Listing Survey for Children and Mothers 2020

Listing Survey

Section Z: Community Information

Enumerator: Select following information.

Z.01 Enumerator name: _____

Z.02 District: *i) Bombali ii) Kambia iii) Tonkolili iv) Western Rural v) Karene*

Z.03 Chiefdom: _____

Z.04 Clinic Name: _____

Z.05 Community Name: _____

Intervention Arm Immunization: (prefilled) _____

(if Intervention arm = 1) Enumerator: This is a non-bracelet SICI community.
(if Intervention arm = 2, 3,4) Enumerator: This is a bracelet SICI community. ***Intervention Arm ANC / Safe Birth: (prefilled)*** _____

(if Intervention arm = 1) This is an ANC non-bracelet community.
(if Intervention arm = 2, 3) This is an ANC bracelet community.

Enumerator: Now you will start the actual LISTING of BABIES. This community was listed in MONTH - YEAR.

The goal is to list every child in this community born since {date of listing for this community} up until June 30 2020 - that is, when the heavy rains started. Please invite all the caregivers to 2 central points in the community e.g. a barray or an open space with shade (big tree). Both of these central points should not exceed 15 caregivers. Each enumerator will manage one central point meeting.

Enumerator Please Note: As caregivers drop in their growth cards or other documents or even those without growth cards ask about face mask ownership, if they have one enter "YES" in the appropriate column in the caregiver group template sheet if No face mask enter "NO" and kindly ask caregiver to use a head scarf or hijab to protect themselves. Only give out face masks at the individual caregiver listing survey. This should happen after the general consent meeting. This should flow well if the tour person and the other enumerator give the correct message during the caregiver mobilization phase.

When new caregivers come to the meeting after you and your colleague enumerator have 15 people at your meeting point, collect the card from the caregivers and ask them to go home and return at a specified time, assign these caregivers into group 3, 4, 5, 6 etc. in batches of 15 caregivers per group. Record the caregiver information on the caregiver group template. Ensure that every caregiver comes with the baby's growth card/immunization record INCLUDING for babies that are no longer alive. If a mother had multiple children during the time period, she shall bring growth cards/immunization records

for ALL babies born since January 2017. The tour person can guide you through the community to mobilize the caregivers.

Always remember to wear a mask and maintain distance from the tour person and people's homes. At the central point, gather ALL growth cards/immunization records. In cases, where the babies do not have a growth card, confirm with the mother when the baby was born. For babies that were born before January 2017, or from July 2020 on, give the cards back to mothers and ask them kindly to leave. For the remaining babies, sort the growth cards/immunization records into 2 groups:

Group 1 - Mop-up baby: Babies that we already listed during the last listing in MONTH-YEAR. Use the **list of Mop-up babies for this community to identify these babies with their growth cards. This also includes babies that are no longer alive. Note that if you don't see a mop-up baby, inquire if they travelled or moved.**

Group 2 - Newborn baby: Babies that were born since our last visit to the community in MONTH-YEAR and never listed. Put the growth cards of these babies into a separate pile. This also includes babies that are no longer alive.

Note: Enumerator: Administer this survey to every caregiver or knowledgeable household member that is 18 years and above. for every child in this community within the ages of 4 - 46 months old (3 years and 5 months). If the caregiver is younger than 18 years, please administer the assent. Ensure that every caregiver comes with the baby's growth card/immunization record. If a mother had multiple children during the time period she shall bring growth cards/immunization records for ALL babies born since January 2017. Also all caregivers that gave birth from January, 2017 to June 2020 but without growth cards or any other records should be part of the listing exercise.

I am a researcher for Innovations for Poverty Action, a research and policy non-profit that discovers and promotes effective solutions to global poverty problems. We are carrying out a piece of research for the Ministry of Health and Sanitation in Sierra Leone. You and your child have the possibility to participate in a study where I will ask you questions about your child's immunization and where you go to receive immunization for your child. I may also ask you questions about your past pregnancy, and general things about health. This aims to help the Ministry to learn about new strategies to improve child immunization and antenatal care services in Sierra Leone.

Morninho/aftanun/good evnin(respondent name). Mi na (name). Na fen out wok a de do for Innovations for Poverty Action (IPA) Salone we de na Friton. Dis organization de try for fen ansa to poverty problems den around di wol dunya. We de do dis fen out wok yaso for di Ministry wey de for well bodi biznes na Salone. Wi don pik U en U pikin for tek pat pan dis fen out wok yaso, wey if U gree for tek pat, wi go ask U bot U pikin in marklate biznes en usai e bin de go tek am. A go ask U some small small questions dem pan dis las belleh wey U bin de pan en oda welbodi tok dem. Di main rizin for dis fen out wok yaso na for ep di Ministri for welbodi biznes for abul for lan but differen kayn naba wey dem for mek marklate biznes for pikin en belleh uman dem welbodi wan go on fayn wan all pat na Salone

As part of this study, we are conducting this short survey with caregivers who had a baby in the last 41 months across 591 communities under 119 clinics in Bombali, Kambia, Karene, Tonkolili and Western Area rural. We have been working with the 119 clinics in between 2016 to 2018. If you decide to participate, you will be asked to answer some questions about your child's immunization and few

questions about what happened when you were pregnant with this child. Do you have time to talk to me now for about 10-15 minutes?

We de do dis fen out wok with kombra dem wey get pikin dem wey den born tiday tay up to 2years six

months en dis go apin na 591 community dem wey de unda 119 clinics dem insai Bombali, Kambia, Karene, Tonkolili en Western Area Rural. Den 119 clinics den ya wey bin don de wok insai dem all bitwin 2016 to 2018. If U gree for tok to me a go ask U some question dem but U pikin en marklate wan en somn small small question dem bot wetin bin happen wey U bin de pan dis pikin en belleh. U go get tem for tok to me for lek 10 to 15 minits?

