Social Incentives - Exit Survey

Facilitator: Before starting a survey, please ask the caregiver their age. If they are 18 or over, read them the Informed Consent Form. If they are under 18 read them the Assent Form. Please ask to see the child's growth card. If the caregiver does not have the card, continue the survey using the caregiver's own knowledge.

Z.01 **Does the caregiver have the growth card?** i) Yes ☐ ii) No ☐

Z.02 **Facilitator name:** _____

Z.03 **District:** i) Bombali ☐ ii) Kambia ☐ iii) Tonkolili ☐ iv) Western Rural ☐

Z.04 **Chiefdom:** _____

Z.05 **Clinic Name:** _____

Z.06 **Interview date**: (DD/MM/YYYY) (_ _/_ _ / 201_)

Z.07 **Start time of interview (use 24 hrs. clock, HH:MM) |___|___| : |___|___|**

Section A: Personal information

A.01 What language would you prefer to be interviewed in? _____

Facilitator: Copy the Name of Child, Name of Mother, DOB of Child and Child Serial Number from the GROWTH CARD. If the growth card is not available, ask the caregiver how the names are spelled on the growth card.

A.02 Name of child _____ A.03 Name of mother _____

A.04 Date of birth of child (DD/MM/YYYY) (_ _/_ _ / _ _ _ _) A.05 Child Serial number from growth card (__ __ __ __)

Facilitator: Now please start interviewing the respondent but keep the growth card until the interview is done.

A.06 Name of respondent (if not of mother) _____

A.07 Relationship to child i) Mother ii) Father ☐ iii) Guardian ☐ iv) Other _____

A.08 What community did you come from? _____

Section B: Today's clinic visit

B.01 What is the purpose of this clinic visit? *Tick all responses the caregiver gives.*

i) Vaccine visit ☐ ii) Child was sick ☐ iii) Don't know ☐ iv) Other (specify) _____

B.02 What type of vaccine did your child receive?

i) 1st vaccine/visit,BCG ☐ ii) 4th vaccine/visit, Penta 3 ☐

iii) 2nd vaccine/visit,Penta 1 ☐ iv) 5th vaccine/visit, 9month vaccine, Measles 1 ☐

v) 3rd vaccine/visit, Penta 2 ☐ vi) 6th vaccine/visit, Measles 2 ☐

vii) Other (specify) _____ viii) Don't know ☐

B.03 How did you travel to the clinic?

i) Foot ☐ ii) Okada ☐ iii) Boat ☐ iv) motorcar ☐ v) bicycle ☐ vi other ☐

B.04 How many miles did you travel? _____

B.05 How much time did you spend traveling to the clinic? **|___|___|Hrs |___|___|Minutes**

B.06 *If traveling by okada/boat/motorcar/bicycle, ask:* How much did you pay for transport in? _____

B.07 During your clinic visit did you give anything to the nurse? i) Yes ☐ ii) No ☐

B.08 *If yes to B.07, ask:* What did you give the nurse? How much did you pay? _____

B.09 *If yes to B.07, ask:* What was the gift/payment for?

i) Registration ☐ ii) Immunization ☐ iii) Medicine for child ☐ iv) Other (specify) _____ ☐

B.10 Have you taken your pikin for an immunization at a clinic other than this one?

B.11 *(if yes to B.10)* Which clinic?_____

B.12 *(if yes to B.10)* Why? _____
_____

Section C: Knowledge, perceptions and beliefs about immunization

C.01 When are immunization days at your clinic?

i) Don't know ☐

ii) Monthly ☐ → specify what week of the month: iia) first ☐ iib) second ☐ iic) third ☐ iid) last ☐ → go to v)

iii) Weekly ☐ → go to v)

iv) Daily ☐ → go to v)

v) Day of week: v.a) Monday ☐ v.b) Tuesday ☐ v.c) Wednesday ☐ v.d) Thursday ☐ v.e) Friday ☐ v.f) Don't know ☐

C.02 Are immunizations for healthy children, sick children, or both?

i) Don't know ☐ ii) Sick children only ☐ iii) Healthy children only ☐ iv) Both ☐

C.03 How many immunization visits do you think a child should make in total before the age of one?

i) 1 ☐ iv) 4 ☐ vii) 7 ☐ x) Don't know ☐

ii) 2 ☐ v) 5 ☐ viii) 8 ☐ xi) Other(specify) _____

iii) 3 ☐ vi) 6 ☐ ix) 9 ☐

Imagine you have 10 ONE YEAR OLD children in your community. These 10 children have already done one year.

C.04 How many, out of the 10 children, do you think came for the 1st immunization visit? _____

C.05 Out of those (answer to D.04), how many do you think came for the 2nd immunization visit?

C.06 Out of those (answer to D.05), how many do you think came for the 3rd immunization visit?

C.07 Out of those (answer to D.06), how many do you think came for the 4th immunization visit?

C.08 Out of those (answer to D.07), how many do you think came for the 5th immunization visit?

C.09 How many, out of the 10 children, do you think came for all required immunization visits?

Section D: Bracelet Questions *STOP THE INTERVIEW HERE IF THIS IS A NON-BRACELET CLINIC.*

D.01 Did you receive a bracelet today? i) Yes ☐ ii) No ☐

D.02 [If yes to D.01], ask: What color was given? i) Yellow ☐ ii) Green ☐

D.03 [If yes to D.01, ask:] Why were you given this color?

i) Because of the 1st visit ☐ ii) Because of 4th visit ☐ iii) Because of 5th visit ☐

iv) Because of the 2nd/3rd visit ☐ v) Because I came for a vaccine visit ☐ vi) Because I came for vaccine on time ☐

vii) Because I took my child to the clinic ☐ viii) Other (specify) _____ ☐ ix) Don't know ☐

D.04 [If no to D.01, ask:] Why weren't you given a bracelet?

i) Don't know ☐ ii) I was not on time for immunization ☐

iii) My child doesn't have enough immunizations yet ☐ iv) The clinic had run out ☐

v) Other (specify) _____

D.05 [If yes to D.01, ask:] Is the child wearing the bracelet? i) Yes ☐ ii) No ☐

D.06 [If no to D.05, ask:] Why is the child not wearing the bracelet?

i) Lost it ☐ ii) Usually wears it but I took it off temporarily ☐ iii) Bracelet was too small/big ☐

iv) I do not like it ☐ v) Gave it to a different child/someone else ☐ vi) Other (specify) _____

D.07 What did the nurse say when she gave you the bracelet?
Tick all responses the caregiver gives. Do not prompt her if she doesn't say some or any of the points below.

i) Don't know / can't remember ☐

ii) The yellow bracelet is for 1st visit, the green for timely 4th visit ☐

iii) The yellow bracelet is for 1st visit, the green for timely 5th visit ☐

iv) That I received the yellow bracelet because I made the 1st visit ☐

v) That I received the green bracelet because I made a timely 4th visit ☐

vi) That I received the green bracelet because I made a timely 5th visit

vii) That I got the bracelet because I came on time

viii) That I should make 6 vaccine visits

ix) That my child should always wear the bracelet

x) Other (specify) _____

D.08 Did the nurse say she would give you another bracelet?

i) Don't know / can't remember ii) No iii) Yes

D.09 What do you need to do to get the next bracelet?

i) Nothing ii) Bring my child for the 5th/ (9 month) vaccine

iii) Don't know iv) Fully immunize my child

v) Bring my child for the next vaccine vi) Bring my child for vaccination ON TIME

vii) Bring my child for the 4th viii) Other(specify)_____

D.10 What color will the bracelet be?

i) Don't know / can't remember ii) Yellow iii) Green

D.11 What does it mean if you see a baby wearing a YELLOW bracelet?

Tick any box the caregiver says. Do not prompt the caregiver. Caregivers may only say one or two things, which is fine.

i) The mother takes their child for immunization ii) The child has their 1st immunization

iii) The child is well looked after / has good parents iv) The child has had their 4th immunization

v) The child is protected from diseases vi) The child has had their 5th immunization

vii) The mother takes the child to the clinic ON TIME viii) The child is FULLY immunized

ix) Don't know x) Other (specify) _____

D.12 What does it mean if you see a baby wearing a GREEN bracelet?

Tick any box the caregiver says. Do not prompt the caregiver. Caregivers may only say one or two things, which is fine.

i) The mother takes their child for immunization ii) The child has their 1st immunization

iii) The child is well looked after / has good parents iv) The child has had their 4th immunization

v) The child is protected from diseases vi) The child has had their 5th immunization

vii) The mother takes the child to the clinic ON TIME viii) The child is FULLY immunized

ix) Don't know ☐ x) Other (specify) _____ ☐

Knowledge about Externalities

If your child is vaccinated does that affect your neighbors'/relatives' children's health? If yes, how?

Valuation of vaccines – 4 vs. 5 vaccines

[[Would you say it is okay if the child gets three or four out of the five vaccine doses?]] Add

Social preferences

Facilitator describe the following scenario to the respondent: A mother/caregiver in your community has a child that is due for the 4th (or 5th) vaccine. The nurse tells her/him to bring the child back for immunization on X day. She/he misses the vaccine day and does not take the child on time to the clinic for vaccine.

Section E: Information from Growth Card

E.01 Check if nurse filled in dates of vaccine visit on growth card: i) Yes ☐ ii) No ☐ iii) Partially ☐

E.02 Check if nurse filled in future visit dates on growth card: i) Yes ☐ ii) No ☐ iii) Partially ☐

E.03 Record the child's vaccination information from the growth card on the table below.

Vaccine Schedule type	**Date received**
BCG	
Penta 1	
Penta 2	
Penta 3	
Measles 1	
Measles 2	

Thank the caregiver for their participation, and ask if they have any questions. If you are unsure about an answer, contact your supervisor. Tell caregiver that if they has any questions in future about the bracelets or immunizations, they can contact their local clinic staff.

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

Were there any other people present during the interview? If yes, who? _____

General comments about interview (e.g. caregiver understood the questions well or had difficulties understanding):
_____