

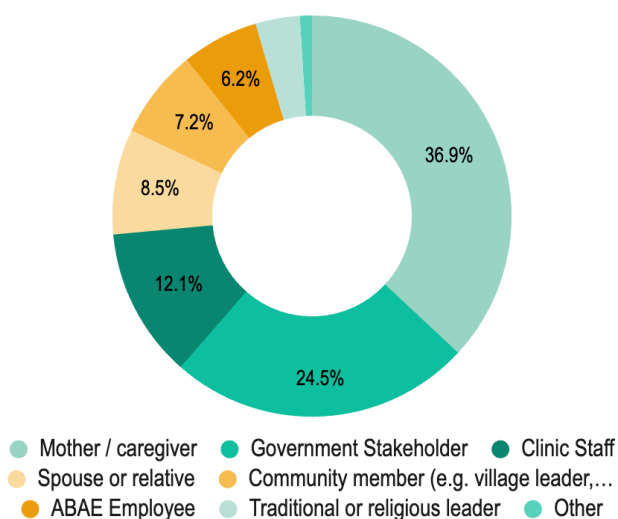
## Summary of Feedback on Revised Incentive Amounts and Structure

### Overview

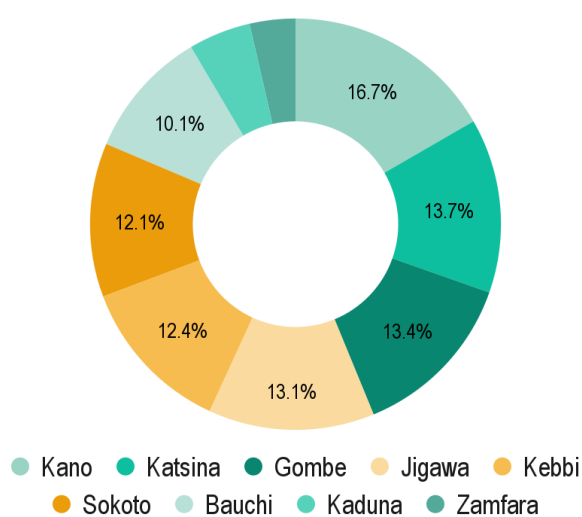
New Incentives - All Babies are Equal (NI-ABAE) conducted informal [surveys](#) to gather feedback from caregivers, spouses, community members, government stakeholders, and others on the incentive structure of the All Babies program as it looks to increase the total incentive amount to account for inflation since the RCT as well as to increase vaccination coverage rates and program uptake.

306 surveys were completed across nine states of operation: 37% (113) of respondents were caregivers, 25% (75) were government stakeholders, and 12% (37) were clinic staff.

**Figure 1. Respondents by Type**



**Figure 2. Respondents by State**



The following incentive structures were provided as options:

- 1) ₦1,000 per visit + additional ₦5,000 Livelihood Grant at the LAST visit
- 2) ₦1,500 per visit + additional ₦2,000 Livelihood Grant at the LAST visit
- 3) ₦1,500 per visit + additional ₦2,000 Livelihood Grant at the FIRST visit
- 4) ₦1,800 per visit (nothing additional at first or last visit, ignore the logistical challenges of small bills for the purposes of this exercise)

Upon explaining the options, ABAE staff had a brief Q&A session with the respondent to ensure that the options were fully understood. The options were sequenced based on the amount per visit. Randomization of options was considered but decided against to reduce confusion during the survey administration and discussions.

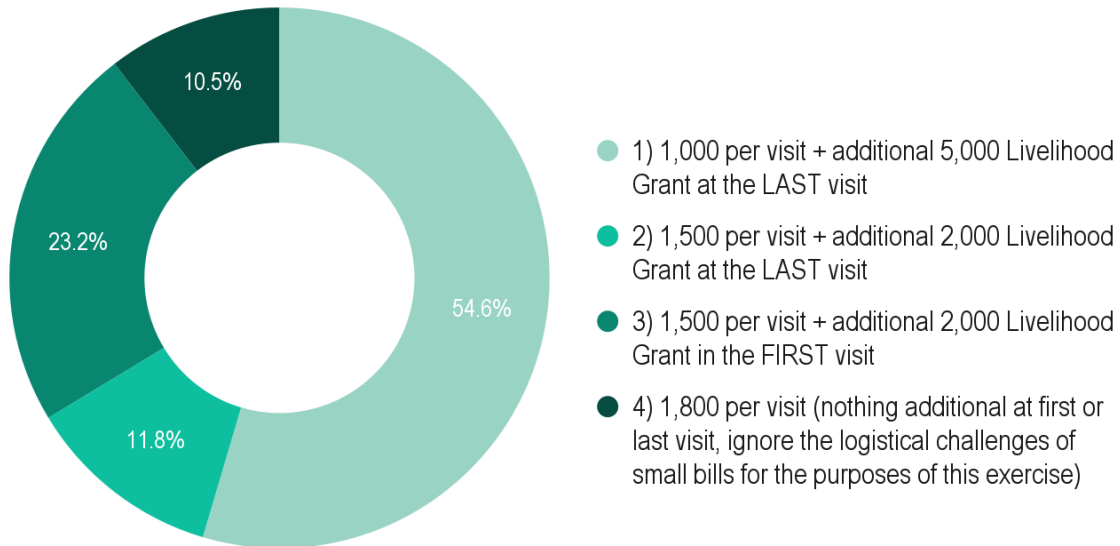
Throughout this document, these options will be referred to as Option 1, Option 2, etc.

## Results

### **Survey Question: Which of the following options will lead to the highest number of babies being brought in for their first visit?**

When considering what would be the most successful incentive structure to increase enrollments, 55% (167) of respondents indicated Option 1 and 23% (71) indicated Option 3.

**Figure 3. Which of the following options will lead to the highest number of babies being brought in for their first visit?**



Though most ABAE employees and spouses preferred Option 1, it is worth noting that 47% (9) of ABAE Employees and 35% (9) of spouses indicated Option 3. Respondents under the “other” category, which included a NI-ABAE Advisor, a Chigari Foundation Board Member, and a WHO local government representative, all indicated Option 2 would be the most effective in increasing enrollments.

**Table 1. Which of the following options will lead to the highest number of babies being brought in for their first visit? (By Respondent)**

Type of Respondent	Option 1		Option 2		Option 3		Option 4	
	Count	%	Count	%	Count	%	Count	%
ABAE Employee	10	52.6%			9	47.4%		
Clinic Staff	22	59.5%	4	10.8%	7	18.9%	4	10.8%
Community member (e.g. village leader, town crier, youth member, VFP, VCM, TBA, etc)	10	45.5%	3	13.6%	6	27.3%	3	13.6%
Government Stakeholder	44	58.7%	9	12.0%	15	20.0%	7	9.3%
Caregiver	64	56.6%	12	10.6%	22	19.5%	15	13.3%
Other			3	100.0%				
Spouse or relative	12	46.2%	2	7.7%	9	34.6%	3	11.5%
Traditional or religious leader	5	45.5%	3	27.3%	3	27.3%		
<b>Grand Total</b>	<b>167</b>	<b>54.6%</b>	<b>36</b>	<b>11.8%</b>	<b>71</b>	<b>23.2%</b>	<b>32</b>	<b>10.5%</b>

The majority of respondents in each state indicated Option 1 with the exception of Katsina where 48% (20) of respondents selected Option 3.

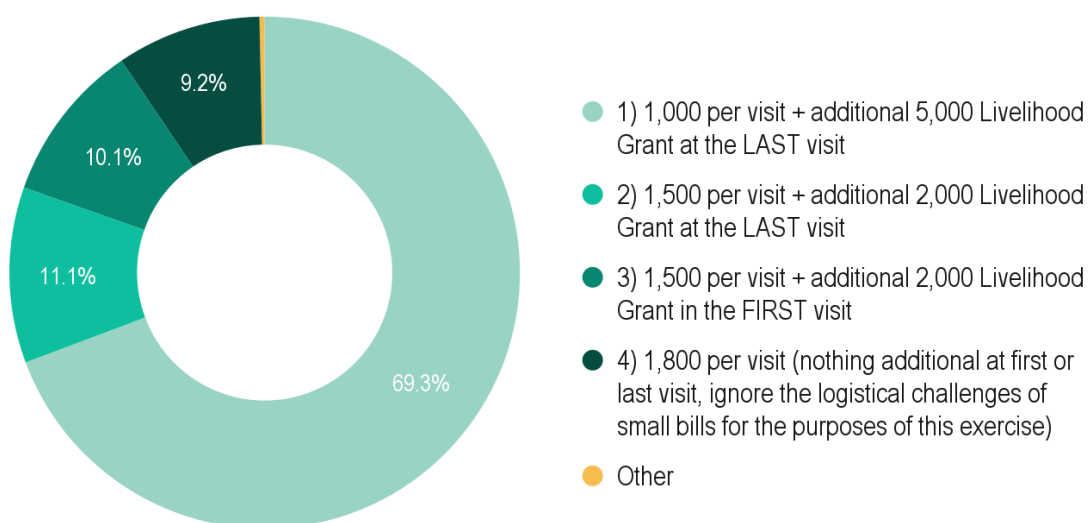
*The news that there will be a whopping N5000 in the end will spread across every corner making more caregivers to bring their infants for enrolment.*  
 - Bilkisu Aliyu, Clinic Staff

Most of those that are refusing the vaccination is because they feel like the N1000 per visit is so negligible that they will not stay up to afternoon at the clinic waiting for the money. But if they know that they will be given a grant of N5000 then they will definitely wait no matter how long. - Fatima Musa, Caregiver

**Survey Question: Which of the following options will lead to the highest number of babies being brought in for their final immunization visit (Measles 2 at 15 months)?**

When considering which structure would best increase RI completion, 69% (212) of respondents indicated Option 1. This sentiment was largely unanimous across respondent types and states.

**Figure 4. Which of the following options will lead to the highest number of babies being brought in for their final immunization visit?**



Your options are exhaustive. The nutrition assessment together with the N5000 will make the program to be appreciated the more and serve as a motivation to many women who were reluctant because of this addition. Many usually reject the last immunization claiming that the infant has already become of age. - Shamawila Abubakar, Caregiver

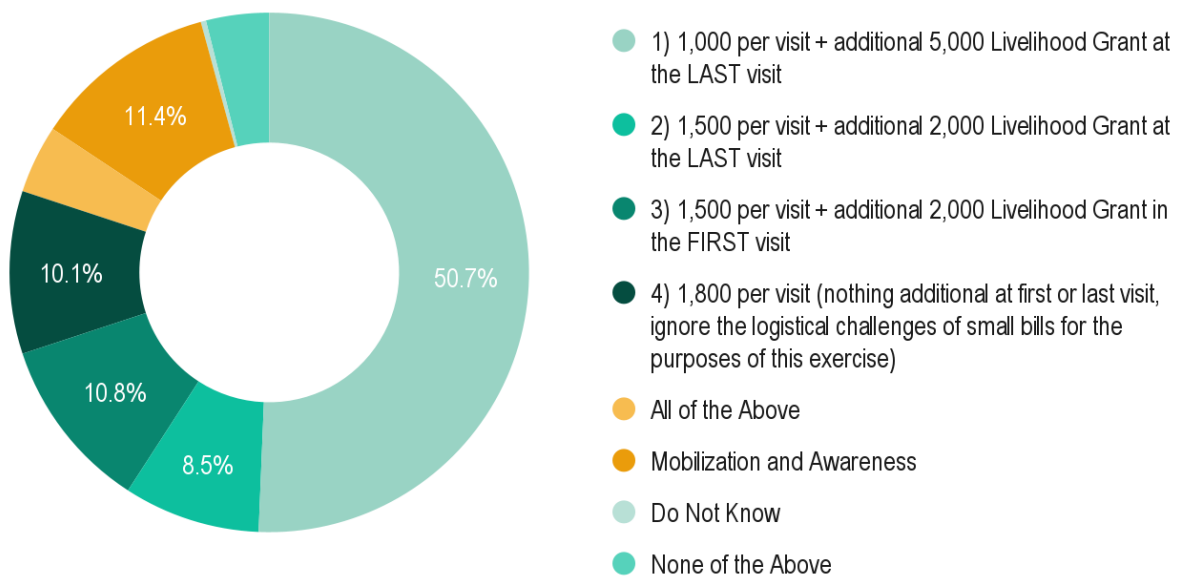
The caregivers could use the N1000 per visit for their transportation, Paracetamol and other logistics. But the N5000 grant could be used to start a small business or used to buy something tangible enough for the infant. Therefore, the first option will actually attract high number of infants brought into the program - Zainab Aliyu, Caregiver

The N5000 grant will encourage the caregivers and their husbands (Family members) to enroll their children into the program and continue to vaccinate the children until the last visit at MCV 2. - Nuhu Gandu, Spouse

**Survey Question: Which of the following options will lead to the most amount of support from the husbands of mothers and other decision makers in the family?**

When asked which incentive structure would garner the most support from husbands and other decision makers in the family, 51% (155) indicated Option 1.

**Figure 5. Which of the following options will lead to the most amount of support from the husbands of mothers and other decision makers in the family?**



There were 26 spouses who completed the survey, with 27% (7) indicating Option 1 and 27% (7) indicating options other than those presented. Of the latter seven, four indicated that money would not motivate spouses.

There were 11 religious/traditional leaders who completed the survey and there was not a consensus on what would be the most effective structure to incentivize spouses.

**Table 2. Which of the following options will lead to the most amount of support from the husbands of mothers and other decision makers in the family? (By Respondent)**

Type of Respondent	Option 1	Option 2	Option 3	Option 4	Other
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	Count	%	Count	%	Count	%	Count	%	Count	%
ABAE Employee	10	52.6%			4	21.1%	1	5.3%	4	21.1%
Clinic Staff	21	56.8%	4	10.8%	3	8.1%	2	5.4%	7	18.9%
Community member (e.g. village leader, town crier, youth member, VFP, VCM, TBA, etc)	9	40.9%	2	9.1%	2	9.1%	4	18.2%	5	22.7%
Government Stakeholder	37	49.3%	5	6.7%	9	12.0%	5	6.7%	19	25.3%
Caregiver	68	60.2%	9	8.0%	8	7.1%	14	12.4%	14	12.4%
Other	1	33.3%	2	66.7%					0	0.0%
Spouse or relative	7	26.9%	2	7.7%	5	19.2%	5	19.2%	7	26.9%
Traditional or religious leader	2	18.2%	2	18.2%	2	18.2%			5	45.5%
<b>Grand Total</b>	<b>155</b>	<b>50.7%</b>	<b>26</b>	<b>8.5%</b>	<b>33</b>	<b>10.8%</b>	<b>31</b>	<b>10.1%</b>	<b>61</b>	<b>19.9%</b>

Jigawa had the highest percentage of respondents that indicated Option 1 at 80% (32), while only 18% (2) of respondents from Zamfara and 21% (8) from Kebbi believed that Option 1 was the best way to garner spousal support. There were 17 Kebbi respondents who suggested community mobilization and awareness and four who noted that money would not convince spouses. In Zamfara, all nine respondents who indicated “other” suggested community mobilization and awareness to increase spousal support.

**Table 3. Which of the following options will lead to the most amount of support from the husbands of mothers and other decision makers in the family? (By State)**

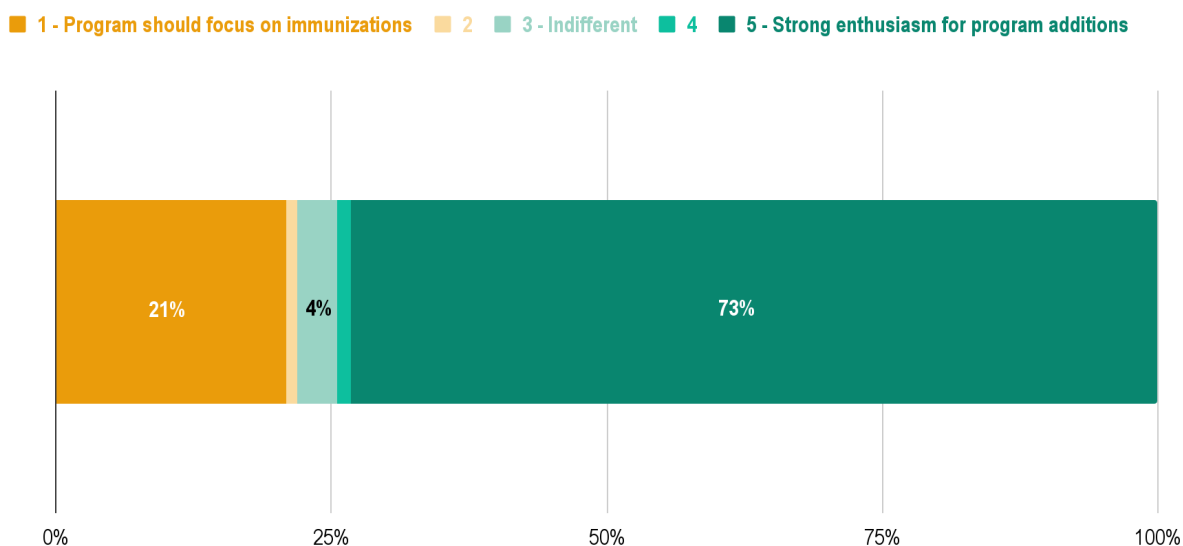
Type of Respondent	Option 1		Option 2		Option 3		Option 4		Other	
	Count	%	Count	%	Count	%	Count	%	Count	%
Bauchi	18	58.1%	8	25.8%	3	9.7%	2	6.5%	0	0.0%
Gombe	23	56.1%	6	14.6%	4	9.8%	8	19.5%	0	0.0%
Jigawa	32	80.0%	3	7.5%	2	5.0%			3	7.5%
Kaduna	7	46.7%					7	46.7%	1	6.7%
Kano	28	54.9%	2	3.9%	7	13.7%	4	7.8%	10	19.6%
Katsina	19	45.2%	4	9.5%	5	11.9%	2	4.8%	12	28.6%
Kebbi	8	21.1%			5	13.2%	3	7.9%	22	57.9%
Sokoto	18	48.6%	3	8.1%	7	18.9%	5	13.5%	4	10.8%
Zamfara	2	18.2%							9	81.8%
<b>Grand Total</b>	<b>155</b>	<b>50.7%</b>	<b>26</b>	<b>8.5%</b>	<b>33</b>	<b>10.8%</b>	<b>31</b>	<b>10.1%</b>	<b>61</b>	<b>19.9%</b>

## Survey Question: How much more will the program be appreciated if there is also an assessment of nutrition status in the last visits?

New Incentives is planning to incorporate measurement of nutritional status; however, specific nutritional status would not be a determinant of receiving the livelihood grant.

Respondents were asked to rate whether they believed the program should focus only on immunizations or expand to include measurement of nutritional status. The majority of respondents, 73% (224), indicated strong enthusiasm for adding a nutritional status at the last visit while 21% (64) of respondents indicated that the program should continue to focus on immunizations only.

**Figure 6. On a scale of 1-5, how much more will the program be appreciated if there is also an assessment of nutrition status in the last visits?**



When disaggregating the responses by state, 53% (21) of respondents from Jigawa indicated that the program should focus solely on immunizations. When looking at the responses by respondent type, the majority for each category indicated strong enthusiasm about a nutritional assessment program addition. This includes 100% (11) of religious/traditional leaders, 89% (23) of spouses, 81% (30) of clinic staff, and 76% (57) of government stakeholders.

### Use of Livelihood Grant

When asked what caregivers would use the livelihood grant for, the most frequent answer included starting or boosting current business ventures such as purchasing livestock, making soap, or petty trade. Other frequent answers included purchasing items for the household/children, such as food and clothes.

1. Most caregivers will invest in their livelihood, 2. Some will definitely start a petty business like salt, grains, poultry etc. 3. Some will use it for the education of the children (given them N20 to N50 as breakfast money).
- Dr. Shehu Sambo, Government Stakeholder

*I will buy some food stuffs for the child and the Family. Also, I will use the remaining money to add to my capital for small business.*  
- Hafsatu Umar, Caregiver

### **Other Observations**

Based on qualitative feedback, many respondents either assumed the nutritional assessment addition would include food supplementation or were only in support of the addition if it included such supplementation. This may be due to some confusion regarding interpreting the condition as a certain nutritional status instead of a measurement of nutritional status.

*We can use the nutrition status as a criteria but unless and only if you can provide a supplement at the cost of the activity and support the infants with food items.*  
- Demas Aminu Mela, Community Member

*As for the nutritional addition, this will motivate even those that didn't have intention of coming. We have women crossing over to Niger just for nutritional incentives.*  
- Wakilin Kudu Alhaji Abdu Liyasu, Traditional/Religious Leader

*Many infants have been diagnosed with malnutrition here using MUAC tape but the problem is that they don't have the means to cater for the malnutrition cases.*  
- Amina Muhammad Kabiru, Clinic Staff

*The 5000 should be tied to the nutritional status not just paying out every caregiver that gets screened, if possible all children in green should get the money while those in Yellow and unfortunately red should be provided with complimentary feeding items either the RUTF or any other item but they should not get the money since there won't be any guarantee that the mothers will use that money for the feeding of the children and knowing that child needs to be nourished to get the 5000 many will increase their nutritional awareness of their children.”* - Prof. Awwal Gajida, NI-ABAE Adviser

*The organisation should not consider using a nutrition status as an eligibility criteria for the grant as it will discourage the poor caregivers not to even complete the immunization cycle.* - Ghali Iguda, Government Stakeholder

With the addition of nutritional status measurements, New Incentives would provide recommendations regarding feeding practices but not referrals to specific malnutrition services as the availability varies greatly by area and over time. Nutritional status will not be used to determine eligibility for incentives.



When asked for additional comments, 11 respondents (approximately 4%) suggested an alternate incentive structure with large incentives at the first and last visits and smaller amounts in between, such as 2000 for BCG, 1500 for Penta 1,2,3 and MCV1, and then 3000 for MCV2. Some also suggested introducing the MUAC at the 6-month visit, which would incentivize Vitamin A and provide nutritional information earlier.

- 1. Suggested that MUAC should be introduced at 6 months and have some livelihood Grant attached to it (even if it's N1000), Then do the MUAC again at 9 months & 15 months then give out the remaining Grant of N4000 making the total grant of N5000. He added that introducing the MUAC at 6 months will encourage the caregivers to access Vitamin A supplementation and understand the nutritional status of their children early.*
  - 2. Suggested that Rota vaccination should be incentivized.*
- Habu Abdulmalik Dauda, Government Stakeholder*

The most frequent responses for incentivizing other health interventions included malnutrition, malaria, diarrhea, and ANC. Some form of nutrition intervention was mentioned by approximately 33% (100) of respondents. Approximately 7% (22) of respondents suggested tying the incentive to purchasing nutritious food or to education on the benefits of purchasing nutritious food to help with malnutrition and increasing breastmilk supply. Less frequent suggestions included deworming medicine, micronutrient powder, and dispensing soap to encourage hygiene.

*If we want to integrate with other interventions, it will be easier to attach immunization and ANC. It is during ANC that we are counseling the caregivers about nutrition, maternal health and immunization. This will make the program more acceptable to the community and the government. We can distribute the N11,000 this way: N4,000 for ANC, N2,000 (for a child that came within two weeks of delivery) but 1,000 for a child that came after two weeks and then N1,000 for the remaining 5 visits.*

*- Dr. Shemau Kabir, Government Stakeholder*

*Antenatal care: If pregnant women are given incentives to attend antenatal care, it can help increase the number of newborns enrolled in the immunization program. The antenatal health talk can also cover important topics such as immunization, exclusive breastfeeding, and preparation for delivery. This can help address the issue of non-compliance.*

*- Jamilu Hassan Abdullahi, Government Stakeholder*

Apart from the incentive structure, one of the most common suggestions from stakeholders was to increase awareness. Such comments included more sensitization of husbands and including religious leaders in awareness activities.

## Conclusion

In total, 306 surveys were administered to a variety of respondents across nine states including caregivers, clinic staff, government stakeholders, spouses, community members, ABAE staff, and others.

The survey gathered feedback on which of the four incentive structures would be the most successful across three objectives: the highest number of infants coming for the first immunization visit, the highest number of infants completing the RI schedule, and the highest amount of support from spouses.

**Across all three objectives, the majority of respondents said that Option 1 would be the best structure: ₦1,000 per visit + additional ₦5,000 Livelihood Grant at the LAST visit.**

When breaking the data down by respondent type, the below trends are worth noting:

- The majority of caregivers, clinic staff, and ABAE staff indicated Option 1 for all three objectives.
- While spouses and traditional/religious leaders indicated that Option 1 would be most effective for the number of first visits (enrollments) and increasing RI completion, there was not a consensus among either group on what would encourage the highest husband support.

When reviewing the data at the state level, the below trends are worth noting:

- For achieving the highest number of enrollments, 48% (20) Katsina respondents indicated Option 3.
- For achieving the highest number of RI completions, the majority of respondents from each state indicated Option 1.
- For achieving the highest level of husband support, 45% (17) of Kebbi respondents and 82% (9) of Zamfara respondents indicated mobilization, community dialogue, and awareness (these were not options in the survey but were reported in the “other” field). Respondents in Kaduna were split between Option 1 and Option 4.

Based on respondent feedback, the preferred structure is providing ₦1,000 per visit with an additional ₦5,000 livelihood grant at the last visit. Continuing to complement the program with awareness efforts and community mobilization will be necessary to gain spousal buy-in in Kebbi and Zamfara.