ADDITIONAL FILE 1

Data Collection Instruments for the Big Catch-Up (BCU) Evaluation in Cameroon

Description of Data: This supplementary file compiles the complete English translations of the newly developed qualitative guides (Key Informant Interviews [KIIs] and Focus Group Discussions [FGDs]) and the quantitative household survey questionnaire used during the evaluation of the Big Catch-Up (BCU) immunization activities in Cameroon. These tools investigate the structural, socio-behavioral, and policy-level barriers driving persistent immunization inequities (zero-dose and under-immunized children) across four archetypal health districts: Cité Verte (urban slum), Kumba South (conflict-affected), Manoka (remote maritime island), and Mokolo (isolated rural area).

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INSTRUMENT 1

Key Informant Interview (KII) Guide – Program Managers (Central & Regional Levels)

Introduction and Ethical Assurances

Hello once again. My name is [Interviewer Name]. I would like to introduce my colleague, [Notetaker Name], who will be taking notes. We are conducting a study to understand the lessons learned from the Big Catch-Up (BCU) immunization activities in Cameroon, which aimed to vaccinate children up to 5 years of age, as well as options to sustainably institutionalize catch-up activities into the routine immunization program. The objective of this interview is to gather your professional views and suggestions on the planning, implementation, monitoring, and sustainability of the Big Catch-Up. There are no 'right' or 'wrong' answers to these questions; we are strictly interested in your unique perspective and experience. With your permission, we will audio record this session to ensure we accurately capture your feedback. All information shared today will remain strictly confidential, and no individual identifiers will be reported. Are you ready to begin? Do you have any questions before we start?

Respondent Profile

Please provide the following basic administrative details:

- Respondent Name: _____
- Name of Organization: _____
- Level of Intervention (Central/Regional/District): _____
- Respondent Position/Title: _____
- What was your direct role in the design, coordination, or implementation of the BCU activities? _____

1. Planning Phase of the Big Catch-Up (BCU) Activities

How were the catch-up vaccination activities planned to identify and vaccinate children who had missed one or more routine vaccine doses?

- **Probe:** Who were the key stakeholders and their respective roles during the planning phase?
- **Probe:** What specific tools were mobilized, and what preparatory activities were held?

Can you explain how the prioritized health districts were selected?

- **Probe:** What were the primary criteria used? (e.g., zero-dose child concentration, geographic inaccessibility, conflict-affected status, etc.)

What specific planning tools were created, adapted, or modified for the BCU?

- **Probe:** Describe the use of microplans, calendars, microplanning templates, and vaccine demand projection tools.

Was there a need to adapt Standard Operating Procedures (SOPs) for this catch-up campaign? If so, which ones and why?

- **Probe:** Probe for screening sheets, eligibility checklists, and targeted communication messages.

How were vaccine and consumable needs calculated for children aged 12–59 months?

- **Probe:** How did the planning account for the risks of antigen stockouts and cold chain management, especially for remote or enclave zones?

How were local actors (district teams, community relays) mobilized during the planning phase?

What contingency scenarios or risk mitigation plans were prepared to manage anticipated operational challenges?

2. Implementation Phase of Catch-Up Activities

Can you describe the overall service delivery strategy implemented for the BCU?

- **Probe:** What was the mix between fixed-site and outreach/mobile strategies?
- **Probe:** How did these strategies perform?

Based on performance data, which specific age groups showed the highest concentration of zero-dose or under-immunized children, and why?

What specific strategies were deployed to stimulate demand, improve access, and enhance service utilization?

- **Probe:** Identify what factors facilitated the success of these demand-side strategies.
- **Probe:** Identify what factors hindered their effectiveness.

How were activities adapted to reach specific vulnerable cohorts or hard-to-reach populations?

- **Probe:** Describe adaptations for nomadic groups, internally displaced persons (IDPs) in conflict zones, and fishing communities in maritime zones (e.g., Manoka).
- **Probe:** What was done to bypass security threats in conflict-affected areas (e.g., the 'hit and run' outreach approach)?

How were newly introduced vaccines (such as malaria, HPV, RR2, and IPV2) integrated into the BCU campaign, and what challenges arose?

What were the primary communication channels and key messages used to address vaccine hesitancy and convince hesitant caregivers?

