



Middlebury

QUALITATIVE RESEARCH GUIDE

**The Impact of the Global Eradication Polio Initiative
on Strengthening Routine Immunization
and Primary Healthcare Research Study**

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ABBREVIATIONS

AFP	Acute Flaccid Paralysis
CHW	Community Health Workers
GPEI	Global Polio Eradication Initiative
M&E	Monitoring and Evaluation
MOH	Ministry of Health
PHC	Primary Healthcare
RI	Routine Immunization
SIA	Supplemental Immunization Activity
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. BACKGROUND

The Global Polio Eradication Initiative (GPEI) is a 20-year, \$7.9-billion-dollar project that has harnessed the work of an estimated 20 million people (1, 2). In 2001 alone, the GPEI vaccinated about 575 million children against polio in 94 countries, most of them multiple times (3). The GPEI gained international support at its inception in 1988 in part because of the argument that such mass polio vaccination campaigns could mobilize support and resources for routine immunization (RI) and primary healthcare (PHC) (4-8). But whether the effects of the GPEI on health systems have proved positive or negative has been debated ever since (e.g.9, 10).

Small-scale studies of the effect of GPEI on RI and PHC have provided equivocal or mixed results (11-14). A larger scale study in the 1980s found a positive effect of polio eradication activities on health systems in the Americas--but health infrastructure in most of these countries was already strong relative to that in developing countries in Asia and Africa (15). Studies in Egypt, the Philippines, and WHO's Western Pacific Region in the mid-90s showed that the initial implementation of polio eradication activities had positive effects on immunization more generally (16-18). A study in Tanzania, Nepal, and Lao PDR carried out in the late 90s showed that polio eradication activities had positive effects in some areas and negative effects in others: for example, new health infrastructure was created in Lao PDR, but mass polio campaigns interfered with the timing of family planning activities in Nepal (19-21). Another study in India around the same time found positive effects in a number of areas, but noted some negative impacts due to disruption of normal activities caused by the campaigns (19, 21).

These studies reveal that the relationship between polio eradication activities and other health services is highly context-dependent. In some times and places mass vaccination campaigns--and their attendant planning, monitoring, and surveillance activities--have positive effects, while in other times and places their effects are negative. But a systematic analysis that determines where and when polio eradication activities have positively and negatively impacted RI and PHC, followed by research on what mediates these outcomes in particular contexts and thus how they might be changed, is needed.

2. PROJECT DESCRIPTION AND HYPOTHESES

The proposed study is a fine-grained, geographically broad and historically deep analysis of the effects of the intensity of polio eradication activities on RI and PHC. While global in scope, the proposed work will also illuminate the importance of context, in some cases at district-level resolution. Our quantitative analysis will control for period effects, and will use variation in the intensity of polio eradication activities to get around the problem of a lack of control countries that have never carried out polio eradication activities (21). This research will also use qualitative approaches to determine why polio

eradication activities have positively and negatively impacted RI and PHC in specific instances, identifying mediating factors, some of which may be context-specific and others shared across different times and places.

We hypothesize two major types of effects of the implementation of polio eradication activities on RI and PHC:

Hypothesis 1a. There will be an **initial effect of scale-up** of polio eradication activities. We further hypothesize that this effect will be largely positive for routine immunization and not significant for other measures of PHC. Potential mediators of these effects are described in h2a, below.

Hypothesis 1b. After the initial effect, there will be **intensity-related effects** tied to the number of polio vaccination campaigns per year in a given area. We hypothesize that at low levels of intensity (e.g., 3 campaigns per year), diversion of energy effects will be minimal, and campaigns would be associated with improvements in RI and PHC due to quality improvements described in h2a, below. However, we hypothesize that at high levels of intensity (e.g., 8 campaigns per year), diversion of resources, personnel, and attention will cause RI and PHC to suffer, as described in h2b, below.

We hypothesize two major types of mediators of the impact of polio eradication activities:

Hypothesis 2a. The positive impact of polio eradication activities on RI and PHC will be mediated by the creation of improved *quality* health systems, including: quality of surveillance (9, 15, 17, 18, 22); quality of cold chain (20, 22); supervision and accountability of front-line community health workers (15, 20, 21); increased high-level attention to and funding for vaccination (16, 17); increased staffing at the district level; an increased focus on RI because it contributes to the overall level of polio immunity in a country; increased outreach to low-income, mobile, and other marginal populations (16); and increased public awareness of the health system due to social mobilization and/or contact with health workers (11, 15-17, 19-21).

Hypothesis 2b. The negative impact of eradication activities will be mediated by the intensity and *quantity* of polio eradication activities: health worker "fatigue" due to repeated immunization campaigns; diversion of worker time and energy during mass vaccination campaigns (10, 20, 23, 24); diversion of high-level attention away from RI and PHC (20); and public dissatisfaction with a health system whose most public face focuses on only one disease.

While hypotheses 1a and 1b will be examined using statistical analysis, hypotheses 2a and 2b will be examined using eight mixed-methods qualitative case studies. Each case study will include document review, participant observation in polio eradication activities, and interviews with key health personnel, health staff and community members.

PHC for the purposes of this study is: the provision of health care at the basic health unit level and below (community health workers, health extension workers, and the activities of the lowest rung of health department facilities all count as PHC). The activities carried out at this level will vary slightly between countries, but the purpose of the study is to determine whether and how polio campaigns affect the provision of health services at the lowest levels of the health system. Our definition does not include the provision of services at hospitals. This is of course a limited definition, but given the considerable ambiguity around PHC as a term generally (25), it is a way to operationalize the term to facilitate comparisons across very different contexts. Discussions about how best to operationalize this term in specific contexts are welcomed and should be discussed with Svea Closser and Kelly Cox.

3. AIMS OF THE GUIDE

Acknowledging the importance of standardization in multi-sited qualitative research (26), this research guide was designed to facilitate collection of comparable data in all eight case studies. While ethnographic methods were chosen as the most suitable tools in examining hypotheses 2a and 2b across the different sites, it is crucial to create a body of knowledge that is ethnographically rich but also systematically comparable (27). To that end, the qualitative research guide provides the team with standardized research components and tasks, as well as a standardized list of deliverables.

Sections 1 and 2 of the guide provide background and description of the study with special attention given to the hypotheses assessed through both the quantitative and qualitative methods. Section 3 describes the aims of the guide. Section 4 details the deliverables that are the result of each case study by the various fieldwork components. We address the deliverables at the beginning of the guide in order to keep them in mind as we go about planning each case study. Section 5 provides guidelines for data protection and storage for all the data collected during the study. In section 6 of the guide, which is focused on fieldwork methods, we provide a detailed description of the various components of fieldwork (document review, interviews, and participant observation), as well as clear guidelines as to how to design and conduct each of the elements.

In each of the subsections, the guide provides a list of questions to be addressed during document review, interviews, and participant observation. The questions were written with the specific character of each of the field methods in mind, and listed to help researchers guide their activities. **Researchers are not expected to answer all of the questions and should use their judgment in deciding which questions are appropriate, acceptable, and reasonable under the circumstances.** However, with the goal of collecting comparable data across all sites in mind, researchers are encouraged to

use the listed questions when possible. Questions are listed in priority order to help researchers make the best use of their time.

Section 7 of the guide is dedicated to the final report to be produced for each of the case studies. By providing a detailed outline for the report, as well as a standardized form, the research guide facilitates the creation of a comparative summary report that will include all case studies.

Sections 8-11 (Annexes 1-4), provide researchers with a consent form, consent narrative, forms for collecting quantitative data on routine immunization and primary healthcare activities, and the form for the final report. Researchers are expected to use these forms when conducting fieldwork and writing their respective reports. Section 12 of the guide lists the sources used in the preparation of this guide.

Sections 12-14 (Annexes 5-8) provide interview questions specific to the type of interviewee, so researchers have a list for easy reference in the field.

Due to the varying characters, natures, and needs of the different sites, researchers are expected to use their own judgment in performing appropriate modifications and adaptations to this guide. That being said, changes should be made in consultation with the study team in order to maintain systematically comparable data.

4. DELIVERABLES

All deliverables are to be submitted a week prior to the spring meeting.

Fieldwork Component	Details
Document Review	Electronic copies of documents
Interviews	Interview spreadsheet (with corresponding names and study IDs)
	Electronic voice files of interviews
	Translated transcriptions by study ID (no identifiers)
	Consent forms for Group A and B interviewees
Participant Observation	Electronic copies of daily fieldnotes
	Quantitative data tables of RI and PHC activities
Final Report	Completed final report form

5. DATA STORAGE AND PROTECTION

Maintaining data confidentiality is crucial to the ethical conduct of this study. Therefore case researchers, and all field personnel, are required to adhere to the following data storage and protection procedures:

1. All computers used for the study will be password protected.
2. Computers used for the study will be kept in secured locations.
3. Data will be transferred periodically to a Middlebury college secured server. Data transfers will be coordinated with Ms. Kelly Cox (kcox@middlebury.edu).
4. Confidential files, such as files specifying names of interviewees, will be password protected.
5. Researchers will notify Prof. Closser (sclosser@middlebury.edu) immediately should they encounter problems with data protection, or if they are unable to follow the outlined procedures in the field.

6. QUALITATIVE FIELDWORK – METHODS

Comparative Ethnography

- Comparative ethnography enables the use of ethnographic methods to collect data that is rich but also systematically comparable.
- In order to achieve standardization in a multi-sited qualitative study, case researchers are asked to follow a well thought-through study design.
- Each method in the study design was chosen to address specific questions and topics in the field.
- Researchers are expected to perform the appropriate modifications and adaptations to this guide.
- Any changes to the study design should be made in consultation with the team.
- Working closely with the guide will allow the qualitative team to produce the necessary systematically comparable data.

6.1 Document Review

The case study researchers will undertake a document review in order to collect background information for their assigned cases. The document review will include the collection of documents recoding information on the health system in the country, and on immunization and polio related activities. The specific documents to be reviewed will be determined according to the country, its health system, and the available data. The table in section 6.1.1 provides the recommended list of documents to be collected and reviewed. Researchers are expected to perform the appropriate modifications and adaptations to the list.

