Social Incentives – Final Caregiver 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 **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 **Interview date:** (DD/MM/YYYY) (_ _/_ _ / 201_)

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

First ask, what clinic do you go to for child health business:

Z.08 **What clinic(s) do you go for child health business?** *Check if the clinic is one of ours. If <u>not</u>, do not survey the caregiver and move on to the next person.* _____

Z.09 *Ask the caregiver:* **What is your age?** → *If age < 18, skip to assent. If respondent is 18 or older, skip to the consent.*

Section A: Personal Information

E.01 **Does the respondent have a growth card or exercise book or other clinic book?** i) Yes ☐ ii) No ☐

E.02 **What type of book does the person have?**

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

E.03 **Is the interview with the mother of the child?** i) Yes ☐ ii) No ☐

E.04 *(if No to E.03)* **What is the respondents relation to the child?**

i) Father ☐ ii) Guardian ☐ iii) Neighbour ☐ iv) Other carer ☐ v) Relative ☐ vi) Other _____

E.05 **Name of mother** _____ E.06 **Name of the household head** _____

E.07 **Name of the child** _____ E.08 **Child Date of Birth:** If no Card / Book, probe for year first, then month baby was born. Last the day (DD/MM/YYYY) (_ _ / _ _ / _ _ _ _)

E.09 **Serial Number** __

E.08 **What is the birth order of this child**: i) 1st ☐ , ii) 2nd ☐ , iii) 3rd ☐ , iv) 4th and above ☐

E.11 **What is the ethnicity of the caregiver?** i) Krio, ii)Temne, iii) Limba, iv)Mende, v) Susu, vi) Fullah, vii) Loko, viii) Mandingo

E.13 **What is the main economic activity of the caregiver?** i) Farming ☐ ii) Trading ☐ iii) Housewife ☐ iv) Student ☐ v) Unemployed ☐ vi) Formal employment ☐ vii) Other ☐

E.14 **What is the caregiver's highest level of education?**

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

E.15 **Do you own a mobile phone?** i) Yes ☐ ii) No ☐ E.16 **What is the main material of the roof?**

i) Thatch ☐ ii) Cement roof ☐ iii) Corrugated iron sheet (zinc roof) iv) Plastic and tarpaulin ☐ v) Other _____

E.18 **What is your marital status?**

i) Single ☐ ii) Engaged ☐ iii) Married, monogamous ☐ iv) Widowed v) Married, polygamous vi) Separated ☐ vii) Divorced ☐ viii) Cohabitation

E.19 *If answered "polygamous" to E.18:* **How many of you are married to the same husband?** *enter number*

E.20 **How long have you lived in this community?** *Years / Months*

Section B: Knowledge, Perceptions and Beliefs about Immunization

B.01 **How regular are immunization days at your clinic?**

B.02a **How do you travel to the clinic when going for immunizations?**

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

B.02b *If traveling by boat/car/bicycle, ask:* **How much did you pay for transport in a round trip?**_____

B.02c **How many miles do you travel to the clinic (one way)?** _____

B.03 **How many immunization visits do you think a child should make in total under the age of 1.5 years?**

B.04 *Facilitator please copy the 2 most recent immunizations from the Growth Card*

1. Type vaccine / Date vaccination 2. Type vaccine / Date vaccination

B.05 **Did your husband ever assist you on your child's vaccinations?** i) Yes☐ ii) No☐

B.06 **If yes, how does he assist you on your child's vaccinations?**

i) He reminds me about immunization, encourages me to go ii) He walks/ drives me to the clinic

iii) He gives me money for transport iv) He gives me money for other cost on immunization

v) He sends gifts to the nurse vi) He takes the child for immunization sometimes vii) Other _____

B.07 **Where did you give birth to your child?** i) at the clinic where I go for immunization

ii) at a different clinic iii) in the community iv) Other_____

B.08 **Facilitator:** Take the 10 stones and put them on your plastic folder in front of you, or the bench. Line the 10 stones up in one row, so it is easy to count and see for people. Imagine you have 10 ONE YEAR OLD children in your community. These 10 children have already done one year.

B.06 How many, out of the 10 children, do you think came for the 1st immunization visit? _____

B.07 Out of those (answer to T.01), how many do you think came for the 2nd immunization visit? _____

B.08 Out of those (answer to T.02), how many do you think came for the 3rd immunization visit? _____

B.10 Out of those (answer to T.03), how many do you think came for the 4th immunization visit? _____

B.11 Out of those (answer to T.04), how many do you think came for the 5th immunization visit? _____

B.12 Out of those (answer to T.05), how many do you think came for the 6th immunization visit? _____

B.09 **Facilitator:** Go to the caregivers' knowledge table. Ask each caregiver the following questions about each of the selected mothers. For each correct answer to **Question 5** give the respondent 1 Maggi cube. Explain to the respondent that we already know the number of immunizations children in the community have, since we work with the clinic - so they do not need to worry about telling us something about others.

1. Do you know this woman and her child?
2. How old do you think the child is in months?
3. How do you know her?
4. Does she take her child for immunizations?
5. **How many immunization visits do you think her child has made?**
6. How do you know this child has received ____ immunizations?
7. Do you think the mother knows that you have taken your baby for up to ___ immunizations?
8. How come they know/don't know that your child has taken the number ___ immunization?
9. Does the baby have a bracelet?
10. What color bracelet does the baby have?
11. How do you know that this child has a green / yellow bracelet?
12. Do you think that the woman knows that you have a green / yellow bracelet?
13. How come she knows/doesn't know?

B.10 **Is there anyone in your community or your house who is concerned about your child's immunization?** i) Yes ii) No one is much concerned.

B.11 *If yes to B.10:* **Who will be concerned?** i. Husband, ii. Family members, iii. Friends and Neighbors, i. TBA and CHW, v.Other members of the community, vi. Chief and Elders, vii. Nurse at the clinic, viii. Other Caregivers

B.12 **How would these community members you named, view you the caregiver if you missed to take your child for immunization?**

i) They will view me as caring/patient/serious/loving caregiver

ii) They will view me as a caregiver that knows about the importance of immunization/child health

iii) Other iv) They won't think anything special about me.

B.13a **Will they take any action towards you the caregiver?** i) Yes ☐ ii) No

B.13b *If yes, ask:* **What will they do?** *Free text*

B.14 **How would these community members you named, view you if you took your child for all immunization?** i) They will view me as caring caregiver☐, ii) That I show concern for her child☐, iii)That I love and values my child life☐ iv) That I know the importance of immunization☐, v)That I am a good example to other caregivers☐

B.15a **Will they take any action towards you the caregiver?** i) Yes ☐ ii) No

B.15b *If yes, ask:* **What will they do?** *Free text*

B.16 **Among all the vaccines you have taken or will have to take, which one do you consider the most important?**

i) All are equally important ii) BCG iii) Penta1

iv) Penta2 v) Penta3 vi) Measles 1 vii) Measles 2

B.17 **Which one do you consider to be the second most important?**

B.18 **If you were to pick out a caregiver who is careless and not concerned about her child's immunization, who among these caregivers will you think is the one?**

i) Have a young baby with a yellow bracelet ii) Have a older baby with a yellow bracelet

iii) Have a older baby with a green bracelet iv) None of these are careless

B.19 **Do you think that vaccination is helpful, harmful or both to your child?** i) Helpful ii) Harmful iii) Both

B.20 **Why do you think, vaccination is_____ (helpful, harmful, both) to your child?** *Free text*

B.21 **Do you think your child's vaccination can be helpful to other children in the community?**

i) Helpful ii) Not helfpful

B.22 **Why do you think your child's vaccination can be helpful / not helpful for other children in the community?** *Free text*

B.23 **Can other children be harmful to your child's health if they are not immunized?** i) Yes ii) No

B.24 *If yes,* **How can they be harmful?** *Free text*

B.25 **Can your child be harmful to others if he/she is not immunized?** i) Yes ii) No

B.26 *If yes,* **How can your child be harmful to others?**

Section E: Bracelet Knowledge STOP THE INTERVIEW HERE IF THIS IS A NONBRACELET CLINIC

E.01 Facilitator: **Do you see the child wearing the bracelet?** i) Yes ☐ ii) No

E.02 Facilitator, If yes to M.01: **Which color is the bracelet?** i) Yellow ☐ ii) Green ☐

E.03 **The first time you received a bracelet at the clinic, what colour bracelet were you given?**

i) Green ☐ ii) Yellow ☐ iii) Don't know ☐ iv)I did not receive a bracelet ☐

E.04b **What vaccine visit number did you come for the day you received the 1st bracelet?** i) 1st visit ☐ ii) 2nd visit ☐ iii) 3rd visit ☐ iv) 4th visit ☐ v) 5th visit ☐ v) 6th visit ☐ vi) I did not come for a vaccine visit

E.05 **What was the reason you were given this bracelet?**

E.06 **After you received the 1st bracelet, did the nurse give you or change it for another bracelet?**

i) Yes ☐ ii) No iii) Don't know ☐

E.07 **How many times did the nurse change your bracelet?**

E.08 **What color/s was/were the other bracelet(s)?** i) Green ☐ ii) Yellow ☐ iii) Don't know ☐

E.09 Ask separately for each color: **Why were you given another, green / yellow bracelet?** *Free text* _____

E.10 **Do you know if the bracelet will be exchanged for another one?** i) Don't know/I can't remember ☐ ii) No, there will be no further exchange ☐ iii) Yes, for yellow ☐ iv) Yes, for green ☐ v) Yes, but I don't know the color ☐ vi) Other ☐

E.11 **Did the nurse / other source say that you need to do something to get another bracelet? What do you have to do?** *Tick all that apply.*

i) No ☐ ii) Bring my child for the 5th (9 month) vaccine ☐ iii) Fully immunize my child ☐ iv) Bring my child for the next vaccine ☐ v) Bring my child for vaccination ON TIME ☐ vi) Bring my child for the 4th (4 month) ☐ vii) Don't know ☐ viii) Other_____ ☐

E.12 If No to E.01, ask the caregiver: **Why is the child not wearing the bracelet?** *Free text*

E.13 If no to E.01 and has not "Lost bracelet" in E.12, ask: **Do you still have the bracelet?** i) Yes ii) No

E.14 If No to E.01 and did not say "Lost bracelet" in E.12, ask the caregiver: **Can you please show me the bracelet?** *Ask the caregiver to show you the bracelet! Only when you see it with your own eyes, record yes.*

i) Yes, I have seen the bracelet ☐ ii) No, the caregiver was unable to show the bracelet ☐

E.15 **Are there certain times where you make your baby wear the bracelet?** i) Yes ☐ ii) No ☐

E.16 If yes to E.15, **On which occasions do you make your baby wear the bracelet?**

i) when I go the clinic, ii) I put it on sometimes in the community iii) Special occasions and holidays iv) when you travel outside the community, e.g. periodic markets v) Other___

E.17 **What do you like about the bracelet? What does the bracelet do to you, regarding immunization?**

i) Decoration and fashion for my baby ii) It is a gift from the clinic and the nurse iii) it reminds me of immunization iv) It shows that my child has taken marklate v) It shows that my child has completed immunization/is a particular stage of immunization vi) Other_____

E.18 **Is there anyone in the community you showed your bracelet to?** i) Yes ☐ ii) No one

E. **Who in the community knows that your child has a bracelet?**

i. Husband, ii. Family members, iii. Friends and Neighbors, iivi. TBA and CHW,

Iv. Other members of the community, vi. Chief and Elders, vii. Nurse at the clinic, viii. Other Caregivers

E.19 **Did the nurse ever say anything about what will happen if you lose the bracelet or do not take it to the clinic?** i) Yes ☐ ii) No ☐

E.20 *If yes:* **What would she do or say she would do if you lose the bracelet or do not take the bracelet to the clinic?** *Free text*

E.21 **If we were to only have 1 color of bracelet for the immunization, which one would be your favorite for the clinic to hand out?** i) Yellow ii) Green iii) Either is fine.

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. ***Give the caregiver 1 bar of soap and 3 maggi cubes as gift for her participation.***

COLOR PREFERENCE BRACELETS -- FOR SURVEY PARTICIPATNS from NONBRACELET CLINICS ONLY

Facilitator say to the caregiver that you would also like to give a small gift to her for her child. Take out a Green and a Yellow bracelet. Show the mother the bracelets and say, we have two beautiful bracelets and your child can have one of the bracelets.

C.01 **Which color is your favorite**? i) Yellow ii) Green

Thank you for telling me your favorite color. I will now do a random draw and give you one of the bracelets.

C.02 *Tick which color you gave the caregiver:* i) Yellow ii) Green iii) None because caregiver did not want the bracelet.

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): _____

_____