- **Probe:** What was the role of traditional, religious, and community leaders?
- **Probe:** How was resistance managed and resolved?

3. Monitoring and Data Reporting

What was the overall monitoring strategy for the BCU activities? What systems and tools were used, and at what frequency?

- **Probe:** Who were the key monitoring actors and their respective roles?
- **Probe:** How do you rate the quarterly monitoring templates operationalized by Gavi?

What indicators were prioritized to track progress and evaluate the quality of the campaign?

- **Probe:** Probe for administrative coverage, post-campaign survey estimates, and the percentage of completed catch-up schedules.

How did formative supervision activities contribute to the quality and coverage of the campaign?

How were monitoring and reporting data used to adjust operational strategies in real-time during the campaign?

- **Probe:** How did campaign data feed back into routine immunization microplanning?

What technological or digital innovations (such as geolocated platforms like IASO) were utilized to improve monitoring, and how did they perform?

- **Probe:** How were data capture and reporting managed in remote areas without internet coverage?

4. Financing, Policy, and Institutionalization Pathways

How did the vertical funding provided by Gavi for the BCU interact with Cameroon's existing 2021 National Policy on Catch-Up Immunization?

- **Probe:** Did this external funding help operationalize what was previously a dormant policy?

What are the primary structural and financial risks to sustaining the proactive outreach models initiated during the BCU?

- **Probe:** How does the 'fiscal cliff' (the transition away from intensive donor funding) threaten the continuity of catch-up activities?
- **Probe:** How does the reduction of technical assistance or global development aid in 2025/2026 affect these plans?

What mechanisms have been put in place to ensure catch-up activities are sustainably integrated into routine primary healthcare?

- **Probe:** What challenges persist in this integration, and why?

How are catch-up immunization data currently integrated into the national Health Management Information System (HMIS/DHIS2)?

- **Probe:** Describe the burden of double-reporting or data fragmentation caused by using parallel platforms (e.g., IASO vs. DHIS2 vs. paper registers).

What is your view on implementing mandatory vaccination screening and catch-up for all children visiting a health facility for any primary care service (e.g., curative consultations, nutrition checks)?

5. General Evaluations and Recommendations

In your view, what were the three most critical factors that determined the success of the BCU?

What were the major operational, financial, or socio-behavioral bottlenecks encountered?

If Cameroon were to replicate the BCU, what specific recommendations would you make for each of the following phases:

- Planning & Design: _____
- Service Delivery & Implementation: _____
- Monitoring, Technology & Data Systems: _____
- Sustained Financing & Institutionalization: _____

INSTRUMENT 2

Key Informant Interview (KII) Guide – Implementing Partners

This guide is administered to technical and financial partners, non-governmental organizations (NGOs), and civil society organizations directly involved in supporting the Ministry of Public Health during the BCU. The ethical assurances and introductory script mirror those in Instrument 1.

1. Coordination, Partnership, and Collaboration

What specific technical, financial, or logistical role did your organization play in supporting the BCU activities?

- **Probe:** Probe for support in vaccine procurement, cold chain logistics, training, community sensitization, or digital monitoring.

How would you evaluate the coordination and collaboration between your organization, the Ministry of Public Health (EPI), and other implementing partners?

- **Probe:** What mechanisms or platforms worked well to facilitate coordination?
- **Probe:** What factors hindered effective collaboration, and how could they be improved?

2. Planning and Operational Support

How was your organization involved in the microplanning and selection of prioritized health districts?

- **Probe:** Were standard Gavi or WHO templates adapted, and what was your experience with these tools?

How were vaccine and consumable needs estimated, and what role did your organization play in securing the supply chain against stockouts?

3. Field Implementation and Target Tracking

What specific service delivery strategies did your organization support, and which ones proved most effective in reaching zero-dose children?

- **Probe:** How did your organization support reaching highly mobile or marginalized groups (e.g., cross-border populations with Nigeria, nomads, or IDPs)?

How were digital tools (such as geolocated platforms) deployed to track unvaccinated children, and what operational challenges were observed in the field?

4. Financing, Policy, and Sustainability

Given the changing global financing landscape since 2025 (including reductions in health development aid), how is your organization planning for the transition of catch-up activities to domestic government funding?

