



Special Investigation Tool Assessment of Reasons for Missed Children

Report for Part A and B

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



INFORMATION FOR
ERADICATION FROM

POLIO GLOBAL
ERADICATION
INITIATIVE

REPORT

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
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 <i>(DD/MM/YY)</i>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>
Date of last campaign in the community <i>(DD/MM/YY)</i>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>

PART A: Date completed <i>(DD/MM/YY)</i>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <input type="checkbox"/> Not completed
PART B: Date completed <i>(DD/MM/YY)</i>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <input type="checkbox"/> Not completed
PART C: Date completed <i>(DD/MM/YY)</i>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> / <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <input type="checkbox"/> Not completed
Investigators	<i>Tick all that apply:</i> <input type="checkbox"/> Government <input type="checkbox"/> UNICEF <input type="checkbox"/> WHO <input type="checkbox"/> Other: _____
Methodology	<input type="checkbox"/> All investigators jointly conducted all parts <input type="checkbox"/> Each agency divided the parts <input type="checkbox"/> All investigators jointly conducted some parts; <i>Specify:</i> _____ <input type="checkbox"/> Other: _____

CRITICAL FINDINGS & RECOMMENDATIONS BASED ON ALL COMPONENTS OF THE ASSESSMENT (PARTS A, B, C):

Critical Challenge	Recommendation	Timeline	Responsible party

ASSESSMENT OF KNOWLEDGE AND LEADERSHIP OF KEY INFORMANTS

For Q1-Q3 in the knowledge and leadership section of each key informant, add 2 points for each response “1,” 1 point for each response “2” and 0 points for each response “3”. If the total point is 0-2, rate “poor”, if 3-4 rate “moderate,” and if 5-6, rate “good.” Record the rating on the scale below.

Overall campaign management & Operations

Key informant	Result
District administrative Officer	
District polio focal point	
Sub-district polio focal point	
Team supervisor	

Social Mobilization

Key informant in communication	Result
District communication supervisor	
Sub-district communication supervisor	

UNDERLYING PROBLEMS AS IDENTIFIED BY KEY INFORMANTS

For each key informant, review Q4 (main obstacles to reducing missed children). Tick all problems with at least two key informants choosing them.

Campaign management	Social and communication problems
<input type="checkbox"/> 1. Limited financial resources <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 <input type="checkbox"/> 7. Community’s inaccessibility <input type="checkbox"/> 8. Mobility of the population	<input type="checkbox"/> 1. Limited financial resources <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 <input type="checkbox"/> 7. Community’s inaccessibility <input type="checkbox"/> 8. Mobility of the population

ASSESSMENT OF MICRO/SOCIAL MOBILIZATION PLANS

Add 2 points for the first response (“1”). For questions with three response categories, add 1 point for the second response category (“2”). For micro plan, if the sum is 0-7, rate “poor,” if 8-15, rate “moderate,” and if 16-22, rate “good.” For social mobilization plan, if the sum is 0-2, rate “poor,” if 3-6, rate “moderate,” and if 7-12, rate “good.”

Micro plan

Level	Result
District*	----- ----- Poor Moderate Good
Sub-district**	----- ----- Poor Moderate Good
Team***	----- ----- Poor Moderate Good

Social mobilization plan

Level	Result
District ⁺	----- ----- Poor Moderate Good
Sub-district ⁺⁺	----- ----- Poor Moderate Good

+ Part A: Review KI 3, Q5

++ Part B: Review KI 2, Q5

*Part A: Review KI 2, Qs 5-7; ** Part B: Review KI 1, Qs 5-7; Part B: Review KI 3, Qs 5-7

QUALITY OF MICROPLAN & SOCIAL MOBILIZATION ACTIVITIES

	Sub-district*	Community**
Integrated social and operational microplan	----- ----- Poor Moderate Good	----- ----- Poor Moderate Good
List of non-compliant/refusal households for all areas	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, problem areas: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accurate tracking of refusal children through tally sheets	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, problem areas: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social mobilizers accompanied teams		----- ----- Always Sometimes Never
Influencers help recover missed children		----- ----- Always Sometimes Never
Campaign visibility		----- ----- Poor Moderate Good

*Part B: KI 2, Review Qs 7-9; **Part B: KI3, Review Qs 9-14

TIMING OF FUNDING

In the Funding and Logistics sections, make sure that the dates that the funding was received and released are matched. The release of the funding from WHO/UNICEF to districts is at least 2 weeks prior to the campaign, rate “timely.” From district to sub-district, at least 6 days, rate “timely.”

