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.*

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| Interview date (*DD/MM/YY*) |

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| 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.*

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| **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 aferwards)?(*Observation)* | 🞏 1. Very visible 🞏 2. Somewhat visible 🞏 3. Not visible at all |
| Q2. What materials did you see?  | 🞏 poster 🞏 pamphlet🞏 banner 🞏 street theatre🞏 hoarding 🞏 mobile float/transit point🞏 town crier |

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| **Community characteristics** |
| Q3 | Do people in this community accept routine immunization services? | 🞏 1. Yes 🞏 2. Somewhat 🞏 3. Not at all*If “2” or “3”, what are the reasons for lack of support?* |
| Q4 | Do people in this community support polio immunization services? | 🞏 1. Yes 🞏 2. Somewhat 🞏 3. Not at all*If “2” or “3”, what are the reasons for lack of support?* |
| Q5 | Is this community secure for polio workers? | 🞏 1. Consistently secure 🞏 2. Sometimes insecure 🞏 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.)? | 🞏 1. Accessible 🞏 2. Somewhat accessible/sometimes inaccessible 🞏 3. Chronically inaccessible *If 2 or 3 is chosen, describe the geographic/residential characteristics below:* |
| Q7 | Does the community have any special populations that are at increased risk of being missed by immunization services?  | 🞏 1. Nomadic populations (*Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* 🞏 2. Migrant workers (*Specify: )*🞏 3. Internally displaced people 🞏 4. Ethnic minority (*Specify: )*🞏 5. Religious minority (*Specify: )*🞏 6. Orphans, street children, or other vulnerable children (*Specify:*  *)*🞏 7. Other (*Specify:* )🞏 8. None mentioned |
| Q8 | In your opinion, what are other local barriers or challenges to implementation of polio campaigns? | *Describe below:* |
| Q9 | In your opinion, what could be done to overcome these barriers or challenges you mentioned?  | *Describe below:* |

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.*

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| Interview date (*DD/MM/YY)* |

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| Interviewer’s name |  |
| Interviewee’s relation to the child(ren) under 5 | 🞏 1. Mother 🞏 2. Father 🞏 3. Other (*Specify relation to children)*:  |

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| **Household Characteristics** |
| Q1 | What is the source of drinking water for members of your household? | 🞏 1. Piped water 🞏 2. Tube well or bore hole🞏 3. Protected dug well or spring🞏 4. Unprotected dug well or spring  | 🞏 5. Rainwater or surface water (river, lake etc.)🞏 6. Tanker truck or cart with small tank🞏 7. Other |
| Q2 | What kind of toilet facility do members of the household usually use? | 🞏 1. Flush toilet (flush to piped sewer system, septic tank, or pit latrine)🞏 2. All other types of toilets🞏 3. No facilities/field/bush |
| Q3 | How long have you lived in this house?  |

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 years months |
| Q4 | Does anyone in the household travel regularly outside the community for work or social reasons?  | 🞏 Yes 🞏 No*If “yes,” where do they travel?* |
| Q5 | Has anyone travelled outside the community in the past month? | 🞏 Yes 🞏 No*If “yes,” where did they go?*  |

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

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| **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 anyone else from whom you seek this type of information*?”):  |
|  | 1. Medical doctors, nurses or other health service providers?
 | 🞏 1. Always 🞏 2. Sometimes 🞏 3. Never 🞏 4. I don’t know |
|  | 1. Relative or neighbour?
 | 🞏 1. Always 🞏 2. Sometimes 🞏 3. Never 🞏 4. I don’t know |
|  | 1. Pharmacist?
 | 🞏 1. Always 🞏 2. Sometimes 🞏 3. Never 🞏 4. I don’t know |
|  | 1. Spiritual healers, or herbalists?
 | 🞏 1. Always 🞏 2. Sometimes 🞏 3. Never 🞏 4. I don’t know |
|  | 1. Imams, pastors, or religious leaders?
 | 🞏 1. Always 🞏 2. Sometimes 🞏 3. Never 🞏 4. I don’t know |
|  | 1. Community’s traditional leaders/elders and mobilizers?
 | 🞏 1. Always 🞏 2. Sometimes 🞏 3. Never 🞏 4. I don’t know |
|  | 1. UNICEF community mobilizers?
 | 🞏 1. Always 🞏 2. Sometimes 🞏 3. Never 🞏 4. I don’t know |
|  | 1. TV, radio, or newspaper?
 | 🞏 1. Always 🞏 2. Sometimes 🞏 3. Never 🞏 4. I don’t know |
| Q13 | Of the sources of information you mentioned, which one(s) do you trust the most? (*tick all that are mentioned*) | 🞏 Medical doctors, nurse or other health service providers🞏 Relative or neighbours🞏 Pharmacist🞏 Spiritual healers, or herbalists🞏 Imams, pastors, or religious leaders 🞏 Community’s traditional leaders/elders and mobilizers🞏 UNICEF community mobilizers🞏 TV, radio, or newspaper  |
| Q14 | Where do you generally take your child when s/he is sick?*(Tick just one)* | 🞏 1. Medical doctors, nurse, or other health care professionals *Is it a public or private facility/service?:*🞏 *public* 🞏private🞏 2. Pharmacist 🞏 3. Spiritual healers or herbalists🞏 4. Imams, pastors, or religious figures🞏 5. Other (*Specify)* : 🞏 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? |