- **Probe:** What is your assessment of the Cameroonian government's capacity to absorb the operational costs of proactive outreach (e.g., CHW motivation, fuel, transport)?

What structural policy reforms are necessary to resolve the current fragmentation in digital immunization data systems?

What three priority recommendations do you propose to ensure catch-up immunization becomes a resilient, routine health system practice in Cameroon?

INSTRUMENT 3

Key Informant Interview (KII) Guide – Health Workers (Facility Level)

This guide is designed for frontline healthcare providers, facility heads (Chiefs of Center), and vaccinating nurses at the primary healthcare level (FOSAs) within the selected health districts. The introductory and consent script follows the ethical protocols outlined in Instrument 1.

Facility Profile

• Facility Category (District Hospital, CMA, CSI, Private, etc.):

_____

• Facility Ownership (Public, Private Secular, Private Confessional):

_____

• Respondent's Years of Experience in Immunization:

_____

• What were your specific responsibilities during the BCU catch-up campaign?

_____

1. Routine Immunization Services and the Proximity Paradox

How are routine immunization services organized in this facility?

- **Probe:** How many days per week are vaccination sessions scheduled?
- **Probe:** Do you vaccinate every day, or only on designated session days? Why?

We often observe that children living very close to health facilities remain unvaccinated or under-immunized. How do you explain this 'proximity paradox'?

- **Probe:** Do you frequently turn away caregivers who bring their children for vaccination?
- **Probe:** What are the primary reasons for turning away caregivers? (e.g., vaccine stockouts, rigid multi-dose vial policies where you refuse to open a vial for only 1 or 2 children to prevent wastage, clinics being closed, long waiting times, etc.)

How do you balance the pressure to minimize vaccine wastage (multi-dose vial policy) with the mandate to avoid missed opportunities for vaccination (MOV)?

Are there any informal or unexpected fees demanded from caregivers at this facility for immunization-related services?

- **Probe:** Does this occur despite vaccination being officially free, and how does it affect caregiver return rates?

2. Planning and Implementation of the Big Catch-Up (BCU)

How were the BCU activities planned and executed in your facility's catchment area?

- **Probe:** How were microplans and routine registers adapted to track children aged 12–59 months?
- **Probe:** How did you identify and target older cohorts who had missed several doses?

Did you receive training or a briefing prior to the campaign?

- **Probe:** What topics were covered? (e.g., catch-up calendar, Standard Operating Procedures, multiple injections, screening, managing post-vaccination reactions)?
- **Probe:** Was the duration and format of the training sufficient?

What service delivery strategies did your facility use during the BCU, and which proved most effective?

- **Probe:** How did you adapt activities for difficult-to-access areas or insecure zones?
- **Probe:** Describe the performance of fixed-site versus mobile/advanced outreach teams.

How were newly introduced vaccines (Malaria, HPV, RR2, IPV2) integrated into the catch-up activities, and what challenges did you face?

- **Probe:** How did caregivers react to their children receiving multiple injections in a single session?

3. Demand Generation, Misinformation, and Community Dynamics

What were the primary reasons or excuses caregivers gave for refusing or hesitating to vaccinate their children during the campaign?

- **Probe:** How did the fear of adverse events following immunization (AEFI) shape parental resistance?
- **Probe:** What specific rumors or misinformation did you encounter? (e.g., infertility myths, microchips, COVID-19 related suspicions)?
- **Probe:** In conflict-affected zones, did political mistrust or hostility toward state interventions drive vaccine refusal?

What communication strategies or messages were most effective in overcoming this hesitancy and convincing parents?

4. Monitoring, Technology, and Reporting Systems

How did your facility collect, record, and report immunization data during the BCU?

- **Probe:** What data collection tools were used? (IASO digital platform, routine DHIS2, paper registers)?
- **Probe:** Did the use of parallel data systems create a double-reporting burden or operational delays? Describe your experience.
- **Probe:** How did you manage data capture in zones with poor or no internet connectivity?

How did formative supervisions from district or regional teams help you adjust your implementation strategies?

5. Sustaining and Institutionalizing Catch-Up Services

How can we ensure that children who visit this facility for non-vaccination services (e.g., malnutrition screening, malaria treatment, accompanying an adult) are systematically screened and caught up on missed vaccine doses?