Campaign management

Level	Result	Dates match?
WHO to district		n/a
District to sub-district		
Sub-district to team		

Social mobilization

Level	Result	Dates match?
UNICEF to district		n/a
District to sub-district		

SUFFICIENT HUMAN RESOURCES FOR VACCINATION TEAMS

At each level, mark sufficient versus insufficient based on the response to the question at each level. Tick “insufficient” if there is at least one level reporting insufficiency. If it was reported as “insufficient” at the team level, ideally, both of the higher levels should also have reported “insufficient.” Make sure that at the district and sub-district levels, the key informant was specifically aware of the insufficiency of the area that triggered the investigation by verifying the list of sub-districts and areas of unreasonable workload. Otherwise, tick “lack of communication” in the right box.

Level	Result	List areas with insufficient HR
District		
Sub-district		
Team		

In case of discordance across level,

Insufficient vaccination teams

Lack of communication

TRAINING

For the questions with four response categories, add 2 points for the first response (“1”) and 1 point for the second response (“2”). Add 0 points for the third (“3. No.”) or the fourth response (“4. Not sure”). For the questions with yes/no responses, add 2 points for “yes”, and 0 points for “no.” Add 2 points if the training took place XX days prior to the campaign. Add 1 point if the participation rate (divide the number of people who actually attended the training by the number of people who were invited, then multiply this by 100) is more than 80%. The total is 7 points. If the score is 0-3, rate “poor,” if 4-5, rate “moderate,” and if 6-7, rate “good.”

Level	Result
District	
Sub-district	

SUFFICIENT OPV SUPPLY

At each level, mark sufficient versus insufficient based on the response to the question at each level. Tick “insufficient” if there is at least one level reporting insufficiency. If it was reported as “insufficient” at the team level, ideally, both of the higher levels should also have reported “insufficient.” At the district and sub-district levels, check that the key informant was aware of OPV stock outs in the area that triggered the investigation by verifying the list of sub-districts and areas which experienced vaccine stock-outs. Otherwise, tick “lack of oversight” in the right box.

Level	Result	List areas with insufficient supply
District		
Sub-district		
Team		

In case of discordance across level,

Insufficient vaccines

Lack of oversight

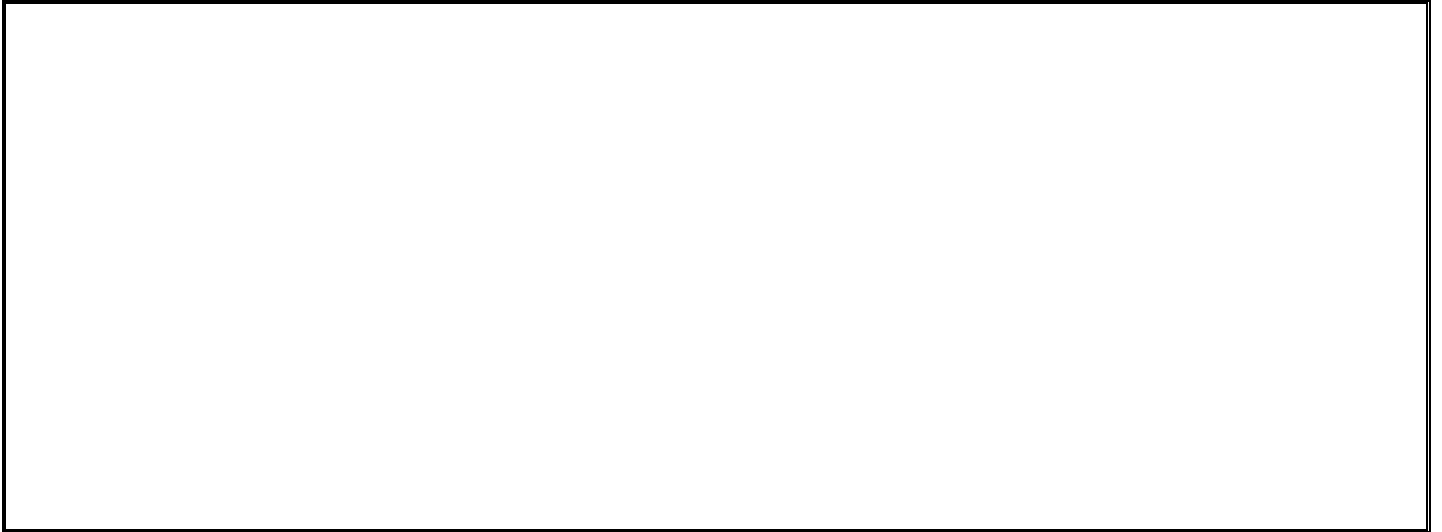
INTERAGENCY PARTICIPATION IN MEETINGS

Calculate the participation rate by dividing the number of agencies that actually participated by the number of agencies that are on the essential list (to be contextualized for each country). If the rate is 0-33%, rate “poor,” if 34-76%, rate “moderate,” and if 77-100%, rate “good.” If there are no minutes available, rate “poor.”