6.1.1 Data Sources

	Data source	Date	Priority¹
Health systems related documents and data	National health plan/strategy	Current	Medium
	National health workforce policy/strategy	Current	Medium
	National health accounts, annual budgets of the ministry of health, other health financing reports	From 1995 if available	High
	Health workforce statistics by sector and type: number, distribution, payment systems; Health workforce reports (including WHO and World Bank); Health training institutions and statistics	Current	High
	Monitoring & evaluation systems mapping reports	Current	High
	Surveillance systems reports	From 1995 if available	High
Immunization & polio related documents	National immunization policy/strategy (including polio specific)	From 1995 if available	High
	Immunization staff statistics	From 1995 if available	High
	Immunization training policy and protocols	Current	Medium
	Vaccination coverage data	Current	Low
	Polio Supplemental Immunization Activities (SIA) planning documents and evaluation reports	12 months prior to study	High
	Donor reports on financial contributions for immunization and GPEI (WHO, UNICEF, and bilateral donors)	From 1995 if available	High
	Polio SIA training materials	Current	Medium
	Polio surveillance guidelines and reporting formats	Current	High
	Up-to-date non-polio AFP (acute flaccid paralysis) data, if not already obtained by the project	Current	High
District polio micro plans	Current	High	

¹ Researchers should make sure to collect 'High' priority documents if they exist, as they are critical to answering one or more research questions. 'Medium' priority documents should be inquired about, but if they require a significant time investment to obtain, they may be left uncollected. 'Low' priority documents should be collected only if easily available.

6.1.2 Guidelines for Document Review

6.1.2.1 Document Collection and Storage

The documents collected during this stage of the case study should be scanned and submitted electronically as part of the case's deliverables. In circumstances where scanning is not available, researchers will provide hard copies of the documents. We strongly encourage researchers to initiate the document review prior to fieldwork, where possible, in order to have background information on the research sites.

6.1.2.2 Priorities

While document review is an important part of fieldwork, interviews and participant observation take precedence. Researchers are encouraged to collect the documents during fieldwork, but not at the expense of other activities. If document collection becomes cumbersome or time consuming, researchers should prioritize interviews and participant observation activities.

6.1.3 Questions for Document Review

The following questions should be addressed when collecting the documents and while writing the final case study report. Please make sure to note whether answers address past or current events. Likewise, when relevant, please indicate whether the information provided is accurate or an estimate. Researchers are not expected to answer all of the questions and should use their judgment in deciding which questions are appropriate for their case.

1. Has surveillance quality changed as a result of polio?

Details:

- For other vaccine-preventable diseases.
- For other diseases.
- For other demographic information.

2. How is the cold chain being used for routine immunization?

Details:

- Describe the cold chain infrastructure for routine immunization, both pre-polio campaigns and currently.

3. How is the cold chain being used for primary healthcare?

Details:

- Describe the cold chain infrastructure for primary healthcare, both pre-polio campaigns and currently.

4. Have there been any changes in the cold chain infrastructure over the last 10-15 years? Are any of these changes a result of polio?

Details:

- Describe the cold chain infrastructure, pre-polio campaign.
- Specify developments in infrastructure and its uses.
- Describe the recent history of interruptions or breakdowns in the cold chain possibly due to fuel shortages, electricity cuts, violent / political conflicts, and/or other factors.
- Following any interruptions, describe how polio aided in repairing the cold chain.

5. Has supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) who are involved in routine immunization changed as a result of polio?

Details:

- In regards to frontline workers involved in routine immunization, what supervision / accountability measures were in place before the start of the polio program?
- As a result of the polio program, were new approaches put into place for supervising frontline community health workers and holding them responsible for routine immunization? How do you know these changes were a result of the polio program and not something else?
- What kinds of recruitment and training programs were in place before polio activities began, and to what extent, if any, have such programs changed? Are these changes linked to the polio program or something else?

6. Has supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) in primary healthcare changed as a result of polio?

Details:

- In regards to frontline workers involved in primary healthcare, what supervision / accountability measures were in place before the start of the polio program?
- As a result of the polio program, were new approaches put into place for supervising frontline community health workers and holding them responsible for primary healthcare? How do you know these changes were a result of the polio program and not something else?
- What kinds of recruitment and training programs were in place before polio activities began, and to what extent, if any, have such programs changed? Are these changes linked to the polio program or something else?

7. Who works on polio, and what are the funding sources that support their activities?

Details:

- Who are the different types of workers involved in polio activities?

- What are their official job responsibilities, and what proportion of these responsibilities are polio-related?
- What are the funding sources for each type of worker involved in polio activities?

8. How many externally-funded polio staff workers are there?

Details:

- Include numbers for each of the following: surveillance officers, monitoring & evaluation staff, foreign consultants, other.

9. Are there any routine immunization activities in externally-funded polio staff workers' job description?

Details:

- Refer to externally funded polio staff at all levels.

10. Are there any primary healthcare activities in externally-funded polio staff workers' job description?

Details:

- Refer to externally funded polio staff at all levels.

11. Has outreach to marginalized populations changed as a result of polio eradication activities? By marginalized populations we mean: ethnic minorities, the homeless, migrants, slum dwellers, pastoralist populations, remote village-dwellers.

Details:

- Do you think there are more or less health services provided to marginalized populations since polio activities started? If more, which services and for which marginalized populations in particular?
- Has polio outreach brought routine immunization to marginalized populations? If yes, how so? And for which marginalized populations in particular?
- Has polio outreach brought primary healthcare services to marginalized populations? If yes, how so? And for which marginalized populations in particular?

12. Do non-polio routine immunization staff work on polio campaigns?

Details:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- Is non-polio staff working long-term on polio activities or just for campaign work? What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?

- What percentage of community health workers volunteer to work on campaigns?
Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

13. Do non-polio primary healthcare staff work on polio campaigns?

Details:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- Is non-polio staff working long-term on polio activities or just for campaign work?
What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns?
Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

14. Are routine immunization activities affected during campaign days?

Details:

- What is the official policy?
- In official documents, is there any mention of changes in routine immunization services during polio campaigns?

15. Are primary healthcare activities affected during campaign days?

Details:

- What is the official policy?
- In official documents, is there any mention of changes in primary healthcare services during polio campaigns?

16. How are programs designed?

Details:

- Describe polio, routine immunization, and primary healthcare programs.
- Include organizational charts, staff description, stated goals, etc.
- How have programs changed over the last 15 years?
- How has the relationship between polio, routine immunization, and primary healthcare changed over the last 15 years?

17. How is program design related to funding sources?

Details:

- What organizations / institutions are funding each program?
- How much of the funding is local/external?

- When external funds are used, is programming directly influenced by funders? If yes, what evidence is there to support this?

18. Who is responsible for door-to-door campaign work?

Details:

- Who are the frontline community health workers - men/women, paid/unpaid, health workers/non-health workers?
- Are they offered incentives for their work?
- If so, what is the value of these incentives?
- Is there evidence that these incentives affect workers' level of motivation?
- Is there evidence that these incentives affect the quality of their work?
- How do the remunerations / incentives received for door-to-door campaign work differ from frontline workers' everyday remunerations / incentives?

6.1.4 Deliverables

See section 4 of the guide.

6.2 Interviews

Case study researchers will conduct in-depth interviews with key health personnel, health staff and community members. The table in section 6.2.1 provides the recommended list of interviewees by national, district, frontline and community level. The final list of interviewees shall be determined by the researchers according to country specifics.

In-depth interviews will explore diverse perspectives on mediators of the relationship between polio eradication activities, routine immunization, and primary healthcare. Researchers will ask frontline community health workers, mid-level supervisors, district officials, and staff of international organizations working on polio eradication, routine immunization, and/or primary healthcare in the study area about their opinions and observations on the nature of this relationship as well as the contextual factors affecting it. The case researchers will also conduct semi-structured interviews with a small sample of community members regarding their opinions of polio eradication activities.

6.2.1 Interviewees

Group A	Group B	Group C	Group D
National level	District level	Frontline community health workers	Community members
<p>High-level MOH officials:</p> <ol style="list-style-type: none"> 1. Polio 2. RI 3. PHC (i.e. officials who oversee community health worker programs or provision of other services at the basic health post level) <p>High-level WHO officials:</p> <ol style="list-style-type: none"> 1. Polio 2. RI 3. PHC <p>High-level UNICEF officials:</p> <ol style="list-style-type: none"> 1. Polio 2. RI 3. PHC <p>Surveillance officials Representatives of donor organizations</p>	<p>High-level district officials:</p> <ol style="list-style-type: none"> 1. Polio 2. RI 3. PHC <p>WHO/UNICEF staff (if involved at this level):</p> <ol style="list-style-type: none"> 1. Polio 2. RI 3. PHC <p>Surveillance officer</p>	<p>Random* sample of:</p> <ol style="list-style-type: none"> 1. Polio personnel working in the current campaign (health professionals and others) 2. RI personnel 3. PHC personnel (docs, nurses, CHWs, etc.) <p>* Random sample to be generated using microplans for polio staff. If staff rosters are available, they should be used for RI and PHC staff; if they are not available, workers in these activities should be interviewed at the health units selected for direct observation activities.</p>	<p>Follow-up with community members whose children were immunized by the campaign.</p>
Interviews: ~10	Interviews :5-10	Interviews: 30	Interviews: 5

6.2.2 Guidelines for Interviews

6.2.2.1 Interview Spreadsheet: Identification and Numbering

The case researchers will compile a spreadsheet indicating identification information of all interviewees, date and time of interviews, and the interviewee's study IDs. The study ID will be determined according to the table in section 6.2.1, designating the group of interviewees (A-D) and the number of interview. To maintain interviewees' privacy, the interviewee spreadsheet will be password protected and kept confidential and separated from voice files and transcriptions.

Case researchers are responsible for ensuring that research assistants, and other employees of the study, are aware of the ethical importance of interviewee confidentiality.

6.2.2.2 Electronic Voice Files

All interviews will be recorded electronically. Case researchers are expected to maintain the privacy of the interviewees and secure all electronic voice files.

6.2.2.3 Transcriptions and Translations

All interviews conducted during fieldwork are to be translated into English and transcribed. Translated transcriptions of all interviews will be kept as electronic files, organized by study ID and devoid of identifiers as to facilitate the analysis. Wherever transcriptions are not possible, researchers will provide electronic files of the interviews and a document mapping the interview by topic of discussion.

6.2.2.4 Informed Consent

All interviews will open with an introduction of the study and the interviewee's consent to participate in it. Interviewees from Groups A and B must provide signed consent or oral consent (use consent form in Annex 1 or narrative in Annex 2). Signed consent forms are preferred for Groups A and B, but we understand that in some contexts signing a form may make interviewees nervous, and in such cases participants should be orally consented. Interviewees from groups C and D must give oral consent (use narrative in Annex 2). Consent forms and narratives will be translated into the appropriate languages by case researchers.

When taking photographs during fieldwork, researchers are likewise responsible for receiving informed consent. Researchers are responsible for protecting the privacy of photographed interviewees, and for explaining the potential uses of the photographs (reports and presentations, educational materials, etc.).

6.2.3 Questions for Interviews

The following questions should be addressed during the interviews. When needed, use the suggested probes. Please make sure to note whether answers address past or current events. Interviewees are not expected to answer all of the questions and researchers should use their judgment in deciding which questions are appropriate, acceptable, and reasonable for a specific interviewee. To help facilitate this process, questions are listed in priority order, according to the group being interviewed, in Annexes 4-7.

Please start each interview with the following introductory questions:

- **What is your job?**
- **How long have you had your current job?**
- **What led you to seek/accept this position?**
- **What are the responsibilities in your current job?**
- **What responsibilities take up most of your time?**
- **What do you do for polio, if anything? On a daily basis, what percentage of your time is dedicated to polio activities? Is this percentage the same whether or not a polio campaign is going on?**
- **What do you do for routine immunization, if anything? On a daily basis, what percentage of your time is dedicated to routine immunization activities? Is this percentage the same whether or not a polio campaign is going on?**
- **What do you do for primary healthcare, if anything? On a daily basis, what percentage of your time is dedicated to primary healthcare activities? Is this percentage the same whether or not a polio campaign is going on?**
- **Do you have additional responsibilities not covered by these three areas (i.e. polio, routine immunization, and/or primary healthcare)?**

1. DISTRICT LEVEL HUMAN RESOURCES QUESTIONS:

Has supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) who are involved in routine immunization changed as a result of polio?

Probes:

- In regards to frontline workers involved in routine immunization, what supervision / accountability measures were in place before the start of the polio program?
- As a result of the polio program, were new approaches put into place for supervising frontline community health workers and holding them responsible for routine

immunization? How do you know these changes were a result of the polio program and not something else?

- What kinds of recruitment and training programs were in place before polio activities began, and to what extent, if any, have such programs changed? Are these changes linked to the polio program or something else?

Has supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) who are involved in primary healthcare changed as a result of polio?

Probes:

- In regards to frontline workers involved in primary healthcare, what supervision / accountability measures were in place before the start of the polio program?
- As a result of the polio program, were new approaches put into place for supervising frontline community health workers and holding them responsible for primary healthcare? How do you know these changes were a result of the polio program and not something else?
- What kinds of recruitment and training programs were in place before polio activities began, and to what extent, if any, have such programs changed? Are these changes linked to the polio program or something else?

What are the primary responsibilities of polio staff at the district-level (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants)?

Probes:

- What do they do for polio?
- What do they do for routine immunization, if anything?
- What do they do for primary healthcare, if anything?
- Do they have additional responsibilities not covered by these three areas?

Is polio staff (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants) involved in routine immunization activities?

Probes:

- If yes, in what capacity?
- If yes, how do they manage/split their time working on polio and routine immunization? (Respondent to break answer down by staff level)
- Are there guidelines or directives aimed at governing staff involvement in various activities? (Respondent to break answer down by staff level)

Is polio staff (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants) involved in primary healthcare activities?

Probes:

- If yes, in what capacity?
- If yes, how do they manage/split their time working on polio and primary healthcare activities? (Respondent to break answer down by staff level)
- Are there guidelines or directives aimed at governing staff involvement in various activities? (Respondent to break answer down by staff level)

How would you characterize the level of motivation of the health workers?

Probes:

- Are health workers' motivation levels the same as before polio campaigns began?
- If not, how has the level changed and what do you think prompted the change?
- How about for you personally? How would you characterize your level of motivation?

In particular, has the level of motivation of polio workers impacted routine immunization activities?

Probes:

- What was the impact?
- In what ways was this impact felt?

In particular, has the level of motivation of polio workers impacted primary healthcare activities?

Probes:

- What was the impact?
- In what ways was this impact felt?

How is your work performance evaluated?

Probes:

- Are you evaluated differently for different tasks?
- Are you satisfied with the way in which your performance is evaluated?

2. POLIO CAMPAIGN QUESTIONS:

Now I would like to ask specifically about polio campaigns. In terms of high-level officials' involvement in routine immunization activities, what kind of changes do you see during campaigns?

Probes:

- During campaigns, do high-level officials have more or less time to devote to routine immunization activities?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by routine immunization activities?

In terms of high-level officials' involvement in primary healthcare activities, what kind of changes do you see during campaigns?

Probes:

- During campaigns, do high-level officials have more or less time to devote to primary healthcare activities?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by primary healthcare activities?

Do non-polio routine immunization staff work on polio campaigns?

Probes:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- Is non-polio staff working long-term on polio activities or just for campaign work? What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns? Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

Do non-polio primary healthcare staff work on polio campaigns?

Probes:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- Is non-polio staff working long-term on polio activities or just for campaign work? What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?

- What percentage of community health workers volunteer to work on campaigns?
Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

Are routine immunization activities affected during polio campaign days?

Probes:

- Are they going on as usual?
- Are there more or less health workers doing routine immunization during polio campaigns?
- Are there more or less routine immunization activities during polio campaign days?
- Are people encouraged or discouraged to come for routine immunization during polio campaign days? If so, how?
- Has the encouragement/discouragement to seek routine immunization had positive or negative effects on the delivery of routine immunization?
- In the event that the effect(s) are unfavorable, are measures being taken to address this problem?

Are primary healthcare activities affected during polio campaign days?

Probes:

- Are they going on as usual?
- Are there more or less health workers engaged in primary health work during polio campaigns?
- Are there more or less primary healthcare activities during polio campaign days?
- Are people encouraged or discouraged to come for primary healthcare services during polio campaign days? If so, how?
- Has the encouragement/discouragement to seek primary healthcare services had positive or negative effects on the delivery of primary healthcare services?
- In the event that the effect(s) are unfavorable, are measures being taken to address this problem?

Who is responsible for door-to-door campaign work?

Probes:

- Who are the frontline community health workers - men/women, paid/unpaid, health workers/non-health workers?
- Are they offered incentives for their work?
- If so, what is the value of these incentives?
- Do these incentives affect workers' level of motivation?
- Do these incentives affect the quality of their work?
- How do the remunerations / incentives received for door-to-door campaign work differ from frontline workers' everyday remunerations / incentives?

3. HIGH-LEVEL PLANNING/FUNDING QUESTIONS:

In the past, has there normally been a high level of attention given to routine immunization activities on the part of government officials? If so, has this level of attention changed as a result of polio?

Probes:

- How extensive was high-level officials' attention to routine immunization before polio campaigns? What about now?
- Can you speak specifically about high-level officials' involvement in routine immunization on (1) the national and (2) the state level?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by routine immunization activities?
- During campaigns, do high-level officials have more or less time to devote to routine immunization activities?
- Has funding for routine immunization increased or decreased due to polio campaigns? If it has increased, did new funding sources emerge or did previous funding institutions simply start to give more?
- Irrespective of an increase or decrease in giving level, are funds contributing to routine immunization activities in different ways than before the campaigns began? If so, in what ways?

In the past, has there normally been a high level of attention given to primary healthcare activities on the part of government officials? If so, has this level of attention changed as a result of polio?

Probes:

- How extensive was high-level officials' attention to primary healthcare before polio campaigns? What about now?
- Can you speak specifically about high-level officials' involvement in primary healthcare on (1) the national and (2) the state level?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by primary healthcare activities?
- During campaigns, do high-level officials have more or less time to devote to primary healthcare activities?
- Has funding for primary healthcare increased or decreased due to polio campaigns? If it has increased, did new funding sources emerge or did previous funding institutions simply start to give more?
- Irrespective of an increase or decrease in giving level, are funds contributing to primary healthcare activities in different ways than before the campaigns began? If so, in what ways?

Have efforts been made to integrate polio and routine immunization?

Probes:

- If yes, is there integration of funding sources?
- Is the actual work itself being integrated?
- If yes, in what ways?
- If yes, are polio staff and infrastructures being used for routine immunization?
- If yes, how are polio workers involved in routine immunization activities?
- If no, why not?
- Beyond the services provided by the government, are there other organizations providing routine immunization in the district?
- If yes, who are they, and are they involved in the polio campaigns? Who is funding these other organizations?

Have efforts been made to integrate polio and primary healthcare?

Probes:

- If yes, is there integration of funding sources?
- Is the actual work itself being integrated?
- If yes, in what ways?
- If yes, are polio staff and infrastructures being used for primary healthcare?
- If yes, how are polio workers involved in primary healthcare activities?
- If no, why not?
- Beyond the services provided by the government, are there other organizations providing primary healthcare in the district?
- If yes, who are they, and are they involved in the polio campaigns? Who is funding these other organizations?

How does the polio eradication campaign compare with other health campaigns (measles, vitamin A, etc.) in terms of planning, organizing, implementing, follow-up, etc.?

Probes:

- Have other campaigns raised more or less public attention?
- Have other campaigns raised more or less official / high-level attention?
- Do other campaigns use the same workers as polio campaigns? If not, how do they differ?
- Are other campaigns supervised in the same way as polio campaigns? If not, how do they differ?
- Has the impact of the polio eradication campaign been different from other campaigns? If so, can you give specific examples of these differences?

How independent is polio work from other health work?

Probes:

- Is funding for polio separate from other health programs?
- Is polio staff working separately/independently of other health programs?
- Are polio programs operating under different guidelines or institutional settings than other health programs?

Who works on polio, and how is their work funded?

Probes:

- Who are the different types of workers involved in polio activities?
- What are their official job responsibilities, and what proportion of these responsibilities are polio-related?
- What are the funding sources for each type of worker involved in polio activities?

4. PUBLIC PERCEPTION/AWARENESS QUESTIONS:

Has public awareness of health issues changed as a result of polio?

Probes:

- Are people more or less inclined to seek preventative treatment for health issues these days? If more inclined, what kinds of treatment do they seek?
- If people's awareness has increased, when did this increase occur? Can you associate this increase with anything in particular?
- Do you think people's awareness of polio made them more aware of other health issues? If so, which ones in particular?

Has public awareness of health services changed as a result of polio?

Probes:

- Do you think people are aware of who delivers polio services?
- Do you think people are more aware of health services these days? If so, which ones in particular?
- Did polio campaigns contribute to this? If so, how?
- Do you think staff who worked the polio campaigns became more aware of other health services as a result of their involvement in the campaigns? If so, in what way?

Has the focus on polio changed the level of public satisfaction with the health system in general?

Probes:

- What are people saying about polio campaigns?
- Are people satisfied with the campaigns? If not, why?

- Do you think people expect to get other services like polio campaigns (i.e. pediatric care, mobile prenatal clinics etc.)?
- Do people believe that polio campaigns are affecting the allocation of resources for other health services?
- If so, in what way(s)?

5. NON-CAMPAIGN POLIO-SPECIFIC QUESTIONS:

Has the surveillance system changed as a result of polio?

Probes:

- How is surveillance carried out for polio activities?
- How is surveillance normally carried out for routine immunization activities?
- Has polio changed the way surveillance is normally carried out for routine immunization activities? If so, how?
- How is surveillance normally carried out for primary healthcare activities?
- Has polio changed the way surveillance is normally carried out for primary healthcare activities? If so, how?

How is the cold chain being used for routine immunization?

Probes:

- Describe the cold chain infrastructure for routine immunization, both pre-polio campaigns and currently.

How is the cold chain being used for primary healthcare?

Probes:

- Describe the cold chain infrastructure for primary healthcare, both pre-polio campaigns and currently.

Have there been any changes in the cold chain infrastructure over the last 10-15 years? Are any of these changes a result of polio?

Probes:

- Describe the cold chain infrastructure, pre-polio campaign.
- Specify developments in infrastructure and its uses.
- Describe the recent history of interruptions or breakdowns in the cold chain possibly due to fuel shortages, electricity cuts, violent / political conflicts, and/or other factors.
- Following any interruptions, describe how polio aided in repairing the cold chain.

Has outreach to marginalized populations changed as a result of polio eradication activities? By marginalized populations we mean: ethnic minorities, the homeless, migrants, slum dwellers, pastoralist populations, remote village-dwellers.

Probes:

- Do you think there are more or less health services provided to marginalized populations since polio activities started? If more, which services and for which marginalized populations in particular?
- Has polio outreach brought routine immunization to marginalized populations? If yes, how so? And for which marginalized populations in particular?
- Has polio outreach brought primary healthcare services to marginalized populations? If yes, how so? And for which marginalized populations in particular?

6.2.4 Deliverables

See Section 4 of the guide.

6.3 Participant Observation

In each of the eight case study districts, case researchers will conduct participant observation in polio eradication activities to broaden our understanding of the relationship between polio related activities, routine immunization, and primary healthcare. Section 6.3.1 details the activities to be pursued during this part of the fieldwork.

6.3.1 Activities

Activities during participant observation
Work on the campaign from start to finish, as an official foreign consultant if possible. Make sure to join the following activities:
1. Micro planning
2. Training
3. Campaign
4. Catch-up
5. Monitoring and evaluation
6. Conduct clinic-centered participant observations in routine immunization and primary healthcare activities during and outside the campaign dates.
7. Visit routine immunization and primary healthcare activities during the campaign.
8. Visit routine immunization and primary healthcare activities before/after the campaign.
9. Accompany a surveillance officer.
10. Join surveillance officers in their work.

6.3.2 Guidelines for Participant Observation

6.3.2.1 The Focus of Participant Observation Activities

While taking part in polio activities during participant observation it is important to remember that the focus of this study is the campaign's impact on other routine

immunization and primary healthcare activities. Case researchers should refrain from focusing on the effectiveness of the campaign, and concentrate on the relationship between polio activities and other health activities.

6.3.2.2 Fieldnotes

Case researchers will keep daily fieldnotes detailing their observations during this part of the study. All fieldnotes will be kept electronically and organized by date.

6.3.2.3 Quantitative Data Collection for Routine Immunization and Primary Healthcare

To assess the impact of the polio campaign on the provision of other services, researchers are asked to collect quantitative data on routine immunization and primary healthcare activities in health centers and health posts in the district. Using the table in Annex 3 (Routine Immunization and Primary Healthcare activities table) for each of the centers/posts, case researchers will collect information on the services provided from clinic/post registers:

1. Two health centers/posts will be visited prior, during, and after the campaign in order to conduct participant observation and collect quantitative data.
2. Three health centers/posts will be visited unannounced for collection of quantitative data only.
3. Quantitative data collection will use the start date of the polio campaign as Day 1, and collect data on services provided on Day -14 to Day -8 (prior to the campaign), Days 1 to 7 (campaign days), and Day 8 to 14 (after the campaign). The quantitative data is based on health post logs. Please collect data from health posts that you did not visit during the campaign as well as those you visited.

6.3.3 Questions for Participant Observation

The following questions should be addressed during participant observation. **Researchers are not expected to answer all of the questions and should use their judgment in deciding on the focus of their observations.** Nonetheless, we encourage all researchers to use these questions in conducting their participant observation.

1. How is surveillance carried out in general?

Things to look for:

- How does the way in which surveillance is carried out differ for polio and routine immunization?
- Is there any surveillance for primary healthcare? Is it different?
- Is AFP surveillance active (i.e., does a polio surveillance officer go through records at health posts/hospitals), passive (i.e. health posts/hospitals are expected to call in AFP cases), or some combination of both?

- When AFP surveillance is conducted (either active or passive), is information for any other diseases collected at the same time? If so, which?

2. How established is the cold chain?

Things to look for:

- Do all health posts / campaigns visited have cold chain systems in place? I.e. refrigeration equipment; generators (if a health post has no electricity); back-up generators for electricity shortages (all health posts); extra fuel on hand for generators; refrigerated transport /vehicles for either delivery of meds to health posts or mobile units to remote areas; portable coolers and system for delivering ice (for campaigns only).
- Is equipment / infrastructure for the cold chain well maintained?
- Does it appear as though there have been gradual upgrades to the cold chain over the years, or does it appear as though everything was put into place at the same time?
- How is the cold chain equipment / infrastructure being used for activities other than polio eradication?
- Did you notice any breaks or holes in the cold chain?
- According to the vaccine vial monitor labels, have vaccines been kept at a temperature that preserves their potency? If not, what percentage of vaccines have been denatured? Do you notice any differences between the potency of polio vaccines versus other vaccines?
- Do health post staff seem well-versed in the appropriate cold chain protocols?

3. How established is the supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) who are involved in routine immunization?

Things to look for:

- Do frontline workers who are involved in routine immunizations seem to adhere to rules established either by a direct supervisor and/or overall policy? Are these rules standard across the board or do they vary between workers' levels and health posts? If there is no supervision and/or overall policy, does this seem to be an issue?
- Do frontline workers who are involved in routine immunization have clear, set standards for delivering the appropriate health services? If yes, what happens if a worker is not abiding by these standards?
- Can you determine when approaches were put into place for supervising frontline community health workers and holding them responsible for routine immunization?
- Do recruitment and training programs exist for frontline workers? If so, can you determine when they were created?
- Is there any integration of trainings between routine immunization and polio?

4. How extensive is routine immunization outreach to marginalized populations? By marginalized populations we mean: ethnic minorities, the homeless, migrants, slum dwellers, pastoralist populations, remote village-dwellers.

Things to look for:

- Do outreach programs exist?
- Did you see any evidence that polio outreach has brought routine immunization to marginalized populations? If yes, how so? And for which marginalized populations in particular?

5. How extensive is primary healthcare outreach to marginalized populations? By marginalized populations we mean: ethnic minorities, the homeless, migrants, slum dwellers, pastoralist populations, remote village-dwellers.

Things to look for:

- Do outreach programs exist?
- Did you see any evidence that polio outreach has brought primary healthcare services to marginalized populations? If yes, how so? And for which marginalized populations in particular?

6. Are community members aware of health issues?

Things to look for:

- Are people seeking preventative treatment for health issues? If so, what kinds of treatment do they seek?
- Are there any prevalent health issues that exist in the area for which people are not seeking preventative treatment? If so, which ones?
- Do you think people's awareness of polio made them more or less aware of other health issues? If so, which ones in particular?

7. Are community members aware of health services?

Things to look for:

- Do you think people are aware of who plans, organizes, and delivers polio services?
- Are people aware of other available health services? If so, which ones?
- Are people requesting other health services from the polio campaign teams?

8. How would you characterize the level of motivation of the health workers?

Things to look for:

- How motivated are health workers to carry out their tasks and responsibilities?
- Do health workers readily go above and beyond requirements, only do what is required, or sometimes fail to meet requirements? To what extent does this vary from person to person? Do health workers' productivity levels seem to be aligned with their motivation levels or something else?

- What factors seem to influence health workers' motivation levels?

9. In particular, has the level of motivation of polio workers impacted routine immunization activities?

Things to look for:

- What was the impact?
- In what ways was this impact felt?

10. In particular, has the level of motivation of polio workers impacted primary healthcare activities?

Things to look for:

- What was the impact?
- In what ways was this impact felt?

11. Do non-polio routine immunization staff work on polio campaigns?

Things to look for:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- If yes, is non-polio staff working long-term on polio activities or just for campaign work? What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns? Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

12. Do non-polio primary healthcare staff work on polio campaigns?

Things to look for:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- If yes, is non-polio staff working long-term on polio activities or just for campaign work? What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns? Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

13. Have routine immunization activities during polio campaign days changed as a result of polio?

Things to look for:

- Are they going on as usual?
- Are there more or less health workers doing routine immunization activities during polio campaigns?
- Are there more or less routine immunization activities during polio campaign days?
- Are people encouraged or discouraged from seeking routine immunization services during those days?

14. Have primary healthcare activities during polio campaign days changed as a result of polio?

Things to look for:

- Are they going on as usual?
- Are there more or less health workers doing primary healthcare during polio campaigns?
- Are there more or less primary healthcare activities during polio campaign days?
- Are people encouraged or discouraged from seeking primary healthcare services during those days?

15. Has the focus on polio changed the level of public satisfaction with the health system in general?

Things to look for:

- What are people saying about polio campaigns?
- Are people satisfied with the campaigns? If not, why?
- Do you think people expect to get other services like polio campaigns (i.e. pediatric care, mobile prenatal clinics etc.)?
- Do people believe that polio campaigns are affecting the allocation of resources for other health services?
- If so, in what way(s)?

16. Who is responsible for door-to-door campaign work?

Things to look for:

- Who are the frontline community health workers - men/women, paid/unpaid, health workers/non-health workers?
- Are they offered incentives for their work?
- If so, what is the value of these incentives?
- Do these incentives affect workers' level of motivation?
- Do these incentives affect the quality of their work?

- How do the remunerations / incentives received for door-to-door campaign work differ from frontline workers' everyday remunerations / incentives?

6.3.4 Deliverables

See section 4 of the guide.

7. FINAL REPORT

In order to compile the initial report for the study, each of the case researchers are requested to write a final report for their case. By following the detailed outline for the report provided in Annex 4, the case researchers will be able to organize their case report in a manner that will allow the assembling of a comparative summary report that will include all case studies.

7.1 Guidelines for Final Report

1. Please use the form provided in Annex 4 to write your final report.
2. Under “District information”, please indicate whether the information is accurate or an estimate.
3. Under “Results”, please limit your answers to half a page for each question, and provide references to documents (by name), interviews (by study ID), and observations (by date of fieldnote).
4. When writing the report, please keep in mind that, as part of our commitment to transparency, the report may also be disseminated to in-country health officials to inform future public health action. Therefore, please be sure to maintain confidentiality of informants in the report. If you have concerns about your ability to report honestly on ground level conditions in such circumstances, please contact Svea Closser or Kelly Cox and we will be happy to discuss alternate ways of sharing findings with countries.

8. ANNEX 1: Consent Form

Middlebury College

Impact of the Global Polio Eradication Initiative on Strengthening Routine Immunization and Primary Healthcare

(Please use for interview groups A-B)

You have been asked to be interviewed for a study on the impact of the Global Polio Eradication Initiative on strengthening Routine Immunization and Primary Healthcare.

Your participation will consist of one or two interviews lasting between ten minutes and one hour each. You are free to decline to answer any question. I may ask your permission to audio record the interview or to take photographs of you, and you are free to decline these requests. The information collected in this study will be kept on a secure server for up to 30 years.

The aim of this study is to better understand the relationship between polio eradication activities and other health activities such as Routine Immunization and Primary Healthcare. As such, this research may benefit your program and help you in your work. There may be no other benefits to you personally.

Participation in research is voluntary. You have the right to refuse or to drop out at any time.

We will use a pseudonym if your responses are used in published results, and we will keep your personal information and responses confidential and password protected. However, if you are an official in a public position, we cannot guarantee that you could not be identified. Please be aware of this as the interview proceeds. If you prefer to have your real name used in published results, please let us know and we will honor that request.

No other risks to you are foreseen from participation in this study.

If you have questions about this study, email the Principal Investigator Prof. Svea Closser at sclosser@middlebury.edu or 802-443-5188. Any questions about your rights as a research subject should be directed toward the current chair of the Institutional Review Board, Michael Sheridan at 1-802-443-5582.

I have read and I understand the above. I have been offered a copy of this informed consent form.

Participant's Signature

Date

Participant's Printed Name

I grant permission to make an audio recording of the interview and/or to take photographs of me.

Participant's Initials

I have explained and defined in detail the research procedure in which the participant has agreed to participate, and have offered the participant a copy of this informed consent form.

Investigator's (or Research Assistant's) Signature

Date

Investigator's (or Research Assistant's) Printed Name

9. ANNEX 2: Consent narrative

Middlebury College

Impact of the Global Polio Eradication Initiative on Strengthening Routine Immunization and Primary Healthcare

(Please use for interview groups C-D,
and use for A-B only if written consent makes respondents uncomfortable)

I am doing research on the relationship between Polio eradication activities and other health activities such as Routine Immunization and Primary Healthcare.

You can help me by telling me about the polio eradication programs you know of, and how they are connected to other health activities like Routine Immunization and Primary Healthcare. To do this, I will ask you some questions, and you can tell me anything else you think I should know. You can skip any question you would prefer not to answer. We can do this interview here, at your house, or somewhere else if you prefer. This process will take between ten minutes and one hour, depending on how much you want to share. I will ask to audio record the interview. You may refuse to have an audio recording made. I may ask to take photographs of you or your house. You can refuse to have photos taken.

I will use a false name for you in my notes, and nobody will know who provided answers to my questions. If you agree to let me take your picture, people here and in other countries may see your picture and know I interviewed you, but I will not match your picture with your responses.

I do not foresee any major risks to you due to participation in my research. The aim of this study is to understand how polio eradication works with other health programs. Participation in research is voluntary. You have the right to refuse or to drop out at any time.

If you have questions about your rights please contact me at any time via the phone or email on this business card.

Are you willing to do an interview?

10. ANNEX 3: Routine Immunization and Primary Healthcare activities table

Name of case researcher:

Country:

District:

Name of health center/post:

Date of data collection:

Campaign dates:

Participant observation and direct observation/direct observation only.

Service provided	Pre-campaign							Campaign							Post-campaign						
	Days -14 to -8 (add dates below)							Days 1 to 7 (add dates below)							Day 8 to 14 (add dates below)						
	-14	-13	-12	-11	-10	-9	-8	1	2	3	4	5	6	7	8	9	10	11	12	13	14
# people serviced																					
# deliveries																					
# children immunized																					
# prenatal visits																					
# referrals																					
Other:																					
Other:																					
Other:																					

11. ANNEX 4: Final Report

1. Case information:

- 1.1 Case researcher:
- 1.2 Country:
- 1.3 District:

2. Summary of methods:

(Number of documents reviewed, number of interviews by group, number of days of participant observation and locations).

3. Country information:

- 3.1 A short description of the health care system (Refer to document review question #16):
- 3.2 A short description of the administrative structure of the polio eradication mechanism (Refer to document review question #16):
- 3.3 Structure of funding (including source and allocation by districts) (Refer to document review question #17):
- 3.4 Types of workers involved in polio and their respective funding sources (Refer to document review questions #7, #8, #12, #13, #18):

4. District information:

Indicators	District information	Comments
Size of population		
% of rural population		
Income		
GDP		
# of children under 5		
Year of first campaign		
# of campaigns in 2011		
# of teams		
# of frontline workers		
# of frontline workers who are health staff		
% male/female		
Non-health staff* pay (per day)		
% coverage for PHC		

* Non-health staff is any campaign worker (paid or volunteer) who does not hold a regular job in a health profession.

5. Results:

(Please answer the following questions with references to the data collected).

- 5.1 Has surveillance quality changed as a result of polio? If so, how? (Refer to the following questions: document review #1; participant observation #1; interview #8, #43, #66)
- 5.2 Has the cold chain changed as a result of polio? If so, how? (Refer to the following questions: document review #2, #3, #4; participant observation #2; interview #9, #10, #11, #44, #45, #46, #67, #68, #69)
- 5.3 Has the supervision and accountability of frontline workers changed as a result of polio? If so, how? (Refer to the following questions: document review #5, #6; participant observation #3; interview #13, #14, #29, #30)
- 5.4 Do polio activities receive high-level attention from government officials? If so, has attention and funding for routine immunization and primary healthcare changed as a result of polio? If so, how? (Refer to the following questions: interview #1, #2, #48, #49, #58, #59)
- 5.5 Who are the workers involved in polio, and what are the funding mechanisms that support their activities? (Refer to the following questions: document review #7; interview #7, #54)
- 5.6 Is polio staff (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants) involved in routine immunization and primary healthcare activities? (Refer to the following questions: document review #8; interview #15, #16, #17, #31, #32, #33)
- 5.7 If polio staff is involved with routine immunization and primary healthcare, what is the nature of their involvement? (Refer to the following questions: document review #9, #10; interview #15, #16, #17, #31, #32, #33)
- 5.8 Has outreach to marginalized populations changed as a result of polio with regards to routine immunization and primary healthcare coverage and activities for said marginalized populations? (Refer to the following questions: document review #11; participant observation #4, #5; interview #12, #47, #70)
- 5.9 Has public awareness of health issues changed as a result of polio? If so, how? (Refer to the following questions: participant observation #6; interview #26, #55, #71, #74)
- 5.10 Has public awareness of health services changed as a result of polio? If so, how? (Refer to the following questions: participant observation #7; interview #27, #56, #72, #75)

- 5.11 Have you found evidence to suggest polio-related changes in motivation/energy level among health workers? (Refer to the following questions: participant observation #8; interview #18, #34)
- 5.12 Has polio-related motivation and energy level on the part of health workers impacted routine immunization and primary healthcare? If so, how? (Refer to the following questions: participant observation #9, #10; interview #19, #20, #35, #36)
- 5.13 Are non-polio routine immunization and primary healthcare staff working on polio campaigns? If so, in what capacity? (Refer to the following questions: document review #12, #13; participant observation #11, #12; interview #21, #22, #38, #39, #60, #61)
- 5.14 Are routine immunization and primary healthcare activities affected during polio campaign days? If so, how? (Refer to the following questions: document review #14, #15; participant observation #13, #14; interview #23, #24, #40, #41, #62, #63)
- 5.15 Has public satisfaction with the health system in general changed as a result of polio? (Refer to the following questions: participant observation #15; interview #28, #57, #73, #76)
- 5.16 Who is responsible for door-to-door campaign work? (Refer to the following questions: participant observation #16; interview #25, #42, #64)
- 5.17 Have efforts been made to integrate polio, routine immunization and primary healthcare? If yes, what kind of efforts? If no, why not? (Refer to the following questions: interview #3, #4, #50, #51)
- 5.18 How does the polio eradication campaign compare with other health campaigns in terms of planning, organizing, implementing, follow-up, etc.? (Refer to the following questions: interview #5, #52, #65)
- 5.19 How independent is polio work from other health work? (Refer to the following questions: interview #6, #53)

12. ANNEX 5: Interview Questions for Group A – High-level Officials

Please start each interview with the following introductory questions:

- **What is your job?**
- **How long have you had your current job?**
- **What led you to seek/accept this position?**
- **What are the responsibilities in your current job?**
- **What responsibilities take up most of your time?**
- **What do you do for polio, if anything? On a daily basis, what percentage of your time is dedicated to polio activities? Is this percentage the same whether or not a polio campaign is going on?**
- **What do you do for routine immunization, if anything? On a daily basis, what percentage of your time is dedicated to routine immunization activities? Is this percentage the same whether or not a polio campaign is going on?**
- **What do you do for primary healthcare, if anything? On a daily basis, what percentage of your time is dedicated to primary healthcare activities? Is this percentage the same whether or not a polio campaign is going on?**
- **Do you have additional responsibilities not covered by these three areas (i.e. polio, routine immunization, and/or primary healthcare)?**

HIGH-LEVEL PLANNING/FUNDING QUESTIONS

1. **In the past, has there normally been a high-level of attention given to routine immunization activities on the part of government officials? If so, has this level of attention changed as a result of polio?**

Probes:

- How extensive was high-level officials' attention to routine immunization before polio campaigns? What about now?
- Can you speak specifically about high-level officials' involvement in routine immunization on (1) the national and (2) the state level?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by routine immunization activities?
- During campaigns, do high-level officials have more or less time to devote to routine immunization activities?
- Has funding for routine immunization increased or decreased due to polio campaigns? If it has increased, did new funding sources emerge or did previous funding institutions simply start to give more?

- Irrespective of an increase or decrease in giving level, are funds contributing to routine immunization activities in different ways than before the campaigns began? If so, in what ways?

2. In the past, has there normally been a high level of attention given to primary healthcare activities on the part of government officials? If so, has this level of attention changed as a result of polio?

Probes:

- How extensive was high-level officials' attention to primary healthcare before polio campaigns? What about now?
- Can you speak specifically about high-level officials' involvement in primary healthcare on (1) the national and (2) the state level?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by primary healthcare activities?
- During campaigns, do high-level officials have more or less time to devote to primary healthcare activities?
- Has funding for primary healthcare increased or decreased due to polio campaigns? If it has increased, did new funding sources emerge or did previous funding institutions simply start to give more?
- Irrespective of an increase or decrease in giving level, are funds contributing to primary healthcare activities in different ways than before the campaigns began? If so, in what ways?

3. Have efforts been made to integrate polio and routine immunization?

Probes:

- If yes, is there integration of funding sources?
- Is the actual work itself being integrated?
- If yes, in what ways?
- If yes, are polio staff and infrastructures being used for routine immunization?
- If yes, how are polio workers involved in routine immunization activities?
- If no, why not?
- Beyond the services provided by the government, are there other organizations providing routine immunization in the district?
- If yes, who are they, and are they involved in the polio campaigns? Who is funding these other organizations?

4. Have efforts been made to integrate polio and primary healthcare?

Probes:

- If yes, is there integration of funding sources?
- Is the actual work itself being integrated?

- If yes, in what ways?
- If yes, are polio staff and infrastructures being used for primary healthcare?
- If yes, how are polio workers involved in primary healthcare activities?
- If no, why not?
- Beyond the services provided by the government, are there other organizations providing primary healthcare in the district?
- If yes, who are they, and are they involved in the polio campaigns? Who is funding these other organizations?

5. How does the polio eradication campaign compare with other health campaigns (measles, vitamin A, etc.) in terms of planning, organizing, implementing, follow-up, etc.?

Probes:

- Have other campaigns raised more or less public attention?
- Have other campaigns raised more or less official / high-level attention?
- Do other campaigns use the same workers as polio campaigns? If not, how do they differ?
- Are other campaigns supervised in the same way as polio campaigns? If not, how do they differ?
- Has the impact of the polio eradication campaign been different from other campaigns? If so, can you give specific examples of these differences?

6. How independent is polio work from other health work?

Probes:

- Is funding for polio separate from other health programs?
- Is polio staff working separately/independently of other health programs?
- Are polio programs operating under different guidelines or institutional settings than other health programs?

7. Who works on polio, and how is their work funded?

Probes:

- Who are the different types of workers involved in polio activities?
- What are their official job responsibilities, and what proportion of these responsibilities are polio-related?
- What are the funding sources for each type of worker involved in polio activities?
-

NON-CAMPAIGN POLIO-SPECIFIC QUESTIONS:

8. Has the surveillance system changed as a result of polio?

Probes:

- How is surveillance carried out for polio activities?
- How is surveillance normally carried out for routine immunization activities?
- Has polio changed the way surveillance is normally carried out for routine immunization activities? If so, how?
- How is surveillance normally carried out for primary healthcare activities?
- Has polio changed the way surveillance is normally carried out for primary healthcare activities? If so, how?

9. How is the cold chain being used for routine immunization?

Probes:

- Describe the cold chain infrastructure for routine immunization, both pre-polio campaigns and currently.

10. How is the cold chain being used for primary healthcare?

Probes:

- Describe the cold chain infrastructure for primary healthcare, both pre-polio campaigns and currently.

11. Have there been any changes in the cold chain infrastructure over the last 10-15 years? Are any of these changes a result of polio?

Probes:

- Describe the cold chain infrastructure, pre-polio campaign.
- Specify developments in infrastructure and its uses.
- Describe the recent history of interruptions or breakdowns in the cold chain possibly due to fuel shortages, electricity cuts, violent / political conflicts, and/or other factors.
- Following any interruptions, describe how polio aided in repairing the cold chain.

12. Has outreach to marginalized populations changed as a result of polio eradication activities? By marginalized populations we mean: ethnic minorities, the homeless, migrants, slum dwellers, pastoralist populations, remote village-dwellers.

Probes:

- Do you think there are more or less health services provided to marginalized populations since polio activities started? If more, which services and for which marginalized populations in particular?

- Has polio outreach brought routine immunization to marginalized populations? If yes, how so? And for which marginalized populations in particular?
- Has polio outreach brought primary healthcare services to marginalized populations? If yes, how so? And for which marginalized populations in particular?

DISTRICT LEVEL HUMAN RESOURCES QUESTIONS:

13. Has supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) who are involved in routine immunization changed as a result of polio?

Probes:

- In regards to frontline workers involved in routine immunization, what supervision / accountability measures were in place before the start of the polio program?
- As a result of the polio program, were new approaches put into place for supervising frontline community health workers and holding them responsible for routine immunization? How do you know these changes were a result of the polio program and not something else?
- What kinds of recruitment and training programs were in place before polio activities began, and to what extent, if any, have such programs changed? Are these changes linked to the polio program or something else?

14. Has supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) in primary healthcare changed as a result of polio?

Probes:

- In regards to frontline workers involved in primary healthcare, what supervision / accountability measures were in place before the start of the polio program?
- As a result of the polio program, were new approaches put into place for supervising frontline community health workers and holding them responsible for primary healthcare? How do you know these changes were a result of the polio program and not something else?
- What kinds of recruitment and training programs were in place before polio activities began, and to what extent, if any, have such programs changed? Are these changes linked to the polio program or something else?

15. What are the primary responsibilities of polio staff at the district-level (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants)?

Probes:

- What do they do for polio?

- What do they do for routine immunization, if anything?
- What do they do for primary healthcare, if anything?
- Do they have additional responsibilities not covered by these three areas?

16. Is polio staff (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants) involved in routine immunization activities?

Probes:

- If yes, in what capacity?
- If yes, how do they manage/split their time working on polio and routine immunization? (Respondent to break answer down by staff level)
- Are there guidelines or directives aimed at governing staff involvement in various activities? (Respondent to break answer down by staff level)

17. Is polio staff (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants) involved in primary healthcare activities?

Probes:

- If yes, in what capacity?
- If yes, how do they manage/split their time working on polio and primary healthcare activities? (Respondent to break answer down by staff level)
- Are there guidelines or directives aimed at governing staff involvement in various activities? (Respondent to break answer down by staff level)

18. How would you characterize the level of motivation of the health workers?

Probes:

- Are health workers' motivation levels the same as before polio campaigns began?
- If not, how has the level changed and what do you think prompted the change?
- How about for you personally? How would you characterize your level of motivation?

19. In particular, has the level of motivation of polio workers impacted routine immunization activities?

Probes:

- What was the impact?
- In what ways was this impact felt?

20. In particular, has the level of motivation of polio workers impacted primary healthcare activities?

Probes:

- What was the impact?
In what ways was this impact felt?

POLIO CAMPAIGN QUESTIONS:

21. Do non-polio routine immunization staff work on polio campaigns?

Probes:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- If yes, is non-polio staff working long-term on polio activities or just for campaign work? What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns? Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

22. Do non-polio primary healthcare staff work on polio campaigns?

Probes:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- If yes, is non-polio staff working long-term on polio activities or just for campaign work? What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns? Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

23. Are routine immunization activities affected during polio campaign days?

Probes:

- Are they going on as usual?
- Are there more or less health workers doing routine immunization during polio campaigns?
- Are there more or less routine immunization activities during polio campaign days?
- Are people encouraged or discouraged to come for routine immunization during polio campaign days? If so, how?
- Has the encouragement/discouragement to seek routine immunization had positive or negative effects on the delivery of routine immunization?
- In the event that the effect(s) are unfavorable, are measures being taken to address this problem?

24. Are primary healthcare activities affected during polio campaign days?

Probes:

- Are they going on as usual?
- Are there more or less health workers engaged in primary health work during polio campaigns?
- Are there more or less primary healthcare activities during polio campaign days?
- Are people encouraged or discouraged to come for primary healthcare services during polio campaign days? If so, how?
- Has the encouragement/discouragement to seek primary healthcare services had positive or negative effects on the delivery of primary healthcare services?
- In the event that the effect(s) are unfavorable, are measures being taken to address this problem?

25. Who is responsible for door-to-door campaign work?

Probes:

- Who are the frontline community health workers - men/women, paid/unpaid, health workers/non-health workers?
- Are they offered incentives for their work?
- If so, what is the value of these incentives?
- Do these incentives affect workers' level of motivation?
- Do these incentives affect the quality of their work?
- How do the remunerations / incentives received for door-to-door campaign work differ from frontline workers' everyday remunerations / incentives?

PUBLIC PERCEPTION/AWARENESS QUESTIONS:

26. Has public awareness of health issues changed as a result of polio?

Probes:

- Are people more or less inclined to seek preventative treatment for health issues these days? If more inclined, what kinds of treatment do they seek?
- If people's awareness has increased, when did this increase occur? Can you associate this increase with anything in particular?
- Do you think people's awareness of polio made them more aware of other health issues? If so, which ones in particular?

27. Has public awareness of health services changed as a result of polio?

Probes:

- Do you think people are aware of who delivers polio services?
- Do you think people are more aware of health services these days? If so, which ones in particular?

- Did polio campaigns contribute to this? If so, how?
- Do you think staff who worked the polio campaigns became more aware of other health services as a result of their involvement in the campaigns? If so, in what way?

28. Has the focus on polio changed the level of public satisfaction with the health system in general?

Probes:

- What are people saying about polio campaigns?
- Are people satisfied with the campaigns? If not, why?
- Do you think people expect to get other services like polio campaigns (i.e. pediatric care, mobile prenatal clinics etc.)?
- Do people believe that polio campaigns are affecting the allocation of resources for other health services?
- If so, in what way(s)?

13. ANNEX 6: Interview Questions for Group B – District-level Health Workers

Please start each interview with the following introductory questions:

- **What is your job?**
- **How long have you had your current job?**
- **What led you to seek/accept this position?**
- **What are the responsibilities in your current job?**
- **What responsibilities take up most of your time?**
- **What do you do for polio, if anything? On a daily basis, what percentage of your time is dedicated to polio activities? Is this percentage the same whether or not a polio campaign is going on?**
- **What do you do for routine immunization, if anything? On a daily basis, what percentage of your time is dedicated to routine immunization activities? Is this percentage the same whether or not a polio campaign is going on?**
- **What do you do for primary healthcare, if anything? On a daily basis, what percentage of your time is dedicated to primary healthcare activities? Is this percentage the same whether or not a polio campaign is going on?**
- **Do you have additional responsibilities not covered by these three areas (i.e. polio, routine immunization, and/or primary healthcare)?**

DISTRICT LEVEL HUMAN RESOURCES QUESTIONS:

29. Has supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) who are involved in routine immunization changed as a result of polio?

Probes:

- In regards to frontline workers involved in routine immunization, what supervision / accountability measures were in place before the start of the polio program?
- As a result of the polio program, were new approaches put into place for supervising frontline community health workers and holding them responsible for routine immunization? How do you know these changes were a result of the polio program and not something else?
- What kinds of recruitment and training programs were in place before polio activities began, and to what extent, if any, have such programs changed? Are these changes linked to the polio program or something else?

30. Has supervision and accountability of frontline community health workers (i.e. men/women, paid/unpaid, health workers/non-health workers) in primary healthcare changed as a result of polio?

Probes:

- In regards to frontline workers involved in primary healthcare, what supervision / accountability measures were in place before the start of the polio program?
- As a result of the polio program, were new approaches put into place for supervising frontline community health workers and holding them responsible for primary healthcare? How do you know these changes were a result of the polio program and not something else?
- What kinds of recruitment and training programs were in place before polio activities began, and to what extent, if any, have such programs changed? Are these changes linked to the polio program or something else?

31. What are the primary responsibilities of polio staff at the district-level (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants)?

Probes:

- What do they do for polio?
- What do they do for routine immunization, if anything?
- What do they do for primary healthcare, if anything?
- Do they have additional responsibilities not covered by these three areas?

32. Is polio staff (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants) involved in routine immunization activities?

Probes:

- If yes, in what capacity?
- If yes, how do they manage/split their time working on polio and routine immunization? (Respondent to break answer down by staff level)
- Are there guidelines or directives aimed at governing staff involvement in various activities? (Respondent to break answer down by staff level)

33. Is polio staff (i.e. surveillance officers, monitoring & evaluation staff, foreign consultants) involved in primary healthcare activities?

Probes:

- If yes, in what capacity?
- If yes, how do they manage/split their time working on polio and primary healthcare activities? (Respondent to break answer down by staff level)
- Are there guidelines or directives aimed at governing staff involvement in various activities? (Respondent to break answer down by staff level)

34. How would you characterize the level of motivation of the health workers?

Probes:

- Are health workers' motivation levels the same as before polio campaigns began?
- If not, how has the level changed and what do you think prompted the change?
- How about for you personally? How would you characterize your level of motivation?

35. In particular, has the level of motivation of polio workers impacted routine immunization activities?

Probes:

- What was the impact?
- In what ways was this impact felt?

36. In particular, has the level of motivation of polio workers impacted primary healthcare activities?

Probes:

- What was the impact?
- In what ways was this impact felt?

37. How is your work performance evaluated?

Probes:

- Are you evaluated differently for different tasks?
- Are you satisfied with the way in which your performance is evaluated?

POLIO CAMPAIGN QUESTIONS:

38. Do non-polio routine immunization staff work on polio campaigns?

Probes:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- If yes, is non-polio staff working long-term on polio activities or just for campaign work? What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns? Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

39. Do non-polio primary healthcare staff work on polio campaigns?

Probes:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- Is non-polio staff working long-term on polio activities or just for campaign work?
What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns?
Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

40. Are routine immunization activities affected during polio campaign days?

Probes:

- Are they going on as usual?
- Are there more or less health workers doing routine immunization during polio campaigns?
- Are there more or less routine immunization activities during polio campaign days?
- Are people encouraged or discouraged to come for routine immunization during polio campaign days? If so, how?
- Has the encouragement/discouragement to seek routine immunization had positive or negative effects on the delivery of routine immunization?
- In the event that the effect(s) are unfavorable, are measures being taken to address this problem?

41. Are primary healthcare activities affected during polio campaign days?

Probes:

- Are they going on as usual?
- Are there more or less health workers engaged in primary health work during polio campaigns?
- Are there more or less primary healthcare activities during polio campaign days?
- Are people encouraged or discouraged to come for primary healthcare services during polio campaign days? If so, how?
- Has the encouragement/discouragement to seek primary healthcare services had positive or negative effects on the delivery of primary healthcare services?
- In the event that the effect(s) are unfavorable, are measures being taken to address this problem?

42. Who is responsible for door-to-door campaign work?

Probes:

- Who are the frontline community health workers - men/women, paid/unpaid, health workers/non-health workers?
- Are they offered incentives for their work?
- If so, what is the value of these incentives?
- Do these incentives affect workers' level of motivation?
- Do these incentives affect the quality of their work?
- How do the remunerations / incentives received for door-to-door campaign work differ from frontline workers' everyday remunerations / incentives?

NON-CAMPAIGN POLIO-SPECIFIC QUESTIONS:

43. Has the surveillance system changed as a result of polio?

Probes:

- How is surveillance carried out for polio activities?
- How is surveillance normally carried out for routine immunization activities?
- Has polio changed the way surveillance is normally carried out for routine immunization activities? If so, how?
- How is surveillance normally carried out for primary healthcare activities?
- Has polio changed the way surveillance is normally carried out for primary healthcare activities? If so, how?

44. How is the cold chain being used for routine immunization?

Probes:

- Describe the cold chain infrastructure for routine immunization, both pre-polio campaigns and currently.

45. How is the cold chain being used for primary healthcare?

Probes:

- Describe the cold chain infrastructure for primary healthcare, both pre-polio campaigns and currently.

46. Have there been any changes in the cold chain infrastructure over the last 10-15 years?

Are any of these changes a result of polio?

Probes:

- Describe the cold chain infrastructure, pre-polio campaign.
- Specify developments in infrastructure and its uses.

- Describe the recent history of interruptions or breakdowns in the cold chain possibly due to fuel shortages, electricity cuts, violent / political conflicts, and/or other factors.
- Following any interruptions, describe how polio aided in repairing the cold chain.

47. Has outreach to marginalized populations changed as a result of polio eradication activities? By marginalized populations we mean: ethnic minorities, the homeless, migrants, slum dwellers, pastoralist populations, remote village-dwellers.

Probes:

- Do you think there are more or less health services provided to marginalized populations since polio activities started? If more, which services and for which marginalized populations in particular?
- Has polio outreach brought routine immunization to marginalized populations? If yes, how so? And for which marginalized populations in particular?
- Has polio outreach brought primary healthcare services to marginalized populations? If yes, how so? And for which marginalized populations in particular?

HIGH-LEVEL PLANNING/FUNDING QUESTIONS:

48. In the past, has there normally been a high level of attention given to routine immunization activities on the part of government officials? If so, has this level of attention changed as a result of polio?

Probes:

- How extensive was high-level officials' attention to routine immunization before polio campaigns? What about now?
 - Can you speak specifically about high-level officials' involvement in routine immunization on (1) the national and (2) the state level?
 - What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by routine immunization activities?
 - During campaigns, do high-level officials have more or less time to devote to routine immunization activities?
 - Has funding for routine immunization increased or decreased due to polio campaigns? If it has increased, did new funding sources emerge or did previous funding institutions simply start to give more?
- Irrespective of an increase or decrease in giving level, are funds contributing to routine immunization activities in different ways than before the campaigns began? If so, in what ways?

49. In the past, has there normally been a high level of attention given to primary healthcare activities on the part of government officials? If so, has this level of attention changed as a result of polio?

Probes:

- How extensive was high-level officials' attention to primary healthcare before polio campaigns? What about now?
- Can you speak specifically about high-level officials' involvement in primary healthcare on (1) the national and (2) the state level?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by primary healthcare activities?
- During campaigns, do high-level officials have more or less time to devote to primary healthcare activities?
- Has funding for primary healthcare increased or decreased due to polio campaigns? If it has increased, did new funding sources emerge or did previous funding institutions simply start to give more?
- Irrespective of an increase or decrease in giving level, are funds contributing to primary healthcare activities in different ways than before the campaigns began? If so, in what ways?

50. Have efforts been made to integrate polio and routine immunization?

Probes:

- If yes, is there integration of funding sources?
- Is the actual work itself being integrated?
- If yes, in what ways?
- If yes, are polio staff and infrastructures being used for routine immunization?
- If yes, how are polio workers involved in routine immunization activities?
- If no, why not?
- Beyond the services provided by the government, are there other organizations providing routine immunization in the district?
- If yes, who are they, and are they involved in the polio campaigns? Who is funding these other organizations?

51. Have efforts been made to integrate polio and primary healthcare?

Probes:

- If yes, is there integration of funding sources?
- Is the actual work itself being integrated?
- If yes, in what ways?
- If yes, are polio staff and infrastructures being used for primary healthcare?
- If yes, how are polio workers involved in primary healthcare activities?
- If no, why not?

- Are there other organizations providing primary healthcare in the district?
- If yes, who are they, and are they involved in the polio campaigns? Who is funding these other organizations?

52. How does the polio eradication campaign compare with other health campaigns (measles, vitamin A, etc.) in terms of planning, organizing, implementing, follow-up, etc.?

Probes:

- Have other campaigns raised more or less public attention?
- Have other campaigns raised more or less official / high-level attention?
- Do other campaigns use the same workers as polio campaigns? If not, how do they differ?
- Are other campaigns supervised in the same way as polio campaigns? If not, how do they differ?
- Has the impact of the polio eradication campaign been different from other campaigns? If so, can you give specific examples of these differences?

53. How independent is polio work from other health work?

Probes:

- Is funding for polio separate from other health programs?
- Is polio staff working separately/independently of other health programs?
- Are polio programs operating under different guidelines or institutional settings than other health programs?

54. Who works on polio, and how is their work funded?

Probes:

- Who are the different types of workers involved in polio activities?
- What are their official job responsibilities, and what proportion of these responsibilities are polio-related?
- What are the funding sources for each type of worker involved in polio activities?

PUBLIC PERCEPTION/AWARENESS QUESTIONS:

55. Has public awareness of health issues changed as a result of polio?

Probes:

- Are people more or less inclined to seek preventative treatment for health issues these days? If more inclined, what kinds of treatment do they seek?
- If people's awareness has increased, when did this increase occur? Can you associate this increase with anything in particular?

- Do you think people's awareness of polio made them more aware of other health issues? If so, which ones in particular?

56. Has public awareness of health services changed as a result of polio?

Probes:

- Do you think people are aware of who delivers polio services?
- Do you think people are more aware of health services these days? If so, which ones in particular?
- Did polio campaigns contribute to this? If so, how?
- Do you think staff who worked the polio campaigns became more aware of other health services as a result of their involvement in the campaigns? If so, in what way?

57. Has the focus on polio changed the level of public satisfaction with the health system in general?

Probes:

- What are people saying about polio campaigns?
- Are people satisfied with the campaigns? If not, why?
- Do you think people expect to get other services like polio campaigns (i.e. pediatric care, mobile prenatal clinics etc.)?
- Do people believe that polio campaigns are affecting the allocation of resources for other health services?
- If so, in what way(s)?

14. ANNEX 7: Interview Questions for Group C – Frontline Workers

Please start each interview with the following introductory questions:

- **What is your job?**
- **How long have you had your current job?**
- **What led you to seek/accept this position?**
- **What are the responsibilities in your current job?**
- **What responsibilities take up most of your time?**
- **What do you do for polio, if anything? On a daily basis, what percentage of your time is dedicated to polio activities? Is this percentage the same whether or not a polio campaign is going on?**
- **What do you do for routine immunization, if anything? On a daily basis, what percentage of your time is dedicated to routine immunization activities? Is this percentage the same whether or not a polio campaign is going on?**
- **What do you do for primary healthcare, if anything? On a daily basis, what percentage of your time is dedicated to primary healthcare activities? Is this percentage the same whether or not a polio campaign is going on?**
- **Do you have additional responsibilities not covered by these three areas (i.e. polio, routine immunization, and/or primary healthcare)?**

POLIO CAMPAIGN QUESTIONS:

58. First, I would like to ask specifically about polio campaigns. In terms of high-level officials' involvement in routine immunization activities, what kind of changes do you see during campaigns?

Probes:

- During campaigns, do high-level officials have more or less time to devote to routine immunization activities?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by routine immunization activities?

59. In terms of high-level officials' involvement in primary healthcare activities, what kind of changes do you see during campaigns?

Probes:

- During campaigns, do high-level officials have more or less time to devote to primary healthcare activities?
- What kind of high-level attention, if any, do polio campaigns attract? How does this level compare to that normally attracted by primary healthcare activities?

60. Do non-polio routine immunization staff work on polio campaigns?

Probes:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- Is non-polio staff working long-term on polio activities or just for campaign work?
What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns?
Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

61. Do non-polio primary healthcare staff work on polio campaigns?

Probes:

- If yes, who? And how many?
- What are their positions outside of polio campaigns?
- What kind of work do they do on the campaign?
- Is non-polio staff working long-term on polio activities or just for campaign work?
What percentage of their total work time is dedicated to both polio campaigns and other polio-related activities?
- What percentage of community health workers volunteer to work on campaigns?
Does the polio work affect community health workers' other activities? How much time do they spend on polio campaigns compared to other campaigns and activities?

62. Are routine immunization activities affected during polio campaign days?

Probes:

- Are they going on as usual?
- Are there more or less health workers doing routine immunization during polio campaigns?
- Are there more or less routine immunization activities during polio campaign days?
- Are people encouraged or discouraged to come for routine immunization during polio campaign days? If so, how?
- Has the encouragement/discouragement to seek routine immunization had positive or negative effects on the delivery of routine immunization?
- In the event that the effect(s) are unfavorable, are measures being taken to address this problem?

63. Are primary healthcare activities affected during polio campaign days?

Probes:

- Are they going on as usual?
- Are there more or less health workers engaged in primary health work during polio campaigns?
- Are there more or less primary healthcare activities during polio campaign days?
- Are people encouraged or discouraged to come for primary healthcare services during polio campaign days? If so, how?
- Has the encouragement/discouragement to seek primary healthcare services had positive or negative effects on the delivery of primary healthcare services?
- In the event that the effect(s) are unfavorable, are measures being taken to address this problem?

64. Who is responsible for door-to-door campaign work?

Probes:

- Who are the frontline community health workers - men/women, paid/unpaid, health workers/non-health workers?
- Are they offered incentives for their work?
- If so, what is the value of these incentives?
- Do these incentives affect workers' level of motivation?
- Do these incentives affect the quality of their work?
- How do the remunerations / incentives received for door-to-door campaign work differ from frontline workers' everyday remunerations / incentives?

65. How does the polio eradication campaign compare with other health campaigns (measles, vitamin A, etc.) in terms of planning, organizing, implementing, follow-up, etc.?

Probes:

- Have other campaigns raised more or less public attention?
- Have other campaigns raised more or less official / high-level attention?
- Do other campaigns use the same workers as polio campaigns? If not, how do they differ?
- Are other campaigns supervised in the same way as polio campaigns? If not, how do they differ?
- Has the impact of the polio eradication campaign been different from other campaigns? If so, can you give specific examples of these differences?

NON-CAMPAIGN POLIO-SPECIFIC QUESTIONS:

66. Has the surveillance system changed as a result of polio?

Probes:

- How is surveillance carried out for polio activities?
- How is surveillance normally carried out for routine immunization activities?
- Has polio changed the way surveillance is normally carried out for routine immunization activities? If so, how?
- How is surveillance normally carried out for primary healthcare activities?
- Has polio changed the way surveillance is normally carried out for primary healthcare activities? If so, how?

67. How is the cold chain being used for routine immunization?

Probes:

- Describe the cold chain infrastructure for routine immunization, both pre-polio campaigns and currently.

68. How is the cold chain being used for primary healthcare?

Probes:

- Describe the cold chain infrastructure for primary healthcare, both pre-polio campaigns and currently.

69. Have there been any changes in the cold chain infrastructure over the last 10-15 years? Are any of these changes a result of polio?

Probes:

- Describe the cold chain infrastructure, pre-polio campaign.
- Specify developments in infrastructure and its uses.
- Describe the recent history of interruptions or breakdowns in the cold chain possibly due to fuel shortages, electricity cuts, violent / political conflicts, and/or other factors.
- Following any interruptions, describe how polio aided in repairing the cold chain.

70. Has outreach to marginalized populations changed as a result of polio eradication activities? By marginalized populations we mean: ethnic minorities, the homeless, migrants, slum dwellers, pastoralist populations, remote village-dwellers.

Probes:

- Do you think there are more or less health services provided to marginalized populations since polio activities started? If more, which services and for which marginalized populations in particular?

- Has polio outreach brought routine immunization to marginalized populations? If yes, how so? And for which marginalized populations in particular?
- Has polio outreach brought primary healthcare services to marginalized populations? If yes, how so? And for which marginalized populations in particular?

PUBLIC PERCEPTION/AWARENESS QUESTIONS:

71. Has public awareness of health issues changed as a result of polio?

Probes:

- Are people more or less inclined to seek preventative treatment for health issues these days? If more inclined, what kinds of treatment do they seek?
- If people's awareness has increased, when did this increase occur? Can you associate this increase with anything in particular?
- Do you think people's awareness of polio made them more aware of other health issues? If so, which ones in particular?

72. Has public awareness of health services changed as a result of polio?

Probes:

- Do you think people are aware of who delivers polio services?
- Do you think people are more aware of health services these days? If so, which ones in particular?
- Did polio campaigns contribute to this? If so, how?
- Do you think staff who worked the polio campaigns became more aware of other health services as a result of their involvement in the campaigns? If so, in what way?

73. Has the focus on polio changed the level of public satisfaction with the health system in general?

Probes:

- What are people saying about polio campaigns?
- Are people satisfied with the campaigns? If not, why?
- Do you think people expect to get other services like polio campaigns (i.e. pediatric care, mobile prenatal clinics etc.)?
- Do people believe that polio campaigns are affecting the allocation of resources for other health services?
- If so, in what way(s)?

15. ANNEX 8: Interview Questions for Group D – Community Members

Please start each interview with the following introductory questions:

- **How long have you lived in this area?**
- **How many children under the age of ten currently reside in your household? Have all of them received routine immunizations? If not, why?**
- **What is your family's main source of income? Are you employed? If so, what is your profession?**

PUBLIC PERCEPTION/AWARENESS QUESTIONS:

74. Has your awareness of health issues changed as a result of polio?

Probes:

- Are you more or less inclined to seek preventative treatment for health issues these days? If more inclined, what kinds of treatment do you seek, both for yourself or your family?
- If your awareness of health issues has increased, when did this increase occur? Can you associate this increase with anything in particular?
- Do you think your awareness of polio made you more aware of other health issues? If so, which ones in particular?

75. Has your awareness of health services changed as a result of polio?

Probes:

- Are you aware of who delivers polio services?
- Do you think you are more aware of health services these days? If so, which ones in particular?
- Did polio campaigns contribute to this? If so, how?

76. Has the focus on polio changed your level of satisfaction with the health system in general?

Probes:

- Are you personally satisfied with the campaigns? If not, why?
- What are other people saying about polio campaigns?
- Do you expect to get other services like polio campaigns (i.e. pediatric care, mobile prenatal clinics etc.)?
- Do you believe that polio campaigns are affecting the allocation of resources for other health services? If so, in what way(s)?

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