Sensitization Assessment Form

Community meeting

Facilitator: Please fill this form during the sensitization meeting. Before you start please enter the name and location of the clinic. If possible arrange the seating in a circle, so all participants can take part.

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 **Clinic Community Name:** _____

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

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

Z.08 **GPS location:** Please take the coordinates in front of the chief's house.

North coordinate _____ **West coordinate** _____

Facilitator: Before starting the sensitization meeting make sure to capture the following information.

Section A: Participation

A.01 How many people in total are present at the meeting? _____

A.02 How many women are attending the meeting? _____

A.03 How many men are attending the meeting? _____

A.04 Among the people attending, is there a _____? *Tick all that apply.*

i) Chief ☐ ii) Religious leader ☐ iii) TBA ☐

iv) Youth leader ☐ v) Mamie en pikin group leader ☐ vi) Headman ☐

vii) Nurse ☐ viii) Suckling mother ☐ ix) CHW ☐

Facilitator: Please call the meeting to order and leave a space for a prayer to be said. Then introduce yourself, and ask each participant to introduce themselves. Tell participants that you are working with the well bodi Ministry and your government clinic. Ask the following questions about immunizations to the group to see how much they know.

Section B: Knowledge about Immunization

B.01 What is the purpose of immunizations? *Tick the answer that the majority of people gave.*

i) to make child grow well ☐ ii) to prevent diseases ☐ iii) other ☐

B.02 How many immunizations should a child have before they are 1 year old?

Tick the answer that the majority of people gave.

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 ☐

Section C: Roleplays

C.01 How many roleplays did you do? _____

C.02 Who did the roleplays? *Tick all that apply.*

i) Facilitator and a nurse ☐ ii) Facilitator and a female community member ☐

iii) Facilitator and a MALE community member ☐ iv) Nurse and a FEMALE community member ☐

v) Nurse and a MALE community member ☐ vi) Two community members ☐

Facilitator: Once you wrapped up the meeting and participants they have left, please fill in the below information.

Section D: Feedback

D.01 How many participants stayed till the end of the meeting? _____

D.02 What were the main questions you were asked?

1. _____
2. _____
3. _____
4. _____
5. _____

D.03 What were the 3 most complains that came up during the sensitization meeting? *Tick yes to the top 3 issues.*

- User fees Yes ☐ No ☐
- Staff attitude Yes ☐ No ☐
- Ignorance on the benefits of immunization Yes ☐ No ☐
- Distance to clinic Yes ☐ No ☐
- Ignorance on clinic immunization days Yes ☐ No ☐
- Negligence from caregivers Yes ☐ No ☐
- Other (specify) _____

Section E: Activity checklist

E.01 Were the following activities carried out?

E.01 Introduction of facilitator and participants	Yes ☐ No ☐
E.02 Presentation on the importance of immunization	Yes ☐ No ☐
E.03 Presentation on the barriers to immunization	Yes ☐ No ☐
E.04 Presentation on addressing the barriers to immunization	Yes ☐ No ☐
E.05 Roleplay	Yes ☐ No ☐
E.06 Recap on presentations	Yes ☐ No ☐
E.07 Dissemination strategy	Yes ☐ No ☐
E.08 Concluding statements	Yes ☐ No ☐

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

General comments about the sensitization workshop. *Include any information you find relevant to the project.*

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