Level	Result
District-level task force meeting	
Sub-district-level task force meeting	
Team evening meetings	

COMMENTS AND KEY CONCLUSIONS

Provide noteworthy observations and key conclusions from the field assessment that should lead to improvements in the programme:



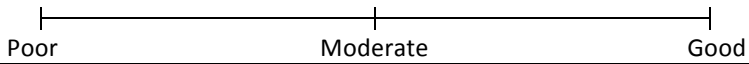
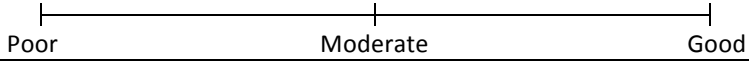
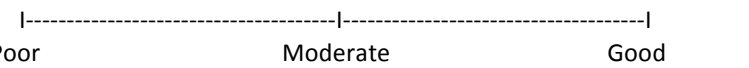
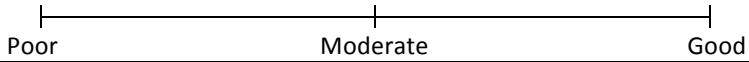
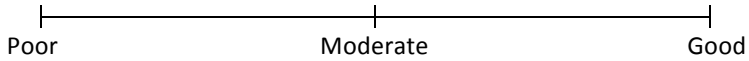
Fill out the reporting format based on answers to the community questionnaires, using these general guidelines to assess categories:

Poor: <50%

Moderate: 51-80%

Good: >80%

**COMMUNITY RISK ASSESSMENT:
PROGRAMME VISIBILITY & COMMUNITY CHARACTERISTICS**

Indicator	Question in tool	Result
Visibility of polio activities	Q1	
Main materials seen	Q2	<input type="checkbox"/> Poster <input type="checkbox"/> Banner <input type="checkbox"/> Pamphlet <input type="checkbox"/> Hoarding <input type="checkbox"/> Town crier <input type="checkbox"/> Mobile float, street theatre, transit materials
Community Support for RI	Q3	
Community Support for Polio	Q4	
Security	Q5	
Geographic accessibility	Q6	
Special populations at increased risk of being missed (as reported by the community leader)	Q7	<p><i>Specify:</i></p> <p><i>Is the polio case, or zero-dose AFP case that triggered this investigation a member of the above special population within the community?</i></p> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
Key local barriers to polio immunization	Q8	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
Solutions to overcome local barriers	Q9	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

HOUSEHOLD SURVEY

HOUSEHOLD/MOTHER'S CHARACTERISTICS

Indicator	Question in tool	Definition	Result
Caregivers interviewed		Interviewers' relation to the children under 5	% Mothers % Fathers % Others
Access to clean source of water	Q1	Percentage of households with safe source of drinking water. Safe source is the response 1, 2, 3, or 6.	%
Access to clean toilet facility	Q2	Percentage of households with flush toilets	%
Residential stability	Q3	Percentage of households with at least 24 months or more of residence	%
Mobility (across district)	Q4	Percentage of households with at least one person who travelled out of the district	%
Mobility (across countries)	Q5	Percentage of households with at least one person who travelled out of the country	%
Dominant language in the community	Q6	The most commonly reported language	
Dominant ethnic/tribal group in the community	Q7	The most commonly reported ethnic/tribal identification	
Dominant religion in the community	Q8	The most commonly reported religion	
Mother's literacy	Q9	Percentage of mothers who can read very easily	%
Nomads population	Q10	Percentage of nomads specified as father's occupation (response 3)	%
Dominant occupation of fathers in the community		The most commonly reported father's occupation	