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 Minutes🞏 Don’t know |

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| **Caregiver Perspectives on Polio Campaign** |
| Q16 | Did you know about the last polio campaign in your area before it started? | 🞏 1. Yes 🞏 2. No *If no, skip to Q18.* |
| Q17 | If yes, from which sources did you hear about it? (*do not prompt, mark all that apply).* |
| 1. Medical doctors, nurse or other health service providers?
 | 🞏 1. Yes  |
| 1. Community health workers?
 | 🞏 1. Yes |
| 1. Spiritual healers, or herbalists?
 | 🞏 1. Yes  |
| 1. Imams, pastors, or religious leaders?
 | 🞏 1. Yes  |
| 1. Community’s traditional leaders/elders and mobilizers?
 | 🞏 1. Yes  |
| 1. UNICEF community mobilizers?
 | 🞏 1. Yes  |
| 1. TV, radio, or newspaper?
 | 🞏 1. Yes  |
| 1. Relatives/friends/neighbours?
 | 🞏 1. Yes  |
| 1. Other (*specify*):
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| Q18 | What is the preferred place for your child to receive OPV? | 🞏 1. Nearest health facility 🞏 2. My house🞏 3. School/nursery 🞏 4. On roads/public transport🞏 5. Other (*Specify*: )🞏 6. I will not let my child receive OPV anywhere. |
| Q19 | Did a vaccinator visit your house during the last campaign? | 🞏 1. Yes 🞏 2. No 🞏 3. Not sure *If “no” or “not sure,” skip to the next section.* |
| Q20 | Did you feel that the vaccinators that visited your house to give polio drops were of appropriate age? | 🞏 1. Yes 🞏 2. No  |
| Q21 | Was there a female present on the team that visited your house to give polio drops? | 🞏 1. Yes 🞏 2. No 🞏 Not sure / don’t remember*If “no ask,” were you uncomfortable with only male vaccinators”?*🞏 1. Yes 🞏 2. Somewhat 🞏 3. No  |
| Q22 | Did you feel the vaccinators’ appearance / dress was appropriate? | 🞏 1. Appropriate 🞏 2. Somewhat inappropriate 🞏 3. Inappropriate 🞏 4. Don’t remember  |
| Q23 | Did you feel the vaccinators were well informed about their work of giving polio drops?  | 🞏 1. Yes 🞏 2. Somewhat 🞏 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)* | 🞏 1. Paralysis 🞏 2. I don’t know🞏 3. Other (*Specify*: )  |
| Q25 | What do you think causes polio?(*Do not read out the options)*  | 🞏 1. Virus 🞏 2. Lack of vaccination 🞏 2. God’s punishment, bad spirit/conduct 🞏 3. I don’t know 🞏 4. Other (*Specify)*:  |
| Q26 | Are you concerned that your child can contract polio? | 🞏 1. Yes, very concerned 🞏 2. Yes, somewhat concerned 🞏 3. No, not concerned at all 🞏 4. Not sure |
| Q27 | Do you think OPV is effective in preventing polio infection? | 🞏 1. Very effective 🞏 2. Somewhat effective 🞏 3. Not effective at all 🞏 4. Not sure  |
| Q28 | Do you think OPV is safe? | 🞏 1. Very safe 🞏 2. Somewhat safe 🞏 3. Unsafe 🞏 4. Not sure |
| Q29 | If the caregiver answers 2 or 3 in the above question, ask: “Why is OPV unsafe?”*Do not read out answers, but mark all that apply* | 🞏 1. Causes fever 🞏 2. Comes from USA / western countries 🞏 3. Causes sterility 🞏 4. Its ingredients are haram/not halal🞏 5. Too many doses are unsafe Other (*specify*):  |
| Q30 | Do you think your child needs multiple doses of OPV to fully protect him/her from polio? | 🞏 1. Yes 🞏 2. No 🞏 3. Not sure / Don’t know |
| Q31 | Do traditional/religious leaders in your community support polio campaigns / OPV? | 🞏 1. Yes, very supportive 🞏 2. Somewhat supportive 🞏 3. No, they are against polio campaigns / OPV 🞏 4. Not sure |
| Q32 | Do people in your household support children to receive OPV? | 🞏 1. Yes, very supportive 🞏 2. Somewhat supportive 🞏 3. No, they are against polio campaigns / OPV 🞏 4. Not sure |
| Q33 | Are the people in your community supportive of polio campaigns / OPV? | 🞏 1. Yes, very supportive 🞏 2. Somewhat supportive 🞏 3. No, they are against polio campaigns / OPV 🞏 4. Not sure |

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| **Child OPV Coverage**

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Q34 How many children under 5 live in this household, under your primary care ?  |
| *Provide the following information for all these children.*  | (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)? |
| 1st child |  | 🞏 1. Yes 🞏 2. No  |  | 🞏 1. Yes 🞏 2. No  |
| 2nd child |  | 🞏 1. Yes 🞏 2. No  |  | 🞏 1. Yes 🞏 2. No  |
| 3rd child |  | 🞏 1. Yes 🞏 2. No  |  | 🞏 1. Yes 🞏 2. No  |
| 4th child |  | 🞏 1. Yes 🞏 2. No  |  | 🞏 1. Yes 🞏 2. No  |

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| **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? | 🞏 1. Yes 🞏 2. No 🞏 3. Not sure*If “no” or “not sure,” this completes the survey.* |
| Q36 | If the child was not at home then where was the child? | 🞏 1. School🞏 2. Mosques/church🞏 3. Working (specify, such as in fields, tending cattle…):🞏 4. Public places (e.g. market or playground)🞏 5. Visiting family🞏 6. At a special event (specify):🞏 7.I don’t remember.🞏 8. Other (*specify*): *If this question is responded to, this completes the survey.*  |
| Q37 | Did you or someone in your household refuse OPV for your child? | 🞏 1. Yes 🞏 2. No*If yes, why? (tick all that apply)* 🞏 1. Vaccine is unsafe🞏 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🞏 8. Child was sleeping at the time🞏 9. Other (Specify: ) |

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