New Incentives

Program Protocols 2018-2020

Table of Contents

Property of New Incentives – Private & Confidential

Key Points

The Program in a Nutshell

The New Incentives Conditional Cash Transfers (CCT) for Routine Immunizations (RI) program saves lives by encouraging mothers to vaccinate their children. The program provides small cash transfers for each of the five routine immunization visits: birth, 6 weeks, 10 weeks, 14 weeks, 9 months after birth. This reduces dropouts from the immunization schedule and protects infants against deadly diseases such as Measles.

The program helps the mothers to afford transport to the clinic and compensates them for spending the whole day at the clinic instead of selling goods at the market. While the government and organizations like the WHO and UNICEF focus on providing immunization services (supply-side), New Incentives is fully focused on creating demand (demand-side).

The Role of Field Staff

Field staff go to clinics on immunization days to distribute cash transfers after the condition (vaccination given) has been verified. The role of field staff includes the following key responsibilities:
- Ensure that caretakers return for the next vaccination visit (= high retention, low dropouts) by communicating clearly and treating the caretakers equally well as your parents.
- Only hand out cash transfers after thorough verification of whether the vaccines were given.
- Comprehensively document the payouts in our electronic systems (e.g. doForms).
- Manage cash and expenses according to high standards.
- Prevent fraud from beneficiaries, nurses and others or report it immediately.
- Keep good relations with the nurses and properly conduct/document immunization services.
  - **Clinic gifts:** in appreciation of the support provided by the clinic staff, we give them small gifts on the first immunization day of a new month. These can vary, for example, soaps, detergent, noodles, etc. On days that you distribute the clinic gifts, you will need to fill out a simple distribution form which you will also receive via your email.
- Manage your mobile devices according to our standards and especially avoid taking photos in the wrong resolution or ending up with no storage.
- Remember that we are different from large established international organizations like the UN. Our main purpose is to save the most lives at the lowest cost. So keep your expenses low.
- Carry out any tasks by New Incentives management diligently and on time (task and time management).
- Ensure that you visit your clinic on the assigned day without fail, it is your responsibility to be there at the site, on-time. If you won't be able to fulfill this commitment, give your Field Manager at least a one week notice. In case of emergencies, communicate this to your Manager immediately.

3

- Respect your superiors and follow their instructions even though New Incentives practices an open leadership style.
- Communicate openly and ask numerous questions. Questions are encouraged, we never punish for asking questions. Better to ask than to make mistakes.
- Ensure that you have a can-do approach that looks for solutions rather than complain about challenges or change.

Remind yourself of these responsibilities by consulting them frequently and you will succeed at New Incentives! You will, however, get into trouble if you forget them or decide not to implement them.

Critical Settings for your Phone

Ensuring that your device and doForms is always set-up correctly is your responsibility. All field staff members are required to check their doForms settings and storage before each immunization day to ensure that the organization is always maintaining high-quality images for our disbursements. Failure to check these settings before EVERY immunizations day could have implications on your employment.

Photo Settings in doForms
Your doForms settings must be at 1024px and *not* below. You can change the image resolution under the Settings icon in doForms. Select Image Scaling and choose 1024px.

Storage
These are the methods to get more storage on your phone. Make sure that you have 1GB on your phone before heading out to enrollment day. Instructions on how to check storage on your phone

IMPORTANT: Only implement these steps after you have submitted all doForms records (= at the very end of the day).

- Do NOT EVER DELETE photos!

- Purge sent doForms files
    - Go to doForms // Settings //
    - Click on "Purge all sent files now" (ONLY AFTER YOU HAVE UPLOADED ALL RECORDS)
    - Also set the Purge Schedule to 10 days.

- Only if approved and necessary, delete logcat file:
    - (ONLY AFTER YOU HAVE UPLOADED ALL RECORDS AND AFTER APPROVAL FROM TEAM LEADER)
    - Go to Settings

- Then tap of Storage
- Then select Miscellaneous files
- Click on the checkbox next to doforms_logcat
- Then select DELETE on the top of your screen

Two staff working at the same clinic

If two staff work at the same clinic they manage all aspects of the program individually (each gets cash from his account, each enrolls with his personal doForms account, each fills out his personal Cash Reporting app, each fills out his personal NI Field Expense app). The only difference is that only one person, the lead staff at this clinic, fills out the Clinic Daily form.

Important Security Regulations

New Incentives has operated cash transfer projects in Nigeria for three years with almost no incidents. Yet these security regulations are absolutely essential and mandatory. You need to follow them 100% to be safe in your daily work.

- Pickpockets are most frequent. Never leave your cash and bags unattended and away from your body.
- Talk to clinic staff and community members about the security situation and capture this in the Clinic Daily form.
- In the unlikely case of an armed robbery:
  - Hand out all cash and all belongings! (do not try to hide valuables from the robber)
  - Do not resist (no arguments, no fighting back, no fleeing)!
  - Report the incident to your Field Manager immediately, get contact numbers of victims
- All security incidents are investigated by the New Incentives investigation unit. Fake robberies to steal cash from the organization and its beneficiaries are easily detected. Offenders face immediate dismissal, police/DSS report, information of references and family members, payment of multi-million Naira fine.
- Call your clinic in-charge and a trusted community member in the morning before you head out. This applies especially to clinics with higher security risk.
- FMs inform you actively and immediately about any security reports available for your clinic. We summarize all security incidents every Friday and take specific measures based on it, if necessary. If your clinic has restricted operating hours or other security measures in place, follow them strictly. (But: Limited operating hours is not an excuse not to serve beneficiaries. If you see that you cannot serve beneficiaries note this in the Clinic Daily and inform your Field Manager!)

Trusted Transport Providers

In Zamfara we are currently testing a program to establish trusted relationships with bike men. Bike men that you have used before and whose information we have in your database are less likely to engage in

5

criminal activity. This relationship can be made even more trustworthy by collecting phone number, an ID photo, a portrait photo and a reference. Furthermore, by building a list of trusted transport providers and giving them preference allows them to have more consistent revenue (further increasing our security) and also allows us to better plan our field trips, reducing the transportation time.

We have developed the following form for this: Trusted Transport. Please follow the instructions in the short form and ensure that you're using your best judgement and selection of who should be added to this list.

How to Contact the Console Agents

The Console agents work on a wide range of administrative and quality-control tasks. In most cases, they reach out to you and you have to reply within 24 hours.

For certain tasks, you can also reach out to them.

Topic	Email of Console
You don't know who is responsible for a particular question.	questions@newincentives.org
You need airtime.	airtime@newincentives.org (see the related chapter in this handbook regarding requirements)
You have questions about salary payments or need to submit a new bank account number	hr@newincentives.org
You have an IT problem	it@newincentives.org

For specific issues about operations (examples: staff strike, supply-side problems, sickness) please contact your Field Manager directly!

How to Enter an Email Address

All work email addresses are usually in the following format: **firstname.lastname@newincentives.org** You find your exact email address if you go to Gmail on your phone and click on the top left three-line icon.

Entering correct email addresses is critical for various tasks at New Incentives. Entering a slightly wrong email address is equal to not submitting the task and failing. We cannot process wrong email addresses.

Avoid these mistakes:
- Never add a space at the beginning or end of the email address:

6

rufai.hussaini@newincentives.org
- Never leave a space between the first and last name: rufai. hussaini@newincentives.org
- Never use newincentives.*com* The correct end is newincentives.org
- Never use incentives.org The correct end is newincentives.org
- Never use newincentive.org (without s)
- Never only enter the first part of the email address like salamatu.abbas - always use the full email address: salamatu.abbas@newincentives.org

Again, this is how a correct email address looks like:
salamatu.abbas@newincentives.org

Clinic Gifts

Compensating the clinic staff is the responsibility of the government and the average volume witnessed is generally lower than the expected volume with the intention of which these clinics were created (assuming we aren't getting 100% coverage). This means that we do not participate in giving them funds and will never do so because then we would be diverting funds away from our beneficiaries, but we do want to show our appreciation and camaraderie in the work they do. Clinic gifts are a form of appreciation from us to the clinic, it's not a form of compensation and we do not owe the clinic staff more. In the past we have seen cases of clinic staff receiving additional accolades, more staffing, and increases in compensation; we are rallying the government to do more for higher performing clinics (most of which become higher performing after we start operating there).

Some clarifications regarding the clinic gifts:
- Clinic gifts are budgeted to cost between 300-400 naira per clinic staff (these will be given as gifts, never cash)
- We usually try to select a gift that we can buy multiple pieces of and it can be food or other items (some past examples are Macaroni, Pasta, Moisturizing protection like Vaseline, if budget allows then Maggi cubes is given along with Pasta)
- All clinic gifts are supposed to be distributed the first week of the month
- All clinics that we have been operating at for more than four weeks by the time of clinic gifts distribution are eligible for that month's clinic gifts
- One or a few people per state will be asked to be responsible for the procurement of the gifts so that we can purchase in bulk and get better prices, allowing us to give more to the clinic staff (this person fills out the procurement form)
- These gifts/products should be handed from the procurement person to all FVs responsible for filling out the clinic daily in their clinics, for efficiency this is best done during the Friday meetings (the FMs will lead this coordination)
- Every single time you go to a clinic and distribute the gifts, **the distributor must fill out the** distribution form (you'll receive this via email from the Clinic Gifts Console, it's a very short form)

7

- Unless pre-authorized with other exceptions, the receivers are limited to the clinic staff to help with immunizations

How to Use All Tools on a Daily Basis

This is a brief overview of the different tools you use every day.

1. In the morning at your home: Check the space on your phone (minimum 1 GB) and the image resolution in doForms (1024px).

2. Update doForms early in the morning. Also update the NI Cash Reporting and Field Expenses app.

3. Track funds for cash transfers <u>before and after</u> *each* clinic day in the **Cash Reporting App**.

4. Observe the health talk, participate in it to spread the key messages to the mothers yourself.

5. Fill out the first part of the doForms form **"Clinic Daily"** in the morning after the health talk. Fill out the second part between noon and 1pm. Fill out the third part at the end of your day while you are still at the clinic. Review the protocol for the Clinic Daily Form in detail.

6. Enroll beneficiaries with the **"CCTs for Immunization"** doForms form. The Beneficiary Data Protocol shows you how to capture data and pictures in the CCTs for Immunizations form. The Immunization Day Procedures doc summarizes your tasks on immunization day. For abnormal cases, always consult the FAQs on eligibility.

7. Ensure that you have uploaded doForms records by the end of the day after the immunization day (both CCTs for Immunizations and Clinic Daily form). Ensure that the "Send" folder in doForms (Send icon) is empty → it should say (0).

8. Submit all operational expenses (transport, etc) *AND cash transfer disbursements for the immunization program* in the **NI Expenses App** at the end of the day (not the next day!). Categorize cash transfers given to beneficiaries for the immunization program as Immunization Disbursements.

9. Ensure that doForms, NI Field Expenses and NI Cash Reporting are all sent on the same day. Send the forms early in the evening so that you have sufficient time even if the network might be

8

bad for a few hours. <u>If you fail to upload records on the same time, contact pratyush@newincentives.org and patrick@newincentives.org immediately.</u>

- **By Friday, EOD (end of the day):**
  - ○ Fill out the Weekly Field Expense Reporting Form sent to your email address.

(Team Leaders must request additional funds for the following week by Tuesday night.)
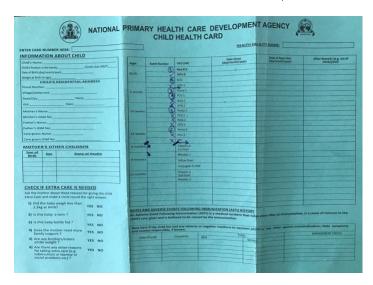
Immunization Records

This chapter provides an overview of the most important records used to track immunization services.
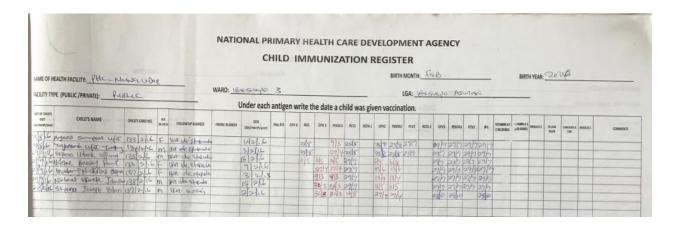
All immunization services in Nigeria are built around the mandatory Routine Immunization Schedule from birth to nine months after birth. See the following table:

AGE	ANTIGEN	DESCRIPTION
At Birth	BCG, OPV0, HEB B0,	BCG prevents Tuberculosis, OPV is Oral Polio Vaccine, HEB BO prevents Hepatitis B
6 weeks	OPV 1, PENTA 1, PCV1	PENTA is a combination of 5 vaccines which prevents Diphtheria, Tetanus, Whooping cough, Hepatitis B and Haemophilus influenza type B all through a single dose. PCV (Pneumococcal conjugate vaccine) prevents infection caused by *Streptococcus pneumonia* or *Pneumococcus*
10 weeks	OPV 2, PENTA 2, PCV 2	
14 weeks	OPV 3, PENTA 3, PCV 3, IPV	Inactivated Polio Vaccine (IPV)
9 months	MV , YF	Measles vaccine , Yellow fever vaccine
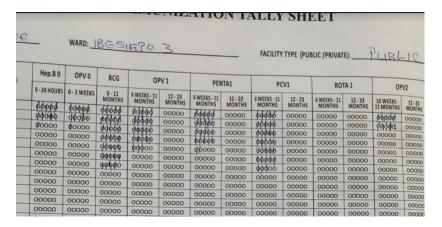
Child Health Card: tracks vaccinations of infant, handed out to mother
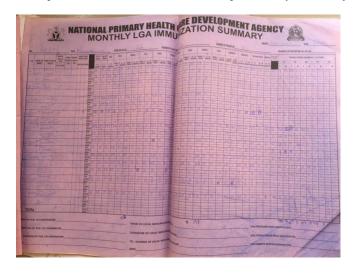
Child Immunization Register: tracks infants at the clinic; sorted by date of birth or by settlement

Immunization Tally Sheet: tracks vaccinations given at the clinic

Monthly LGA Immunization Summary: monthly summary sent to LGA, builds on Imm Tally Sheet

The Attendance Register and the Nutrition and Growth Monitoring Register are two additional registers that many clinics use (but not all of them). They are especially helpful to count the total number of infants that attended an immunization session.

Managing Expenses

Summary

- Expense management is a key responsibility of any employees working for a CCT organization. Mistakes are not tolerated.

- You should submit all work expenses using the **NI Field Expenses App** (download here and login with your @newincentives.org account).
  - Always click on "Sync" before/after you use the app.
  - Every expense above N500 requires a receipt.
  - Every receipt needs to be uploaded on the same day.
  - Write your own receipt if an official receipt is not available. Make sure you include all required details in the receipt, including a phone number of the merchant.
  - Use transportation booklet for transportation receipts.
  - Don't submit the same expense multiple times (you can view the expenses you have submitted under "My Expenses")
  - For cash disbursements, add the number of beneficiaries in the receipt.

- For the cash transfers you give at the clinic, you track those funds in the **NI Immunization Cash Reporting App** (download here and use with your @newincentives.org account).
  - Enter how much funds for cash transfers you had in the morning *after* going to the ATM, but *before* starting enrollments.
  - At the end of day, go to "My Reports", open the record and enter how much funds for cash transfers are left.
  - Take a photo of the leftover cash (N10,000 stacks, rest spread out, 45 degree angle). A person should be able to look at the photo and count the leftover cash.
  - Always include the number of beneficiaries in the receipt.

- Every Friday, fill out the **Weekly Field Expense Reporting Form** that is sent to you by email.
  - Check whether you have submitted all receipts in the NI Field Expenses App under "My Expenses" before filling out this form.
  - Money remaining: 1. Always add the leftover money from previous weeks. 2. Add the funds for the future week.
  - Count your cash manually and take a photo. Take a screenshot / photo of your bank balance.
  - Always submit on Friday!

General Policy on Expenses for Field Staff

- New Incentives does not offer per diems or allowances.
- New Incentives reimburses employees for their services solely through the monthly salary. No employee can benefit financially from other activities or expenses related to work.
- All expenses need to be submitted using the NI Field Expenses app.
- Expenses only include the lowest possible, approved costs to carry out the program.
- Expense maximums given by the organization are upper limits, the actual amount is often lower. If someone charges the maximum amount without good reason this is fraud. Example: if we say that transport to clinics should not be beyond N3,000 we expect that many staff will submit expenses for less than N3,000 based on the actual cost incurred. Nobody is entitled to financially benefit from expenses. (See also the New Incentives Fraud Awareness Training)
- There is no food allowance for staff that operate from their home. Food and accommodation are only covered by the organization if someone is on a business trip far-away from home and cannot return at night. During training activities the organization might also serve food but is not obliged to do so.
- Field Volunteers must use public transport, one seat only. Any exceptions need to be justified and approved first by the Field Manager and second the Chief Strategy Officer (CSO).

- Field Volunteers must never hand out cash to any stakeholders like clinic staff or LGA staff.
- Field Volunteers must never give the clinic staff or LGA staff informal refreshments or informal cash paid with their personal funds.
- Transport by New Incentives employees cannot be used for moving clinic supplies like Child Health Cards, vaccinations or syringes.

  Approved expenses include only the following:
  - Lowest possible transport from home to bank
  - Lowest possible transport from hub town to assigned clinic (not from another town!) using only one seat
  - Lowest possible transport from hub town to training (not from another town!) using only one seat
  - Cash disbursements to eligible beneficiaries
  - Bank fees
  - Clinic pluses (only when specifically tasked by email by the Clinic Pluses Console)
- Any other expenses will be seen as not legitimate and will not be covered.

- Field Volunteers may use their personal car or bike for certain assignments but can only track the fuel costs without any additional costs. They cannot charge "car hire" costs.

14

Airtime and data bundles can only be used for official purposes not for personal activities such as Facebook, YouTube or Instagram.

● In sum, the basic principle behind this policy is that you can only submit expenses that you actually paid for in full that were for costs that were pre-approved by management. Submitting any other expenses will lead to termination of your employment.

Using System Balance for Reconciliation of Office Money

System Balance are disclosed to all staff members:
● System Balance of each staff member will be visible in 'System Balances' (Column L) in the Staff Expense Requests sheet.
● The System Balances will be updated on a daily basis.
● All expenses submitted by a staff member synced through myDay until the previous day will be considered in the calculation of System Balances. (This means that the **best time to check is in the morning after a day of myDay submission**)
● System Balances will take into consideration expenses that are yet to be approved or are pending resubmit.
● **Starting 09-Jan**, **next week's funds will only be transferred, per transfer schedule, after the previous week's expenses are fully reconciled**.

Table for Determination and Action

If total Office Money (Cash in hand + Cash in bank) is...	Likely Determination	Action
Less Than System Balance	Some expenses have not been filed	Check myExpenses tab in myDay App to identify the missing expense(s), or incorrect amount submission, then contact your supervisor for guidance on the next steps

More Than System Balance	Some extra or duplicate expenses have been filed, or an expense was entered as higher than the actual expenditure	Check myExpenses tab in myDay App to identify the error, then contact your manager for guidance on the next steps
Equal To System Balance	Likely that all has been filed correctly	Make sure to do this before each Mandatory Weekly Expense Form Submission

If you follow the above steps diligently, **in the morning after a day of expense/activity,** your Weekly Mandatory Form Submitted Balance will match with the System Balance and you will be able to take proactive action on reducing discrepancies.

Your manager can help determine or confirm the error and email accounting@newincentives.org.

Policy for Reporting Expenses

Purpose of Document

The next three pages contain instructions for submitting field expenses, which includes all expenses incurred and CCT disbursements for all staff members at New incentives. Submitting each expense according to the protocol below will help you meet organization expense and accounting standards, ensuring that the expense is accepted and that you are in good standing. The following section contains guidance on submitting these expenses in the NI Field Expenses App.

Protocol

The default policy for submitting expenses is to get an official receipt from the person or business where you spent the money. We are a cash transfer organization and as an employee, you are entrusted with not only doing your job responsibly but to always handle and report money spent with accountability, such that an auditor trying to verify your expense can easily verify it.

All receipts should have the following information:
- Date of payment
- Amount

- Name of the business or person
- Phone number of somebody who can verify the expense and be reached during business hours
- Description of what was purchased: if multiple quantities were purchased it should state it clearly
- Signatures: it should be signed by the receiving person(s) or business representative(s) as well as you
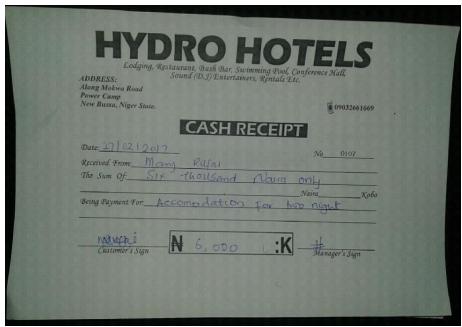
Image 1: Image showing a receipt with the minimum level of details required.

Exceptions to the Receipt Policy

Other than the exceptions covered in this document, all expenses over 500 naira should have a receipt. We understand that all purchases don't come with receipts. When possible to do without compromising costs, always select a business or person who can provide you with a receipt.

Public Transportation

The organization pays for public transport (**one seat only!**) to the clinic and back to the hub town on official immunization days.

How to fill out the **transportation receipt:**
- Mark whether this is an Immunization Day or Outreach Day
- Enter the Clinic Code
- Use one row to fill out each leg of the trip.
- Under Type use P for public transport, B for bike/keke and C for car hire.
- The trip to the bank needs to be included on this receipt and not separately submitted.
- Mention if you use more than 1 seat.

Property of New Incentives – Private & Confidential

- For legs that cost above N500 the table at the bottom needs to be filled out with the name, phone nr and signature of the driver.
- The Remarks field is to highlight the nature of the trip and any special circumstances. e.g. "Two-way trip to 1421"
- Add your name and date at the bottom. The signature verifies that you are confirming this receipt as fully correct. You are liable for any wrong entries that look like fraud.
- If your trip goes beyond one receipt, use a second receipt. Important: use one record in the NI Field Expense app to track it (taking one photo of both receipts next to each other)

All Babies Are Equal

☐ Immunization Day   ☐ Outreach Day

Clinic Code _____

Ⓟ Public Transport   Ⓑ Bike/Keke   Ⓒ Car Hire

S/N	Type	From	To	Amount
1				
2				
3				
4				
5				
6				
7				
8				
			Total	

Enter details below if any transportation leg costs above 500 Naira:

S/N	Name	Amount	Phone #	Sign
1				
2				
3				

Remarks _____
_____

_____   _____   _____
Name   Signature   Date

Remember: the objective is that you are accountable to ensuring that these expenses are accurate and can be verified if an auditor or supervisor is to follow the same path as you did with the same means of transportation. If your expenditure is unjustifiably higher on any leg of the trip, your credibility and position at New Incentives could be brought into questioning.

Immunization Cash Disbursements

For immunization cash disbursements, protocols have been laid out in detail elsewhere. As you will note, you have to submit the Cash Reporting App, in addition to submitting the cash disbursement amount in the NI Field Expenses app. You are responsible for going through this document in detail and understanding what's required. Always add the total cash disbursed as well as the number of beneficiaries.

Other Circumstances

For circumstances not covered in this document, you are responsible for informing your supervisor about such an expenditure prior to the expense and submitting enough detail that an auditor would be able to know exactly what the money was spent on and would be able to call and verify from the vendor or seller. Expenses such as nurse refreshments, printing, and pen/supplies purchase, should always carry a detailed receipt since businesses providing these services usually make receipts available on request.

Q. I am going to incur an expense as instructed/authorized by my supervisor, how can I be sure that my expense submission meets the accounting standard of the organization?

Always ask yourself this question: if somebody wanted to verify that my expenditure is valid and I have to provide evidence that the expense was incurred as charged, would your receipt and description be adequate? If the answer is no, ask your supervisor for guidance.

The default is to get a receipt, since it's important to have receipts for transparency and accountability. However, we understand that receipts can be harder to obtain for some purchases like public transportation. This is why the lower level of proof for public transportation or purchases without receipts should be balanced with a higher level of detail for transactions for which receipts are easily obtained (example hotels, food, nurse refreshments, fuel purchase, private transportation/taxi).

Using the Field Expenses App

NI Field Expenses App

Submit all operational expenses (transport, etc) *AND cash transfers for the immunization program* cash transfers in the **NI Field Expenses App** at the end of each work day (not the next day!). Tag cash transfers for the immunization program as Immunization Disbursements.

1) Download App:
1. On your office device, go to Play Store (or use this link here)
2. In the search bar, enter "New Incentives Field Expenses"
3. Select the app
4. Click Install

19

5. Wait for the app to download and make sure it creates an icon on your phone that is easy to access
6. Log in using your work email address. Only your work email address(name@newincentives.org) will be accepted! You *cannot* log in with the fieldstaff@ account.
7. If asked, allow the app to have "offline access".

2) Upload Expenses:

1. Upload your expenses at the end of each work day in the new app. This will ensure you don't have backlog at the end of each week.
2. Each expense has an automatic timestamp. This means if you forget to submit an expense one day, you cannot go back and add it for a previous day. This is why you have to diligently do this *every single* work day.
3. Receipts are required. For expenses where a receipt is not available (ex: cash stipends given to beneficiaries - only in facility delivery program!), see instructions above.
4. You can only submit expenses when you have internet access.
5. **If your connection is poor "Network error" will show up. The Sync button then says "1". This means that one record has not been uploaded. Click on Sync to make sure it does.**

Using the NI Field Expenses App

The next pages contain instructions and tips for entering expenses into the New Incentives Field Expense app. The objective of the instructions is to help staff make decisions regarding how to properly **categorize** and **tag** expenses.

Accurate categorization and tagging of expenses is important for the organization to maintain accountability among program supporters and make reliable projections when fundraising.

Think of a **Category** as *what you spend funds on*. Think of a **Tag** as *a project associated with the funds*.

Overall rule of thumb: pay careful attention to how you tag expenses. If you incur an expense for expansion-related activity, select "Scaling" as the tag. Similarly, if you incur an expense as part of activities for the immunizations program, select "Immunization Program" as the tag. This applies for all of the below categories.

Categories and Definitions

1. **Immunization Disbursements**
   - . *Definition*: always use this category for cash disbursements given to beneficiaries of the CCTs for Routine Immunizations program.
2. **Accommodation: NI Staff**
   - . *Definition*: includes hotel bills for NI staff only. Only use this category if you are on the expansion team.
3. **Accommodation: Government Officials**

●. *Definition*: includes hotel bills for government officials only. Only use this category if you are on the expansion team and have special permission to do so.

4. **Airtime**
    - ●. *Definition*: includes airtime purchased for phone calls and/or data plans. Rarely used since phone and internet requests go through Managers unless airtime is needed urgently.

5. **Bank Fees**
    - ●. *Definition*: any type of bank fees incurred. This includes fees when withdrawing cash to cover expenses for the week, account opening fees, account maintenance fees, SMS fees, ATM card fees, and anything other fees issued from your bank account provider.

6. **Clinic Gift**
    - ●. *Definition*: includes any type of refreshments or food provided to clinic staff. This should **not** be used for expenses related to clinic activations/ trainings!

7. **Equipment**
    - ●. *Definition*: includes purchase of phones, pouches, battery packs, modems, chargers, wires/ cables, SIM cards, laptops, and/or any other **one-time or infrequent** purchases made to be able to carry out job duties. Also **includes setup and repair** of any item purchased under this category. Make sure to tag the expense appropriately: for example, if you purchase a phone for an immunization program Field Volunteer, you would tag the expense with "Immunization Program". Alternatively, if you purchase a phone for a Junior Expansion Officer, you would tag the expense with "Scaling".

8. **Field Supplies**
    - ●. *Definition*: includes medical testing supplies, batteries, pens, colored pens used for the immunization program, hammers and nails to hang posters, stationary and/or any other **small regular or frequent** purchases made to be able to carry out job duties.

9. **Flights**
    - ●. *Definition*: includes air travel only, never road travel.

10. **Meals: NI Staff**
    - ●. *Definition*: includes food and drink for expansion team members when travelling for work assignments outside of their home location. Only applies to Expansion Officers, not to locally recruited Junior Expansion Officers.

11. **Meals: Government Officials**
    - ●. *Definition*: includes food and drink for government officials when such expenses are pre-defined and pre-approved by management.

12. **Miscellaneous**
    - ●. *Definition*: this should almost never be used and is only relevant if you incur an expense that is not covered in the list of categories. One example of a cost that you would use this category for is shipping charges.

13. **Office or Venue**
    - ●. *Definition*: includes training hall, petrol, generator-related costs, janitorial services, and water.

14. **Printing**
    - ●. *Definition*: includes printing of labels, ABAE cards, IDs, consent forms, and/or any other documents.

15. **Transportation: NI Staff**
    - ●. *Definition*: includes car hires and public transport (all transportation excluding flights).

21

16. **Transportation: Government Officials**
    - . *Definition*: only use this category when you incur *additional* expenses for government officials and NOT when you share a car hire with them. For now, no one has received approval to use this category. Do not use.

Tags and Definitions

1. **Regular Immunization Program:** the most common tag! Use for expenses incurred for regular weekly immunization and/or outreach days. This includes withdrawing money for Immunization Disbursements.

2. **Awareness Activities:** use when incurring expenses that are for Awareness Meetings with stakeholders. If the expense is part of a regular Immunization Day visit, do **not** use this Tag. Only use this tag if you incur an additional expense for Awareness Activities that is not part of regular Immunization Day visits. Only use this tag AFTER a clinic has been activated.

3. **Defaulter Tracking:** use when incurring expenses that are for Defaulter Tracking in communities. Only use this Tag if the activity is not part of a regular Immunization Day visit and is not part of any Awareness Activity.

4. **Supply-Side:** use for expenses incurred when collecting data related to the supply-side, meeting with supply-side stakeholders, or working on supply-side issues such as stockouts. Only use this Tag if the activity is not part of a regular Immunization Day visit.

5. **Audit:** use for expenses incurred when conducting audits for the program. Should only be used by Auditors!

6. **Data Collection at Program Clinics:** use for all expenses incurred for data collection activities after the program is operational at a given clinic. Only use if directed to do so.

7. **Staff Training:** use for all expenses related to training new staff. Only use during new staff training.

8. **Stakeholder Relations**: used by Senior Field Managers, the Field Director and Government Relations Manager only. Example: State LGA Meeting; Emir meeting

9. **Clinic Activation:** use for expenses incurred when first activating a new program site. For refreshments and/or food purchased for nurses for clinic activation trainings, use the "Clinic Gift" Category.

10. **Scaling:** use for all expenses incurred BEFORE a clinic is selected as a program clinic and has its first disbursement day. No longer in use as all clinics have been selected!

11. **RCT:** use for all expenses incurred only for study (randomized controlled trial) activities that would not be done outside of the study context. Only use if directed to do so.

Tips for Accurate Entry of Expenses
- Only pay for one seat using public transport.

- Indicate trips to the bank separately on the receipt, don't just multiply them by two as the normal trip to the clinic and back.
- Never combine two different expense categories! For example, if you incur a 300 Naira transportation expense on the way to purchase a 2,000 Naira battery pack, log the 300 Naira transportation *separately* from the battery pack. Do **not** log them together.
- Once a clinic is activated (i.e. after the training), do not use the "Scaling" tag for any expenses related to that clinic.
- Always enter meals for yourself and meals for government officials separately. Never combine them in one expense. This applies to all new entries moving forward. (applicable for expansion team)
- Always enter meals and accommodation separately. (applicable for expansion team)
- Immunizations Program staff only have approval to use "NI Staff" options under the categories. There are no expenses approved for Government Officials. This is very important to follow per agreements with program supporters.
- **General rule: NEVER give cash or airtime to any clinic staff, LGA staff, state or federal officials.** Even if we cover food or accommodation during expansion activities, we always cover the bill at the restaurant or hotel, but never hand out cash.
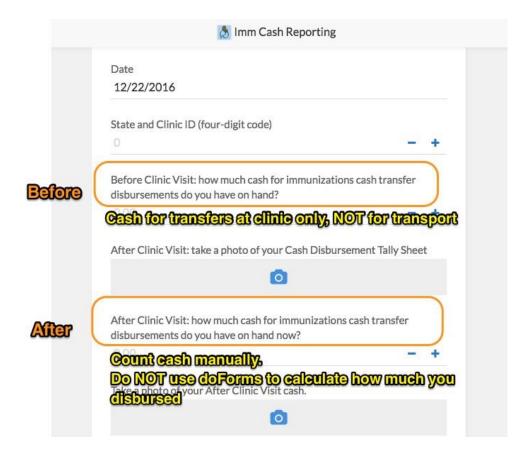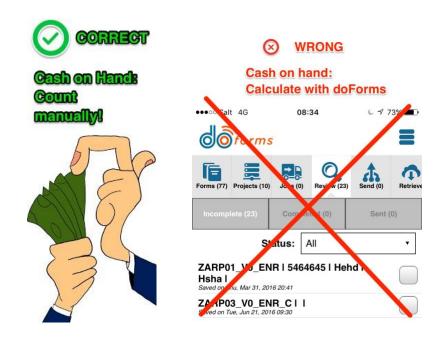
The NI Cash Reporting app

For the cash transfers at the clinic, you track those funds in the **NI Immunization Cash Reporting App** (download here and use with your @newincentives.org account).

1	Every morning, count your cash on hand BEFORE arriving at the clinic, but after going to the ATM. Fill out the first part of the "Cash Tracking" form.
2	During the clinic visit, you are responsible for always keeping your cash on your body. Do not move around without the cash on you. This is why we have provided a fanny pack.
3	When you return from the clinic visit, count your cash on hand.
4	Go to "My Reports". Fill out the second part of the "Cash Tracking" form. For the After Clinic Visit photo, ensure each bundle is 10,000 Naira and spread out cash that is not bundled so a reviewer can count exactly how much is remaining. Take the picture from a 45-degree angle to show both the upper side of the bills and the height of the bundle(s).

1. Before Clinic Visit: Enter how much cash you got for cash disbursements. This is for the **cash that is reserved for cash disbursements to beneficiaries** and that is stored in a separate part of your waist bag. (Attention: Never include cash for expenses like transport here!).

2. After Clinic Visit: Count manually one bill after the other how much cash for cash disbursements you have left after disbursements ended. (Attention: Never use doForms to calculate how much cash you have

left. Reason: you don't know how many N500 vs. N2000 disbursements there were, you will make mistakes and misreport cash.) Count the bills manually!

Important Instructions for Cash Reporting App

- The Cash Reporting app only includes cash amounts used for payouts in the CCT for Immunizations program. It does NOT include any expenses like transport. For expenses like transport you continue to use the NI Field Expenses app.
- Do NOT create two records for the same day! In the morning you create a record and enter the before clinic information, then you save it. In the evening you go to "My Reports" and access the same record and add information for after the clinic visit.
- When you enter the Before Clinic information, always think of the moment when you have already gotten the funds for cash transfers from the ATM but have not headed to the clinic yet. There can be NO case where you have more money on hand after the clinic than before the clinic visit.
- When you take the picture of the remaining cash after clinic day, make sure that you have all money in piles of N10,000 and the remaining bills spread out. Take the picture from a 45-degree angle so we can see both the top and the side of the bills.
- If your connection is poor "Network error" will show up. The Sync button then says "1". This means that one record has not been uploaded. Click on Sync to make sure it does.

Mandatory Weekly Field Expense Form (Friday email)

- Every Friday, fill out the **Weekly Field Expense Reporting Form** that is sent to you by email.
  - **Most important rule: always count money when we ask you to! Don't just assume or calculate based on how many beneficiaries you had or how much you thought you have.**
  - Check whether the funds for this week that you received on your bank account match with what we have tracked.
  - Check whether you have submitted all receipts in the NI Field Expenses App under "My Expenses" before filling out this form.
  - Note how much work money remains (= leftover money on Friday).
    IMPORTANT: Count the actual money in your hand and bank account. Don't just make assumptions.
    Always add the leftover money from previous weeks. The form is asking for the total amount of funds that you have
    Example: if you are in week 20 and have N10,000 leftover from week 19 and N15,000 leftover from week 20, then your total money remaining is N25,000.

  - Always submit on Friday!

  BEFORE you fill out the form, do the following each Friday:
  - Create a record in the NI Field Expenses app for your bank fees this week. Use a screenshot from your SMS alerts or a handwritten note to indicate the charges. Select the category "Bank Fees" and the tag "Regular Immunization Program".
  - Go to NI Field Expenses app, click on My Reports to ensure a) that you have record for all your expenses this week and b) that there is only one record per expense (no duplicates).
    - Example: if you had one immunization day this week, you should have 1 record for the Immunization Disbursements and 1 record for public transport and 1 record for all bank charges this week (Also don't forget any training transport expenses)
  - Count all the cash from New Incentives you have on hand. *Actually count it!* Don't just assume you know how much you have. If you don't count it, you will make mistakes and owe us money. Write this on a sheet of paper as **"Cash: ….." → Make stacks of N10,000 so that you can take a photo of the cash.** These (25,800 and 32,535) are 2 examples of good photos (although, amounts should be lower) and these (unclear amount and unclear amount) are 2 examples of poor photos.
  - Check your New Incentives bank account balance with the short code *894*00# or the FirstBank app. (subtract any funds that you needed to open the bank account but comes out of your pocket) *Actually check your real account balance* with the shortcode, don't just

estimate it! If you don't you will mistakes and owe us money. Write this on a sheet of paper as **"Bank: …."** → **Make a screen shot or photo of the final bank balance.**

○ Add the "Cash" and the "Bank" amounts on the sheet of paper and put the total as **"Office money remaining".** This is the amount that you will enter under "Question 3: Office money remaining" in the Mandatory Field Expense Form.

○ Have separate accounts for work and personal money.

○ While you are allowed to keep more, please try to limit your cash-in-hand amount to less than 100,000 naira (ideally, less than 50,000 naira) before submitting your weekly expense form. Console agents go through and review all your photos and it's often quite difficult for them to identify funds when they are more

Example for steps BEFORE filling out Mandatory Field Expense Form:

○ Check your bank account fees for this week in your SMS inbox. There is one fee from FirstBank (N100) and one from Access Bank (N100). You write a receipt on paper and create a record for "Bank Fees" in the NI Field Expenses app for N200.

○ Check all your records in the NI Field Expenses app for this week. You see that you have 1 Immunization Disbursement record, 1 public transport record and 1 bank fee record. You did not miss any expense. You did not submit any expense twice. Good. If you had missed an expense, add it. If you had detected a duplicate, delete it.

○ Count the physical cash manually (!) and write the result on a sheet. "Cash: 30000"

○ Use *894*00# to get the exact (!) bank account balance. "Bank: 100000" (if applicable, subtract personal money that you used to open the bank account)

○ Add Cash and Bank. "Office money remaining: 130000" → use this total for the Field Expense Form, Question 3

This is an example of a photo clicked showing 42,500 with 4 stacks of 10,000 naira and the remaining 2,500 naira clearly spread out.

Protocol for Weekly Expense Form

1. New Incentives Email Address (do not include extra spaces or notes. ONLY your email address). Example: firstname.lastname@newincentives.org
2. Week Number for Form Submission. Check the subject line of the email you received for the exact week number.
3. Click here: goo.gl/2deCTI Did you get the full amount under "Amount Transferred" for this week?
   a. Yes
   b. No: double check with your bank. Inform your Manager immediately. Do not submit this form!
4. Did you send receipts for all expenses that you incurred this week? To review the expenses you have submitted, select "My Expenses" in the menu of the NI Field Expenses App on your phone. Per immunization day, you should have one Cash Disbursement expense and one transportation expense. Each week you should have one Bank Fee expense.
   a. Yes
   b. No: add the missing expenses immediately. You should NOT submit this form without doing so.
5. Office Money: How much office money do you have remaining? (bank and cash) Check your New Incentives bank account balance with the short code *894*00# or the FirstBank app. If you use another bank, then make sure to find out the short code or app to get this access. Manually count the cash you have on hand and add this to the bank balance. Report the total, INCLUDING funds

Property of New Incentives – Private & Confidential

that you may have received for next week. If necessary, you can also use Kobos. Example: 1000.25 (= 1000 Naira and 25 Kobos). Use a period (the ".") to indicate the difference between Naira and Kobo.

6. Take a photo of the cash you have on hand. Make stacks of N10,000 and take the photo in a 45 degree angle. If you do not have any cash on hand, take a photo of a black surface.
    a. Photo Field
7. Count the cash in the photo. How much cash is visible?
8. How much money did you receive for next week's expenses? This is usually a transfer that is received towards the latter half of the week. If you have not received anything for next week then enter 0.
9. Submit a photo of your bank account balance. If you receive notifications on your work phone, submit a screenshot (ideally from the FirstBank app). If you receive notifications on your personal phone, submit a photo.
    a. Photo Field
10. Is there any personal money in the bank account you submitted a photo for? If yes, enter the amount of personal money. If no, enter 0. Personal money can for example include the N2000 minimum deposit when you opened the account or any personal funds if you have to temporarily use a personal account for work purposes.
11. Does the cash amount across both photos add up to the amount you reported in the Office Money question (after deducting the amount you reported as personal money)?
    a. Yes
    b. No: go back and correct your previous responses. If you continue to have challenges, inform your Manager and email accounting@newincentives.org
12. Did you have any challenges with expenses this week that you would like to report to management? If no, enter 0. *

Avoid these common mistakes with the Mandatory Weekly Expense Form

- Duplicate field expense submissions
- Mixing personal funds and work funds
- Incorrectly entering your balance
- Miscalculation of personal money
- Incorrect entry of the amount in expense
- Not accounting for kobos correctly
- Entering an expense later than that the actual date (if you missed an entry, submit it and email accounting@newincentives.org)
- Double check your amounts using a calculator (there is a calculator app on your work device)
- Keeping personal funds in work account and varying it across weeks
- Noticing an error and mentioning in comments without details (example of a good comment: I incorrectly submitted an expense of 2,600 naira twice on February 5th, can you please help me correct it?)

Guidelines for Airtime Requests

All requests should follow the instructions outlined below:
- **Advance notice:** Requests to airtime@newincentives.org should be made at least 24 hours in advance, so that you have enough airtime for your immediate needs [airtime requests made with less time at hand will be recorded as an error]
- **Data Usage Screenshot:** Airtime requests for data should have an attached screenshot of your data usage screen. The screenshot of the data usage screen should show a) the SIM card that is used for data b) the period since the last top-up (ex. one month).
- **Airtime Remaining Screenshot:** Airtime requests for calls should have an attached screenshot of your balance screen, along with a quick note on what types of calls were made using the airtime [for e.g., The 500 naira was primarily used for calls to the clinics and the supervisor.]
- **Phone Number:** All requests should state the phone number for the device on which you want the airtime -- only official work numbers will be accepted!

Instructions for Screenshots

Screenshot Requirement for *Data Airtime Requests*:
- Go to Settings and select "Data Usage"
- The screenshot of the data usage screen should show a) the SIM card that is used for data b) the period since the last top-up (ex. one month).
- Press the "Power" and "Home" buttons and hold them down for about 1.5 seconds simultaneously
- You'll hear a camera shutter sound and see "Saving screenshot" at the top of your screen
- You can either go to the particular screenshot and click in the "Share" icon and select Gmail, or you can attach the photo to an email by clicking on the paperclip icon and selecting "Attach file" and then selecting "Gallery"

Screenshot Requirement for *Call Airtime Requests*:
- Run a balance query for how much airtime you have remaining, this can vary based on your network
- Once the balance is displayed, follow the same steps as with Data Airtime Requests (or see below)
- Press the "Power" and "Home" buttons and hold them down for about 1.5 seconds simultaneously
- You'll hear a camera shutter sound and see "Saving screenshot" at the top of your screen
- You can either go to the particular screenshot and click in the "Share" icon and select Gmail, or you can attach the photo to the email by clicking on the paperclip icon and selecting "Attach file" and then selecting "Gallery".

Important IT Security Guidelines

- Never give out your New Incentives passwords or sensitive bank account information such as PINs and passwords to third parties!
- If you get emails or SMS that ask you to "renew" your bank account information this is fraud! Never share your passwords or PINs!
- Never click on links in suspicious emails that ask you to "renew your account", "update your information", "get a bonus" or "look into a problem". Delete such messages immediately.

Enrollment and Eligibility

Summary

- Structure of program
  - There is a cash transfer for each of the five routine immunization visits from birth to nine months after birth (Measles vaccine).
  - N500 for the first four visits BCG, PENTA1/PCV1, PENTA2/PCV2, PENTA3/PCV3
  - N2000 for the last visit Measles
- Cash transfers can be spent on
  - Anything: Transport, other expenses, salary losses from having to wait at the clinic for a whole day instead of selling goods on the market
- Eligibility: only mothers qualify that...
  - a) live in the catchment area of our program clinic and
  - b) have an infant with a fresh BCG vaccination mark (given on the same day)
  - These conditions are very important to prevent our program clinics to be overwhelmed. If there are no conditions, then every mother from this region would come to this particular clinic and immunization services would break down.
- How do we find out if a mother is from the catchment area?
  - The nurse probes hard to write the correct address/settlement on the Child Health Card. (You have to remind nurses if they don't do this!)
  - You as the field staff check the address/settlement on the Child Health Card to verify that the address is in the catchment area. In addition, you ask the caretaker again about which settlement she is from. If the written settlement is in the catchment and the beneficiary gives the same answer again, then the mother is eligible.
- How do we find out if an infant has a fresh BCG mark?
  - You check the upper left/right arm of the infant and take a photo of the fresh BCG mark in the doForms enrollment form.

Guidelines for the Health Talk

Below are the topics that should be covered by during the health talk. Some of these topics will be covered by your clinic staff, so you should cover the remaining topics, clarify any details, any information that have a chance of getting miscommunicated (or that you see frequently miscommunicated).

Topics:
1. **Introduction:** introduce yourself as an All Babies Are Equal employee and clarify our goal as an organization [to protect all babies/children from deadly diseases to save lives]. Clarify how immunizations plays a role in protecting against many common and deadly diseases. Part of the introduction should be made by the nurse if possible, as it helps increase our credibility.

2. **Eligibility Criteria:** Clearly clarify the eligibility criteria so that women who should be given cash get it and those who aren't eligible don't come to you expecting it, hence reducing chaos and saving you time
   a. **Current beneficiaries:** Beneficiaries with stickers and stamps on their Child Health Cards whose infants have **received their immunization for the day** are welcome and eligible for that day's transfers.
   b. **Catchment area:** We accept new infants who are born in the region around the clinic and confirm this -- the reason for this is to ensure that we are managing the crowd well in the clinic and because that's how we've allocated our budgeted for the clinic.
   c. **Fresh BCG vaccination mark:** New infants should visit our desk only if/after they received their BCG immunization that day. We check to see that their mark is fresh to confirm this. Request everybody to come to you with **phone numbers.**

3. **Side-effects of vaccination (nurse's health talk)**: Sometimes there can be minor side effects from the vaccination, particularly slight fever, swelling and some pain, this is expected. They should not worry, it is a sign that the body is learning how to fight the antigens inserted by the vaccination so that the body can fight these germs in the future as the infant is exposed by other children to it. This is medical information that we hope the nurses clarify, if you notice that they haven't, please prompt them to do so next week. Make sure that the nurse mentions what can be done against these minor side effects: What if your child gets a mild fever after the vaccination? "Do not worry. This will go away quickly. Give a small dose of Paracetamol to your child. A qualified nurse or pharmacist will tell you about the right dosage."

4. **Cash Incentives and structure:** Clarify the following regarding the transfers, do this while holding up the All Babies cards when speaking so that you get their attention

    a. **Stages:** Explain that a total of 4,000 naira can be earned by most beneficiaries for bringing in their infants on-time. Briefly mention the stages and the amount (500 naira at Birth, 6 weeks, 10 weeks, and 14 weeks, and 2,000 naira at 9 months for Measles).

    b. **Remember next visit:** Only one payment per day, so emphasize the need to remember the next visit date and come on-time.

    c. **Cash payout same day:** Make sure to mention that they will get their cash the same day and that it only takes a couple of minutes, mention that you will be disbursing to them yourself (this gives you more credibility)

5. **Congratulate infants who have come for Measles:** If you've done your job well, everybody will be intrigued about the Measles immunization, particular the 2,000 naira. We want to encourage everybody to come for their Measles immunization and to feel proud for completing it. Ask which infants have been brought it at 9 months of age and have come for Measles immunization that day. Clap and publicly congratulate for fully protecting their infants and their care for the community (remember, mothers care more about their infant's health than the cash)

Immunization Day Procedures

Purpose of Document
This document outlines the steps New Incentives staff must take on Immunization days.

Preparations
- Collect cash at ATM (according to cash management regulations of New Incentives)
- Ensure that you have:
    - Cash for cash transfers in waist bag
    - ABAE cards
    - ABAE ID stickers
    - ABAE stamp
    - Printed catchment area list
    - Printed calendar
    - Golden, silver and blue pens
    - Fully charged phone including battery pack
- Ensure that you have a proper table and chair at the clinic. This is important for orderly review and payout.

Beginning of Each Enrollment Day at the Clinic
- Hand out golden pen to the nurse(s) who will be administering the vaccines.
- Hand out blue pens for nurses / mothers to write down phone numbers on Child Health Card.
- Remind nurses to write down the mother's address/village, the phone number, and the name of the facility on each Child Health Card.
- Remind nurses to explain eligibility (only those from the catchment area with a fresh BCG mark are eligible to enroll in the program and receive the cash transfers).
- Participate in the health talk to underline main messages about our program and clearly communicate the program's eligibility criteria. The five different visits and the related cash transfers should also be clearly addressed (hold up one of the All Babies cards when speaking).
- Observe registration of women to ensure that the mother's address/village, the phone number, and the facility name are captured.

Reminders:
- Ensure that you are in offline mode (turn off Mobile Data). Use 1024px as doForms image settings (Under Settings // Image Scaling).
- Ensure that cash is safely stored in your fanny/waist pack.
- Never have more than one beneficiary's CHC and ABAE Card on your desk. Having multiple cards on the desk can lead to cards getting mixed up between beneficiaries, a significant error.

35

Breaks

- Never leave the cash and the phone unattended, even during bathroom breaks or the midday break (you have a fanny/waist pack for this purpose). Ensure that the ABAE cards and the stickers are not stolen.
- Adapt your breaks to the work schedule. This could mean taking a short break while the nurses register the caretakers before 10am. Avoid taking breaks when the volume is highest, likely from 10.30am to 2pm. We encourage you to combine your afternoon prayers and carry them out immediately before 4pm.
- Use transportation time to and back from the clinic as relaxation periods or time to catch up with emails / requests from management.