Please note that this questionnaire will carry no direct risk nor benefit, and it will have no effect on the amount of assistance given to you, your community or your family. We will appreciate your help in completing the questionnaire, but participation is voluntary and there is no need to answer any question that you would not like to. Some of the topics discussed may be personal and difficult to talk about. If you wish to end the interview at any time, you may choose to do so. If you do not wish to answer a particular question, you have the right to ask the interviewer to proceed to the next question. Also, if you have any further queries or any problem arises in the future, please contact Senior Field Manager: Abdulai Bah at 099 65 55 82, or Research Associate: Fatu Conteh at 078 52 63 52.
You can also seek advice from the Sierra Leone Ethical and Scientific Review Committee by contacting Mr Eddie Foday at 078 36 64 93. If you have questions regarding your rights as a research subject, or if problems arise which you do not feel you can discuss with the Investigator, please contact the Princeton University Institutional Review Board Assistant Director, Research Integrity and Assurance, at +1(609) 258-8543 or email irb@princeton.edu.

Duya a want mek U nor say a no get natin for gee u, una community or u fambul dem, but dis wok go ep papa govment en dem sorry at organization dem get betteh sense but di kontri in condition naw en ep mama salone go bifo. We go glad pas mak if U tek pat en natin nor go apin to u wae u tok to mi. Noto by fos for tek pat bot E go fine mek u talk to me. E lek sef u don bigin for ansa, en U tink say U no want for continu U kin stop di tok, or if u get queston wae u nor wan answer, wi kin jump pan en go to oda queston, but E go fine make U ansa to all di question dem. If una wan for ask more quession later but dis wok ya, U kin call de Field Manager Abdulai Bah on: 076-941239 or 099-655582 or Fatu Conteh on 078526352 Or if u get complain en u wan advice from the Sierra Leone Ethical en Scientific Review Committee, wey na den de gee permission for fen out wok for take place na eni pat na di kontri. U kin call Mr. Eddie Foday on: 078366493.
If yu get eni question dem for aks, wey as a bin don tell U jisor U get di rite for ask bicos U tek pat pan dis fen-out woke, or if problem kam we u feel sey u nor go want for tok wit di wan wey get dis fen out wok, duya na for kol en tok to di oda Institutional Review Board wey den address dey na: Assistant Director, Research Integrity and Assurance, Phone: (609) 258-8543, Email: irb@princeton.edu.

Your answers to the questionnaire will not be disclosed to anyone, including members of your family and community. The information will be stored safely for the duration of the study. Your identity and location will be treated as confidential information and will not be published. Parts of this interview may be recorded for monitoring purposes of IPA field staff to ensure high quality data.

A wan make U no say all di ansa dem wey U go gee, go lef as sicrit noboby nor go yeri am or see am. U fambul den oh en pipul dem sef wey de na dis tong nor go nor natin. We go keep dis information. Nobody nor go sabi U name or di place usai U tap. en wi nor go print am or put pan newspaper. We go get for record some pat pan dis intaview yaso for mek we go abul for monitor de wok wey we de do so dat E go comot fayn.

We have a strict protocol we follow to ensure your information is kept locked away and stored on password protected computers. There may also be unknown risks. We will do our best to ensure no other risks present themselves. If you decide to join, you do not have to do anything that you do not

want to and you can stop at any time. If I have answered all your questions at this time, would you be willing to participate?

We get strict laws dem for make sure say all di information safe. Wi dae go keep am pan padlock en key insai computer. Nobody nor get for know but U. Somtem oda tin go apin wey go mek U feel bad. We go try for mek no bad ting no hapin. If U gree for take pat nobodi nor go fos U for do wetin U nor want for do. If U want sef U kin stop di intaview anitem U feel for do so. Noto by fos. If ar don tel U all wetin U wan yeri, U go redi for take pat now?

By providing your consent, you confirm that:

- You understand the purpose of this study
- You understand that no obligation nor gain arises from participating in the survey
- You understand that your identity will remain confidential
- You understand that, should you decide to stop the interview, or withdraw your consent at a later stage, this is legitimate. Abdulai Bah, reachable at 099 65 55 82, will be able to assist you with any such request.

Wey U don gree for tok to me so, a den cam read somtin den for make a make sure say u undastand all wetin a don tok:

- *U unstand wetin dis fen out wok de bot*
- *U undastand say noto by fos for tek di intaview en no benefit nor de pan dis fen out wok ya*
- *U Undastand say nor bodi nor go sabi U en di tong usai U comot*
- *U undastand sef say if U want for tap di intaview at any time U get right for do so. If U need any ep U kin call Abdulai Bah on 099655582*

Enumerator: Please start the listing of babies.

Z.27 **Enumerator: Were you able to find any babies born since the start of January 2017 up to June 30th 2020 that you can list?** i) Yes ii) No

If Z.27 = ii) End of the survey

If Z.27 = i) Continue with the consent

If House-to-House Mop up: Administer the individual consent or assent form and list all babies you find, including deceased, traveled and moved babies.

If continue with "big push gathering": Kindly ask mothers with babies that are NOT part of the 2 groups to leave the meeting. For all mothers, read out the CONSENT form to the group. **Administer the general consent, using the lines and wording of the individual consent. Ask the gathering about any caregivers with children that are not at the gathering and about caregivers with children that have MOVED, TRAVELED or where the baby might no longer be alive. Take note of these caregivers and where to find them on your notepad. Then move to a place away from the group to interview caregivers separately and privately.**

After listing all caregivers that came to the group meetings, you can proceed to the house-to-house mopup. Always maintain a reasonable distance from people and their homes when you go around to mop-up. When you find a caregiver whose baby hasn't been listed, list that baby while moving away from other members of the household and maintain the 2 meters or 6 feet distance with the caregiver. We expect house-to-house mop-up listings to be very few, through encouraging the tour person to conduct several rounds of mobilization beyond the first one. You can give the group template to the tour person to remind the caregivers when it's their turn to come to the meeting.

Z.28 **Enumerator, where did you hold the big push gathering in this community? _____**

Enumerator: Please administer the group consent to the gathering of caregivers and start the actual listing.

LOOP OVER EACH WING

"You just entered Wing X."

Enumerator: Note, this clinic was listed on **DAY-MONTH-YEAR**, so list all new babies born, moved or no longer alive after **MONTH-YEAR. In addition, list ALL mop-up babies.**

Z.29 **Please select the type of the baby you would like to list**

a) Mop-up baby (from the list)

b) Regular baby / New born baby (since the last listing in the community)

c) Moved

d) Traveled

e) Deceased

Questions to monitor or remind enumerators about COVID measures:

COVID Mitigation Check

1) **Enumerator, are you at a 6 feet distance with the respondent (2.5 adult arm length) yes/no 1)a) (if 1) yes) Why are you not at a 6 feet distance with the respondent? I forgot to check the distance, The respondent is very quiet and I cannot hear her otherwise, Other (specify)**
2) **Enumerator, is the respondent wearing a face mask? i) Yes, a proper mask (medical/curtain mask) ii) Yes, a piece of cloth (head scarf/hijab) iii) No**
3) (if i) to 2) ask) **Is this the respondent mask an offer from IPA? i) Yes ii) No**
   3)a)**if iii) to 2) Why is the respondent not wearing a mask?** i) Refused ii) Took it off due to discomfort iii) Other, specify

(If Z.29 is a), b) or e)) **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.**

Z.30 Enumerator, did the caregiver attend the group consent meeting? 1, Yes 2, No

Z.30a **Enumerator, which group (meeting) does this caregiver belong to? Copy the group number from your caregiver registration sheet. Number _____**

Z.31 Age of the mother _____

Z. 31.check **Please re-enter the age _____**

Enumerator, ask the caregiver how they feel:

Z.32a Before I speak with you, I just want to ask how you feel and if you have any sign of sickness?

Z.32a KRIO: Bifo ar tok to yu, ar jus wan aks aw yu day fill en if yu get any sign of siknes?

a) No, the caregiver feels fine
b) Yes, she reports symptoms like fever or coughing
c) Yes, she reports any other symptoms like skin rash, headache, etc.

Z.32b [If Z.32a=b] Enumerator: follow up with the caregiver about any of symptoms they have not mentioned yet including: fever, coughing, or sneezing.

a) Yes, the caregiver has several symptoms including with fever
b) No, the caregiver has fever alone

[if Z.32b= a] Enumerator: Kindly ask the caregiver to go and rest, and that they do not need to worry about doing the survey.

[If Z.32a= a or c, or, Z.32b= b]**Ask caregivers for their consent, asking if they understood the general consent, or read the consent if the caregiver did not understand or was not at the gathering at the time of the general consenting. If a caregiver is younger than 18 years, please administer the full assent form. Have each caregiver give you permission to sign the consent/assent form.**

Z.32 **Did you understand the consent?** i) Yes ii) No

Z.32 KRIO Yu bin understand de consent?

If ii) No, **Enumerator: Please read out the consent.**

Z.33 Did the caregiver give consent / assent? i) Yes ii) No

Z.33a Enumerator, please ask the respondent whether you can sign on her behalf.

Z.33a KRIO: Enumerator, please aks de respondent weda you kin sign foram

Z.33b If No, please explain why the caregiver did not give consent _____

Z.34 Interview date: (DD/MM/YYYY) (_ _/_ _ / 201_)

Z.35 Start time of interview (use 24 hrs. clock, HH:MM) |___|___| : |___|___|

Section A - Mop-up Baby

M.01 **Enumerator: Enter the date of birth of the baby as it appears on the list: Enter DATE - MONTH - YEAR separately.**

Date _____ Month _____ Year _____

M.02 **Select the mop-up baby from the list:** *Enumerator, confirm the mother name and the father/household head listed below with the growth card of the baby, or by asking the respondent (if no growth card is available). Click on the corresponding child - date of birth, mother and father/household head name combination. If no one is familiar with the child, click the name as it appears on the list.* a.) Child name - dob - mother name - father/household head name

b.) **The child is not in the list**

If M.02 is b) not listed, Enumerator: Please confirm that you are using the correct mop-up list for this community and that you entered the correct DOB. If you still cannot match the baby, contact the field manager or technical team.

M.03 **How good was the match between the information in the PDA and the Growth Card/Recall from the caregiver?**

i) Easily matched, as it appears on the list ii) Slight difference in spelling of child name, mother name or father/household head name iii) Household head changed, but still able to verify properly iv) Other

(If M.02 is a)) M.04a. **Enumerator: Were you able to locate the baby?** i) Yes ii) No

(If M.04a is No)) M.04b. **Inquire about the baby. Why were you not able to locate the baby?** The baby … i) Moved ii) Traveled iii) Deceased iv) Not found

If i) moved, go to the moved section; if ii) traveled, go to the traveled section; if iii) passed away, go to the deceased section; iv) if not found, go to the end of the interview.

If M.02 is Yes: Continue with the interview.

A.01 **Enumerator, is the interview with the mother of the child?** i) Yes ii) No

A.02 **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 _____

Enumerator: 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.

A.03 **Age of the mother/respondent:** _____

if age > 17) Did you understand the general consent? i) Yes ii) No

If Age <18) *Consent comes up again to be read*

If ii) No Enumerator, then since the respondent did not understand - please administer the consent again to her.

A.04 **Did the mother/respondent give consent/assent ?** i) Yes ii) No

A.05 **How long have you stayed in this community?**

A.05 KRIO Aw long yu don day nar dis corminity? 1.

Born and lived here entire life

2. Born here, moved away and now back
3. Less than one year.
4. 1-2 years
5. 2-5 years
6. Over 5 years

A.05b (if a05=3) Are you a visitor in this community, meaning that you will soon go back to the community you normally live in, or a resident of this community?

A.06 **What is your highest level of education?** *Enumerator: Confirm growth card entry (if caregiver has a growth card) by asking the caregiver.*

A.06 KRIO: Wetin nar yu highest level pan larn buk wan?

i) No education	ii) Primary 1-3	iii) Primary 4-6	iv) JSS 1-3
v) SSS 1-4	vi) Tertiary education	vii) University	viii) Quaranic education

A.07 **What is your ethnicity?** *Make sure to choose the paternal tribe of the respondent.*

A.07 B.07a KRIO: Wetin nar yu tribe?

i) Krio	ii) Mandingo
iii) Temne	iv) Susu
v) Limba	vi) Loko
vii) Fullah	viii) Other _____

A.08 **Enumerator, how well is the caregiver dressed?**

i) Very well dressed, clean and new clothing.

ii) Well dressed, clean clothes. iii) Not so well dressed, somewhat dirty and worn out clothes. iv) Poorly dressed. Dirty/old clothes, with holes.

A.08a What is the caregiver's main occupation?

Hint: If the caregiver has several occupations, ask which one they spend the most time on.

i) Farmer ; ii) Gardener ; iii) Miner ; iv) Stone miner ; v) Petty trader ; vi) Market trader , vii) Cattle herder viii) Cookery Seller ; xi) Fish monger ; x) Public workers (nurses, teachers, CHWs) xi) Other, specify xii) Don't know Xiii) House wife Xiv) No occupation Xv Okada rider

A.08b How frequently does the caregiver go outside your community around this time of the year?

Aw fast fast you kin comot, lef de tong or go patrol insai dis tem nar de iya (dis dry season)

Enumerator: By outside we mean that when we come to this community, we cannot meet the caregiver within the perimeter of the community's housing area, that is, where all the houses, the clinic, and the school are. If for example, the caregiver is gone to a farm that is within the boundary of the community but is far away from the houses, consider her outside.

daily, multiple times per week, multiple time per month, once a month, less than once per month almost never, rarely

A.08c For how long is the caregiver usually gone when she is outside the community, around this time of the year?

i) a few hours, half of the day ii) the whole day (from morning to evening) iii) 1-2 days iv) multiple days v) multiple weeks vi) multiple months vii) Other viii) Don't know

A.09 **Does the caregiver have a growth card or exercise book with the child's immunization visits?** i) Yes .i) No

A.10 **Does the date of birth of the child match with the one that is on the list?** *Compare with the date of birth that is on the child's growth card. If the mother does not have a growth card, ask her to recall from memory.* i) Yes ii) No

A.11 *(If A.10 ii) No)* **Please enter the corrected date of birth in the following, enter YEAR, MONTH and DATE separately.** YEAR _____ MONTH _____ DATE _____ A.12a

(If A.09 i) Enumerator: which birth weight will you copy?

i) top cover (weight at birth), ii) from inside the card (number is written in a specific field or corner of the card) iii) from inside the card (plotted in a graph) iv) back cover 99) the baby's weight is not available A.12 *(If A.09 i) Yes)* **Please copy the birth weight of the baby from the growth card** *(in kg)* _____ A.12b (if A.12a is not i) top cover or 99)) How old was the baby at the time when the birth weight was recorded?

A.13 **Where did the mother of the child give birth?** *Whether the caregiver is with a growth card or without a growth card, ask her to recall from memory.* i) At the clinic where I go for immunization. ii) At a different clinic. iii) In the community iv) On the way to the clinic v) At the home of the nurse v) Other (specify)

A.13.KRIO: Na usai U born dis pikin?

B.14 *(if A.13 is iii) or v))* **What made the mother of the child choose to give birth in the community, instead of at the clinic?**

A14. Wetin mek U disayd for born insai tong ? *Tick multiple answers if the caregiver herself mentions multiple reasons*

i) The clinic was closed ☐ ii) I was afraid of going to the clinic and subsequent referral ☐ iii) This is what we do in my family/ community, the social norm ☐ iv) iv) Sudden delivery/ short labour time ☐ v) Night delivery ☐ v) vi) The clinic is too far away ☐ v) I don't know the clinic's new location ☐ vi) No means of transportation available ☐ vii) Curfew ☐ viii) Payment for clinic delivery ☐ ix) I was traveling when labour started ☐ viii) Other (specify) ☐ v) I don't know ☐

A13b **What time of the day did the mother's labour start?** i) Morning ☐ ii) Afternoon ☐ iii) Evening ☐ iv) During the night

A13b KRIO: Na ustem insai di day from mornin, aftanun, evin tem tay na net, wey U bigin fil pain for bon

A.15 Enumerator: Including the **LAST VACCINE that we recorded for the child during the last listing,** how many vaccines has the baby received up until today? *Count from the Growth Card.* _____ ***Example (1) If the last vaccine was Penta3 in 2017, and the baby received Measles 1 since then, enter 2. Example (2) If the last vaccine the baby had received was Penta2 and no vaccine since then, enter 1.***

A.15b **Enumerator: How many Vitamins has the baby received?** *Count from the Growth Card* _____

There are 2 doses of Vitamin A, one at 6 months and the second at 12 months. The child either received, 0, 1 or 2 doses.

Enumerator: Please enter first the **LAST VACCINE** and date, then enter all new vaccines after this. In addition, enter **ALL Vitamins.**

A.15c **Now copy all immunizations and vitamins dates from the Growth Card / Book:** Immunization 1: _____ Date 1: _____

Immunization 2: _____ Date 2: _____

Immunization 3: _____ Date 3: _____

Vitamin A (at 6 months): i) Yes ☐ ii) No ☐ if Yes, Date: _____

Immunization 4: _____ Date 4: _____

Immunization 5: _____ Date 5: _____

Immunization 6: _____ Date 6: _____

Vitamin A / Deworming (at 12 months): i) Yes ☐ ii) No ☐ if Yes, Date: _____

A.16 **Enumerator: How is the growth card filled?**

4) Growth card is complete and in order, that is all vaccine visits are properly recorded and sequential.

3) Evidence of prefilling, that is dates were updated (they were crossed out and replaced by another date) or are in the future.

2) Growth card is incomplete, that is vaccines are missing or the order is not sequential (e.g. Penta 1 and Penta 3 are entered, but not Penta 2).

7) The order of vaccine dates is not sequential (e.g. Penta 2 date is before Penta 1 date)

6) The entire immunization page of the growth card is blank or physically missing

5) Growth card contains mistakes on the date of birth, that is the date of birth is recorded to be after at least one of the vaccine dates

1) Growth card is off, it is hard to read or entries don't make sense.

8) There are irregularities with the recording of vitamins or deworming pills

Enumerator: Now ask the caregiver to recall the last vaccine that the baby received from memory.

A.17 **How many immunizations has the child taken?** _____ *(When the number of vaccines from memory matched the Growth card, skip the other questions, where pricked, and last vaccine. Skip to A.19.)*

A. 17.KRIO. Omos marklate wey dis U pikin don take?

A.18 **What was the last vaccine the child received?** Last vaccine _____ **A 18. Pan all di marklate wey dis U pikin don tek na us wan wey E las tek?**

A.19 **Was another vaccine given the day you went for the last vaccine?** , Yes) No

A.19 KRIO: Dem bin gie yu anoda marklate de day yu go take de las marklate?

A.20 *(if A.19 = Yes)* **What other vaccine did the child receive during the last visit?**

A.20 **KRIO: Wus orda marklate dem bin gie yu pikin de las tem way yu go for marklate?**

i) BCG ii) Penta 1 iii) Penta 2 iv) Penta 3 v) Measles 1 vi) Measles 2

A.21 **Where was the pikin pricked?** i) Arm ii) Leg iii) Arm and Leg iv) Don't know

A.21 KRIO. Na os pat den bin chuk dis pikin?

Enumerator: 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.22 **When was the last vaccine taken (DD/MM/YYYY) ?** *(FROM CAREGIVER'S MEMORY)* (_ _ / _ _ / _ _ _ _) **Enumerator:** Probe and ask, how many months have past since the last vaccine taken at the clinic. **A.22 KRIO: Wus tem yu bin take de las marklate (DD/MM/YYYY)?**

(If the caregiver does not remember the exact month of the last vaccine) Note: In the following, please probe for the month the child was born by using for example religious holidays, like Ramadan, Eid, Easter, or Christmas as well as the dry /rainy season or planting/harvest season.

A.23 (*If the mother is unsure/ cannot recall the month*) **Please select the month when the pikin has received the last vaccine.**

i) January, February, March ii) April, May, June iii) July, August, September iv) October, November, December

A.24 *(if the baby **is 8 months or older,** the caregiver recalls more than 4 vaccines from memory, but says the last one was neither Measles 1, nor Measles 2.)* **Did the pikin receive the 9 month maklate? A.24.KRIO: Dis pikin don tek en 9 mont maklate?**

i) Yes ☐ ii) No ☐

A.25 **Enumerator: How well/easily could the caregiver recall the last vaccine?**

5- person knew straight off without any probing

4- took small time to think through it but no probing

3- gave the last vaccine with simple probing

2- a lot of probing before they came up with an answer

1- after a lot of probing, still not confident with their response

A.26 **Where did the child receive all its immunizations?** *Select all that apply.* i) at the clinic ii) at outreach iii) during campaign iv) Other (specify)

A.26 KRIO. Na usai dis pikin tek en marklate dem?

A.27 *(if A.26 i) at the clinic)* **What is the clinic/s you most often took THIS child for immunization? *Ask the mother to recall ALL clinics she takes the child for immunization.*** *Enter the clinics in order, first the clinic where the caregiver went to more often with this child, that is the primary clinic. Then ask about any other clinics the caregiver may have been to.*

A.27 KRIO. Na whos clinic/clinic dem wey dis pikin de take or bin de take en marklate dem?

Primary Clinic : _____

Secondary Clinic : _____

A.28 *(if A.26 i) at clinic)* **How many of the ${vaccines_memory} vaccines were taken at the clinic?** *Number* _____

A.29 *(if A.26 i) at clinic)* **Which vaccines were received at the clinic?** *Enumerator: Try to probe whether the caregiver remembers which vaccines were given at the clinic.*

i) BCG ii) Penta 1 ii) Penta2 iii) Penta 3 iv) Measles 1 v) Measles 2

Section M - Babies that Moved

M.00. **Name of the person who was able to give the information about the child.**_____

M.00a. **Contact to reach the person who was able to give the information about the child.**

_____

M.01 **Name of Child** _____

M.02 **Name of Mother** _____

M.03 **Name of the household head** _____

M.04 **Date of Birth** _____

SOCIO-ECONOMIC CHARACTERISTICS

M.10. What is the caregiver's highest level of education?

i) No education ii) Primary 1-3 iii) Primary 4-6 iv) JSS 1-3

v) SSS 1-4 vi) Tertiary education vii) University viii) Quaranic education
ix) Don't know

M.11. What is the ethnicity of the caregiver? Make sure to choose the paternal tribe of the traveled caregiver.

M.12. KRIO: Wetin nar yu tribe?

i) Krio ☐ ii) Mandingo ☐

iii) Temne ☐ iv) Susu ☐

v) Limba ☐ vi) Loko ☐

vii) Fullah ☐ viii) Other _____
ix) Don't know

M.12. What is the caregiver's main occupation?

Hint: If the caregiver has several occupations, ask which one they spend the most time on.

i) Farmer ☐; ii) Gardener ☐; iii) Miner ☐; iv) Stone miner ☐; v) Petty trader ☐; vi) Market trader ☐, vii) Cattle herder ☐ viii) Cookery Seller ☐; xi) Fish monger ☐; x) Public workers (nurses, teachers, CHWs) ☐

xi) Other, specify ☐ xii) Don't know

M. 14 What is the birth order of this child?

M.14 Krio: Dis pikin ya so na di number omos ☐ ☐ ☐ ☐ ☐ ☐

i) 1st ☐ *ii) 2nd* ☐ *iii) 3rd* ☐ *iv) 4th* ☐ *v) 5th* ☐ *vi) 6th+* ☐ *vii) Don't Know*

MOVE

M.15 Why did the caregiver move? i) The entire household moved to a new location for economic reason (farming, job opportunity); ii) For education ; iii) Family/Marriage conflict; iv) Natural disaster (drought or flood) iv) Other, v) Don't know

M.16 **Month and year moved** _____

M.17 **Enumerator: Were you able to find out where the caregiver moved to?** i) Yes ii)No

If Yes to M.06: M.07 **New location moved to**

M.07.1 **District** _____ M.07.2

Chiefdom _____

M.07.3 **Community** _____

M.07.4 **Is this an urban area?** Yes ☐ No ☐ don't know ☐

M.09 *(if yes to* M.*7.4)* **Please enter the address** _____

M.05. Contact to reach the caregiver_____ M.06.

Is there anyone else we could contact to reach her? yes/no

M.07. What is their relationship to the caregiver?

M.08. Additional contact number_____ M.09.

What is the name of the contact:_____

Section T - Babies that Traveled T.00. Name of the respondent_____ T.00a. Contact to reach the respondent _____

Baby / Mother information

T.01. **Name of Child** _____

T.02. **Name of Mother** _____

T.03. **Name of the Father** _____

T.04. **Date of Birth** _____

T.05. Contact to reach the caregiver_____

T.06. Is there anyone else we could contact to reach her? yes/no

T.07. What is their relationship to the caregiver?

T.08. Additional contact number_____ T.09.

What is the name of the contact:_____ SOCIO-

ECONOMIC CHARACTERISTICS

T.10. What is the caregiver's highest level of education?

i) No education	ii) Primary 1-3	iii) Primary 4-6	iv) JSS 1-3
v) SSS 1-4	vi) Tertiary education	vii) University	viii) Quaranic education ix) Don't know

T.11. What is the ethnicity of the caregiver? Make sure to choose the paternal tribe of the traveled caregiver.

T.12. KRIO: Wetin nar yu tribe?

i) Krio ☐ ii) Mandingo ☐

iii) Temne ☐ iv) Susu ☐

v) Limba ☐ vi) Loko ☐

vii) Fullah ☐ viii) Other _____

ix) Don't know

T.12. **What is the caregiver's main occupation?**

Hint: If the caregiver has several occupations, ask which one they spend the most time on.

i) Farmer ; ii) Gardener ; iii) Miner ; iv) Stone miner ; v) Petty trader ; vi) Market trader ; vii) Cattle herder viii) Cookery Seller ; xi) Fish monger ; x) Housewife xi) Unemployed, xii) Public workers (nurses, teachers, CHWs) xi) Other, specify ☐ xii) Don't know

T.13a **How frequently does the caregiver go outside your community around this time of the year?**

Aw fast fast you kin comot, lef de tong or go patrol insai dis tem nar de iya (dis dry season)

Enumerator: By outside we mean that when we come to this community, we cannot meet the caregiver within the perimeter of the community's housing area, that is, where all the houses, the clinic, and the school are. If for example, the caregiver is gone to a farm that is within the boundary of the community but is far away from the houses, consider her outside.

daily, multiple times per week, multiple time per month, once a month, less than once per month almost never, rarely

T.13b For how long is the caregiver usually gone when she is outside the community, around this time of the year? **i) a few hours, half of the day ii) the whole day (from morning to evening) iii) 1-2 days iv) multiple days v) weeks vi) multiple weeks vii) Other viii) Don't know** T.14. What is the birth order of this child?

T.14 Krio: Dis pikin ya so na di number omos

i) 1st ☐ ii) 2nd ☐ iii) 3rd ☐ iv) 4th ☐ v) 5th ☐ vi) 6th+ ☐ vii) Don't Know

TRAVEL QUESTIONS

T.11 **What is the reason for their travel?**

i) Daily work, ii) Visiting family, iii) Seek health services for herself or a family member, iv) Periodic market v) To live with her family after giving birth vi) Other T.12 (if t11 != i) **Where did they travel to?**

T.12.1 District _____ T.12.2

Chiefdom _____

T.12.3 Community _____ T.06.

When will they be back in the community?

i) just traveled today/back in less than 1 week ☐ ii) in the next 1-2 weeks ☐ iii) in the next 1 or 2 months ☐ iv) 3 months or later ☐ v) don't know ☐ vi) Quick exit ☐

Section D - Babies that Deceased

D.01 **Is the interview with the mother of the child?** i) Yes ☐ ii) No ☐

D.02 **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 _____

D.03 **Age of the mother/respondent: _____**

D.03a *(if age > 17)* **Did you understand the general consent?** i) Yes ii) No

D.03a KRIO Yu bin understand de general consent?

If Age <18) *Consent comes up again to be read*

If ii) No Enumerator, then since the respondent did not understand - please administer the consent again to her.

D.04 **Did the mother/respondent give consent/assent ?** i) Yes ii) No

D.05 How long have you the caregiver stayed in this community?

D.05 KRIO: Aw long yu don day nar dis corminity?

1. Born and lived here entire life ☐
2. Born here, moved away and now back ☐
3. Less than one year. ☐
4. 1-2 years ☐
5. 2-5 years ☐
6. Over 5 years ☐

D.05b (if d05=3) Are you a visitor in this community, meaning that you will soon go back to the community you normally live in, or a resident of this community?

D.06 **What is your highest level of education?** *Enumerator: Confirm growth card entry (if caregiver has a growth card) by asking the caregiver.*

D.06 KRIO: Wetin nar yu highest level pan larn buk wan?

i) No education ii) Primary 1-3 iii) Primary 4-6 iv) JSS 1-3

v) SSS 1-4 vi) Tertiary education vii) University viii) Quaranic education

D.07 What is your the ethnicity of the caregiver? Make sure to choose the paternal tribe of the respondent.

D.07 KRIO: Wetin nar yu tribe?

i) Krio ii) Mandingo iii) Temne iv) Susu v) Limb

vi) Loko

vii) Fullah viii) Other _____

D.07a What is the caregiver's main occupation?

Hint: If the caregiver has several occupations, ask which one they spend the most time on.

i) Farmer ; ii) Gardener ; iii) Miner ; iv) Stone miner ; v) Petty trader ; vi) Market trader , vii) Cattle herder viii) Cookery Seller ; xi) Fish monger ; x) Public workers (nurses, teachers, CHWs)

xi) Other, specify xii) Don't know Xiii) House wife Xiv) No occupation Xv Okada rider

D.07b How frequently does the caregiver go outside your community around this time of the year?

Aw fast fast you kin comot, lef de tong or go patrol insai dis tem nar de iya (dis dry season)

Enumerator: By outside we mean that when we come to this community, we cannot meet the caregiver within the perimeter of the community's housing area, that is, where all the houses, the clinic, and the school are. If for example, the caregiver is gone to a farm that is within the boundary of the community but is far away from the houses, consider her outside.

daily, multiple times per week, multiple time per month, once a month, less than once per month almost never, rarely

D.07c For how long is the caregiver usually gone when she is outside around this time of the year? i) a few hours, half of the day ii) the whole day (from morning to evening) iii) 1-2 days iv) multiple days v) multiple weeks vi) multiple months vii) Other viii) Don't know

D.08 **Has the deceased child received any immunization?** i) Yes ii) No

D.08 KRIO: Dis pikin way die bin take any marklate?

D.09 **Does the caregiver still have the Growth Card or any other clinic book?** i) Yes ii) No

If the mother still has the growth card, copy the information from the growth card. If not, ask from recall.

D.10 **Name of Child** _____

D.11 **Name of Mother** _____

D.12 **Name of Father** _____

D.13 **Date of Birth** _____ *If Growth available, copy the following information:*

D.14a (If D.09 i) Enumerator: which birth weight will you copy?

i) top cover (weight at birth), ii) from inside the card (number is written in a specific field or corner of the card) iii) from inside the card (plotted in a graph) iv) back cover 99) the baby's weight is not available

D.14 **Please copy the birth weight of the baby from the growth card** *(in kg)* _____

D.14b (if D.14a is not i) top cover or 99)) How old was the baby at the time when the birth weight was recorded?

D.15 **Number of vaccines the child had taken** _____

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

Immunization 1: _____ Date 1: _____

Immunization 2: _____ Date 2: _____

Immunization 3: _____ Date 3: _____

Vitamin A (at 6 months): i) Yes ☐ ii) No ☐ if Yes, Date: _____

Immunization 4: _____ Date 4: _____

Immunization 5: _____ Date 5: _____

Immunization 6: _____ Date 6: _____

Vitamin A / Deworming (at 12 months): i) Yes ☐ ii) No ☐ if Yes, Date: _____

D.17 **Enumerator: How is the growth card filled?**

4) Growth card is complete and in order, that is all vaccine visits are properly recorded and sequential.
3) Evidence of prefilling, that is dates were updated (they were crossed out and replaced by another date) or are in the future.
2) Growth card is incomplete, that is vaccines are missing or the order is not sequential (e.g. Penta 1 and Penta 3 are entered, but not Penta 2).
7) The order of vaccine dates is not sequential (e.g. Penta 2 date is before Penta 1 date)
6) The entire immunization page of the growth card is blank or physically missing
5) Growth card contains mistakes on the date of birth, that is the date of birth is recorded to be after at least one of the vaccine dates
1) Growth card is off, it is hard to read or entries don't make sense.
8) There are irregularities with the recording of vitamins or deworming pills 0)
Other _____

(if the Growth card is not available or the mother not present, try to get the last vaccine)

D.18 **What was the last vaccine the child received?** _____

D.18 KRIO: Wetin nar de las marklate way de pikin bin take?

D.19 **Enumerator: How well/easily could the caregiver recall the last vaccine?**

5- person knew straight off without any probing

4- took small time to think through it but no probing

3- gave the last vaccine with simple probing

2- a lot of probing before they came up with an answer

1- after a lot of probing, still not confident with their response

D.20 What **Month and Year the child died (MM / YYYY).** **(_ _ / _ _ _ _)**

D.20 KRIO: Wus mont en iya de pikin die?

D.21 **What was the main cause of death**

D.21 KRIO: Wetin nar de main reason way e die?

1.) High fever
2.) Convulsion
3.) Malaria
4.) Premature delivery
5.) Still birth
6.) Respiratory disease/breathing problems
7.) Malnutrition
8.) Anemia (loss of blood)
9.) Pneumonia (severe cold)
10.) Diarrhoea
11.) Other (55) _____
12.) Don't know (-99)
13.) Prefer not to say (-98)

BIRTH ORDER SECTION - FOR ALL CLINICS *(Mop-up, regular and deceased)*

BO.01 **What is the birth order of this child?** **BO.01 Krio: Dis pikin ya so na di number omos** i)

1st ii) 2nd iii) 3rd iv) 4th ') 5th) 6th+

(If BO.01 = *vi))* Please enter the birth order of the child _____

BO.02 **How many babies born from January 1st, 2016 up to this current baby did you have?**

BO.02.KRIO Omos pikin dem wey U don born biginning from January 1st 2016 to dis pikin ya so wey U get so na U han? for example: di wan wey call dis behind na us yia so wey U born am?

Enumerator: Now please enter the information about all the previous babies born starting January, 2016 onwards.

Loop for each baby

BO.02 **Please enter the date of birth: Year, Month and Date separately**

Year _____ Month _____ Date _____

(if BO.02 < 12 months apart from current baby) Enumerator, the date of birth for this prior baby is X months apart from ${child_name}. Please go back and check that you entered the correct date of birth for this baby.

(if BO.02 < cutoff date and BO.02 > listing date) Enumerator, this prior baby is born after the listing date for this clinic and before the cutoff date. They seem eligible for listing, so make sure to interview the mother for this baby as well.

BO.03 What is **the name of the child and the father/household head.**

BO.03 KRIO: Wetin nar de pikin en name, en papa or de wan way nar de aid pan wunar pot?

Then select the matching baby from the pop-up.

- Child Name - DOB - Mother name - Father/Household head name- from the listing
- Baby is was not listed / Does not appear in this list here

(If the baby was not listed above and BO.02 < listing date and A.05 or B.05 or D.05 is not ii), iii) or iv))

Enumerator: It seems like this prior baby was born before the listing date for this clinic, but it is not in our database of babies. Please go back and check again the DOB and details of the previous child of the caregiver. Are you sure there is no baby in the list that matches the previous baby of this caregiver?

If the prior baby has a growth card, check that the DOB you used is correct.

Follow-up questions (if after double checking the answers are the same)

If the caregiver was born here, moved, and came back or has been living here for the past 2-5 years (B.05 is vi or iv)

BO.03a When exactly did you come back/ move to this community? Year ____ Month _____

If the caregiver lived here her entire life (B.05 is i or v) or has moved/ came back before the last listing (BO.03a<listing date)

BO.03b Do you remember being around in your community in {month and year of the listing} ? i) yes ii) No

(if BO.03b is yes) BO.03c Do you remember being interviewed by someone at IPA or having seen someone at IPA? i) Yes, I remember seeing people from IPA ii) Yes, I remember being interviewed by someone from IPA, iii) No

Enumerator: *Now say to the caregiver, we want to ask some questions for the baby before this current one.*

(Only if the baby was not listed above) BO.04 **Name of the child** _____

(Only if the baby was not listed above) BO.05 Which clinic were you taking this prior baby for immunization/mark late visits? District _____

Chiefdom _____

Clinic Name _____ I never took my child for immunization _____

(If BO.02 is between ${listing_date} and 30 June 2020) Enumerator: This prior baby is also eligible for listing. Make sure to do the full regular interview for this baby if you have not already.

ANC Bracelet Section ***Enumerator:*** *Please ask the following questions to all caregivers, including those from the Control Group. Ask this question if you interviewing the mother of the child*

ANC.01 What color bracelet were you given when you went for ANC or gave birth? *Enumerator: Show the mother the color sheet and let her point which color bracelets she received. Also remind her that we are not asking here about the SICI bracelet but all the different colour ANC bracelets received when pregnant up to delivery stage (multiple select).*

ANC.01.KRIO. Na whos colour bangus den gee U wey U bin de go clinic or after wey U don born don?

i) Red ii) Blue iii) Green iv) Yellow v) Mauve vi) Multi-color vii) Pink viii) Orange ix) Did not receive bracelet x) Don't remember xi) Other color

ANC.02 Enumerator: Is the mother wearing the bracelet? *Answer this question based on what you can see with your own eyes. Do NOT ask the mother. If you cannot clearly see the mother's wrist, enter "don't know". If the mother is not wearing the bracelet, do NOT ask why.* i)Yes ii) No iii) I don't know

ANC.03 *(if ii) or iii) to ANC.*

2) **Do you still have the bracelet?** i) Yes ii) No

END OF ANC QUESTIONS

RECORDING CONTACT INFORMATION OF NEWBORN/ MOP UP BABIES

BO.06 Enumerator, w **here do mama and baby live in this community?** *Please enter a brief description of where to find the caregiver.*

BO.06 Na us pat na dis town ya so wey U de?

BO.07 **What is a phone number we can reach you at, even if it is not your own phone? _____**

BO.0 7 KRIO: Wus number we go take rich yu even if no to yu yone phone?

B0.08 **What is your relation to the owner of the phone ?**

BO.08 KRIO: Yu nar wetin to de posin way get de phone?

i) caregiver herself ii) husband iii) relative iv) neighbor v) Father, vi) Brother in-law vii) Daughter viii) other

BO.09 *(if not BO.06 i))* **What is the name of the contact?**

Enumerator: *Remember to inquire about babies that moved, travelled or deceased.*

End of each interview

E.01 **What language was the interview conducted ?**

i) Krio ☐ ii) Mandingo ☐

iii) Temne ☐ iv) Susu ☐

v) Limba ☐ vi) Loko ☐

vii) Fullah ☐ viii) Other _____

Enumerator: Please do not forget to tick this/every caregiver listed on the group sheet before moving on to the next caregiver.

Gift.01 ***Enumerator: Did you offer a respondent gift?*** i) Yes ii) No Gift.02

Enumerator: Did the respondent accept? i) Yes ii) No

Covid question: **Enumerator, did you apply sanitizer or alcohol rub when exchanging materials (Growth cards) with the respondent? Please remember to do so as you exchange materials with the respondent during the interview.** i) Yes ii) No

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

Are there any other babies that you can list in this wing? Yes ☐ No ☐ *If yes, speak to the next caregiver.*

Enumerator: **Are you about to close this wing because you are done with listing babies for this wing?**

What is the number of dwelling units in this wing_____? Sum the tally on your notepad and record the total here.

END OF THE QUESTIONNAIRE

Enumerator: You are about to record the GPS location for this village. Make sure to turn on the GPS location. Record the location with an accuracy of 5 meters or less.

GPS location: Enumerator: Please take the GPS point at the centre of the community. **Record when the accuracy is below 5 metres.** _____

Enumerator: Please remember to finish the Mapping questionnaire.

General Comments _____

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