- **Probe:** What are the main operational barriers to integrating this systematic screening into routine daily services?

How do delayed payments or lack of financial motivation (such as transport allowances or campaign per diems) affect frontline health worker morale and routine outreach performance?

What are your facility's primary needs to improve routine immunization and permanently eliminate zero-dose children in your community?

INSTRUMENT 4

Key Informant Interview (KII) Guide – Traditional, Religious, & Community Leaders

This guide is administered to neighborhood quarter heads, traditional chiefs, religious leaders (pastors, imams, priests), and civil society leaders. It focuses on the socio-cultural, religious, and behavioral barriers to vaccination.

1. Community Health Perceptions and Vaccine Beliefs

What are the most common health problems affecting children in this community?

How does the community generally perceive child vaccination?

- **Probe:** What are the perceived benefits and perceived harms of vaccination?
- **Probe:** Are there specific religious or cultural beliefs that forbid or discourage vaccination? Describe them.

Who are the most influential individuals or platforms that shape parents' decisions regarding childhood immunization?

- **Probe:** What is the role of traditional leaders, family elders (such as grandmothers/mothers-in-law), religious leaders, peers, and social media?

2. Socio-Behavioral Barriers and Misinformation

What specific rumors, myths, or negative discourses are actively circulating in the community that discourage parents from vaccinating their children?

- **Probe:** Describe rumors regarding vaccine safety, infertility, population control, or connection to the COVID-19 pandemic.
- **Probe:** Do parents fear that vaccines will make their children sick, paralyzed, or handicapped?

Why do some caregivers fail to complete the entire vaccination schedule, leaving their children under-immunized?

- **Probe:** Probe for parental negligence, lack of time due to agricultural labor (e.g., farming seasons) or business commitments (e.g., market days), and financial barriers.

How does political mistrust or insecurity in conflict-affected zones influence the community's willingness to accept government-led immunization activities?

3. Evaluation of Catch-Up Activities and Community Engagement

Were you aware of the recent Big Catch-Up vaccination activities in your neighborhood? How were you informed?

- **Probe:** How early and through what channels did you receive the information?

What specific role did you play in supporting, advocating for, or facilitating these catch-up immunization activities?

What were the main difficulties faced by community members in accessing the catch-up vaccination sessions?

- **Probe:** Probe for geographic distance, transportation costs, long clinic waiting times, and poor reception by health workers.

4. Recommendations for Health Equity

How can health facilities better communicate with community members to build trust and increase vaccine demand?

What concrete suggestions do you have to improve the organization of future catch-up vaccination activities?

How can we encourage and sustain active community participation in routine health programs?

INSTRUMENT 5

Focus Group Discussion (FGD) Guide – Mothers & Caregivers

This focus group discussion is conducted with mothers, grandmothers, and female caregivers of zero-dose and under-immunized children aged 12–59 months. Each group should ideally consist of 6 to 10 participants. The moderator must ensure a welcoming, non-judgmental environment and obtain written or verbal informed consent.

1. Community Child Health and General Perceptions

What do you think are the major illnesses that put the health of children in our community at risk?

How do you protect your children against these illnesses?

What does the community think about vaccinating children?

- **Probe:** What are the positive things you hear about vaccines?
- **Probe:** What are the negative things or fears you hear about vaccines?

Do you believe vaccines are truly effective in protecting your children? Why or why not?

- **Probe:** Have you or anyone you know had a bad experience after a child was vaccinated? Describe it (e.g., high fever, swelling, crying, abscess). How did that experience affect your decision to return for subsequent doses?

2. Social and Behavioral Influences

Who has the greatest influence on whether or not you vaccinate your children?

- **Probe:** How do husbands, family elders (especially mothers-in-law or grandmothers), religious leaders, neighbors, and social media shape your choices?

Are there widely shared rumors in your neighborhood that make parents hesitant or afraid of vaccination?

- **Probe:** Probe for rumors about population control, infertility, vaccines causing hand/leg paralysis, or vaccines being unsafe/expired.

What are the main daily challenges that make it difficult for you to take your child to the health facility for routine appointments?

- **Probe:** Probe for lack of time due to agricultural work, trading, or household chores; long travel distances; expensive transport fares; long waiting times; and clashing schedules.

If you miss a scheduled vaccination date, do you feel comfortable returning to the health facility late?

- **Probe:** Are you afraid of being scolded, penalized, or mistreated by health workers for missing an appointment?

3. Experiences with Catch-Up Campaigns

What does 'catch-up vaccination' mean to you? Have you heard of the Big Catch-Up campaign?

How did you learn about the catch-up vaccination sessions in your neighborhood?

Did you see mobile vaccination teams visiting houses or schools during the recent campaign months (September/November 2024, March 2025)?

- **Probe:** How did these teams behave? What did you like or dislike about how they organized the vaccination?

Did you face any major difficulties when trying to get your child vaccinated during these campaigns?

- **Probe:** Probe for long waiting times, lack of vaccine cards, and health facilities being out of stock of specific vaccines.

Have you ever been asked to pay money for vaccines at any clinic, even though vaccination is supposed to be completely free?

- **Probe:** How much were you asked to pay (e.g., 200 to 500 francs for cards, syringes, or gloves)? How did that affect your ability or willingness to vaccinate your child?

4. Discussion on Health System Improvements

What is the best way for health workers to communicate with you and share immunization dates?

How can we make it easier for mothers to complete their children's vaccination calendars?

What are your suggestions for improving routine immunization services in our community?

INSTRUMENT 6

Focus Group Discussion (FGD) Guide – COSA, CHWs, and Frontline Vaccination Teams

This focus group discussion brings together members of the Health Area Management Committee (COSA), Community Health Workers (CHWs/Relais Communautaires), and frontline vaccinators to discuss field-level operational barriers, community resistance, and local solutions.

1. Local Child Health and Structural Realities

What are the primary child health concerns in your specific health area?

How would you characterize the community's general level of trust in routine health services and vaccination?

- **Probe:** What factors drive high satisfaction?
- **Probe:** What factors fuel dissatisfaction or systemic mistrust?

In your daily work, what are the most common reasons why children remain unvaccinated or under-immunized?

- **Probe:** Probe for geographic isolation, high population mobility (e.g., fishing communities traveling to Nigeria, seasonal farm migration), and lack of maternal education.

2. Frontline Challenges During the Big Catch-Up (BCU)

How did you organize the tracking, identification, and vaccination of zero-dose and under-immunized children during the BCU?

- **Probe:** What strategies worked best? (e.g., house-to-house screening, school checks, advanced mobile outreach in enclave zones)?

How did you handle community resistance or flat refusals in the field?

- **Probe:** What were the most common fears or objections raised by parents?
- **Probe:** What messages or conflict-resolution strategies did you use to convince resistant caregivers?

What specific difficulties did you encounter in accessing hard-to-reach communities or navigating environmental constraints?

- **Probe:** Probe for seasonal rains, flooding, mountainous terrain, lack of transport, and security threats/lockdowns in conflict-compromised zones.
- **Probe:** Describe the operational realities of the 'hit and run' strategy in conflict areas.

How did the shortage or defailing of cold chain equipment affect vaccine availability and quality in your area?

3. Financial Motivation and Data Systems

How did delays in receiving financial motivation (transport allowances, daily campaign per diems) affect your work and morale?

- **Probe:** Describe the consequences of underfunded outreach budget allocations relative to actual field distances.

What was your experience using digital data capture tools (like the IASO platform) on the ground?

- **Probe:** Probe for double-reporting burdens, network connectivity issues, and delays in transmitting field data.

4. Sustainability and Replicability

How can we effectively maintain the community-tracking and active outreach models established during the BCU using routine, local health system resources?

How can we build stronger, sustainable collaborations between community health workers, local leaders, and health facility staff?

What are your three key recommendations for national policymakers to prevent a return to high zero-dose numbers once donor funding for the BCU concludes?

INSTRUMENT 8

Survey Screening Tool & Household Characteristics

Serial Number: |__|__|__| ***Pre-assigned centrally***

Date of interview: Day: |__|__| Month: |__|__| Year: |__|__|

Interview start time: Hour: |__|__| Minutes: |__|__|

Geographic location

Region: _____ District: _____

Health area: _____ Locality: _____

Quadrant number: |__|__|

GPS coordinates: _____

Name of interviewer: _____ Supervisor: _____

Name of Head of Household: _____

Section 1: Listing of women aged 15-49 in the household

101	102	103	104	105
Woman's order number	Name of the woman	How old was [NAME] at her last birthday? *(In completed years)* AGE < 15 ⇨ *NEXT WOMAN* AGE > 49 ⇨ *NEXT WOMAN*	Does [NAME] have at least one child born between July 2020 and June 2023? 1. YES 2. NO ⇩ *NEXT WOMAN*	How many children born between July 2020 and June 2023 does [NAME] have? GO TO 106
1		|___|___|	|___|	|___|
2		|___|___|	|___|	|___|
3		|___|___|	|___|	|___|
4		|___|___|	|___|	|___|
5		|___|___|	|___|	|___|

106. ASK THE WOMAN TO LIST THE NAMES OF HER CHILDREN AGED 1 TO 5, STARTING WITH THE YOUNGEST. WRITE EACH CHILD'S NAME IN 107, THEN ASK THE QUESTIONS FOR ONE CHILD AT A TIME.

	CHILD 1 (Youngest)	**CHILD 2 (Oldest)**

107. First name of child		
108. Is [CHILD] male or female?	1. MALE 2. FEMALE	1. MALE 2. FEMALE
109. Do you have a card or other document where [CHILD]'s vaccinations are written down?	1. YES 2. NO ⇩ 111	1. YES 2. NO ⇩ 111
110. TAKE THE VACCINATION CARD AND RECORD THE VACCINATIONS RECEIVED BY [CHILD]. IF THE VACCINATION CARD IS NOT AVAILABLE, SKIP TO 111		
Pentavalent 1 (6 weeks)	1. YES 2. NO	1. YES 2. NO
Pentavalent 3 (14 weeks)	1. YES 2. NO	1. YES 2. NO
Measles and Rubella (MR) vaccine (9 months)	1. YES 2. NO	1. YES 2. NO
111. Has the child ever had an injection in the outer part of the thigh? - **This is the penta vaccine** (DTC-Hep B-Hib) for the prevention of diphtheria, tetanus, whooping cough, hepatitis B, and *Haemophilus influenzae*.		
112. How many times?		
113. Has [CHILD] had an injection in the left shoulder or upper arm? - This is the measles/rubella vaccine from 9 months of age, protecting against measles and rubella		
114. How many times?		
115. [CHILD] has at least one of the three vaccines missing: Eligible woman	*1. YES ⇩ NEXT WOMAN* *2. NO ⇩ NEXT CHILD*	*1. YES ⇩ NEXT WOMAN* *2. NO ⇩ NEXT CHILD*

SUMMARY OF ELIGIBILITY

	NAME	ELIGIBILITY CHILD
WOMAN 1		
WOMAN 2		
WOMAN 3		

Section 2. Household Characteristics

	Question	Responses	Codes	Relevance

	Question	Responses	Codes	Relevance
201.	What is the main source of drinking water for members of your household?	Piped water Protected dug well Unprotected dug well Rainwater Bottled water Other	1 2 3 4 5 6	
202.	What kind of toilet facility do members of your household usually use?	Flush or pour flush toilet Pit latrine Composing toilet Hanging toilet / Hanging latrine No facility /Bush/Field	1 2 3 4 5	
203.	What is the main material of the floor of the dwelling?	Tiles / Marble Cement/Concrete Earth/Sand Other	1 2 3 4	
204.	What is the main material of the roof of the dwelling?	Cement slab Ceramics tiles Sheet metal Straw Banco Stubble Mats Other	1 2 3 4 5 6 7 8	
205.	What is the main material of the exterior walls of the dwelling?	Cement/Concrete/Cut stone Baked bricks Aluminium tray, glass, etc. Improved/semi-hard bench Recovered materials (planks, sheet metal, etc.) Other	1 2 3 4 5 6	

INSTRUMENT 8

Quantitative Household Survey Questionnaire – Mothers and Caregivers

This questionnaire is administered via KoboCollect to mothers or primary caregivers of zero-dose and under-immunized children aged 12 to 59 months. All responses must be kept anonymous.

Questionnaire Serial Number	[|__|__|__|__|]
Date of Interview	[DD / MM / YYYY]
Start Time / End Time	Start: [__:__] End: [__:__]
Region / Health District	Region: _____ District: _____
Health Area / Locality	Area: _____ Locality: _____
GPS Coordinates (Latitude/Longitude)	Lat: _____ Long: _____
Interviewer Name and Code	Name: _____ Code: [|__|__|]
Supervisor Name and Code	Name: _____ Code: [|__|__|]
Ethical Consent Obtained	Yes [ ] No [ ] (Stop interview)
Child Selected for Survey	Name: _____ Age (Months): [|__|__|] Sex: M [ ] F [ ]

Section 1: Sociodemographic Profile of the Respondent

Q101. What is your relationship to the index child?

Mother (biological) [ ]

Father [ ]

Grandparent [ ]

Aunt / Uncle [ ]

Brother / Sister [ ]

Other caregiver (specify: _____) [ ]

Q102. Can you read and write easily?

Yes [ ]

No [ ]

Q103. What is your highest completed level of formal education?

No formal education [ ]

Incomplete primary (less than 6 years) [ ]

Completed primary school [ ]

Incomplete secondary [ ]

Completed secondary school [ ]

Tertiary education / Beyond secondary [ ]

Q104. What mode of transport do you usually use to visit the nearest health facility?

Walking / Trekking [ ]

Bicycle [ ]

Motorbike (Okada) [ ]

Private car [ ]

Public transit (Bus/Shared taxi) [ ]

Boat/Pirogue (maritime zones) [ ]

Other (specify: _____) [ ]

Q105. How long does it usually take you to travel to the nearest health facility?

Less than 15 minutes [ ]

16 to 30 minutes [ ]

31 to 60 minutes [ ]

More than 1 hour [ ]

Section 2: Knowledge, Attitudes, and Beliefs Regarding Immunization

Q201. In your opinion, how important is child vaccination?

Very important	[ ]
Important	[ ]
Not very important	[ ]
Not at all important	[ ]
Don't know / Undecided	[ ]

Q202. Do you believe that childhood vaccines are effective in preventing diseases?

Yes, completely effective	[ ]
Somewhat effective	[ ]
No, not effective	[ ]
Don't know	[ ]

Q203. In your own words, what is the main purpose of vaccinating a child? (Select all that apply, do not read options)

To prevent life-threatening illnesses	[ ]
To help the child grow healthy and strong	[ ]
To treat/cure an active illness	[ ]
Vaccines are useless/do nothing	[ ]
Don't know exactly what they are for	[ ]
Other (specify: _____)	[ ]

Q204. Does your child currently possess a physical vaccination card or booklet?

Yes, and I have it with me now (Interviewer: take photo)	[ ]
Yes, but I do not have it with me	[ ]
No, we never received one	[ ]
No, we lost/misplaced it	[ ]
Don't know	[ ]

Q205. What do you think is the main purpose of the vaccination card? (Select all that apply, do not read options)

To track which vaccines were given and which are missing	[ ]
To serve as a birth registry or identification document	[ ]
To monitor child growth and development	[ ]
To record and remind of future appointment dates	[ ]
Don't know / No purpose	[ ]

Q206. What is the general attitude of your community towards child vaccination?

Very favorable	[ ]
Favorable / Positive	[ ]
Neutral / Indifferent	[ ]
Unfavorable / Suspicious	[ ]
Very hostile	[ ]

Q207. Do you trust the frontline health workers who administer vaccines to your children?

Yes, to a large extent	[ ]
Moderately / Neutral	[ ]
Not very much	[ ]
Not at all	[ ]

Q208. If an older child missed their scheduled vaccines, is it still important to catch them up late?

Yes, extremely important	[ ]
No, catch-up is not useful	[ ]
Don't know	[ ]

Q209. Up to what age do you think a child can safely receive catch-up vaccinations?

Up to 12 months	[ ]
Up to 23 months	[ ]
Up to 59 months (under 5)	[ ]
Over 5 years of age	[ ]
Don't know	[ ]

Section 3: Barriers to Immunization and Health Facility Experiences

Q301. Have you ever been turned away or refused service when you brought your child to a health facility for vaccination?

Yes	[ ]
No (Skip to Q303)	[ ]
Don't know	[ ]

Q302. What was the primary reason given for being turned away? (Select all that apply)

Vaccine was out of stock / stockout	[ ]
Not enough children present to open a multi-dose vial (wastage rule)	[ ]
The vaccination clinic was closed / schedule changed	[ ]
The waiting time was too long, had to leave	[ ]
Staff were disrespectful or unsupportive	[ ]
Facility demanded informal out-of-pocket payment	[ ]
Other (specify: _____)	[ ]

Q303. How easy or difficult is it for you to access vaccination services, taking into account transport, fees, and time?

Very easy	[ ]
Moderately easy	[ ]
Somewhat difficult	[ ]
Very difficult / Major burden	[ ]

Q304. What makes it difficult for you to vaccinate your child? (Select all that apply, read options)

Nothing, it is not difficult	[ ]
The health facility is too far / transport is too expensive	[ ]
The clinic hours are not practical for working parents	[ ]
Waiting times at the clinic are too long	[ ]
Fear of the child getting sick or getting a fever after injection	[ ]
Fear of insecurity or active conflict on the way	[ ]
My husband or family elders do not approve of vaccination	[ ]
Other (specify: _____)	[ ]

Q305. What is your overall level of satisfaction with the vaccination services at your nearest facility?

Very satisfied	[ ]
Moderately satisfied	[ ]
Somewhat dissatisfied	[ ]
Very dissatisfied	[ ]

Q306. What are the primary sources of dissatisfaction? (Select all that apply, do not read options)

Nothing, I am satisfied	[ ]
Frequent vaccine stockouts	[ ]
Facility does not open on time	[ ]
Clinic is extremely dirty or poorly kept	[ ]

Frontline staff are disrespectful or unprofessional	[ ]
Staff do not explain post-vaccine side effects	[ ]
Facility demands payment for free services	[ ]
Other (specify: _____)	[ ]

Section 4: Experiences During the Big Catch-Up (BCU) Campaign

Q401. Prior to today, had you heard of the Big Catch-Up (BCU) catch-up vaccination campaign?

Yes	[ ]
No (Skip to Q403)	[ ]

Q402. How did you hear about the Big Catch-Up activities? (Select all that apply)

Community health worker (CHW) / Community relay	[ ]
SMS / Text message reminder	[ ]
Radio broadcast	[ ]
Television announcement	[ ]
Word of mouth / Neighbors	[ ]
Posters or flyers	[ ]
Church / Mosque announcements	[ ]
Other (specify: _____)	[ ]

Q403. Did your index child receive any catch-up vaccine doses during the campaign rounds in 2024/2025?

Yes, child was vaccinated	[ ]
No, child did not receive any doses	[ ]
Don't know / Not sure	[ ]

Q404. What was the main reason your child did not get vaccinated during the campaign? (Select all that apply)

We did not know the campaign was happening (Lack of information)	[ ]
We were away at our farms / market / traveling	[ ]
The campaign teams did not visit our sector	[ ]
Fear of vaccine side effects or adverse events (AEFI)	[ ]
Mistrust of the vaccine safety (due to rumors / social media)	[ ]
Political mistrust (mistrust of government programs in conflict zones)	[ ]
We lost the child's vaccination card	[ ]
Other (specify: _____)	[ ]

Q405. Do you know of other families in your local community who refused to participate in the campaign?

Yes	[ ]
No	[ ]
Don't know	[ ]

Q406. In your opinion, what was the primary driver of their refusal? (Select all that apply)

Fear of vaccine side effects (e.g., severe fever)	[ ]
Circulating rumors (e.g., vaccine causes infertility/sterility)	[ ]
Religious opposition (relying on prayer instead of medicine)	[ ]
Mistrust of state-sponsored programs in conflict areas	[ ]
Inability to afford transport or travel to vaccination sites	[ ]
Other (specify: _____)	[ ]

Section 5: Caregiver Recommendations

What is your single most important suggestion to improve routine vaccination services and make it easier for mothers to vaccinate their children?

_____

_____

_____

End of Survey

Thank the respondent sincerely for their valuable time and participation. Conclude with the following key health message: 'Remember that vaccination is a fundamental right for every child. Demand this right for your child, and always remember to bring your child's physical vaccination card to the health facility every single time you visit, for any medical reason whatsoever.'