End of Each Enrollment Day at the Clinic

- Collect golden pen (purchase new pens if lost or dried up).
- Collect all blue pens (purchase new pens if lost or dried up).
- Fill out Clinic Daily form and submit.
- Fill out Cash Reporting app and submit.
- Fill out NI Field Expenses app and submit.
- Store remaining cash in bag at home.

If the disbursement forms, the Clinic Daily form, the Cash Reporting app, **and** the NI Field Expenses app are not submitted by 9pm Nigerian time you will not receive any salary payment for that day.

Protocols for Distributing Number Tags

Purpose of Document

Number Tags can be helpful for many circumstances, including to help reduce lines, confusion among beneficiaries, ensure that everybody comes to our table, etc. It can also be a very effective tool if you think that your clinic might be giving favoritism to select beneficiaries while making others wait longer, or in some cases asking them to return on another day. The tags acts as a promise to the beneficiaries that they'll be served that day, give them confidence that we work in order of a queue and that they are part of that queue, and if not served that they will get preference during the next visit which is important to maintain trust.

Protocol

Tags are to be given out in the following sequence, one color per week:

- Red
- Orange
- Yellow
- Green
- Blue
- Purple

An easy way to remember the color sequence is through the order of rainbow colors. ALWAYS hand out a different color on each immunization day.

On Immunization Day

The colored tags for each week should be carried by each employee when they visit the clinic. It is mandatory for all clinics to use tags.

This is what the number tag package looks like:

37

You can choose to do this yourself or request one of the clinic staff members to do this. This depends entirely on your relationship, however, unlike the pen mark, it's not a mandatory request. You can also give it to the guard at the clinic, if there is one and if they're willing to do this well without giving any sort of favoritism or asking for dashes. It is important that the number tags distribution process is done well which is why you have do this yourself on the first day. It's important that the person responsible for managing RI at your clinic (usually the RI focal) has been briefed on its usage and is being able to see how you're doing it. If you do your job well, clinic staff will be thankful that you introduced the number tag system because it helps keep the clinic organized and the women calm.

Each Enrollment Day:
- Tags should be distributed starting from 1 through the number of beneficiaries at the clinic that immunization day
- Most beneficiaries cannot read but they can understand numbers when they hear it, so make sure to say the number out loud as you distribute these. Saying the number out loud is a requirement.
- Do your best to ensure that it's first come, first serve. There should be a sense of fairness in the way the tags are distributed, that's a large part of its value
- Make sure to collect the tags from each beneficiary *before* you start reviewing their Child Health Card

Stockouts and Other Circumstances
- If there is a stockout (vaccinations or CHCs), the beneficiaries should KEEP the number tag for that particular immunization day, that way, they can return to redeem it the next immunization day and get preference (= get served before other caretakers on that day)
- If the number of beneficiaries for the day exceeds 175, start recycling the tag (distribute it out in sets of 20 as you receive the old tags. Example: You get tags 1-20 back from the first twenty beneficiaries, then start handing out tags 1-20 out to beneficiaries 176 to 196)

- If you cannot find a particular number (let's say you were at number 32 and number 34 person shows up, quickly call out for number 33 in Hausa, however, you do not need to wait if this person does not immediately show up). If they show up later, they should be given preference.

Advantages of Numbered Tags:

- Fairness -- first come, first serve
- Streamlines the clinic processes (often freeing up a person's work) and makes our process part of the immunization day
- Beneficiaries who came in on a previous immunization day already get prioritized so that they get to return home sooner, it also increases their confidence that they will get the disbursement, if eligible
- Clinics usually appreciate receiving these, but it's important to give it to them them as something optional while volunteering to do it yourself if they prefer

Frame the tags as a gift to the clinic to help them save staff time and manage the crowd well!

CCTs for Immunizations Beneficiary Protocol

Purpose of Document

To provide an overview of New Incentives' procedures for:

- Entering participant immunization data when:
  - 1) Enrolling caretakers/infants into the program

2) Verifying immunizations and disbursing cash transfers

Data Entry

All data from this protocol is entered using the doForms app and synced to the cloud.

Use 1024px as doForms image settings (Under Settings // Image Scaling).

Greeting and Quick Child Health Card Review

Settlement Name Review

No BCG Mark Review

Immunizations Received

Phone Number

All Babies ID stickers and Stamp

First heard about program

Special questions for PENTA3 or Measles visits

All Babies Card: Next Visit Date

Cash and All Babies Card handed out

Photo Registration

Next Visit Date Test

Good-Bye and Submission

Protocol

1. Start Time

2. Auto-Number (unique ID for form based on 'when collected' number generation)
   → Ignore this, it is hidden in the mobile doForms app.

3. Auto-Number (unique ID for form based on 'as received' number generation)
   → Ignore this, it is hidden in the mobile doForms app.

4. HIDDEN ANSWER: Are you using this form with guidance prompts or not?
   a. Without guidance prompts
   b. **With guidance prompts**

Greeting and Quick Child Health Card Review

5. ACTION: Smile at the beneficiary, take the Child Health Card and SAY: "Good day, how are you?" My name is ..., I will be serving you today!" Did you say this?
   a. Yes, I greeted the beneficiary and introduced myself
   b. No, I was not able to greet the beneficiary/introduce myself

6. ACTION: Collect the number tag of the beneficiary that helps manage the queue at the clinic. Did you collect the number tag?
   a. Yes, I collected the number tag
   b. No, I was not able to collect the number tag
   c. Not Applicable: the beneficiary did not have a number tag

7. ASK: "What is your infant's name?" and confirm you have the correct Child Health Card. Did you do this?
   a. Yes, I confirmed the infant's name
   b. No, I was not able to confirm the infant's name

8. ACTION: Confirm that the Child Health Card has 1) Settlement Name, 2) Gold Dots next to vaccinations, and 3) Next Visit Date. If any are missing, send the caretaker back to the nurse. Did you confirm all three items and if not correct, send the caretaker back to the clinic staff?
   a. Yes, I confirmed all 3 items
   b. No, I could not confirm 1 or more item. I sent the caretaker back to the clinic staff. → SKIP to end
   c. No, I could not confirm 1 or more item. I was NOT able to send the caretaker back to the clinic staff.

Property of New Incentives – Private & Confidential

9. ANSWER: Is this a repeat visit or a new beneficiary? Check whether there is an All Babies ID on the Child Health Card to confirm.
   a. Repeat visit (the caretaker has an All Babies ID)
   b. New beneficiary (the caretaker does NOT have an All Babies ID)
10. Hidden Select One
11. Hidden Text
12. Hidden Multiple Choice

Settlement Name Review

13. ACTION: Check the Settlement Name on the Child Health Card and apply a check mark. Send the caretaker back to the nurse if there is no Settlement Name. Did you do this?
    a. Yes, I checked the Settlement Name and added a check mark
    b. No, I was not able to check the Settlement Name

14. *IF NEW BENEFICIARY:* ASK AND ACTION: "Where are you from?" and check whether the given settlement name is on the printed catchment list. Did you check the catchment list?
    a. Yes, I checked the catchment list and the settlement is inside the catchment area

    b. Yes, I checked the catchment list and the settlement is NOT inside the catchment area →

       SKIP to end

    c. Unclear, I checked the catchment list and it's not clear whether the settlement is inside the catchment area (uncommon response!)
    d. No, I was not able to check the catchment list

15. *IF INSIDE CATCHMENT (**LOOKUP**):* ACTION: Enter the settlement name: First type the Clinic Code, then select among the settlement options for your clinic. (Select the settlement name, do NOT manually type settlement names.)

16. Hidden Lookup

17. ASK: "How much did you spend on one-way transportation to reach the clinic today?" Probe and enter the cost of one-way travel only, NOT roundtrip. Enter 0 if they did not pay anything for transport (example: if they walked to the clinic. Enter 99 if they do not know or refused to answer.

18. Hidden Select One
19. Hidden Select One
20. Hidden Text
21. Hidden Multiple Choice

BCG Review

22. *IF NEW BENEFICIARY:* ACTION: Check on the Child Health Card to confirm that a fresh BCG vaccination was given today. Did you do this?
    a. Yes, I checked the Child Health Card for a BCG vaccine
    b. No, I was not able to check the Child Health Card for a BCG vaccine

23. *IF NEW BENEFICIARY:* ANSWER: Does the infant have an old BCG scar? Personally verify on the upper left and right arm of the child. Does the infant have an old BCG scar and which arms did you check?
    a. Yes, there is an old BCG scar and I checked both of the infant's arms for the old BCG scar

       → SKIP to close without saving

    b. Yes, there is an old BCG scar but the infant is new and has required evidence
    c. No, there is no old BCG scar and I checked ONE of the infant's arms for the old BCG scar
    d. No, there is no old BCG scar and I checked BOTH of the infant's arms for the old BCG scar

24. *IF NEW BENEFICIARY:* ANSWER: Does the infant have a fresh BCG injection mark?

    a. No, infant is NOT eligible to enroll→ SKIP to close without saving

    b. No, but infant is new and there is required documentation
    c. Yes, infant is eligible to enroll
    d. Unclear, I can't tell if the infant has a fresh BCG injection mark (uncommon response!)

25. *IF NEW BENEFICIARY:* ACTION: Take a photo of the fresh BCG injection mark on the left upper arm of the child. Ensure that you take the photo close to the upper left arm and ensure it is sharp by tapping the screen.

26. *IF ELIGIBLE INFANT WITH BCG SCAR:* Click a photo of the Line-Listing Register clearly pointing out the name of the infant
27. Hidden Select One
28. Hidden Text
29. Hidden Multiple Choice

Immunizations Received

30. ANSWER: Which incentivized immunization(s) did the infant receive today based on the Child Health Card? SELECT ALL THAT APPLY. Ex: if the infant received BCG and PENTA 1 together, select both. ONLY pay out for the latest vaccine.
    a. BCG
    b. PENTA 1 and/or PCV 1
    c. PENTA 2 and/or PCV 2

43

    d.   PENTA 3 and/or PCV 3

    e.   Measles 1

    f.   Other (uncommon response!)

31. ACTION: On the Child Health Card, make a small dot to the right of all vaccinations given today with a blue dot. Did you do this?

    a.   Yes, I made a small dot next to each vaccination given today

    b.   No, I was not able to make a small dot next to each vaccination given today

32. ASK: How many injections did your infant get today? Enter the number. Example: if the infant received 2 injections, enter2. If you are not clear or don't know, enter 99.

33. ANSWER: How many injectable vaccinations on the infant's Child Health Card with today's date also have a gold dot? Enter the number. Example: if two injectable vaccinations have today's date but only one has a gold dot, enter 1. If you are not clear or don't know, enter 99.

34. *IF NUMBERS DON'T ADD UP:* Does the number of injections match the number of gold dots for injectable vaccines (Note: OPV is orally administered)?

    a.   Yes, continue

    b.   No, stop and inquire more!

35. IF ERROR: STOP - WARNING!!! You made an error and selected "Repeat visit (the caretaker has an All Babies ID)" for a new beneficiary that just got BCG today. Go back to the beginning of the form and click on "New beneficiary (the caretaker does NOT have an All Babies ID)". -- Alternatively, you might have clicked on BCG for an infant that did not get BCG today. In this case you have to change the answer to the question "Immunizations received today".

    a.   OK, I will go back and correct my error

36. HIDDEN: ACTION: Measles Age ALERT - The infant got a Measles vaccine today. Check to see that today is really 9 months or more after the infant's birth. The vaccine is not effective if an infant gets the Measles vaccine before 9 months after birth! Example: an infant born in November 2017 cannot get Measles in June 2018 (only 8 instead of 9 months). -- Do NOT pay the Measles incentive if the infant is less than 9 months old. Ask the caregiver to come back for a second Measles shot at 9 months and only pay the N2000 at that point.

    a.   I checked and paid the N2000 as the infant is more than 9 months old

    b.   I checked and DID NOT PAY the N2000 as the infant is less than 9 months old (do not send this form)

    c.   NA

Phone Number

37. ANSWER: Is there a phone number on the Child Health Card?

    a.   Yes, there is a phone number on the Child Health Card

    b.   No, there is no phone number on the Child Health Card

38. *If no phone number on Child Health Card:* ASK: "Do you or someone close to you have a phone number? We need this to remind you about your infant's next immunization visits." Select the caretaker's response and write the number on the Child Health Card.
    a. Caretaker gave a phone number and I wrote it on the Child Health Card
    b. Caretaker said no phone number is available
    c. Caretaker did not respond or did not know
    d. Not applicable: I was not able to ask the caretaker this question
39. Hidden Select One
40. Hidden Text
41. Hidden Multiple Choice

All Babies ID stickers and Stamp

42. *IF NEW BENEFICIARY:* ACTION: Put a matching pair of All Babies ID stickers on the Child Health Card and All Babies card. Stamp the stickers so that if the sticker is removed and placed on another Child Health Card, we will easily know. Did you do this?
    a. Yes, I assigned both All Babies ID stickers and stamped the sticker on the Child Health Card
    b. No, I assigned both stickers but was not able to stamp the Child Health Card

43. Hidden Select One

First heard about program

44. *IF NEW BENEFICIARY:* ASK: Where did you first hear about the All Babies program? Select all that apply.
    a. Neighbor
    b. Friends
    c. Family
    d. Traditional birth attendant
    e. Town crier
    f. Village leader
    g. Religious leader
    h. Awareness card (small card from All Babies)
    i. UNICEF Voluntary Community Mobilizer (VCM)
    j. Community Health Worker
    k. Health worker at this clinic
    l. All Babies employee
    m. Other
    n. Unclear

45. *IF NEW BENEFICIARY:* Did you get an awareness card from All Babies? (small card in red that outlines the cash transfers)
    a. Yes
    b. No

       c.   Unclear

46. *IF AWARENESS CARD RECEIVED:* Select who gave the beneficiary the awareness card:
    a. Another beneficiary
    b. Neighbor/friend/family
    c. Traditional birth attendant
    d. Town Crier
    e. Village leader
    f. Religious leader
    g. UNICEF Voluntary Community Mobilizer (VCM)
    h. Community Health Worker
    i. Health worker at this clinic (ANC)
    j. All Babies employees
    k. Other
    l. Unclear
47. Hidden Select One
48. Hidden Text
49. Hidden Multiple Choice

Special questions for PENTA3 or Measles visits

50. *IF PENTA3 VISIT:* ACTION: Enter the date of birth of this child according to the Child Health Card. Inquire with the mother or the nurses if the date of birth seems clearly wrong (clearly wrong = DOB after first vaccination date; DOB in the future).
    a. Date

51. *IF PENTA3 VISIT:* ACTION: The vaccination visit date for Measles 1 is around the following date (see date below). Find this date in your printed calendar and look up the following date that is actually an immunization day at this clinic (example: Wednesday). Please note that this field is in the Month/Day/Year format, so 05/01/2017 is May 1 2017!
    a. Date

52. *IF PENTA3 VISIT:* ACTION: Based on the printed calendar, enter the actual immunization day for Measles 1 here in doForms AND indicate it in the space on the back of the ABAE card (use moons for months or circles in addition to the date to help the beneficiary understand after how many months she should return. Example: "You come back Wednesday nine months after your child was born". Use your fingers to count the months.). We want to make sure that we send caretakers to the clinics 9 months after their child's date of birth, but ONLY on an immunization day. If the nurse has written a completely different date, inquire with her first before you determine the Measles vaccination date.
    a. Date (shown in advanced format, for example: Tuesday, 9 May 2017)

53. *IF PENTA3 VISIT AND* MEASLES DATE ENTERED IS LESS THAN 9 MONTHS AFTER DOB: WARNING: The date for the Measles vaccination visit you entered is less than 9 months after the

child was born. You need to select this clinic's normal immunization day AFTER the automatically calculated Measles due date. Did you do this?

    a. Yes, I corrected the date
    b. No, I was not able to correct the date

54. *IF MEASLES VISIT:* ACTION: Cross out the All Babies ID with a pen as this is the last incentive for the beneficiary (Measles). Do this on BOTH the Child Health Card and All Babies card. This step prevents fraud. (Do not cross it out if the infant needs to come back for another PENTA/PCV shot.) Did you do this?

    a. Yes, I crossed out the All Babies ID
    b. No, I was not able to cross out the All Babies ID

55. Hidden Select One
56. Hidden Text
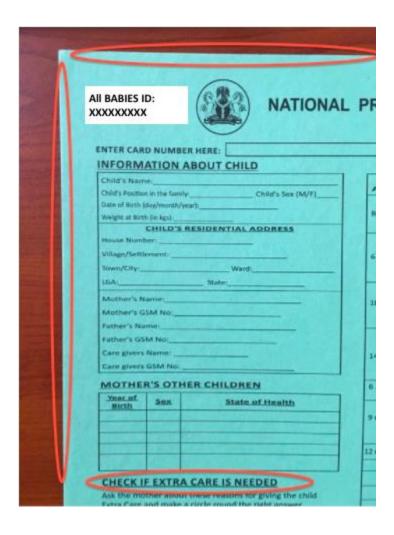57. Hidden Multiple Choice

All Babies Card: Next Visit Date

58. ACTION: On the All Babies card, make a check mark next to today's transfer. Add the next visit date in the following format. Example: "I I I I" for four weeks. Did you do this?

