

Form 1: Takadda Tambayoyi Bincike Kan Rigakafin Yau Da Kullum a Nijeriya

Nigeria Routine Immunization Coverage Survey Questionnaire, Phase 1

Jiha

State name

Lambar kamarar hukuma

LGA number

— — —

Sunan kamarar hukuma

LGA name

Sunan wuri

Locality name

Lambar unguwa

Cluster number

— —

Sunan unguwa

Cluster name

Yanayin

unguwa

[] Birni / Urban

[] Karkara / Rural

Birni / Urban

Cluster

type

Karkar / Rural

Lambar takardar neman bayani

__ [1–7]

Questionnaire number

Lambar kungiyan masu ganawa

— —

Interviewer team number

Sunan mai ganawa

Interviewer names

Lambar sufabaiza

Supervisor number

—

Sunan sufabaiza

Supervisor name

Ranan ganawa

Date of interview

__ / __ / __ [Rana/wata/shekara]/[Day / Month / Year]

Matsayin gida a ganawa ta karshe [kungiya ta duba 1] / Household final interview status [CHECK ONE]

[] An samu cikkaken ganawa/ Complete interview

[] Ba'a samu chikkaken ganawa ba/ Partial interview

Supervisor's questionnaire quality control check

Signature/date: _____

- | | |
|---|---|
| <input type="checkbox"/> Consent collected | <input type="checkbox"/> All answers legible |
| <input type="checkbox"/> Child selected using random number table | <input type="checkbox"/> Dates filled correctly |
| <input type="checkbox"/> Child was 12-23 months old | <input type="checkbox"/> Only one answer per question |
| <input type="checkbox"/> Questionnaire complete | <input type="checkbox"/> Skip patterns used properly |

Neman izinin masu gida

Household consent

“Ina kwana/ Ina wuni/ Ina yini sunana..... na zo a madadin sashin Kula da kiwon lafiya ta Karamar hukuma don in gudanar da bincike akan rigakafin yara. Bayanan da zamu tara, za a yi amfani da su don inganta rigakafin a karamar hukumar..... Gidan ka kuma ta samu shiga.Za mu so mu yi maka tamboyoyi akan gidanka da yanayin rigakafin ‘ya ‘yan ka. Zai dauke mu kamar minti 30 mu kammala. Ba tilas bace a amsa tambayoyin nan kuma duk bayanan da za a bamu zasu kasance sirri ce. Ko akwai wasu tambayoyi game da binchiken?” [IN DA TAMBAYA KO KARIN BAYANI SAI AYI.]

“Good morning/afternoon/evening, my name is I am here on behalf of the LGA health department to conduct a survey about child immunization. The information gathered will be used to improve the immunization program in LGA. Your household was chosen randomly. We would like to ask you questions about the immunization status of children in your household. It will take about 30 minutes to complete. Participation is voluntary, and all information you provide will remain confidential. At this time, do you want to ask me any questions about the survey?”[ANSWER ANY QUESTIONS AND ADDRESS ANY CONCERNS.]

“Zamu iya fara ganawan yanzu?”

“May I begin the interview now?”

EY,AN BADA IZINI.⇒ CIGABA DA GIDAN DA YA CHANCHANTA, NAN KASA.
YES, PERMISSION IS GIVEN.⇒CONTINUE TO HOUSEHOLD ELIGIBILITY BELOW.

IN BA’A BADA IZINI BA, A TSAYAR DA GANAWAR.⇒ RUBUTA RASHIN AMINCEWA A TAKADAR UNGUWAR A KUMA SAKE YIN AMFANI DA WANNAN TAKARDAN NEMAN BAYANI A GIDAN DA CHANCHANTA NA GABA.

IF PERMISSION IS NOT GIVEN, STOP THE INTERVIEW. ⇒RECORD REFUSAL ON THE CLUSTER TRACKING FORM AND RE-USE THIS SAME QUESTIONNAIRE FOR THE NEXT ELIGIBLE HOUSEHOLD.

Gidan da ya chanchanta

Household eligibility

“Akwai yaran da ke da shekara daya amma kasa da shekaru biyu da haifuwa a cikin gidan nan?”

[YARAN DA AKA HAIFA A TSAKANIN NOWAMBA, 2012 ZUWA OCTOBER, 2013 SUNE SUKA CHAN-CHANTA.]

“Are there any children living in this household who are 1 year old but still less than 2 years old?”

[ELIGIBLE CHILDREN ARE BORN BETWEEN NOVEMBER 2012 AND OCTOBER 2013]

EY, AKWAI YARO/YARINYA DA TA/YA CHANCHANTA.⇒ FARAH GANAWA DA TAMBAYA H1 DAKE SHAFI NA GABA.

YES, HAVE ELIGIBLE CHILD.⇒ BEGIN THE INTERVIEW WITH QUESTION H1 ON THE NEXT PAGE.

IN A'A NE SAI A DENA GANAWA.⇒ A RUBUTA GIDAN BA TA CHANCHANTA BA A TAKARDA UNGUWAR A KUMA SAKE YIN AMFANI DA WANNAN TAKARDAN NEMAN BAYANI A GIDAN DAYA CHANCHANTA NA GABA.

IF NO, THE INTERVIEW IS OVER. ⇒ RECORD HOUSEHOLD IS NOT ELIGIBLE ON CLUSTER TRACKING FORM AND RE-USE THIS SAME QUESTIONNAIRE FOR THE NEXT ELIGIBLE HOUSEHOLD.

BAYANI A KAN MEMBOBIN GIDA/HOUSEHOLD MEMBERS INFORMATION

“Yanzu i na so in yi maku tambayoyi a kan membobin gidan nan.”

“Now, I would like to ask you some questions about the members of this household.”

H1	Mene ne sunan maigidan nan? What is the name of head of household?																																																																										
H2	Mene ne sunayen duka yaranda ke cikin gidan, wanda suke da shekara daya amma kasa da skekaru biyu da haifuwa da sunan mahaifiyar su ko mai kula da su? <i>[Bincika: “Matan aure nawa ne a cikin gidan?”]</i> What are the names of all the children in the household who are 1 year old but less than 2 years and the mothers/caregivers? <i>[Probe: “How many wives are there in the household?”]</i> <u>LIST THE CHILDREN FROM OLDEST TO YOUNGEST:</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Lamba Number</th> <th>Sunan Yaro/yarinya Child's name</th> <th>Sunan mahaifiya/mai kullawa Mother/caregiver's name</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td></tr> </tbody> </table>	Lamba Number	Sunan Yaro/yarinya Child's name	Sunan mahaifiya/mai kullawa Mother/caregiver's name	1			2			3			4			5			6			7			8			9																																														
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H3	[In yaran da suke da shekara daya amma kasa da shekaru biyu da haifuwa sun fi daya, sai a zabi yaro/yarinya ta hanyar yar cinke. In za a yi amfani da shi, sai a duba yawan yaran da suka chanchanta a sa maki a layin gefen hagu mai calar kore. Sai a kuma sa maki a lambar tambaya dake sama mai calar kore. Nema inda al'amudi da layi suka hadu. Wanana lambar inta zata zama lambar da za a yi amfani da ita a wurin yar cinke sunayen yara da aka rubuta a H2.] <i>[If there is more than one child who is 1 year old but less than 2 years, select one using the random number table. To use it, circle the total number of eligible children in the grey column on the left. Then, circle the <i>questionnaire number</i> in the grey row on the top. Find the box where this column and row intersect. That number will be your randomly chosen number for the children listed in H2.]</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" rowspan="2">Random Number Table</th> <th colspan="7">Lanban takardan tambayoyi/ Questionnaire Number</th> </tr> <tr> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> </tr> </thead> <tbody> <tr> <td rowspan="8">Lamban yaran da suka chanchanta Number of Eligible Children</td> <td>2</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>2</td> </tr> <tr> <td>3</td> <td>2</td> <td>3</td> <td>3</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>4</td> <td>4</td> <td>2</td> <td>1</td> <td>3</td> <td>2</td> <td>1</td> <td>4</td> </tr> <tr> <td>5</td> <td>2</td> <td>1</td> <td>5</td> <td>4</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>6</td> <td>5</td> <td>1</td> <td>6</td> <td>3</td> <td>2</td> <td>4</td> <td>6</td> </tr> <tr> <td>7</td> <td>4</td> <td>7</td> <td>1</td> <td>5</td> <td>3</td> <td>6</td> <td>2</td> </tr> <tr> <td>8</td> <td>1</td> <td>3</td> <td>4</td> <td>1</td> <td>8</td> <td>1</td> <td>7</td> </tr> </tbody> </table>		Random Number Table		Lanban takardan tambayoyi/ Questionnaire Number							1	2	3	4	5	6	7	Lamban yaran da suka chanchanta Number of Eligible Children	2	2	1	1	2	1	2	2	3	2	3	3	2	1	1	2	4	4	2	1	3	2	1	4	5	2	1	5	4	2	3	5	6	5	1	6	3	2	4	6	7	4	7	1	5	3	6	2	8	1	3	4	1	8	1	7
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		9	9	5	8	4	7	2	7
		10	8	1	7	3	9	5	10
[A RUBUTA LAMBAR YARON DA AKA ZABA ANAN. IN YARO DAYA NE, SAI A RUBUTA 1.] _____									
[WRITE NUMBER OF THE SELECTED CHILD HERE. IF ONLY ONE CHILD, WRITE '1'.]									

