

## Focus Group Discussions - Key Findings

### Co-Administration of IPV with OPV in Polio Outbreak Response in the Refugee Camps and the Host Community of Dadaab District

To elucidate the community perceptions about the use of IPV in conjunction with OPV during the December round, UNICEF staff have conducted rapid qualitative research in Hagadera and IFO refugee camps, and the host community of Dadaab (in the vicinity of Dadaab hospital). The conducted focus group discussions<sup>1</sup> (N=5; refugees - two male groups, two female groups; host community – one male group; age range 20 – 55 y.o.), aimed at researching participants' perceptions of polio vaccinations, opinion about the joint use of IPV with OPV and the methods of administering the vaccines, have provided rich insights to inform the development of communication strategy to address individual and group concerns.

Below we present the summary of key findings that have implications to communication strategy and positioning of IPV and OPV co-administration:

- **“Brought with the wind”**. The well-established concept in the Somali culture is also seemed to be known in Dadaab district – that polio is caused by the “wind”. In other words, it is “brought by virus” or “bacteria” that, according to respondents, cause paralysis. This notion was prevalent both – among males and females. The symptoms of polio are well known as well as that there is no cure from polio disease.
- **Risk perception of Polio disease is high**. Given that all paralyzed children and adults in Kenya in 2013 were in or around Dadaab, the awareness of participants about polio is high. The participants mentioned that they knew the victims or others who knew the victims.
- **Perceptions around polio vaccination are overall positive**. Despite of the repeated rounds, the acceptance of polio vaccination is high. Polio vaccine was welcomed by all participants and no significant side effects were mentioned. During the October all-age campaign, adult participants claimed to have accepted OPV; however, the younger participants (between 20-30) in the host community were more concerned with the need for adult vaccination and requested additional clarification.
- **“Injections are good!”**. On a positive side, as also known in other development contexts and cultures, injections are commonly seen as meaningful, powerful and the most desirable health intervention as it delivers medicine “straight into the blood”. This was true in all our groups, thus, opening an avenue for positive acceptance of IPV. The idea of using “injectable polio vaccine” was very much welcomed with several conditions a) it has to be given at the fixed sites

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<sup>1</sup> See - *Focus Group Guide for Co-Administration of IPV with OPV in Polio Outbreak Response in the Refugee Camps and the Host Community of Dadaab District*. UNICEF Kenya – ESARO, 2013.

by qualified health professionals, b) it should not have side effects, and c) community has to be very well informed about introduction of IPV in advance.

- **Is OPV inferior to IPV?** Indeed, despite of little information provided to the participants about the “injectable vaccine”, the dominant perception in all the groups that the “injectable” vaccine is stronger, more potent and, thus, better. Along the same lines, there was no negative perception of OPV in relation to IPV. According to the participants, OPV is good and well accepted, especially after the several repeated rounds have been done.
- **Acceptance of OPV in the future rounds in 2014** in this population is likely to be high. Despite of the common perception that IPV is a “stronger” vaccine, based on the focus group discussions, there is no evidence to conclude that OPV would be seen less attractive, potent, or desirable in the future rounds.
- **“Immunity through the blood” vs. “Immunity through the mouth”** concept referring to the humoral immunity of IPV versus the mucosal immunity of OPV was very well received in these rather simplified terms. The understanding that a person would need both to protect them from polio is there, or else, can be easily established. In conjunction with positive attitude to the injections overall, there is a good hope
- **The concept of analogy – IPV vs. OPV.** Participants were probed into finding their own analogy to explain IPV vs. OPV concept to a layperson (neighbor, relative, etc.). Most of participants adhered to the primed idea “immunity through the blood” vs. “immunity through the mouth”. One participant suggested to position IPV as being the same “polio drops” vaccine but only given through the injection. Another analogy, suggested by the local doctor, was to explain IPV vs. OPV in the familiar terms to caregivers in relation to treatment of diarrhea - IV fluid vs. ORS. According to the doctor, mothers understand that effect from both is similar, however, they would rather prefer IV fluid given by a doctor rather than ORS given by self.
- **“IPV plus OPV administration may result in vaccine overdose”** concerns were unfounded. The participants liked the idea of two vaccines working through two different “mechanisms” – blood and intestines (simplified for participants as “stomach” or “mouth”). Even when the groups were purposefully probed on the concept of the “overdose”, there was none who believed that co-administration could be harmful.
- **“IPV is used in many other countries”** argument may or may not work in certain audiences. In several groups, participants were of the opinion that refugee children were malnourished, sick and more vulnerable overall, thus, they would not respond to the vaccine as healthy children in other countries. In other instances, mentioning that IPV is successfully used in Saudi Arabia and other countries instilled some confidence. Perhaps, this argument, should not be the strongest selling point.
- **“Strengthen” or “make strong”** semantic expressions were reiterated by the participants a lot in conjunction with IPV. When probed into how to explain IPV in a compelling and credible manner, most participants indicated that IPV should be positioned as an intervention “to strengthen the

child”, or “strengthen the immunity”. There is strong cognitive association between “injection” and “making body stronger”.

- **“Why IPV is given only now?”** sentiment was not extremely prevalent but present in few instances. Suspicion, lack of trust, and dissatisfaction with health services was the major driving factor for this sentiment among the few participants. To respond to this question, we tested communication analogy “fire in the house”. Simplified, “when there is a fire in the house (an outbreak), one does not sit and wait for the fire brigade (“injectable vaccine”, which is perceived to be stronger and more efficient tool), but uses all the means available at hand (“polio drops”, as they were available) to put the fire off; both are important and efficient means when used timely”. Another explanation for use of IPV now, was that for administration of IPV you need qualified health personnel that could not be arranged and trained at a very short time.
- **IPV administration.** There is a unanimous believe that IPV should be administered by qualified health workers at health posts or special health sites. Injections are usually given by the health workers and IPV is no exception. In fact, this issue was perhaps one of the strongest that participants felt about and thus this merits special attention. Another suggestion in the camp where health posts were scattered was to create temporary vaccination sites at the block elders’ house or duqsies (the places of Quran recital). Both are seen as safe and trusted points of congregation in the community.
- **Credibility linked to identification of health workers.** Personnel, administering IPV vaccine, should be clearly identified as doctors or similar health staff. According to the refugees they don’t trust people wearing Government vaccination ID badges that were primarily designed for campaign in Nairobi (where security and house break-ins by the strangers is a major issue). Recently introduced “Yellow Aprons/Jackets” (identity for vaccination teams) elicit strong positive attitude and response. Aprons and jackets are widely used by Kenya Red Cross, Medicins Sans Frontiers and other frontline workers inside the camps that are already very familiar and credible to refugees.
- **Barriers linked to the introduction of IPV.** Lack of information was seen as a major barrier. Participants felt that massive awareness campaign should be carried out in the camps and the host community before the vaccination campaign starts through camp outreach system and social networks: block leaders and elders, duqsies (the places of Quran recital), mosques, Dadaab FM and Star FM radio. Adverse effects in case of “injectable” vaccine administration were also seen as a potential barrier.
- **Credible messengers and Influencers for introduction of IPV.** Participants in almost all groups suggested that Dr. Duale, the Member of Parliament from Dadaab constituency (and former WHO staff) endorses vaccination and use of IPV in Dadaab. According to the participants, being a representative of the local community and being a doctor gives him a lot of credibility. Similarly, block leaders and religious leaders in the community are seen as major opinion makers in the matter.

- **Mode of communication.** In a collective society, as Somali, in a refugee setting where communities are exposed to risks and also opportunities, dependency on the collective knowledge and community protection is extremely high. For this reason, the information spreads through the extensive social networks and mobile communication extremely fast. Somali society is a very much oral society where information is delivered verbally. Current Somali written language in Latin did not exist before 1972; therefore, only few people in the focus group could read Latin Somali. Hence, radio, audio (PA announcement), and face-to-face meetings (“barrassas”) with influencers (with visual aids) are perhaps the most effective mode of communication.
- **Host community vs. refugee community perceptions.** There was no significant difference between the responses of the two communities. However, the host community (male focus group, younger age group – 18-30) was more inquisitive about the polio eradication programme itself. Questions about programme administration, evidence of effectiveness of vaccination activities, and monitoring were more dominant rather than injectable vaccine itself. This finding could be biased, as the core of the group were elected youth chairman and young activists. However, the finding merits attention, as the group was very eager to contribute to the programme and take part in monitoring and sensitization of community.
- **Other significant attitudinal barriers.** While overall communication environment has been positive to vaccination, there are several instances in Hagadera camp that cause concerns from communication perspective. Selected participants in two Hagadera groups (both male and female) were angry and frustrated with some services<sup>2</sup>. According to them, food rations have just been reduced in the camps. Similarly, there is a temporary scarcity of some drugs. With this situation it would be difficult to keep polio on top of people’s agenda. Luckily, the rations are planned to be restored back in January 2014 and the issue of drug supply is being dealt with promptly. Hopefully, the environment and general sentiment would be more conducive shortly.
- **Logistical and security barriers.** December is the rain season in the North-West Kenya. Dadaab is already experiencing rainfall that floods most of the roads to camps making it very difficult to pass, even on 4 X 4 vehicles. According to the interviewed Daddab hospital official, this is believed to be even a greater barrier to reaching out to remote host communities on the border with Somalia – Liboi, Damaje, Hamey, and Harhar. Proximity to the border of Somalia also increases security risks, which will need to be mitigated with provision of armed escort to the teams. These all will drive the cost of reaching children in the border areas.

### Selected Verbatim (unedited)

#### Polio and Polio Vaccination

- *I saw a young man who tried to get up and just fell down. They say it was Polio. Then we had many campaigns coming to our houses and now we are better and have not seen it since. We need this effort to continue – people are aware from social mobilizers on*

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<sup>2</sup> See verbatim

*megaphones and in homes. Because everyone here is from many different places, you expect diseases.*

- *Polio paralyzes children and we know of adults here in Hagadera who got paralysed.*
- *Polio is caused by Allah and comes through the wind*
- *It is a killer disease that comes from God – it is dangerous and causes paralysis of the arm*
- *Yes, we have seen cases of polio where a child was paralysed*
- *Polio causes paralysis of the arm and the leg*
- *Polio is caused by lack of prevention and lack of medicine*
- *It can be prevented by regular visits to health centers, by medicinal syrup and vaccination*
- *It is caused by lack of health care – children with worms and other such diseases can get Polio*
- *Please continue to bring the vaccine and do not stop*

#### **Negative Attitudes**

- *Why do you not bring other medicine and not always Polio vaccine?*
- *What is the point of vaccination when our children are dying of hunger and other diseases – we have no medicine here for anything?*

#### **“Injectable” Inactivated Polio Vaccine**

- *We would accept injectable Polio vaccine because it goes in the blood and will be better for children*
- *We saw IPV in Somalia – we used to get injections in the arm and only when we came here did we see OPV*
- *People will accept the injectable vaccine as long as they know the benefit*
- *We are refugees and we are ready for any service that is good for us – we are mothers who care about our children. – anything good for the mother who just gave birth is also good for the baby.*

#### **IPV Administration**

- *IPV should first be brought to the health centers and after people get it there, then the word will spread to the blocks and others will seek the service even in the blocks*
- *First it should be given at health posts and then social mobilization via house visits and megaphones should be conducted. After that it can be given at other sites as long as you have qualified people to administer*
- *Start at health posts – every neighborhood has a health post so start there – we need the vaccine*
- *Once it is seen at health posts, it will be accepted*
- *Everyone comes to the health post at some time in the week – once they see the vaccine there, it will be accepted.*

- *The word will then spread – one mother will tell another “I got my child an injection against Polio, go and get one for your child” and others will come to get the same service.*

### **Communication Approaches**

- *We get information through healthcare workers, megaphones that go around the blocks and through radio – STAR FM, and Dadaab FM*
- *We get information through health care workers, megaphones through cars going around the blocks – we trust them and the community health workers – they know the people – it is their job to cover different blocks*
- *You need to engage community elders and leaders to get information out and to explain to people what is going on. Also TBA need to be engaged to spread information into the blocks*
- *Fathers should be included because the mother may go to the market, fetch water etc., so the father will be expected to take the child*
- *The yellow aprons are good – now we know who these people are instead of them just coming in normal dress*
- *The aprons are also good for visibility*

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## Appendix - Research Instrument

# Focus Group Guide for Co-Administration of IPV with OPV in Polio Outbreak Response in the Refugee Camps and Host Community of the Dadaab Area

**Target Audience:** Female caregivers (mothers, grandmothers and elder siblings) looking after children of under 5 y.o.

### Introduction

***Introduce yourself and focus group moderators.** Welcome and thank you for participating in our group discussion. Your opinion is very important to help to protect your children from Polio and other diseases.*

*We would like to ask you a few questions about health of children in your community and vaccination as a way to prevent diseases. Your opinion will help us develop better information about polio and other vaccines and ensure that you and your community are fully and accurately informed about polio vaccination. As the result of this exercise we shall learn more about your polio vaccination experience and expectations.*

### Recording

*We would like to record this session to accurately capture your ideas. It is more reliable than taking notes. Nothing you say will be released to the public—everything will be held in strict confidence and your identity will not be compromised. Before I start the recording, I will let you get settled.*

### **Start Recorder**

### Participants Introductions

*Please take a minute to introduce yourselves, your jurisdictions and your role before we move into discussion. **<Allow time for participant introductions - this is an important step to developing conversation and comfort.>** Thank you everyone, please know that you don't have to answer any particular question and can end your participation at any time during the focus group.*

*Let's get started. Please direct your responses to the group, not just to me, it's about you talking to each other. Please don't wait for me to call on you to participate. You don't need to raise*

*your hand, just jump in. Do be mindful of giving everyone an opportunity to speak and so forth. Please consider this as more of a discussion on areas that I'm going to guide you towards.*

Scope of the Focus Group (Part 1 – Polio virus & Oral Polio Vaccine – testing an established norm)

*We are interested to learn more about your opinion of polio vaccination. As you may know Polio virus has been a great threat to children and also adults in Somalia, Kenya and Ethiopia. This year several children and adults in and around Dadaab camp were paralyzed for life. To protect other children you and children in your community have been vaccinated with oral polio vaccine – polio drops. We would like to learn more about your feelings and opinion of polio disease and the oral vaccination.*

Prompts

- What do you know about polio disease? What are the signs of Polio?
- What do you think causes polio?
- How can one treat Polio? Is it curable?
- How one can protect self and their children from Polio?
- What do you know about oral polio vaccine – vaccine that is given with two drops?
- How safe do you think this vaccine is?
- How strong is this vaccine in terms of protecting your and your children from Polio?
- What concerns do you have with the vaccine that is given into mouth?

Scope of the Focus Group (Part 2 – Inactivated Polio Vaccine – a.k.a. “injectable” – new concept testing)

*Now that we have discussed about polio vaccine that is given as drops into the mouth, we would like to discuss your opinion about injectable polio vaccine – the one that is given through the syringe and needle. In many countries of the world, including Gulf countries and Saudi Arabia, in addition to oral polio vaccine, children regularly get injectable polio vaccine. In other words, this safe and effective injectable polio vaccine in conjunction with oral polio vaccine given together provides better protection against the polio virus. This vaccine will soon be available to your children who are under five years old. During December polio campaign, children in and around Dadaab will receive – first, oral polio vaccine – “polio drops”, and then, immediately after “injectable” polio vaccine. Thus, your child will be protected through the mouth and through the blood. This “injectable” vaccination is given only once to boost your child’s health. In the future you child will still continue to receive “polio drops” until your child is fully protected against Polio.*

Prompts (lots of them, since this is a new concept)



- Let us explore this topic. What do you think about this idea – giving children in your community additional protection against polio in form of “polio drops” combined with “injectable” vaccine?
- Do you or do you not welcome an idea of increasing protection against polio with combining “polio drops” with “polio injection” for you children. Why? If you do not welcome this idea, what concerns do you have?
- What do you think about “injectable” polio vaccine, overall?
- Do you or do you not have specific concerns about “polio injection”? What are they?
- What specifically would you like to know about “polio injection”? What information would make you feel comfortable and confident in accepting it?
- What are your feelings about “polio injection” versus “oral polio drops”. What do you think the difference is?
- After having received “polio injection” with “polio drops” in December for extra protection, will you keep giving your child “polio drops” in the future? If yes, why? If not, why not?
- What would make you convinced to continue giving “polio drops” to keep your child protected in the future?
- In your opinion, where from would you receive the most credible information about “polio injection”?
- What do you think other people in your community would think about giving “injectable vaccine” in addition to “polio drops”? In your opinion, will your sheikhs and elders approve or disapprove this?
- What barriers are there which can make giving “injectable vaccine” along with “polio drops” to children difficult?

Scope of the Focus Group (Part 3 – Vaccine administration – operational implementation testing)

*Now that we have discussed “injectable vaccine” let us talk about how vaccination will happen. Several days before the campaign you will hear from your camp and community health workers, public announcement system, Dadaab FM radio, religious leaders and other channels about upcoming polio campaign. You will be requested to bring your all children who are under the age of five to health clinic or vaccination site / health team to receive “polio drops”, vitamin A, and finally “injectable polio” vaccine. Then your child will be marked, having received these health services.*

- What was your previous vaccination experience with “polio drops”? What do you think about polio vaccination campaigns? Have you experienced any problems with polio vaccination?
- Why do you think vaccination campaigns happen so often?

- What do you think about polio vaccinators? How satisfied are you with their performance?
- How do you think giving “polio drops” with “polio injection” would be different from regular polio campaign that you are used to?
- How do you think this special polio campaign should happen?
- What concerns do you have, if any, about vaccinators that will give your child “injectable vaccine”? What would you expect from them? What information would you expect from them?
- What challenges do you see about bringing your children out to health facilities and temporary vaccination posts? In your opinion, who do you think could help you with bringing your children?
- What would be the best way to inform you that a vaccination team has reached your block and that you need to bring your children out for “polio injection” and “polio drops”?
- In your opinion, how these temporary vaccination teams should be identified? What do you expect at the temporary vaccination site?

Scope of the Focus Group (Wrapping Up – elucidating relevance of most significant topics)

*We have discussed a lot about many topics today. Your opinion is very valuable to help us provide you with accurate information about your child’s health. As we move forward, lastly, I would like to ask you the following:*

- What do you think are the most important topic that we have discussed today?
- Are there any specific issues or areas that have remained unanswered?
- What is the biggest concern that you still have?

*Thank you for your time and opinion! I wish you and your children good health!*

**Stop Recording. Transcribe Answers and Translate into English. Filter Meaningful Verbatim for Report.**

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Note to Focus Group Moderator

**Helpful Probes to Guide the Discussion**

*Transition Probes:*

- That transitions nicely into our next question....
- That is an interesting topic, and definitely warrants further discussion. But given our tight schedule, I want to make sure we utilize the short amount of time we have together, so let's put that on hold for now and come back to it later
- Thank you for your input, what do you <name person you want to hear from> think about what was just said? Does that resonate with you?

*Continuation Probes:*

- Then what?
- and...?
- You were saying \_\_\_\_

*Elaboration probes:*

- Such as? Could you give me an example?
- That sounds interesting, can you tell me about those conflicts?
- Can you say more about that?

*Clarification probes:*

- Can you run that by me again - I am afraid I didn't follow.

*Steering probes:*

- Sorry, I distracted you with that question; you were talking about...
- Let's explore...<topic>

*Sequence probes:*

- Can you describe that idea step by step?

*Evidence probes:*

- Did you personally have anything to do with it?
- Do you have specific instances in mind or are you speaking in general?