    a. Yes, I made a check mark next to today's transfer and added the next visit date in the number of weeks format
    b. No, I was not able to make a check mark or was not able to add the next visit date in the number of weeks format
    c. Not applicable (infant fully vaccinated)

59. All Babies card: ACTION: Tell the beneficiary "Today you got … Naira for ... vaccines. In ... weeks, on … date, you will get another … Naira." Clearly show the card to the caretaker as you say this. (Explain the date with numbers of weeks. Example: "You come back Wednesday four weeks from today. That is week 1, week 2, week 3 and in week 4 you come back on Friday". Use your fingers to count the weeks and refer to the symbols on the card that indicate four weeks.) Did you do this?

    a. Yes, I explained this to the beneficiary while pointing to the All Babies card
    b. No, I was not able to explain this or was not able to point to the All Babies card
    c. Not applicable (infant fully vaccinated)

60. Hidden Select One
61. Hidden Text
62. Hidden Multiple Choice

Disburse Cash and All Babies Card

47

63. ACTION: Hand out the cash amount and the All Babies card to the beneficiary. Put it in her hand so that the total cash given is clearly visible. NEVER take the card and cash back after this point. Did you do this?
    a. Yes, I handed out the cash and All Babies card. I won't take either back after this point.
    b. No, I was not able to hand out the cash or All Babies card

64. ANSWER: What is the amount of cash you gave to this beneficiary today (all amounts are in Naira)?
    a. 500
    b. 1000
    c. 2000
    d. 3000
    e. 4000
    f. 5000
    g. 6000
    h. Other amount _____

65. IF NEW BENEFICIARY AND N2000: WARNING: You cannot hand out N2000 to a new beneficiary!!! You either clicked "New beneficiary" instead of "Repeat beneficiary" or accidentally clicked "2000" instead of "500". Correct the wrong entry.
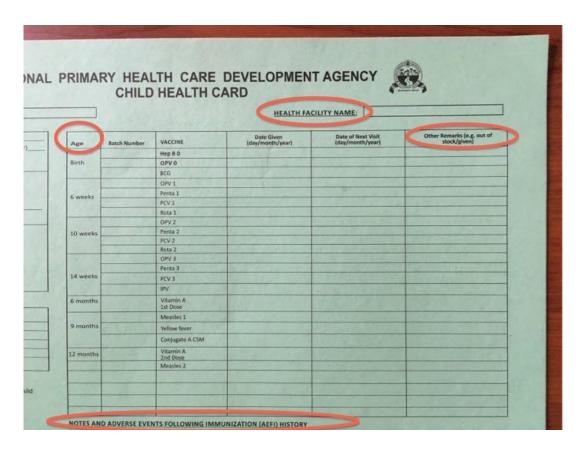

Photo Registration

66. ACTION: Take a photo of the left side of the Child Health Card and SAY: "I am registering you with this photo." (Ensure that the All Babies ID and all caretaker data is visible.) Will you do this with the next field?
    a. Yes, I will take the Identity Photo and narrate this

67. Photo field: ACTION: Take a photo of the left side of the Child Health Card and SAY: "I am registering you with this photo." (Ensure that the All Babies ID and all caretaker data is visible.)

    → Take a photo of the front of the Child Health Card that goes from the very top to the bottom of the "Mother's Other Children" section. Make sure all information in the "Information About Child" section is clearly visible.

    → Tips: To maintain good performance, check to see if the top and left edge of the photo appears before clicking "Use Photo" in doForms. Then make sure that the "Check if Extra Care is Needed" header at the bottom of the photo appears.

    → Make sure the All Babies ID is placed straight and that the photo is not taken from an angle.

48

68. ACTION: Take a photo of the right side of the Child Health Card and SAY: "I am capturing your vaccinations." Ensure that all vaccinations are visible. Will you do this?
    a. Yes, I will take the Immunization Photo and narrate this

69. Photo field: ACTION: Take a photo of the right side of the Child Health Card and SAY: "I am capturing your vaccinations." Ensure that all vaccinations are visible.

    → Take a photo of the right side of the Child Health Card that shows all vaccinations. This should include the Age column through the Other Remarks column.
    → Tips: To maintain good performance, check to see if the Age column appears at the left; Other Remarks column appears at the right, and whether the top edge of the photo appears before clicking "Use Photo" in

doForms. Then check if the "Notes" header at the bottom appears to make sure you documented the child's complete immunization history. Do NOT include the Notes box, only the header.

→ Always make sure to capture the entire Vaccine table. This means that if the baby comes in for the 9 month visit, we should still be able to view the Birth visit rows. Similarly, if the baby comes in for the Birth visit, we should still be able to view the 12 month visit rows.

70. ACTION: Take a photo of mother, infant and cash. SAY: "I am documenting that you actually got the money." All bills must be visible, the mother's face must be visible, the infant but NOT necessarily its face must be visible. Will you do this?
    a. Yes, I will take the Incentive Photo and narrate this

71. ACTION: Mark all bills in the Incentive Photo with a red dot by using the Sketch tool. 1) Click on the Sketch button, 2 Select the double circle option (second to last), 3. Select color red, 4) Mark each
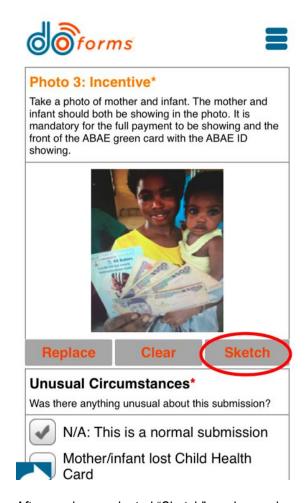
bill with one dot (by tapping the photo). Do NOT hide the amount (N500/1000) on the bill. Will you do this?

    a.   Yes, I will add red dots to each bill in the Incentive Photo

72. <u>Photo field (auto start in sketch):</u> ACTION: Take a photo of mother, infant and cash. SAY: "I am documenting that you actually got the money." All bills must be visible, the mother's face must be visible, the infant but NOT necessarily its face must be visible. -- Mark all bills in the Incentive Photo with a red dot by using the Sketch tool.

→ Take a photo of mother and infant. The mother and infant should both be showing in the photo. It is mandatory for all bills to be showing including cash amount and the front of the ABAE green card with the All Babies ID showing. -- USE SKETCH TO MARK ALL BILLS WITH A RED DOT -- Ensure the mother's face is showing but it is not always necessary for the infant's face to be showing since some babies might be sleeping. Ensure safe holding of the baby during this step.

    a.   You are required to add Cash Annotations to the Incentive Photo. This is an important component of accounting for each cash transfer that you disburse. Every photo you submit will be reviewed and the amount shown in the picture will be calculated. The Cash Annotations help ensure that you submit an Incentive Photo that meets organization standards. Specifically, that all bills are visible and that you disbursed the correct amount.
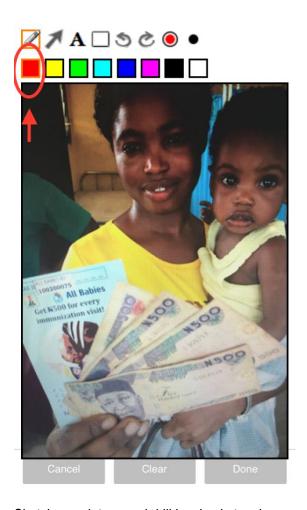
51

i. Once you take the Incentive Photo, select the "Sketch" option below the photo. [Refer to the instructional photo below.]
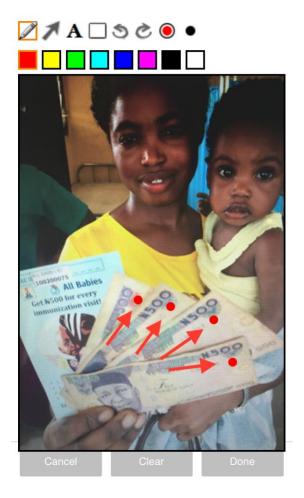

ii. After you have selected "Sketch" as shown above, select the double circle option in the Sketch screen.

iii. Once you select the double circle option, a color menu will appear. Select red.

iv. Sketch one dot on each bill by simply tapping your finger on the photo. Each tap will mark one dot. If you need to redo any dots, you can select "Clear" and start over. Make sure not to block the amount of the bills or any numbers when adding the dots. This is very important! Study the below photo in detail. You will see exactly four dots -- one for each 500 Naira bill. If the photo contained two 1,000 Naira bills instead, you would only see two dots.

     v. Once you have added the dots and have checked to make sure you can still see the All Babies ID in the photo and the amount of each bill, click Done to save the Cash Annotations you made.

73. Hidden Photo Field
74. Hidden Select One
75. Hidden Text
76. Hidden Multiple Choice

Next Visit Date Test

77. ASK: "When will you need to come back for the next immunizations?" Did the beneficiary say the correct day using the number of weeks (or months) format? Cross-check with what the nurse wrote on the card.
    a. Yes, the beneficiary said the correct day and number of weeks (or months)
    b. No, the beneficiary said the wrong day or the wrong number of weeks (or months)
    c. No, the beneficiary said the correct number of weeks (or months) but not the day
    d. No, the beneficiary refused to answer
    e. No next visit necessary

78. *IF B, C or D*: Did you explain the correct day and number of weeks (or months) to the beneficiary?
    a. Yes, I explained the correct day and number of weeks (or months)
    b. No, I was not able to explain the correct day and number of weeks (or months)

79. ASK: "How much will you receive during your next immunization visit?" What did the beneficiary say (all responses are in Naira)? Correct any wrong answers but note the wrong answer here.
    a. 500
    b. 1000
    c. 2000
    d. Other _____
    e. Beneficiary does not know or refused to answer
    f. Not applicable

80. Hidden Select One

81. ASK: Did you or will you dash anyone at the clinic today?
    a. Yes
        i. Clinic Staff
        ii. All Babies Staff
        iii. Security Guard
        iv. UNICEF VCM
        v. Community Health Worker
        vi. Government Staff
        vii. Other
    b. No
82. IF BCG or PENTA1 - SAY: If your child develops a light fever after vaccination, don't worry. This is normal and will pass quickly. You can give some Paracetamol infant syrup to your baby to relieve the symptoms. You can also bath your baby in cool water to lower the temperature.
    a. Yes, I said it
    b. No, I did not say it

83. Hidden Text
84. Hidden Multiple Choice

Good-Bye and Submission
85. ACTION: Pause and make eye contact with the caretaker. SAY "Come back on … (week day) in ... weeks. Thank you for vaccinating your child against deadly disease." Make sure the caretaker leaves with the Child Health Card, All Babies card, and the cash. Did you do this?
    a. Yes, I said to the caretaker while making eye contact
    b. No, I was not able to say this to the caretaker or was not able to make eye contact

86. IF MEASLES VISIT: SAY "Keep your Child Health Card for the next two years. Never throw it away. Someone might come to your house to confirm that your child is vaccinated."

56

Property of New Incentives – Private & Confidential

a. Yes, I said it
b. No, I was not able to say this

87. ANSWER: Was there anything unusual about this submission?
    a. N/A: This is a normal submission
    b. Child Health Card: needed to write the All Babies ID after confirming in Register
    c. All Babies Card: needed to write the All Babies ID
    d. Information was scratched out, needed to confirm dates in Register
    e. Baby had no name
    f. Other: describe in next question

88. *IF PREVIOUS QUESTION OTHER:* Unusual Circumstance Other Explanation

89. Hidden (Select Multiple)
90. Hidden Select One
91. Hidden Text
92. Hidden Select One
93. Hidden Text

94. Start Time: automatic timestamp (based on when beneficiary status question was answered)

95. End Time: automatic timestamp (based on when form was saved as complete)

96. Button for Save and Send (saves form, sends once have internet connection, reloads empty form)

97. Button for Close without saving (appears for "No…" response to clinic eligibility question)

98. Staff Name: automatic stamp (based on mobile device name)

Unusual Submissions

The last question in the disbursement form lets you mark unusual submissions.

ANSWER: Was there anything unusual about this submission?
    a. N/A: This is a normal submission
    b. Child Health Card: needed to write the All Babies ID after confirming in Register
    c. All Babies Card: needed to write the All Babies ID
    d. Both Cards Lost: Confirmed with Console
    e. Information was scratched out, needed to confirm dates in Register
    f. Baby had no name
    g. Infant received BCG at another clinic, settlement was confirmed
    h. Other: describe in next question

Here is how you answer this question depending on the case you experience:

If the submission was normal

→ "N/A: This is a normal submission"

If the Child Health Card was lost (and you needed to write the All Babies ID on a new Child Health Card)

→ "Child Health Card: needed to write the All Babies ID after confirming in Register"

If the All Babies Card was lost (and you needed to write the All Babies ID on a new All Babies Card)

→ "All Babies Card: needed to write the All Babies ID"

If both the All Babies Card and Child Health Card were lost (and you needed to write the All Babies ID on a new All Babies Card and replaced Child Health Card)

→ "Both Cards Lost: needed to confirm with Console"

If information or immunization dates were scratched out on the Child Health Card and you had to consult the register

→ "Information was scratched out, needed to confirm dates in Register"

If the baby did not have a name

→ "Baby had no name"

If there was something unusual not described in the list

→ "Other: describe in next question"

Next Visit Date: Measles

If the infant is at PENTA3, doForms asks you to enter the Date of Birth to determine the next visit date for the Measles vaccination.
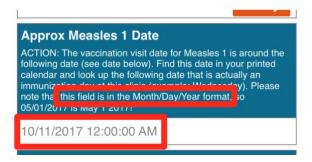
1. Get the Date of Birth   2. Enter the Date of Birth
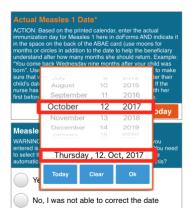
58

3. doForms shows you the approximate Measles date, nine months after the date of birth (<u>Attention: the format is Month/Day here. So 10/11/2017 is 11 Oct not 10 Nov!</u>)

4. Consult the printed calendar to pick a next visit date that is actually an immunization day at this clinic. Example: at this clinic only Thursdays are immunization days. So pick the next Thursday AFTER 11 October. → Next visit date for Measles vaccination is on Thursday, 12 October 2017.   Only pick the immunization day AFTER, not before, the approximate date because the child needs to wait 9 or more months after birth to get the Measles shot. Otherwise the Measles shot is less effective.)

Important: If the child is already beyond age of 9 months, then the nurse should ask the caretaker/infant to return one week after today's immunization visit to get the Measles vaccine.

CCTs for Immunizations Eligibility Details and Frequently Asked Questions

Who is eligible to start the program?
Only mothers that live in the catchment area of the clinic and have an infant that has received the BCG vaccine on that particular day (**fresh BCG vaccination mark, no scar**). Infants that did not get a BCG vaccination (because they are too old when they get the first vaccination, e.g. 1.5 years old) are NOT eligible.

Eligibility Criteria
Fresh BCG injection from today
Infant from catchment area

Both nurses and field staff should take the necessary measures to enforce these two main conditions.

→ Ask where the mother lives and assess whether she gives a reliable answer.

→ Check whether the child has a fresh BCG vaccination mark (indicating that BCG was received the same day!) and take a photo of it in doForms. This means that if an infant received BCG on a previous day, he/she is NOT eligible. Infants that did not get a BCG vaccination (because they are too old when they get the first vaccination, e.g. 1.5 years old) are NOT eligible.

Does a woman require all immunizations to be eligible for a transfer?
While New Incentives encourages the full immunization schedule, we require *minimum* immunizations that an infant must receive at each immunization visit in order to be eligible for the cash transfer.

61

The specific immunizations that are required to determine transfer eligibility vary and depend on the specific visit (e.g., whether it is the after birth visit or 6-week visit). See the table below for the exact requirements for each immunization visit:
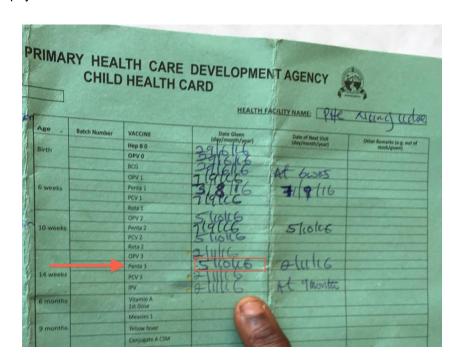
Visit:	Birth	6 weeks	10 weeks	14 weeks	9 months
Amount:	₦500	₦500	₦500	₦500	₦2,000
Minimum required immunizations:	-BCG	-Penta1, PCV1	-Penta2, PCV2	-Penta3, PCV3	-MV

Examples of cases where an infant/caretaker is **not** eligible for the transfer:
- If only Hepatitis B0 or OPV 0 are given at birth, but not BCG, the woman is **not** eligible.
- If the infant only got PENTA1 and needs to return to get PCV the following week due to a stockout, the cash transfer can only be paid out the following week.

In what cases is an infant not eligible for the transfer?
- Do not pay out After Birth incentive if no BCG
- Do not pay out 6 Week incentive if no Penta1 and no PCV1
- Do not pay out 10 Week incentive if no Penta2 and no PCV2
- Do not pay out 14 Week incentive if no Penta3 and no PCV3
- Do not pay out 9 Month incentive if no Measles vaccine

62

What if an infant received Measles 2, what do I do?

The first thing you should do is double check to make sure the infant received Measles 1. If the infant received Measles 1, the infant is **not** eligible for the transfer. Make sure to congratulate the mother on coming back for the second dose of the Measles vaccine. This is important because she should feel encouraged to continue protecting her child and not feel discouraged that she did not receive the transfer. Hand the mother an ABAE card to share with a friend.

If this is the first Measles vaccine the infant received (which would be rare and indicate that the nurse misentered the vaccine information), then the infant would be eligible for the transfer.

Does the same dose of Penta always have to be associated with the same dose of PCV?

The same dose of Penta may not always be paired with the same dose of PCV. For example, if an infant gets Penta 3 and PCV 1 on the same Immunization Day, you should still disburse the cash transfer because the infant received both the Penta and PCV vaccines on the same Immunization Day.

What should I do if an infant/mother received a qualifying immunization in the table but I wasn't there on the day it was administered?

Example:
- Woman received Penta 2 and PCV 2 on the last vaccination day when the Field Officer was sick.

This infant is **not** eligible for the transfer. Explain to the mother/caretaker that only immunizations administered on the days an All Babies staff member is present are eligible for the incentives. This is what makes our system strong and enables us to properly serve women like her. Apologize that we missed her and thank her for protecting her baby against deadly diseases. Tell her that she did well getting the immunization for her baby on time.

What should I do if an infant/mother received a qualifying immunization on a day that I was present in the clinic but ran out of money? What do I do if she comes in the following week?

This infant is **not** eligible for the transfer. Explain to the mother/caretaker that we can only pay out transfers for immunizations administered on the same day. Apologize that we ran out of money and thank her for protecting her baby against deadly diseases. Tell her that this is a new program and that we are committed to improving.

What should I do if an infant receives BCG and another set of vaccines on the same day? Is the infant eligible for two transfers?

An infant is **never** eligible for two transfers at one time.

- Example 1: an infant receives BCG and Penta1 at the same visit. Would the infant be eligible for the After Birth *and* 6 Week transfers? No! The infant would only be eligible for the most recent transfer.
- Example 2: an infant receives BCG and PCV1 at the same visit. Would the infant be eligible for the After Birth *and* 6 Week transfers? No! The infant would only be eligible for one transfer. In this case, the After Birth transfer since PCV1 alone does **not** constitute a transfer.
- Example 3: an infant receives BCG, Penta 3, and Measles at the same visit. Would the infant be eligible for the After Birth, 14 Week, *and* the 9 Month transfers? No! The infant would only be eligible for the most recent transfer. However: Infants that only come for the first visit at 9-12 months will not receive N2000, but only N500. This prevents fraud.

What should I do if an infant/mother comes who lives outside the catchment area or has a child that got BCG a while ago?

This infant is **not** eligible for the transfer. Explain to the mother/caretaker that this program only runs in this particular clinic's catchment area now as it is a pilot. It will be expanded in the future.

Explain that we have budgeted only for the clinic's catchment area. Furthermore, this clinic cannot handle more turnout.

What if the "Address/Village" box in the Child Health Card is blank?

The infant is not eligible for the transfer until a nurse fills out this box. Politely ask a nurse to fill it out.

What do I do if I cannot determine whether a child has a fresh BCG mark?

This infant is **not** eligible for the transfer until you determine that the child got a BCG vaccination on that particular day, i.e. has a fresh BCG mark. You are responsible for determining this before paying out the transfer. Exception in rare cases: infants that did not get a BCG vaccination (because they are too old when they get the first vaccination, e.g. 1.5 years old) are eligible too.

What should I do if a mother/caretaker lost the infant's Child Health Card (but the All Babies Card is still available)?

Ask the nurse to locate the infant in the Child Immunization Register. If the infant is from the catchment area and the nurse issues a replacement Child Health Card, then the infant is eligible for the transfer.

Review the Child Immunization Register yourself to ensure:
- The infant's name and vaccination history is in the register
- The infant is from this catchment area based on the register
- The record in the registry is NOT from today but from a previous date (ensure that the nurse did not make this entry today by confirming that the record is followed by many other records of infants - and NOT at the end of the list close to empty rows)

Issue the beneficiary a new Child Health Card and write her All Babies ID on it with a pen, based on the All Babies ID on her All Babies Card. Stamp the written All Babies ID on the Child Health Card such that the All Babies ID is readable by somebody looking at the photo.

Ensure that you mark "Child Health Card: needed to write the All Babies ID after confirming in Register" under the "Unusual Circumstances" question in the disbursement form in doForms.

This infant is not eligible for the transfer if the nurse cannot locate the infant's record in the Child Immunization Register.

What should I do if a mother/caretaker lost the All Babies Card (but the Child Health Card is still available)?

Issue her a new All Babies card and write her All Babies ID on it with a pen, based on the All Babies ID on her Child's Health Card. Stamp the All Babies ID.

Ensure that you mark "All Babies Card: needed to write the All Babies ID" under the Unusual Circumstances" question in the disbursement form.

What should I do if a mother/caretaker lost the infant's Child Health Card *and* the All Babies Card?

The Child Health Card and the All Babies Card are requirements for identifying oneself as eligible for the New Incentives CCT Program. If somebody loses their Child Health Card *and* their All Babies card, they need to go through a stringent verification process because it is more difficult to verify and can lead to increased fraud. In such a case, you will need to verify with Console using the following steps.

Mode of raising the request:
    a. Email to ███████████████ from official email address with copy to your manager
    b. Over the phone to Employee Support Console (ESC) (or using WhatsApp) during normal working hours from Monday to Friday. Phone number: ████████

Minimum information required while raising the request
    a. ABAE ID
    b. Why the information is needed (One of the below mentioned reasons)
        1. CHC and / or ABAE ID Card lost
        2. CHC and / or ABAE ID Card unreadable / damaged
        3. Suspected fraud
        4. Other - With details of the purpose

65

    c.   Photo of the Register with name of the infant
        1.   If the photo of the Clinic Immunization Register is not available, mention: CIR Photo Not Available

IMPORTANT: Course of action for Field Staff while awaiting response from ESC
1. The expected response time is between 2 to 8 hours depending on other priorities, time when the request is raised and internet connectivity available for the ESC.
2. The Field Staff is expected to ask the concerned beneficiary to either visit during the next Clinic Day or wait while the information is supplied by the ESC.
3. The Field Staff should not disburse to the concerned beneficiary till the time the information is received and verified.
4. Reach out to Console, if you come across any issues >> Rahul : +91- 9867361191 and Swapnali : +91- 9082928261

What should I do if the All Babies ID number on the Child Health Card and the All Babies Card does not match?

It is critical that the All Babies IDs on the Child Health Card and the All Babies Card are exactly matching, a mismatch can suggest a mix-up of cards, an error during enrollment/disbursement, or possibly even fraud.

If this happens, please note down the both the All Babies ID number on the Child Health Card and the one of the All Babies card, take photos of both, and share them with your Field Manager (FM) for review. Do not pay out in this case as the requirements of the Child Health Card and the All Babies Card having the same number are not met, hence a doForms disbursement form does not need to be filled out either. If possible, please collect a phone number where the beneficiary can be reached at so that we can have an opportunity to reach her, ask questions, and possibly reinstate their ability to participate in the program.

Can you show me the different cases of cards / IDs lost in one simple table?

Please consult the full Q&A for each of these cases. This is just a summary to help you memorize the different cases.

Case	Action
All Babies card lost	Issue new All Babies card; report in doForms
Child Health Card lost	Only issue new Child Health Card and give cash transfer if there is an old entry in the Child Imm Register; report in doForms

Both Child Health Card and All Babies card lost	Infant drops out of program, do not give cash transfer.
ID number on Child Health Card and All Babies card are different	Check whether the mixup can be resolved at the clinic Do not give cash transfer. Take photos of both ID numbers, phone nr of caretaker and send to Field Manager.

What should I do if I accidentally put a different ABAE ID on the green card given to a new woman and the ABAE ID I pasted on the infant's Child Health Card?

This is a mistake and that should not occur again. To minimize such errors, we intentionally created the sticker sheet so that all ABAE IDs come in pairs.

However, if this error occurs you should tear and dispose of the green card and give a new green card to the mother that matches the ABAE ID you placed on the Child Health Card. Manually write the ABAE ID on the green card so that it is easy for the mother to read.

If the mother has already left with the mixed-up ABAE IDs on her Child Health Card and All Babies card, make sure to start with a new pair of ABAE IDs (and discard the ABAE ID for which you do not have two labels left). Report this to management in an email at the end of the day. This is mandatory, do not attempt to hide the mistake.

A mother/caretaker left the infant's Child Health Card at my table. What should I do?

This is a mistake and that should not occur again. The infant's Child Health Card is a very important document and you should never let the mother forget to take it. Sometimes the money comes as a such a surprise that a mother might forget to take their Child Health Card. It is your responsibility to always make sure that the mother leaves with the infant's Child Health Card.
If this error occurs, take a photo using your phone's Camera app. Report this occurrence via email (attaching the photo) before the end of the day. Before leaving the clinic, inform the nurse of the mistake and plead with her to keep the card safely and watch for when the woman returns.

What should I do if a mother comes with twins?
Both infants **are** eligible for the transfer. You should assign an ABAE ID to each twin and follow standard program procedures accordingly, for each individual infant (as both are now protected against diseases).

The mother/caretaker will go home with two ABAE green cards and two payouts. You will submit two doForms submissions.

67

What if the date is marked with an "NG" and the immunization is not given on that day?

There are several reasons why a nurse might mark a vaccine as NG. The three most common reasons are:

- Baby may have had a high fever (in this case, the infant is eligible for the transfer as long as the minimum conditions are met, but **only** on the day the qualifying vaccination is administered)
- Unwillingness of nurse to open a new vial if there is only one infant at the end of the immunization day. The cards are marked NG and the baby/caretaker are asked to return the following week. The infant will be eligible for a transfer on the day he/her is given the qualifying immunization(s) and **not** the date that NG was written
- Temporary or permanent stockout. In the case of a permanent stockout, please inform your manager immediately(!)

If an infant has already received her Measles incentive but not other immunizations, is the beneficiary still qualified to receive disbursements for the remaining immunizations?

Yes, if any of the immunization groups (e.g. Penta and PCV) is missing, the beneficiary will be eligible to receive incentives when the infant is immunized.

Example: An infant receives Measles vaccine after Penta 2 and PCV 2 vaccine because the infant is over 9 months already. The beneficiary comes after a month to the clinic and her infant is given Penta 3 and PCV 3. In such a situation, the beneficiary will be eligible to receive the next incentives on the day her infant is administered Penta 3 and PCV 3.

Can an infant receive Penta 2 and PCV 2 or Penta 3 and PCV 3 before receiving the Penta 1 and PCV 1 vaccines?

No, the **first dose of the Penta and PCV vaccines** should always be marked as Penta 1 and PCV 1.

Dates should never be added for Penta 2 and PCV 2 vaccinations or Penta 3 and PCV 3 vaccinations before Penta 1 and PCV 1 have been marked as received.

This is **very important** because not following this leads to the infant usually receiving fewer doses of Penta and PCV vaccines, which means that they will be less immune to these diseases. The first dose is always Penta 1 and PCV 1 from the infant's health perspective and the other two doses (Penta 2+3 and PCV 2+3) are boosters to help further strengthen the infant's immunization against these deadly diseases.

Below is an example of a Photo 2 showing immunizations that were incorrectly marked. In such cases, you should politely request the clinic staff to move the dates to Penta 1 and PCV 1 and ask them to do this moving forward. If this leads to an issue, please discuss this with your Field Manager so that they can guide you or visit the clinic themselves if necessary.

68

What if there is an infant with an old BCG scar wanting to get enrolled?

The default is that infants with a BCG scar cannot be enrolled into the program. However, for cases where they may have gotten enrolled elsewhere (e.g. infant got BCG at the point of delivery at another hospital), an exception can be made with the right evidence and process.

- Ensure that the caregiver presents the CHC from the clinic (non-ABAE Clinic) where the BCG was given. Do not renew cards otherwise we will be exposing the criteria to fraud by the clinic staff (highest risk) and the caregivers.
- Confirm with Line-Listing register from LGA to confirm if that infant lives in the particular settlement or not. You can get the updated Line Register copy from the LGA once a month.
- If you make the correct selections, you will be asked for one more photo after the BCG photo: circle the line with the name of the infant and caregiver in the Line Register copy, then click the photo.
- Mark the BCG immunization with blue dot as always (note: this implies that the clinic staff will not make a golden dot since the infant did not receive BCG at the clinic)
    - OLD BCG on Arms questions in doforms

■ Select the first option: "Yes, there is an old BCG scar and I checked both of the infant's arms for the old BCG scar"

○ Mark exception in Unusual Circumstances by selecting the following option:
■ Select: Others. Then write "Infant received BCG at another clinic, settlement was confirmed" (If you don't do this step, you are violating the basic eligibility criteria, which is a serious offense)
● Maintain the copy of the Line-Register to ensure that the same infant does not return again
● Infants who have a BCG scar along with subsequent vaccines can be enrolled with this criteria (e.g. they are Penta 2 or Penta 3 stages). If an infant comes for Measles in the first time of enrollment, they should get 500 Naira as per protocol. Vigilance is important to ensure fraud is not introduced due to this.

What are some examples of Good, Bad, and Okay Incentives Photos?

By following some simple rules, all of you can capture great pictures and thereby help further in achieving our goals. Here is some guidance for all of you keep as a reference for the future.

Criteria of a Good photo:

● Head Straight

● Head Fully in View

● Eyes Looking at the Camera

The sample shown below demonstrates the criteria of a good quality picture.

70

- (Yes) Head Straight

- (Yes) Head Fully in View

- (Yes) Eyes Looking at the Camera

Not great but still helpful (okay) photo:
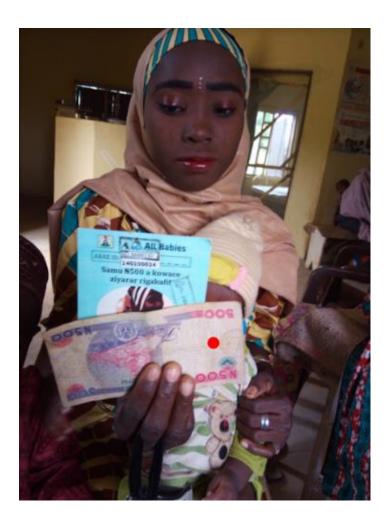
The sample shown below does not meet the criteria of a good quality picture:

- (Yes) Head Straight
- (Yes) Head Fully in View
- (No) Eyes Looking at the Camera

Another example of an okay photo:

The sample shown below does not meet the criteria of a good quality picture:

- (No) Head Straight
- (Yes) Head Fully in View
- (Yes) Eyes Looking at the Camera

Pictures which do not really help us (Bad Photos):

The sample shown below does not meet the criteria of a good quality picture:

- (Yes) Head Straight
- (No) Head Fully in View
- (No) Eyes Looking at the Camera

Another example of a bad photo:

The sample below does not meet the criteria of a good quality picture:

- (No) Head Straight
- (No) Head Fully in View
- (No) Eyes Looking at the Camera

A picture is worth a thousand words! And at New Incentives, this is really true! Every good picture you take helps us with effective facial recognition and data analysis. There would be challenges in capturing a good picture - the mother might get distracted by the baby, the lighting might be poor. But, you should still try to capture that great picture - It really helps!

Remember: The beneficiary is 1) facing forward, 2) looking at the camera with 3) head fully in view.

- (Yes) Head Straight

- (Yes) Head Fully in View

- (Yes) Eyes Looking at the Camera

Ambassador Model

- **Objective**: Using beneficiaries from settlements with many defaulters to help track them down. The same can also be done with VCMs and TBAs that are motivated and frequent affected settlements. The end of the Health Talk is the time to recruit these Ambassadors. Ambassadors do a small community service and are unpaid.

- Steps for success
  - Focus on the settlements with the highest number of defaulters
  - Gather a few mothers from these two settlements at the end of the Health talk in a circle. Include VCMs, TBAs, town criers and other such supporters where available.
  - Recruit multiple Ambassadors from large settlements with many defaulters.
  - Go through the list of defaulters from these settlements. Note which woman from each settlement knows the most defaulters, is vocal, active and likely has good status/education. Ask who wants to be an ambassador for New Incentives in their village that day, say that it is a representation of somebody who understands the importance of immunization. If you do this well, it will be something that they can be proud about and will want to volunteer.
  - Give a realistic understanding of the task to the Ambassador: Ambassadors are only asked to go back to their home settlement and help track beneficiaries that they know already. This is not a large or regular task. There is no need for a transport stipend. The Ambassador gets social recognition. (Ambassadors do not replace VCMs/TBAs that have much more comprehensive tasks, make sure that VCMs/TBAs do not feel discouraged).
  - For each Ambassador, write down the names of the defaulters on a piece of paper and hand it out to her. Also read it out loud as many Ambassadors cannot read. This facilitates her follow-up at the settlement.
  - Underline the names that you have added to the Ambassador's sheet of paper on the printed list. Example: Ibrahim Sufu This helps you remember which names might need to be added to the piece of paper in following weeks (in case there are dozens of names).
  - Save the phone number of the Ambassador, if applicable, on your phone (including the settlement name).
  - Ask the Ambassador to talk to village heads, barbers, butchers, imams and track down the beneficiaries.
  - Steps to take at community: Ambassadors should first seek permission from husbands, then go to community leaders to ask for help, then go house to house. Finally after the tracking they brief the community leader on the outcome and report refusing husbands. This avoids potential issues from husbands or community leaders.

77

○ Message by Ambassador to defaulters: "Come back and you will get the incentive. There is no punishment!"

Outreach

Use outreaches to organize a meeting with village leaders *and* husbands
- Call village leader in advance to announce outreach (as you always did)
- On the phone, politely ask for a gathering of village leader *and* husbands after the outreach (sometime in the afternoon, for example: 3.30pm)
- On the day of the outreach, confirm the outreach and meeting early morning before you head to the village by phone
- Serve beneficiaries at outreach village and then conduct village leader / husband meeting in the afternoon
- The clinic staff should be present at the gathering with leaders / husbands and explain as much as possible. (You should let clinic staff talk about the importance of immunizations)
- This new tactic does *not* result in any additional costs.
- Result of this approach: strong sensitization of husbands on top of outreach services

Voluntary Focal Points

Voluntary Focal Points (VFPs) support the program at priority clinics. More information is available in the [VFP Training document.](#)

- **What are the main tasks of the VFP?**
  - Coverage: visit settlement leaders
  - Retention: track down defaulters
  - Immunization Day:
    - Track beneficiaries from priority settlements or those that have defaulted on the VFP Goal List.
    - Ensure that beneficiaries from outside the catchment area are screened out.
    - Ensure that all beneficiaries understand the next visit date (e.g. use local dialect to underline next visit date)

Clinic Daily

The Clinic Daily form is a doForms form that captures everything that happened on a particular immunization day. This goes from immunization services provided by the nurses (ex. stockout) to our services (ex. long queue before our payout table).

The form is divided into two sections: you fill out the first questions (about health talk and VVM/expiry checks in the morning), then you save the form as incomplete. At the end of the clinic day, you look up the form under Review / Incomplete and open it again to complete it. The Clinic Daily form has to be submitted on the same day as the immunization day occurs.

Please find on the next page the full Clinic Daily protocol. Here are a few important hints on how to fill out some of the questions in the protocol.
- Health Talk: You need to attend every health talk to supervise what the nurses say about our program AND to yourself clarify the main messages. Be very specific in your answers in the Clinic Daily form about what the nurses might have covered wrong and those about the messages you covered.
- VVM: Here it is very important that you select the vials yourself and randomly. So don't just take vials handed to you by the nurses!
- VVM: We don't accept if you frequently select "no vial available for review". It is your job to make sure you have access to the vials.
- Expiry: The same points from VVM apply to the expiry date questions as well. Always select vials yourself and randomly. Always make sure that you get vials of every vaccination for your reviews. The expiry questions wrap up the morning section in the Clinic Daily form.
- VVM and Expiry photos: 1. Always keep the vial in your hand when you check for VVM or expiry date. Don't put it on a table as the vial might fall on the floor. 2. Don't put the vial too close to the camera, otherwise the camera cannot focus properly.
- Last assigned ABAE ID: to get the last assigned ID you check the ID that is still on your sticker sheet and then count one back. Do not simply transcribe the number that is still on the sticker sheet (because it was not assigned yet).
- Refusal: if women are eligible but refuse the transfer, options show up to mark what the reason was. Be very precise here. We need to learn what causes refusals and how often they occur.
- Nr children: Ideally you can use the Daily Attendance Register to count the number of infants served on a particular day.
- Infants not served to avoid wastage: please clearly distinguish this from similar questions. Here the vaccine is available but the nurse does not want to open ex. a 10-dose vial if there are ex only 3 children. This is different from "vaccine ran out"!
- Vaccines ran out: "Ran out" is defined as a vaccine that was available in the morning but then during the day ran out.

79

- Vaccines not in stock: "not in stock" is defined as as a vaccine that was never available during the whole immunization day
- Maximum vaccination age: be very precise when you ask the nurses about the maximum vaccination age. This has many implications on our operations! It is crucial to understand ex whether BCG is given for up to two weeks or up to one year.
- Comparison of Child Health Card with Child Immunization Register: In our tracking we both use Child Health Card and Immunization Register. If those sources do not match, we might underestimate the impact of our program. Hence, we ask you to randomly look up two Child Health Cards (from photos in your phone's gallery) and look up the beneficiaries in the Child Immunization Register and then compare. Were there differences? -- The photo fields for these two beneficiaries you look up are randomized. So you will not take photos of every beneficiary you look up. Use a sheet of paper to point to the correct row and hide irrelevant information.
- Open questions: in the end you can openly state issues in a few categories. Please use this to state something not covered by the questions above.

Clinic Daily Protocol

Purpose of Document

To provide an overview of New Incentives' procedures for:

● Capturing data on program implementation, clinic services and supply-side on every immunization day.

Data Entry

All data from this protocol is entered using the doForms app and synced to the cloud.

Use 1024px as doForms image settings (Under Settings // Image Scaling).

Morning Section

Midday Section

Evening Section

Morning Section

Page: Morning

1. [HIDDEN] Auto-Number (unique ID for form based on 'when collected' number generation)

2. [HIDDEN] Start Time

3. Today's date (automated): Enter the date of the Clinic Daily form you are making a submission for.

4. Check-in: What time did you arrive at the clinic today?

5. LOOKUP: Enter the four-digit state and clinic code (ex. 1301) -- *ensure that only numbers 1000 to 9999 are accepted*

6. LOOKUP: Displays clinic name based on state/clinic code

7. [HIDDEN] Clinic Name

8. [HIDDEN] Enter a random number between 0 and 9 (including 0 and 9). Make sure that you pick a different number every immunization day.

9. Enter your full name
10. [HIDDEN] Staff Name Lookup

11. [HIDDEN] Are your doForms "Image Scaling" settings at 1024 pixels wide?
    a. Yes
    b. No → Correct it to 1024 pixels!
        i. Have you corrected your settings to 1024 pixels wide?
            1. Yes
            2. No → Skip to end of form

12. How much storage do you have left on your device?
    a. Less than 1GB → report to your supervisor immediately!
    b. 1-2 GB
    c. More than 2 GB

13. Do you have the All Babies ID stickers for this particular clinic? (=matching the clinic's four-digit code) -- *this is to ensure that you don't issue another clinic's IDs.*
    a. Yes
    b. No

14. [HIDDEN] Select one response question
15. [HIDDEN] Select one response question

16. Many clinic staff accidentally give Measles 1 to children younger than 9 months which makes it ineffective. Calculate the date of today minus 9 months. Then tell the nurses "Please, no infant that was born after - DATE - should receive Measles 1 today. The vaccine will not be not effective as the child is not yet 9 months old." — Enter the date you shared with the nurses here (enter for example: 28 February 2017). If you did not give the nurses any date, enter 0 and state why you did not alert them.

17. Is this a clinic or outreach day?
    a. Clinic
    b. Outreach
    c. Campaign

18. *IF OUTREACH:* Enter the clinic code and select the settlement name where the outreach is conducted. (LOOKUP)

19. Were you able to observe the health talk?
    a. Yes
    b. No
        i. Why were you not able to observe the health talk? _____

20. What issues did you detect during the health talk given by nurses? (select all that apply and review the full list below before you move to the next question)
    a. All Babies program not mentioned

82

b. Eligibility criteria unclear or wrong
c. Cash amounts unclear or wrong
d. Form of payment (immediate payout) unclear
e. Payout only after vaccination unclear
f. Payout steps were not detailed (amount per visit and total that can be earned)
g. Side effect of vaccinations (moderate fever) not mentioned
h. Other _____
i. I did not observe any issues with the health talk

21. HIDDEN: Did you participate in the health talk to introduce and provide an overview of the CCTs for Immunizations program?
a. Yes
b. No

22. HIDDEN: During your participation in the health talk, which aspects of the All Babies program did you cover? Select all that apply.
a. Goal of All Babies program: protect baby against deadly disease
b. Who is eligible for the All Babies program
c. Cash transfer amounts in the All Babies program
d. When payouts are made (after vaccination) in the All Babies program
e. Congratulate caretakers of fully vaccinated infants

23. During your participation in the health talk, you should mention that infants should be brought to the immunization day the week after delivery, without delay. If the mother has to stay at home due to bleeding, she can also ask another caretaker to bring the baby. It is critical that the baby gets BCG as soon as possible after birth. Did you mention BOTH of these items?
a. I told them to bring babies without delay after birth and mentioned the option for mothers who need to stay at home due to bleeding
b. I was not able to tell them about bringing babies without delay after birth OR I was not able to mention the option for mothers who need to stay at home due to bleeding

24. Request to view Vaccine Vial Monitors (VVMs) and Expiry Dates for the following vaccines used during immunization day. Randomly select vials to inspect them.
a. OK

25. RANDOMLY select one vial of BCG and check the VVM. What stage is the VVM?
a. Stage 1: Square much lighter than circle (for BCG VVM)
b. Stage 2: Square somewhat lighter than circle (for BCG VVM)
c. Stage 3: Square and circle same color (for BCG VVM)
   i. Is the BCG vaccine still used in this case (VVM Stage 3) even if the vaccine is not expired?
      1. Yes
      2. No
      3. Don't know/ refused to answer
d. Stage 4: Square darker than circle (for BCG VVM)

      i.   Is the BCG vaccine still used in this case (VVM Stage 4) even if the vaccine is not expired?
- 1. Yes
- 2. No
- 3. Don't know/ refused to answer

    e.   Unclear, I cannot interpret the BCG VVM

    f.   No vial available for review (select only if absolutely necessary)

26. Take a photo of the BCG vial that you just reviewed. Focus on the VVM to obtain a sharp photo.
27. Read the expiration date of the BCG vial. Is the vial expired?
    - a. No, the vial of BCG I randomly selected is not expired
    - b. Yes, the vial of BCG I randomly selected is expired
        - i. What is the date of expiration of the BCG?
    - c. Unclear, I cannot read the date clearly on the vial of BCG
    - d. No vial available for review (select only if absolutely necessary)

28. Take a photo of the BCG expiry date that you just reviewed. Focus on the expiry date to obtain a sharp photo.

29. RANDOMLY select one vial of PENTA and check the VVM. What stage is the VVM?
    - a. Stage 1: Square much lighter than circle (for PENTA VVM)
    - b. Stage 2: Square somewhat lighter than circle (for PENTA VVM)
    - c. Stage 3: Square and circle same color (for PENTA VVM)
        - i. Is the PENTA vaccine still used in this case (VVM Stage 3) even if the vaccine is not expired?
            - 1. Yes
            - 2. No
            - 3. Don't know/ refused to answer
    - d. Stage 4: Square darker than circle (for PENTA VVM)
        - i. Is the PENTA vaccine still used in this case (VVM Stage 4) even if the vaccine is not expired?
            - 1. Yes
            - 2. No
            - 3. Don't know/ refused to answer
    - e. Unclear, I cannot interpret the PENTA VVM
    - f. No vial available for review (select only if absolutely necessary)

30. Take a photo of the PENTA vial that you just reviewed. Focus on the VVM to obtain a sharp photo.
31. Read the expiration date of the PENTA vial. Is the vial expired?
    - a. No, the vial of PENTA I randomly selected is not expired
    - b. Yes, the vial of PENTA I randomly selected is expired
        - i. What is the date of expiration of the PENTA?
    - c. Unclear, I cannot read the date clearly on the vial of PENTA
    - d. No vial available for review (select only if absolutely necessary)

32. Take a photo of the PENTA expiry date that you just reviewed. Focus on the expiry date to obtain a sharp photo.

33. RANDOMLY select one vial of PCV and check the VVM (it is on the cap of the vial!). What stage is the VVM?
    a. Stage 1: Square much lighter than circle (for PCV VVM)
    b. Stage 2: Square somewhat lighter than circle (for PCV VVM)
    c. Stage 3: Square and circle same color (for PCV VVM)
        i. Is the PCV vaccine still used in this case (VVM Stage 3) even if the vaccine is not expired?
            1. Yes
            2. No
            3. Don't know/ refused to answer
    d. Stage 4: Square darker than circle (for PCV VVM)
        i. Is the PCV vaccine still used in this case (VVM Stage 4) even if the vaccine is not expired?
            1. Yes
            2. No
            3. Don't know/ refused to answer
    e. Unclear, I cannot interpret the PCV VVM
    f. No vial available for review (select only if absolutely necessary)
34. Take a photo of the PCV vial that you just reviewed. Focus on the VVM to obtain a sharp photo.
35. Read the expiration date of the PCV vial. Is the vial expired?
    a. No, the vial of PCV I randomly selected is not expired
    b. Yes, the vial of PCV I randomly selected is expired
        i. What is the date of expiration of the PCV?
    c. Unclear, I cannot read the date clearly on the vial of PCV
    d. No vial available for review (select only if absolutely necessary)
36. Take a photo of the PCV expiry date that you just reviewed. Focus on the expiry date to obtain a sharp photo.

37. RANDOMLY select one vial of Measles and check the VVM (it is on the cap of the vial). What stage is the VVM?
    a. Stage 1: Square much lighter than circle (for Measles VVM)
    b. Stage 2: Square somewhat lighter than circle (for Measles VVM)
    c. Stage 3: Square and circle same color (for Measles VVM)
        i. Is the Measles vaccine still used in this case (VVM Stage 3) even if the vaccine is not expired?
            1. Yes
            2. No
            3. Don't know/ refused to answer
    d. Stage 4: Square darker than circle (for Measles VVM)
        i. Is the Measles vaccine still used in this case (VVM Stage 4) even if the vaccine is not expired?
            1. Yes
            2. No
            3. Don't know/ refused to answer

85

e. Unclear, I cannot interpret the Measles VVM
f. Cap of Measles vial with VVM cannot be found
g. No vial available for review (select only if absolutely necessary)

38. Take a photo of the Measles vial that you just reviewed. Focus on the VVM to obtain a sharp photo.
39. Read the expiration date of the Measles vial. Is the vial expired?
    a. No, the vial of Measles I randomly selected is not expired
    b. Yes, the vial of Measles I randomly selected is expired
        i. What is the date of expiration of the Measles?
    c. Unclear, I cannot read the date clearly on the vial of Measles
    d. No vial available for review (select only if absolutely necessary)
40. Take a photo of the Measles expiry date that you just reviewed. Focus on the expiry date to obtain a sharp photo.

41. Hidden Single Choice
42. Hidden Single Choice
43. Look at all available vials and check whether any of them were opened before this morning (on another day). How many vials were opened before today? Enter a number. Example: 1 = one vial was opened on an earlier immunization day, not today.
44. Select the vaccines whose vials were opened before today. You can select multiple if different vaccines had vials that were opened before today. Example: if you select PCV this means that there were 1 or more PCV vials that were opened on an earlier immunization day, not today.
    a. BCG (Tuberculosis)
    b. OPV (Polio)
    c. IPV (Polio)
    d. Hepatitis B
    e. PENTA
    f. PCV (Pneumococcal)
    g. Measles
    h. Yellow Fever
    i. Other

45. This question ends the morning section. Save the form as incomplete by pressing on the "Save as incomplete" button. Between noon and 1pm, go to Incomplete Forms to reopen this record.
    a. OK
46. Save as Incomplete button

Midday Section

47. Hidden Single Choice
48. Hidden Single Choice
49. Hidden Text
50. Between noon and 1pm, choose a good moment to leave the disbursement desk, keep all valuables on yourself and walk around the clinic to answer the following questions.
    a. I filled out the midday section between noon and 1pm
    b. I was late but was able to fill this section out before 2pm

86

    c.   I was not able to fill out the midday section

51. Hidden Date/time stamp
52. How many caretakers are waiting right now to get their infant registered for the vaccinations (in the queue for Child Health Card / Child Immunization Register)?
53. How many caretakers are waiting right now to get their infant vaccinated (were already registered earlier)?
54. CALCULATED: The total number of caretakers waiting (for registration and vaccination) is:
55. What are the reasons that so many caretakers are waiting? Select all that apply.
    a. Registration started late
    b. Vaccinations started late
    c. Turnout higher than normal
    d. Less RI staff than normal
    e. Clinic is always overwhelmed with this turnout
    f. Not applicable: nobody or only very few waiting
56. How many caretakers had left by midday without vaccinating their infants because of the waiting time? Enter 0 if none of the caretakers had left. Enter 99 if the answer is unclear. (Only count women that will not return on the same day. Do not count women that only briefly leave the clinic but return for the infant's vaccination).
57. [Show question only if answer to 54 is not 0] What are the reasons that caretakers left without vaccinating their infants? Select all that apply.
    a. Waiting time seemed too long
    b. Nurse told them to come back another time (daily maximum of infants)
    c. Vaccinations not available
    d. Child Health Cards not available
    e. Left because not eligible for cash transfer

58. How did the nurses use the gold pen? Remind them to always use the gold pen but only after the vaccination took place (not during registration!).
    a. Gold pen is used during registration (wrong)
    b. Gold pen is used after vaccination (correct)
    c. Gold pen is not used (wrong)
59. HIDDEN: How many paid and unpaid staff are providing immunization services right now? (total = those registering AND those vaccinating)
60. HIDDEN: How many paid and unpaid staff are giving injections right now? (only vaccinators)
61. HIDDEN: How many staff of what type work on immunization services right now? (Fixed Staff = permanent employee like nurse, Casual Workers = make around N10,000 per month, Unpaid Volunteers = are not regularly paid)

Fixed Staff	Casual Worker	Unpaid Volunteer	Other

62. [HIDDEN] Select one response question
63. [HIDDEN] Text

Property of New Incentives – Private & Confidential

64. [HIDDEN] Select one response question
65. This question ends the midday section. Save the form as incomplete by pressing on the "Save as incomplete" button. In the evening, go to Incomplete Forms to reopen this record.
    a. OK
66. Save as Incomplete button

Evening Section

67. [HIDDEN] Select one response question
68. [HIDDEN] Text

69. At approximately what time did the nurses vaccinate the last child today?

70. Enter the LAST used/assigned All Babies ID from today's visit that you find on the sticker sheet. (note: the last assigned All Babies ID is not on your sticker sheet anymore) -- *only numbers 100000000 to 999999999 are accepted*

71. HIDDEN: Were there any All Babies IDs you accidentally skipped today? If yes, please enter the ID and explain why this occurred.

72. Inform your manager if you have only 500 All Babies cards and less than 10 sticker sheets for that clinic left.
    a. Have more left
    b. Need more cards and stickers -- Inform Supervisor Immediately by email!

73. HIDDEN Which pen color did the nurse use today to indicate that a vaccine was given?

74. HIDDEN Which pen color did you use today to indicate that an incentive was given?

75. Did you take both vaccine indicator pens back to keep them safely until next week?
    a. Yes, I obtained both pens
    b. No, I made a mistake and one of the pens was not obtained
    c. No, I made a mistake and forgot both pens

76. HIDDEN: What color of number tags did you use today? (The number tags are used to manage the crowd)
    a. Red
    b. Orange
    c. Yellow
    d. Green
    e. Blue
    f. Purple

77. How many mothers/caretakers refused the incentive today? If none, enter 0.

78. *IF GREATER THAN* 0: Select all reasons why caretakers refused the incentive today.
    a. Suspicious to receive money for free vaccinations
    b. Against photographs
    c. Fear of stigma
    d. Religious beliefs
    e. Needs permission from partner
    f. Doesn't want the money
    g. Other _____
    h. Don't know/ refused to answer

79. How many children attended today? (=total of children that got vaccinated today, not only those enrolled in the All Babies program). Use the Daily General Attendance Register if available. You can also use the All Babies numbered tags handed out to caretakers. Count yourself, do NOT rely on the nurse.

80. Which source did you use to answer the previous question ("How many children attended today?")?
    a. Daily General Attendance Register
    b. All Babies numbered tags
    c. Nutrition and Growth Monitoring Information Register
    d. Immunization Tally Sheet
    e. Child Immunization Register
    f. Other _____

81. How would you assess the turnout of infants that got vaccinated (all that got vaccinated, not only those enrolled in the All Babies program) at this clinic today?
    a. Higher than average
    b. Average
    c. Lower than average

82. Why was the turnout of infants vaccinated today lower/higher than on a usual immunization day at this clinic?

83. ASK clinic staff: "What is your guess on how many women came from outside the catchment area?" (Outside the catchment area = a settlement not on your catchment area list).
    a. None
    b. Few
    c. Half
    d. Most
    e. All
    f. Unclear

84. Were all mothers/infants served today or did the immunization day end prematurely (e.g. no time; ran out of vaccines)?

  a. All served

  b. Not all served

    i. Approximately how many mothers were not served, i.e. sent home?

     _____

85. Why did the immunization day end prematurely?

    i. Nurses were unable to serve all women due to high volume

    ii. Nurses decided to end clinic day much earlier than usually (unclear reason)

    iii. Nurses ran out of vaccines

    iv. Nurses ran out of Child Health Cards

    v. Field Officer ran out of cash

    vi. Other _____

86. Were some mothers/infants not served today because the nurses refused to open a new vial as there were "not enough" infants (Example: BCG nurse refused to open 10-20 dose vial for 2 beneficiaries)?

  a. All served

  b. Not all served

    i. Approximately how many mothers were not served because nurses did not want to open a vial?

    ii. Which vaccine did the nurses not want to open to avoid waste?

    _____

87. HIDDEN: Did you have to get more funds from the ATM during the day as you ran out of money?

  a. Yes, I had to get more funds from ATM

  b. No, I had sufficient funds

88. [HIDDEN] At what time did you start disbursements today?

89. [HIDDEN] At what time did you end disbursements today?

90. [HIDDEN] (Automated calculation of number of hours)

91. HIDDEN: Did you need to make any suggestions to the clinic staff regarding the Child Health Cards today? Select the choices for which you had to make suggestions to the clinic staff during the day:

  a. Vaccines given were not highlighted with gold pen on Child Health Cards

  b. Gold pen was used at registration desk instead after actual vaccination

  c. Address/settlement was not recorded on Child Health Cards

  d. Clinic name was not recorded on Child Health Cards

  e. Phone number was not recorded or wrong on Child Health Cards

  f. Date of Birth was wrong on Child Health Card

  g. Date of Immunization was wrong on Child Health Card

  h. Next visit date missing

  i. I did not need to request for any quality changes today

  j. Other _____

92. HIDDEN AS OLD QUESTION: How many beneficiaries lost their Child Health Cards today and required new ones? Enter 0 for none.
93. HIDDEN: How many beneficiaries reported losing their All Babies Card and received a replacement All Babies Card? Enter 0 for none.
94. HIDDEN: How many beneficiaries lost their Child Health Card and required a new one? These are beneficiaries that got a cash transfer because they had their All Babies card and they were found in the Child Immunization Register. Enter 0 for none.
95. HIDDEN Numeric
96. HIDDEN Text
97. HIDDEN: How many beneficiaries reported losing their Child Health Card and were issued a new CHC but were NOT confirmed in the CIR (this means they should not have received any cash transfers)? Enter 0 for none.
98. HIDDEN Numeric
99. HIDDEN Text
100. HIDDEN: How many beneficiaries reported losing BOTH their Child Health Card and the All Babies Card (this means they had no verifiable All Babies ID and so should not have received any cash transfers)? Enter 0 for none.
101. HIDDEN: IF previous question greater than 0: What reasons did the beneficiaries give for having lost both Child Health Card and All Babies card?
102. HIDDEN Numeric
103. HIDDEN Text
104. HIDDEN Choose One

105. Did this clinic have issues with the availability of Child Health Cards today?
    a. Yes, Child Health Cards ran out during the day
    b. Yes, Child Health Cards not available since morning (stockout)
    c. No, enough Child Health cards were available

106. How many Child Health Cards does the clinic approximately have in stock for the next immunization day? Enter 0 for none, enter 99 for unclear. -- If less than 100, encourage the RI Focal Point to get additional Child Health Cards.

107. HIDDEN: How many clinic staff will be working on the next immunization day? (Example: 2 = two staff will be working on immunizations on the next immunization day)

108. HIDDEN: *PROMPT IF LESS THAN NR WORKING TODAY:* SAY: "Ensure that you have the same number of staff working on routine immunizations next time as today or more."
    a. I asked them to have sufficient staff on the next immunization day
    b. I was not able to ask them about sufficient staff for the next immunization day

109.   How many caretakers whose infants were not eligible for this program got angry today? Enter 0 for none, 99 for unclear. (Example: 3 = three caretakers got angry because they were not eligible)

110.   How many times did you have to check an infant's information on the Child Health Card in the Child Immunization Register? If you had to check 5 Child Health Cards in the register, enter 5.

111.   What were the reasons that you checked an infant's information on the Child Health Card in the Child Immunization Register?
   a. Beneficiary required new Child Health Card at 9-month visit
   b. Beneficiary required new Child Health Card before 9-month visit
   c. ABAE ID sticker looks suspicious (ex. stamp missing)
   d. Confirm Date of Birth, Phone number, or other details
   e. Beneficiary visited before the assigned Next Visit Date
   f. Other _____

112.   Did you note any attempts at potentially compromised/fraudulent behavior from either a beneficiary or clinic nurses? [we use this to constantly evolve our program, and things you witness might be happening at other clinics too]
   a. Yes _____
   b. No

113.   Are there any indications that caretakers intentionally lose or alter Child Health Cards trying to game the program?
   a. Yes _____
   b. No

114.   What was the highest number of mothers/caretakers that were waiting in front of the disbursement desk at a time? (ex.. write 7 if at the busiest time of the day there were 7 waiting in the line). If you work at a clinic with two All Babies staff, only consider the waiting line for one person (ex. if 10 staff are waiting in front of a disbursement desk with two All Babies staff, write 5, as each staff member has a waiting line of five caretakers)

115.   [If greater than or equal 7] Why was the number of mothers/caretakers waiting so high? Please explain in detail.

116.   How would you rate the security situation on the way or around this clinic?
   a. No security issues
   b. Some security issues, but fine to operate during daytime _____
   c. Serious security issues, but fine to operate during daytime _____
   d. No Go Zone, cannot even operate during daytime _____

117.   Hidden Select One
118.   Hidden Text

119.   Was the Child Immunization Register used today and is up-to-date?
   a. Yes
   b. No (inform manager!)
        i. Please describe in detail why the Child Immunization Register is not to up-to-date.

120.   Does this clinic use the Facility Daily Immunization Tally Sheet?
   a. Yes
   b. No (inform manager!)

121.   Did this clinic use the All Babies Numbered Tags system to manage the queue today?
   a. Yes
   b. No

122.   Which vaccines were available in the morning but then ran out during the immunization day (for vaccines that were out of out stock from the start, use the next question. Do NOT select this if vial was available but not opened to prevent "wastage") Select all vaccines that ran out during the immunization day below:
   a. Not applicable: no vaccines ran out during the day
   b. BCG (Tuberculosis)
   c. OPV (Polio)
   d. IPV (Polio)
   e. Hepatitis B
   f. PENTA
   g. PCV (Pneumococcal)
   h. Measles
   i. Yellow Fever
   j. Other _____

123.   Which vaccines were out of stock today according to the Facility Daily Immunization Tally Sheet or your observations? Confirm a potential stockout with a nurse as no vaccines tracked might in rare cases also mean that no child needed this particular vaccine. (Select all that apply)
   a. Not applicable: no vaccines were out of stock
   b. BCG (Tuberculosis)
   c. OPV (Polio)
   d. IPV (Polio)
   e. Hepatitis B
   f. PENTA
   g. PCV (Pneumococcal)
   h. Measles
   i. Yellow Fever
   j. Other _____

124.　　　How many vaccine vials did you have to throw away today because of heat-exposure (VVM stage 3 or stage 4)? If you enter 1, this means that one vial had to be thrown away due to heat-exposure.

125.　　　*IF OUTREACH:* Were the women asked to come back to the next clinic day OR outreach day? Answer based on the "next visit" dates on the Child Health Cards. e.g. if all dates were upcoming outreach days select "On the next outreach day".
   a. On the next clinic day
   b. On the next outreach day
   c. Mix of next clinic day and next outreach day

126.　　　Does the clinic have any upcoming outreach date (that it is prepared and actively planning to conduct)?
   a. Yes
   b. No

127.　　　[If yes] When does the clinic plan to conduct the next outreach? (date)
128.　　　[If yes] Enter the clinic code and select the settlement name where the next outreach is conducted. (LOOKUP)

129.　　　ASK: "What is the maximum age for which you gave the BCG vaccine today?" (this means that infants beyond these ages would be denied the vaccination)? (e.g. if BCG is not given to infants above 2 weeks, then select "Not older than 2 weeks"). -- DEMAND THAT BCG IS GIVEN UP TO 1 YEAR AGE AT THIS CLINIC --
   a. Vaccine never given at this clinic
   b. Not older than 24 hours
   c. Not older than 2 weeks
   d. Not older than 11-12 months (1 year)
   e. Not older than 23-24 months (2 years)
   f. Not older than 5 years
   g. Other (only select in rare cases!)

130.　　　ASK: "What is the maximum age for which you gave the Measles vaccine today?" (this means that infants beyond these ages would be denied the vaccination)?
   a. Vaccine never given at this clinic
   b. Not older than 24 hours
   c. Not older than 2 weeks
   d. Not older than 11-12 months (1 year)
   e. Not older than 23-24 months (2 years)
   f. Not older than 5 years
   g. Other (only select in rare cases!)

131.   Go to the Gallery on your phone. Find photos from today. Randomly select photos of the Child Health Card for two infants from TODAY. Compare those two records against the Child Immunization Register.
   a. OK
   b. Child Immunization Register not available for review (do not normally select!) → SKIP

132.   Child 1: Enter ABAE ID from sticker on Child Health Card

133.   Child 1: Did you find the child in the Child Immunization Register?
   a. Yes
   b. No (after careful review)

134.   Child 1: Take a photo of the Child Immunization Register entry of that child. Make sure that the full vaccination history is visible. Put a paper below the row with the child's vaccination history to hide all irrelevant information. -- Use the next photo field to capture both sides of the Child Immunization Register.

135.   Child 1: Photo 2

136.   Child 1: Did the dates for today's vaccinations match? (Example: if BCG was given today, 5 July, according to the Child Health Card, does the Child Immunization Register also list BCG as given on 5 July?)
   a. Yes
   b. No (after careful review)

137.   Child 1: Were some vaccinations missing? (Example: PENTA1 is only listed in one of the two sources)
   a. Yes, missing in the Child Immunization Register
   b. Yes, missing in the Child Health Card
   c. No (after careful review)

138.   Child 1: Which other issues did you encounter? Enter 0 for none.

139.   Child 2: Enter ABAE ID from sticker on Child Health Card

140.   Child 2: Did you find the child in the Child Immunization Register?
   a. Yes
   b. No (after careful review)

141.   Child 2: Take a photo of the Child Immunization Register entry of that child. Make sure that the full vaccination history is visible. Put a paper below the row with the child's vaccination history to hide all irrelevant information. -- Use the next photo field to capture both sides of the Child

Immunization Register.

142.   Child 2: Photo 2

143.   Child 2: Did the dates for today's vaccinations match? (Example: if BCG was given today, 5 July, according to the Child Health Card, does the Child Immunization Register also list BCG as given on 5 July?)
   a.   Yes
   b.   No (after careful review)

144.   Child 2: Were some vaccinations missing? (Example: PENTA1 is only listed in one of the two sources)
   a.   Yes, missing in the Child Immunization Register
   b.   Yes, missing in the Child Health Card
   c.   No (after careful review)

145.   Child 2: Which other issues did you encounter? Enter 0 for none.

146.   Enter the number of vaccines provided today from the Immunization Tally Sheet. Count the number of vaccines yourself, do NOT rely on counts and summaries by clinic staff. Hint: If all the circles in one row are crossed, that means 5 vaccines.
   a.   OK
   b.   Tally Sheet not available (only select if absolutely necessary!)

   Table:
   a.   BCG
   b.   PENTA 1
   c.   PCV 1
   d.   PENTA 2
   e.   PCV 2
   f.   PENTA 3
   g.   PCV 3
   h.   Measles 1

147.   Hidden select multiple

148.   HIDDEN: Did you notice anything particular or problematic regarding the vaccine and Child Health Card supply today? (0 = no) Please think hard.

149.   HIDDEN: Did you notice anything particular or problematic in the relationship with nurses, cold chain or any other local immunization staff today? (0 = no) Please think hard.

150.   Did you notice anything particular or problematic in the relationship with mothers/caretakers, supply, relationship between nurses, cold chain and other local immunization staff, immunization services, or is there something else that you would like to communicate to your

Manager? (0 = no) Please think hard.

151.   HIDDEN: How would you rate immunization services at this clinic today? (staffing, availability of vaccines and Child Health Cards, ability to handle infant turnout). Never select "Very Good" or "Good" if many caretakers were not served or vaccinations / Child Health Cards were not available.
    a. Very Good
    b. Good
    c. Satisfactory
    d. Poor
    e. Very Poor

152.   HIDDEN: Describe your rating of immunization services today.

153.   HIDDEN: How could immunization services at this clinic be improved? Make one suggestion.

154.   Hidden Single Choice
155.   Hidden Text
156.   Hidden Text
157.   Hidden Multiple Choice

158.   Save and Send button

159.   End timestamp (automated)