MOTHER'S HEALTH BELIEF AND HEALTH CARE SEEKING BEHAVIOR

Indicator	Source of health information (Q12)	Most trusted source of health information (Q13)	Source of polio campaign information (Q17)
Health information sources			
medical doctors, nurse or other health service providers	%	%	%
community health workers	%	%	%
spiritual healers or herbalists	%	%	%
imams, pastors, or religious leaders	%	%	%
community's traditional leaders/elders and mobilizers	%	%	%
UNICEF community mobilizers	%	%	%
TV, radio, or newspaper	%	%	%
	Question in tool	Definition	Result
Most commonly used health care providers for child illness	Q14	The most commonly reported health care providers for child illness	1. 2.
Access to health care facility	Q15	Average minutes of all households	Minutes % who did not know

CAREGIVER'S ATTITUDES ON SERVICE DELIVERY

Indicator	Question in tool	Definition	Result
Knowledge of last polio campaign	Q16	Percentage of caregivers who said "yes"	%
Most preferred places to receive OPV	Q18	Most commonly reported as preferred place to receive OPV	1. 2.
Households visited by vaccination teams	Q19	Caregivers who answered "yes"	%
Vaccinators were appropriate age	Q20	Percentage of caregivers who said "yes" among those who saw a vaccinator during the campaign based on Q19;	%
Female team members visited houses	Q21	Percentage of caregivers saying "yes" among those who saw a vaccinator during the campaign based on Q19	%
Male vaccinators made mothers feel uncomfortable	Q21	Percentage of caregivers saying "yes" among those who saw a male vaccinator	%
Vaccinators' appearance appropriate	Q22	Percentage of caregivers saying "yes" among those who saw a vaccinator during the campaign based on Q19	%
Vaccinators well informed	Q23	Percentage of caregivers answering "yes" about vaccinators being well informed	%

MOTHER'S KNOWLEDGE ABOUT POLIO AND OPV

Indicator	Question in tool	Definition	Result
Knowledge of polio's symptoms	Q24	Percentage of caregivers who correctly identified "paralysis" as a symptom of Polio	%
Knowledge of polio's cause	Q25	Percentage of caregivers who correctly identified "virus" or "lack of vaccination" as a cause of polio	%
Concern that child is at risk to polio	Q26	Percentage of caregivers who are "very concerned" or "somewhat concerned"	%
Polio NOT effective	Q27	Percentage of caregivers who said "not effective at all" or "not sure"	%
Polio NOT safe	Q28	Percentage of caregivers who said "unsafe" or "not sure"	%
Reasons cited for safety concerns	Q29	Top 2 reasons cited among all HH surveys	1. 2.
Knowledge about necessity of multiple OPV doses	Q30	Percentage of caregivers who said "Yes"	%
Community leader's support for OPV	Q31	Percentage of caregivers who said "very supportive"	%
Family support for OPV	Q32	Percentage of caregivers who said "very supportive"	%
Community support for OPV	Q33	Percentage of caregivers who said "very supportive"	%

CHILD IMMUNIZATION STATUS

	Denominators	
1	Total number of children aged 0-60 months in all 20 surveyed households	

2	Total number of children aged 6-23 months in all 20 surveyed households	
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Indicator	Question in tool	Definition	Result
3 routine OPV doses among children aged 6-23 months	Q34.c	Percentage of children aged 6-23 month who had at least 3 doses of routine OPV as verified by the card. Use denominator 1.	%
Coverage of the last campaign among children aged 0-59 months	Q34.d	Percentage of children aged 0-59 months who reported having received OPV during the last campaign. Use denominator 2.	%

REASONS FOR MISSED CHILDREN

	Denominator	
3	Total number of <u>households</u> with a child who did not receive a dose during the last campaign in all 20 surveyed households	

Indicator	Question in tool	Definition	Result
Vaccinator no show	Q35	Percentage of caregivers who said “no”. Use denominator 3.	%
Child absent	Q36	Percentage of caregivers who said “no” or “not sure”. Use denominator 3.	%
The most commonly reported child’s whereabouts		The two most commonly reported whereabouts of the child during team visits	1. 2.
Refusal	Q37	Percentage of caregivers who reported that the vaccination team did show and they refused OPV to the child. Use denominator 3.	%
The most commonly reported reasons for refusal			
1. Vaccine safety concern	Q37	Percentage of mothers who chose each response. Use denominator 3.	%
2. Vaccinator behaviour/appearance			%
3. Religious reasons (OPV is haram)			%
4. Lack of community/family support for OPV			%
5. Polio is not a risk for children in my house			%
6. Child has had enough polio drops			
7. Child was sick at the time of visit			
8. Child was sleeping at the time of visit			
9. Other		Most commonly reported reason under “other”.	

COMMENTS AND KEY CONCLUSIONS

Please summarize the results that will change our programme strategy, about community practices or perceptions to the programme, and OPV:

