integrated communications and operational plan?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
d	Identification of challenges based on most recent campaign data?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
e	Team level social maps?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
f	Identification of events (such as festivals) for the last vaccination?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
g	A logistics plan for OPV?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
h	A logistic plan for cold chain equipment?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
i	A logistic plan for transportation?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
j	List of names of social mobilizers?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
k	Is more than half of the social mobilizers from the same community?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
L	At least one name of influencer?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Logistics

Ask the key informant the following questions.

Q6	Did you have enough vaccinators to cover your area(s) during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "no", list below the areas with an unreasonable workload for vaccination teams.</i>
Q7	Did all your teams have enough OPV during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If "no", list the areas with stock-outs below.</i>
Q8	Did you have enough finger markers during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Quality of social mobilization activities			
<i>Ask the key informant the following questions.</i>			
Q9	Were critical elements of the social mobilization plans integrated into the overall team micro plan?	<input type="checkbox"/> 1. Yes, it is well integrated <input type="checkbox"/> 2. Yes, it is somewhat integrated	<input type="checkbox"/> 3. No. <input type="checkbox"/> 4. Not sure
Q10	Is there a list of non-compliant/refusal households for all areas during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Q11	Is there evidence of accurate tracking of refusal children through tally sheets?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Q12	Did a social mobilizer accompany their designated team(s) during the round?	<input type="checkbox"/> 1. Yes, always. <input type="checkbox"/> 2. Yes, but only sometimes.	<input type="checkbox"/> 3. No. <input type="checkbox"/> 4. Not sure.
Q13	Did the influencers identified in the micro plan participate in catch-up activities to reach missed children during the last campaign?	<input type="checkbox"/> 1. Yes, always. <input type="checkbox"/> 2. Yes, but only sometimes.	<input type="checkbox"/> 3. No. <input type="checkbox"/> 4. Not sure.
Q14	Was there adequate visibility of polio materials during the last campaign (e.g. street chalking, banners, posters at the health centre, etc)?	<input type="checkbox"/> 1. Yes, it was adequate. <input type="checkbox"/> 2. Yes, it was somewhat adequate.	<input type="checkbox"/> 3. No. <input type="checkbox"/> 4. Not sure.

Any additional comments?

COMMUNITY RISK ASSESSMENT

Instructions: Identify the social mobilizer in the area and ask them to identify the three most influential community chiefs, sub-chiefs or religious leaders in the community. Randomly select one and interview him or her.

Interview date (DD/MM/YY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Interviewer's name	
Community location	
Community leader's name	
Community leader's official title	
How was this leader identified?	
What role, if any, did the leader have in supporting the last campaign?	
Any other relevant information about the community leader?	

Ask the following questions in order. Do not prompt answers, but let the interviewee respond freely. If the answer is unclear, probe to get a better understanding of the answer and mark as appropriate. DO NOT INCLUDE ADDITIONAL INFORMATION IN THE RECORDING AREAS—IF OTHER RELEVANT INFORMATION EMERGES, INCLUDE THAT IN THE NARRATIVE SECTION AT THE END.

Programme visibility	
Q1. How visible are polio information, communication and education (ICE) materials in the community (ideally, before the polio campaign or generally if investigation is undertaken afterwards)? (<i>Observation</i>)	<input type="checkbox"/> 1. Very visible <input type="checkbox"/> 2. Somewhat visible <input type="checkbox"/> 3. Not visible at all
Q2. What materials did you see?	<input type="checkbox"/> poster <input type="checkbox"/> pamphlet <input type="checkbox"/> banner <input type="checkbox"/> street theatre <input type="checkbox"/> hoarding <input type="checkbox"/> mobile float/transit point <input type="checkbox"/> town crier

Community characteristics	
Q3	Do people in this community accept routine immunization services? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Somewhat <input type="checkbox"/> 3. Not at all <i>If "2" or "3", what are the reasons for lack of support?</i>
Q4	Do people in this community support polio immunization services? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Somewhat <input type="checkbox"/> 3. Not at all <i>If "2" or "3", what are the reasons for lack of support?</i>

Q5	Is this community secure for polio workers?	<input type="checkbox"/> 1. Consistently secure <input type="checkbox"/> 2. Sometimes insecure <input type="checkbox"/> 3. Insecure
Q6	How accessible is this community in terms of geographic/residential characteristics (e.g. remote, no bridge over a river, scattered settlement, slum, high rise etc.)?	<input type="checkbox"/> 1. Accessible <input type="checkbox"/> 2. Somewhat accessible/sometimes inaccessible <input type="checkbox"/> 3. Chronically inaccessible <i>If 2 or 3 is chosen, describe the geographic/residential characteristics below:</i>
Q7	Does the community have any special populations that are at increased risk of being missed by immunization services?	<input type="checkbox"/> 1. Nomadic populations (<i>Specify:</i> _____) <input type="checkbox"/> 2. Migrant workers (<i>Specify:</i> _____) <input type="checkbox"/> 3. Internally displaced people <input type="checkbox"/> 4. Ethnic minority (<i>Specify:</i> _____) <input type="checkbox"/> 5. Religious minority (<i>Specify:</i> _____) <input type="checkbox"/> 6. Orphans, street children, or other vulnerable children (<i>Specify:</i> _____) <input type="checkbox"/> 7. Other (<i>Specify:</i> _____) <input type="checkbox"/> 8. None mentioned
Q8	In your opinion, what are other local barriers or challenges to implementation of polio campaigns?	<i>Describe below:</i>
Q9	In your opinion, what could be done to overcome these barriers or challenges you mentioned?	<i>Describe below:</i>

HOUSEHOLD SURVEY

Find a household which has at least one child under 5. Use one questionnaire per household (for example a group of people who share a kitchen or eat from the same pot). Ideally, the questionnaire is administered to the mother. If there is more than one mother (or father, only if the mother is not available) with a child under 5 in the household, interview the parent with the greatest number of children under 5. If the immediate parent is not available, interview the primary caregiver.

Interview date (DD/MM/YY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Interviewer's name	
Interviewee's relation to the child(ren) under 5	<input type="checkbox"/> 1. Mother <input type="checkbox"/> 2. Father <input type="checkbox"/> 3. Other (Specify relation to children): _____

Household Characteristics	
Q1	<p>What is the source of drinking water for members of your household?</p> <p><input type="checkbox"/> 1. Piped water <input type="checkbox"/> 5. Rainwater or surface water (river, lake etc.)</p> <p><input type="checkbox"/> 2. Tube well or bore hole</p> <p><input type="checkbox"/> 3. Protected dug well or spring <input type="checkbox"/> 6. Tanker truck or cart with small tank</p> <p><input type="checkbox"/> 4. Unprotected dug well or spring <input type="checkbox"/> 7. Other</p>
Q2	<p>What kind of toilet facility do members of the household usually use?</p> <p><input type="checkbox"/> 1. Flush toilet (flush to piped sewer system, septic tank, or pit latrine)</p> <p><input type="checkbox"/> 2. All other types of toilets</p> <p><input type="checkbox"/> 3. No facilities/field/bush</p>
Q3	<p>How long have you lived in this house?</p> <p><input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months</p>
Q4	<p>Does anyone in the household travel regularly outside the community for work or social reasons?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "yes," where do they travel?</i></p>
Q5	<p>Has anyone travelled outside the community in the past month?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "yes," where did they go?</i></p>

Caregiver Characteristics	
Q6	<p>What language do you regularly speak in the household?</p> <p><i>Specify below:</i></p>
Q7	<p>What is your ethnic/tribal identification?</p> <p><i>Specify below:</i></p>
Q8	<p>What is your religion?</p> <p><input type="checkbox"/> 1. Muslim <input type="checkbox"/> 3. Christian</p> <p><input type="checkbox"/> 4. Other (Specify another religion if relevant, or the sect of either of the above if possible): _____</p>
Q9	<p>How well can the mother of the children in this household read?</p> <p><input type="checkbox"/> 1. Very easily <input type="checkbox"/> 2. With some difficulty <input type="checkbox"/> 3. Not at all</p>
Q10	<p>What is the father's occupation?</p> <p><input type="checkbox"/> 1. Farmer <input type="checkbox"/> 5. Unskilled labourer</p> <p><input type="checkbox"/> 2. Animal husbandry (non-nomads) <input type="checkbox"/> 6. Trade</p> <p><input type="checkbox"/> 3. Animal husbandry (nomads) <input type="checkbox"/> 7. Business</p> <p><input type="checkbox"/> 4. Fishery <input type="checkbox"/> 8. Education</p> <p><input type="checkbox"/> 9. Other (Specify: : _____)</p>

Caregiver Health Beliefs and Health Care Seeking Behaviours

Q12	From where do you receive information about your child's health provided by the following source ((Do not read out the answers, but tick all that are mentioned...If caregivers only mention one source, probe by asking "Is there
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	<i>anyone else from whom you seek this type of information?"): </i>			
	a) Medical doctors, nurses or other health service providers?	<input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. I don't know		
	b) Relative or neighbour?	<input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. I don't know		
	c) Pharmacist?	<input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. I don't know		
	d) Spiritual healers, or herbalists?	<input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. I don't know		
	e) Imams, pastors, or religious leaders?	<input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. I don't know		
	f) Community's traditional leaders/elders and mobilizers?	<input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. I don't know		
	g) UNICEF community mobilizers?	<input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. I don't know		
	h) TV, radio, or newspaper?	<input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. I don't know		
Q13	Of the sources of information you mentioned, which one(s) do you trust the most? <i>(tick all that are mentioned)</i>	<input type="checkbox"/> Medical doctors, nurse or other health service providers <input type="checkbox"/> Relative or neighbours <input type="checkbox"/> Pharmacist <input type="checkbox"/> Spiritual healers, or herbalists <input type="checkbox"/> Imams, pastors, or religious leaders <input type="checkbox"/> Community's traditional leaders/elders and mobilizers <input type="checkbox"/> UNICEF community mobilizers <input type="checkbox"/> TV, radio, or newspaper		
Q14	Where do you generally take your child when s/he is sick? <i>(Tick just one)</i>	<input type="checkbox"/> 1. Medical doctors, nurse, or other health care professionals <i>Is it a public or private facility/service?:</i> <input type="checkbox"/> public <input type="checkbox"/> private <input type="checkbox"/> 2. Pharmacist <input type="checkbox"/> 3. Spiritual healers or herbalists <input type="checkbox"/> 4. Imams, pastors, or religious figures <input type="checkbox"/> 5. Other (<i>Specify</i>) : <input type="checkbox"/> 6. I don't take him/her anywhere		
Q15	How many minutes does it take to walk to the closest community health centre, hospitals or clinic?	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> Minutes <input type="checkbox"/> Don't know		

Caregiver Perspectives on Polio Campaign		
Q16	Did you know about the last polio campaign in your area before it started?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If no, skip to Q18.</i>
Q17	If yes, from which sources did you hear about it? (<i>do not prompt, mark all that apply</i>).	
	a) Medical doctors, nurse or other health service providers?	<input type="checkbox"/> 1. Yes
	b) Community health workers?	<input type="checkbox"/> 1. Yes
	c) Spiritual healers, or herbalists?	<input type="checkbox"/> 1. Yes
	d) Imams, pastors, or religious leaders?	<input type="checkbox"/> 1. Yes
	e) Community's traditional leaders/elders and mobilizers?	<input type="checkbox"/> 1. Yes
	f) UNICEF community mobilizers?	<input type="checkbox"/> 1. Yes
	g) TV, radio, or newspaper?	<input type="checkbox"/> 1. Yes
	h) Relatives/friends/neighbours?	<input type="checkbox"/> 1. Yes
i) Other (<i>specify</i>):		

Q18	What is the preferred place for your child to receive OPV?	<input type="checkbox"/> 1. Nearest health facility <input type="checkbox"/> 2. My house <input type="checkbox"/> 3. School/nursery <input type="checkbox"/> 4. On roads/public transport <input type="checkbox"/> 5. Other (<i>Specify</i> : _____) <input type="checkbox"/> 6. I will not let my child receive OPV anywhere.
Q19	Did a vaccinator visit your house during the last campaign?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not sure <i>If "no" or "not sure," skip to the next section.</i>
Q20	Did you feel that the vaccinators that visited your house to give polio drops were of appropriate age?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Q21	Was there a female present on the team that visited your house to give polio drops?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> Not sure / don't remember <i>If "no ask," were you uncomfortable with only male vaccinators"?</i> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Somewhat <input type="checkbox"/> 3. No
Q22	Did you feel the vaccinators' appearance / dress was appropriate?	<input type="checkbox"/> 1. Appropriate <input type="checkbox"/> 2. Somewhat inappropriate <input type="checkbox"/> 3. Inappropriate <input type="checkbox"/> 4. Don't remember
Q23	Did you feel the vaccinators were well informed about their work of giving polio drops?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. Somewhat <input type="checkbox"/> 3. No

Mother's Knowledge and Attitude about Polio and OPV

Q24	What do you think are the symptoms of polio? (Do not read out the options)	<input type="checkbox"/> 1. Paralysis <input type="checkbox"/> 2. I don't know <input type="checkbox"/> 3. Other (<i>Specify</i> : _____)
Q25	What do you think causes polio? (Do not read out the options)	<input type="checkbox"/> 1. Virus <input type="checkbox"/> 2. Lack of vaccination <input type="checkbox"/> 2. God's punishment, bad spirit/conduct <input type="checkbox"/> 3. I don't know <input type="checkbox"/> 4. Other (<i>Specify</i>):
Q26	Are you concerned that your child can contract polio?	<input type="checkbox"/> 1. Yes, very concerned <input type="checkbox"/> 2. Yes, somewhat concerned <input type="checkbox"/> 3. No, not concerned at all <input type="checkbox"/> 4. Not sure
Q27	Do you think OPV is effective in preventing polio infection?	<input type="checkbox"/> 1. Very effective <input type="checkbox"/> 2. Somewhat effective <input type="checkbox"/> 3. Not effective at all <input type="checkbox"/> 4. Not sure
Q28	Do you think OPV is safe?	<input type="checkbox"/> 1. Very safe <input type="checkbox"/> 2. Somewhat safe <input type="checkbox"/> 3. Unsafe <input type="checkbox"/> 4. Not sure
Q29	If the caregiver answers 2 or 3 in the above question, ask: "Why is OPV unsafe?" <i>Do not read out answers, but mark all that apply</i>	<input type="checkbox"/> 1. Causes fever <input type="checkbox"/> 2. Comes from USA / western countries <input type="checkbox"/> 3. Causes sterility <input type="checkbox"/> 4. Its ingredients are haram/not halal <input type="checkbox"/> 5. Too many doses are unsafe Other (<i>specify</i>):
Q30	Do you think your child needs multiple doses of OPV to fully protect him/her from polio?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not sure / Don't know
Q31	Do traditional/religious leaders in your community support polio campaigns / OPV?	<input type="checkbox"/> 1. Yes, very supportive <input type="checkbox"/> 2. Somewhat supportive <input type="checkbox"/> 3. No, they are against polio campaigns / OPV <input type="checkbox"/> 4. Not sure
Q32	Do people in your household support children to receive OPV?	<input type="checkbox"/> 1. Yes, very supportive <input type="checkbox"/> 2. Somewhat supportive <input type="checkbox"/> 3. No, they are against polio campaigns / OPV <input type="checkbox"/> 4. Not sure
Q33	Are the people in your community supportive of polio campaigns / OPV?	<input type="checkbox"/> 1. Yes, very supportive <input type="checkbox"/> 2. Somewhat supportive <input type="checkbox"/> 3. No, they are against polio campaigns / OPV <input type="checkbox"/> 4. Not sure

Child OPV Coverage

Q34 How many children under 5 live in this household, under your primary care ?

<i>Provide the following information for all these children.</i>	(a)	(b)	(c)	(d)
Child under 5	How old is s/he in months?	Is there a vaccination card for this child?	How many routine OPV doses has s/he received based on the card?	Did s/he receive OPV during the last campaign (recall)?
1 st child		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
2 nd child		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
3 rd child		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
4 th child		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

Reasons for Missed Children

If at least one response to Q34d is "no", ask the following questions (Do not read out questions, mark all that apply)

Q35	Did the vaccinators come to your house?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not sure <i>If "no" or "not sure," this completes the survey.</i>
Q36	If the child was not at home then where was the child?	<input type="checkbox"/> 1. School <input type="checkbox"/> 2. Mosques/church <input type="checkbox"/> 3. Working (specify, such as in fields, tending cattle...): <input type="checkbox"/> 4. Public places (e.g. market or playground) <input type="checkbox"/> 5. Visiting family <input type="checkbox"/> 6. At a special event (specify): <input type="checkbox"/> 7. I don't remember. <input type="checkbox"/> 8. Other (specify): <i>If this question is responded to, this completes the survey.</i>
Q37	Did you or someone in your household refuse OPV for your child?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <i>If yes, why? (tick all that apply)</i> <input type="checkbox"/> 1. Vaccine is unsafe <input type="checkbox"/> 2. Vaccinator behaviour / appearance <input type="checkbox"/> 3. Religious reasons (OPV is haram) <input type="checkbox"/> 4. Lack of community/family support for OPV <input type="checkbox"/> 5. Polio is not a risk for children in my house <input type="checkbox"/> 6. Child has had enough polio drops <input type="checkbox"/> 7. Child was sick at the time <input type="checkbox"/> 8. Child was sleeping at the time <input type="checkbox"/> 9. Other (Specify: _____)

Comments

Please fill in any additional comments that are noteworthy, about the household or their perceptions that was not captured in the questionnaire:

