Listing Survey for Caregivers

Facilitator: Administer this survey to every caregiver or knowledgeable household member, for every child in this community cluster within the ages of 0 - 15 months old.

Section Z: Community Information

Z.01 Facilitator name: _____

Z.02 District: i) Bombali ☐ ii) Kambia ☐ iii) Tonkolili ☐ iv) Western Rural ☐

Z.03 Chiefdom: _____

Z.04 Clinic Name: _____

Z.05 Community Name: _____

Z.06.1 Detail description about how to access / location of community: _____

Z.06.2 How is the accessibility of community during rainy season or due to other seasonal changes.

i) road / community always accessible ☐ ii) community is not alway accessible ☐

Z.06.4 (*if yes to Z.06.2ii))* **Specify the months when the community is inaccessible: i) Jan ☐ ii) Feb ☐**

iii)Mar ☐ iv)Apr ☐ v)May ☐ vi)Jun ☐ vii)Jul ☐ viii)Aug ☐ ix)Sep ☐ x)Oct ☐ xi)Nov ☐ xii)Dec ☐

Z.06.4 How is the availability of community people. When is it best time to meet people?
i) morning ☐ ii) afternoon ☐ iii) evening ☐

Z.06.5 If there are specific hours, where the community is available? e.g. between 6 - 9am _____

Z.06.6 What language does the community speak?

i) Krio ☐
ii) Temne ☐
iii) Limba ☐
iv) Loko ☐
v) Fulla ☐
vi) Mandingo ☐
vii) Kono ☐
viii) Prefer not to say ☐
iv) Other _____

Z.07 How big is this community? i) Small 10-15 or fewer dwelling units ☐ ii) Average 16-25 ☐

iii)Large 26 and more dwelling units ☐

Z.08 Do you need a tour person for this community? i) Yes ☐ ii) No ☐

Z.09 What is the name of the community tour person? _____

Z.10 What is the role of the community tour person in the community?

i) Community Health Worker ☐
v) Traditional Birth Assistant ☐

ii) Chief ☐ **vi) Mother Pikin Group Leader** ☐

iii) Youth Leader ☐ **vii) Other _____**

iv) Religious Leader ☐

Z.11 What is the phone number of the tour person? _____

<u>Community mapping</u>

Do this with the help from the chief, CHW or elders. To identify different wings / areas in the community that you will have to visit, you can name them e.g.: Wing 1: houses closer to chief's house, Wing 2: houses closer to school, Wing 3: houses along the community exit. Make sure to cover the entire community in your mapping, reaching all boundaries. Also note that in each wing you may do more than one cluster meeting because a cluster may have over 10 dwelling units. Do this all on your notepad!

Describe how you mapped this community! ***Transfer the information from your notepad into your phone:***

Z.12 How many wings did you divide this community into? _____

Z.13 What is the description of the first wing? _____

Z.14 What is the description of the second wing? _____

….. *(repeat group to describe as many wings as entered in Z.12)*

Now go to each wing and gather caregivers by cluster of 2 - 5 dwelling units:

Z.15 Interview date: (DD/MM/YYYY) (_ _/_ _ / 201_)

Z.16 Start time of interview (use 24 hrs. clock, HH:MM) |___|___| : |___|___|

Section A: Caregiver and Baby Information (To be entered as repeat group / loop for each cluster of dwelling units)

A.1 Describe the dwelling unit location _____

A.2 Is there anyone you can ask questions about children in this cluster? i)Yes ☐ **ii)No**☐

(*If Yes to A2, then answer A3. If No to A2, end this section with a message: "Please return to the cluster at a later point!")*

A.3 Are there children in this cluster between 0 - 2 years? i) Yes ☐ **ii) No** ☐ *(if "No" go to deceased and moved children section)*

A.4 Are there any caregivers around in this cluster that have children between 0-2 years and that you can ask questions? i) Yes ☐ **ii) No** ☐

Begin interviewing each caregiver separately and in <u>private</u> and ask for the Growth Card or Exercise Book or any Record that shows immunizations. It is key to talk to the caregiver who took the child for immunizations or a household member who is very knowledgeable about a child's immunization.

Read out the Recruitment Invitation. If the person agrees to hear more, read out the Informed Consent. If the person gives her consent, proceed with the survey.

A.5 Does the respondent have a growth card, exercise book or other clinic book? i)Yes ☐ ii)No ☐

A.6 What book does the person have?

i) Growth Card ☐ ii) Exercise Book ☐ iii) ANC book ☐ iv) Other _____

Note: IF THE PERSON HAS A GROWTH CARD / EXERCISE BOOK etc. take the CARD / BOOK and copy the following information. If the person does <u>not</u> have a card or book, record the best recall.

A.7 Is the interview with the mother of the child? i) Yes ☐ ii) No ☐

A.7.1 If the respondent is not the mother, what is the relation to the child?

i) Father ☐

ii) Guardian ☐

iii) Neighbour ☐

iv) Relative ☐

v) Other carer ☐

vi) Prefer not to say ☐

vii) Other _____

A.8 Name of the mother: _____

A.9 Child Name: ___ _____

A.10 Child Date of Birth: If no Card / Book, probe for year first, then month baby was born. Last the day (DD/MM/YYYY) (_ _ / _ _ / _ _ _ _)

A.11 Serial Number _____

A.12 Has the child been taken for any immunizations? i)Yes ☐ ii) Child never took immunization

A.13 *(if yes to A.12)* **Where did the child take immunizations? i) at clinic ii) at outreach iii) other ___**

A.14 *(if i) to A.12)* **What clinic/s has the child been taken for immunization?**

Clinic 1: _____

Clinic 2: _____ *…..*

A.15 Facilitator: How many immunizations has the child taken? COPY FROM GROWTH CARD ____

A.16 Now copy all immunizations and dates from the Growth Card / Book:

Immunization 1: _____ Date 1: _____

Immunization 2: _____ Date 2: _____ …..

Now ask from CAREGIVER'S MEMORY. **Keep the card/book and now ask the caregiver to recall.**

A.17 How many immunizations has child taken? _____

A.18 Did the child take all immunizations at a clinic? i) Yes ☐ ii) No ☐

A.19 *(If No to A.18)* **Out of the X** *(Number from A.17)* **vaccines, how many were taken at a clinic?**

__

A.20 What was the last vaccine the baby has received?

i) BCG ☐ **v) Measles 1** ☐

ii) Penta 1 ☐ **vi) Measles 2** ☐

iii) Penta 2 ☐ **vii) Other _____**

iv) Penta 3 ☐

A.21 Was another vaccine given the day you went for the last vaccine*?* **i) Yes** ☐ **ii) No** ☐

A.22 Where was the baby pricked? i) Arm ii) Leg iii) Arm and Leg

Please go back and check that you entered the correct number of vaccines and last vaccine. For example, if the person said the baby has come for 5 visits, the last vaccine should be Measles 1.

A.23 Date the last vaccine was taken (DD/MM/YYYY) ? *(FROM CAREGIVER'S MEMORY)* **(_ _ / _ _ / _ _ _ _)**

A.24 Did they give you anything at the clinic to show your child received vaccines? i)Yes ☐ **ii)No** ☐

A.25 *(if Yes to A.24)* **What color/s did you receive? i) yellow** ☐ **ii) green** ☐

A.26 Is the baby present at the cluster meeting point? i) Yes ☐ **ii) No** ☐

→ if No, skip next question. If baby is not at the meeting, don't ask caregivers to go bring their babies to the meeting. If they decide to do so, it's fine. then you can observe for the bracelet.

A.27 *(if yes to A.26)* **Is the baby wearing the bracelet? i)Yes** ☐ **ii) No** ☐ **iii) I don't know** ☐

A.28 Please leave comments about anything unusual in the caregiver interview: _____

A.29 Is there any other caregiver in this cluster that you have not listed yet? i) Yes ☐ **ii) No** ☐

If yes, speak to the next caregiver. If no, move to the moved, traveled or deceased section.

Section B: Caregiver and Baby Information - Babies that moved, travel or deceased

Babies that Moved

B.1 Is there any baby that moved? i) Yes ☐ **ii) No** ☐ *(if yes, go to B.2. If no, move to B.8)*

B.2 Name of Child _____

B.3 Name of Mother _____

B.4 Date of Birth _____

B.5 Month and year moved _____

B.6 New location moved to

B.6.1 District _____ **B.6.2 Chiefdom** _____

B.6.3 Community _____ **B.6.4 Is this an urban area? i) Yes** ☐ **ii) No** ☐

B.6.5 *(if yes to B.6.4)* **Please enter the address _____**

B.7. Please enter the phone number of the caregiver or person that could give information about the child. _____

Babies that Traveled

B.8 Is there any baby that traveled? i) Yes ☐ ii) No ☐ *(if yes, go to B.9. If no, move to B.13)*

B.9 Name of Child _____

B.10 Name of Mother _____

B.11 Date of Birth _____

B.11 Contact to reach person _____

B.12 When will they be back in community?

i) just traveled today ☐ ii) in the next 1-2 weeks ☐ iii) in the next 1 or 2 months ☐

iv) 3 months or later ☐ v) don't know ☐

Babies that Deceased

NOTE: Please try to talk to the caregiver of the baby that has died.

B.13 Is there any woman who gave birth last year or this year (2016 -2017), whose baby is dead?

i) Yes ☐ ii) No ☐ *(if yes, go to B.14. If no, go to next cluster / wing)*

B.14 Name of Child *(Using the growth card if available)* **_____**

B.15 Name of Mother _____

B.16 Date of Birth _____

B.17 Number of vaccines the child had taken _____

B.18 Now copy all immunizations and dates from the Growth Card / Book:

Immunization 1: _____ Date 1: _____

Immunization 2: _____ Date 2: _____ ….

B.19 Month and Year the child died (MM / YYYY). (_ _ / _ _ _ _)

B.20 Cause of death _____

GPS location: Please take the coordinates at the center point of this cluster.
North coordinate _____ West coordinate _____
Now please move on to the next cluster/wing, if you haven't covered all cluster/wings yet. If you covered all the wings at the community, go to the end of the survey.

General Comments _____

End time of (use 24 hrs. clock, HH:MM) |___|___| : |___|___|