BAYANI AKAN YARO/YARINYA/ CHILD INFORMATION

“Yanzu zan so in yi tambayoyi game da <Sunan yaro>. Ko zan iya Magana da mahaifiyarsa ko mai lura dasu?” [In mahaifansa basa nan, sai a sami matashi mai a kalla shekaru 15 wanda ke da masaniyan tarihin rigakafin yaron.]

“Now, I would like to ask some questions about <Child’s name>. May I speak with <Mother/caregiver’s name>?” [If she/he is unavailable, ask if there is an adult who is at least 15 years of age and is knowledgeable about the child’s vaccination history.]

ABIN DA MAHAIFIYA /MAI KULLAWA SUKA TUNA AKAN ALLURAN RIGAKAFIN YAU DA KULLUM MOTHER / CAREGIVER RECALL ABOUT ROUTINE VACCINATION

“Yanzu zan so inyi tamboyoyin a kan rigakafin yau da kullun da yaro/yarinya suka karba a asibiti, ko a lokochin fadakarwan kiwon lafiya. Wanen bai hada da rigakafin da aka yi, lokocin rigakafin cutar shan inna da bakon dauro na musammam ba.”

[A rubuta "EY" in mahaifiya tace an yi rigakafi ko "A'A" in tace ba'a yi ba. Ya kamata a gan tabon BCG a wajen saman hannun hagu. Rubuta "EY" in an gan alama, "A'A" in babu alama.]

“Now, I would like to ask you some questions about vaccinations your child received through routine health services at the health clinic, or a health outreach program. This does not include vaccinations received during special campaigns for polio and measles.”

[Record "YES" if mother says that vaccination was given and "NO" if she says it was not given. For BCG, scar should be visible on left upper arm. Record "YES" if scar is seen and "NO" if scar is not visible.]

M1	<p>Ko<Name>ya/ta karban rigakafin ta hanun cibiyar kiwon lafiya ta yau da kullum a rayuwari sa/ta? Has <Name> ever received any vaccination through routine health services in his/her life?</p> <p>[__] 1. Ey ⇒ M2</p> <p>[__] 2. A'a ⇒ R2, p.9</p>	<p>1. Yes ⇒ M2</p> <p>2. No ⇒ R2, p.9</p>
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M2	<p>Ko <Name> ya taba karbar alluran rigakafin cutar tarin fuka (“BCG”) a wajen saman hannun hagu ko Kafada wanda yake barin alama a haifuwa ko bayan haifuwa? [Bincika: “An fi karbansa da zaran an haifu”]</p> <p>Has <Name> ever received an injection to protect against tuberculosis (“BCG”) in the left upper arm, or shoulder, which usually causes a scar? [Probe: “Usually received at or soon after birth”]</p> <table> <tr> <td><input type="checkbox"/> 1. Ey</td><td>1. Yes</td></tr> <tr> <td><input type="checkbox"/> 2. A'a</td><td>2. No</td></tr> </table>	<input type="checkbox"/> 1. Ey	1. Yes	<input type="checkbox"/> 2. A'a	2. No
<input type="checkbox"/> 1. Ey	1. Yes				
<input type="checkbox"/> 2. A'a	2. No				
M2A	<p>[DUBA TABON BCG A WAJEN SAMAN HANUN HAGU.]</p> <p>[CHECK FOR BCG SCAR ON LEFT UPPER OUTER ARM.]</p> <table> <tr> <td><input type="checkbox"/> 1. An ga alama</td><td>1. Scar seen</td></tr> <tr> <td><input type="checkbox"/> 2. Ba' a ga alama ba</td><td>2. No scar seen</td></tr> </table>	<input type="checkbox"/> 1. An ga alama	1. Scar seen	<input type="checkbox"/> 2. Ba' a ga alama ba	2. No scar seen
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<input type="checkbox"/> 2. Ba' a ga alama ba	2. No scar seen				
M3	<p>Ko <Name> ya/ta taba karban allura a saman chinyar hagu, don kariya daga cutar shan inna, tetanus, tari ko diphtheria(“Penta” ko “DPT”)?</p> <p>Has <Name> ever received an injection in their left upper thigh to protect against tetanus, whooping cough, or diphtheria (“Penta” or “DPT”)?</p> <table> <tr> <td><input type="checkbox"/> 1. Ey</td><td>1. Yes</td></tr> <tr> <td><input type="checkbox"/> 2. A'a ⇒ M4</td><td>2.No ⇒M4</td></tr> </table>	<input type="checkbox"/> 1. Ey	1. Yes	<input type="checkbox"/> 2. A'a ⇒ M4	2.No ⇒M4
<input type="checkbox"/> 1. Ey	1. Yes				
<input type="checkbox"/> 2. A'a ⇒ M4	2.No ⇒M4				
M3A	<p>Sau nawa gaba daya aka karbi rigakafin penta/ DPT?</p> <p>How many total times was Penta/DPT vaccine received?</p> <p>Yawan lokaci _____ [A rubuta 99 in ba'a sani ba]</p> <p>Number of times [99=Don't know]</p>				

M7	[DUBA KO MAHAIIFIYA TACE“EY” YA/TA KARBI DUKA RIGAKAFI A M2–M6.] [CHECK IF MOTHER SAID “YES” TO CHILD RECEIVING ALL VACCINATIONS IN <u>M2–M6.</u>]	
	<input type="checkbox"/> 1. Ey <input type="checkbox"/> 2. A'a	1. Yes 2. No
M8	Ko <Name> ya/ta taba karban allura a saman hannuan dama da yaka/take wata 9 ko fiye da haka don kariya daga ciwon shawara? [Bincika: “Banda lokacin fadakarwan shawara”] Has <Name> ever received an injection in the right upper arm at the age of 9 months or older to prevent him/her from getting yellow fever? [Probe: “Not during yellow fever campaign”]	
	<input type="checkbox"/> 1. Ey <input type="checkbox"/> 2. A'a	1. Yes 2. No
M9	Kuna da takardan shaida daga asibiti na nuna cewa yaron nan ya kammala dukan rigakafi? Do you have a certificate of completion of all vaccines for this child from the health facility?	
	<input type="checkbox"/> 1. Ey, an gani <input type="checkbox"/> 2. Ey ba'a gani ba <input type="checkbox"/> 3. A'a	1. Yes, seen 2. Yes, not seen 3. No
M10	Katin da ake rubuta alluran rigakafin <Name yaro>? [Bincika: Nuna kati.] [IN EY NE] Ko zan iya gani? Do you have a card where <Name>’s vaccinations are written down? [Probe: Show sample card.] [IF YES] May I see it please?	
	<input type="checkbox"/> 1. Ey, an gani ⇒ V1 <input type="checkbox"/> 2. Ey, ba'a gani ba <input type="checkbox"/> 3. A'a	1. Yes, seen ⇒ V1 (NEXT PAGE) 2. Yes, not seen 3. No
M11	Me ya sa ba shi/ta da katin alluran rigakafin yanzu haka? [ZABI DALILI MAI KWARI DAYA.] Why don’t you have a vaccination card for him/her right now? [CHOOSE ONE <u>MAIN</u> REASON.]	
	<input type="checkbox"/> 1. Ba'a ba mahaifiya/mai kulawa kati ba <input type="checkbox"/> 2. Babu kati a yanzu /wajen gida <input type="checkbox"/> 3. Kati ya bata <input type="checkbox"/> 4. Ba kati a asibiti <input type="checkbox"/> 5. Ance mahaifiya/mai kullawa su biya kudin kati <input type="checkbox"/> 6. Yaro bai taba zuwa asibiti ba <input type="checkbox"/> 7. Ban sani ba <input type="checkbox"/> 8. Saura, ambata: _____	1. Card not given to mother/caregiver 2. Card not available now/outside house 3. Card lost 4. Card not available at the clinic 5. Mother/caregiver asked to pay for card 6. Child never went to clinic 7. Don’t know 8. Other, specify _____

SKIP PAGE 8 AND START AT QUESTION ‘R1’ ON PAGE 9

KATIN RIGAKAFIN YAU DA KULLUM/ ROUTINE VACCINATION CARD

[A DUBA KATIN RIGAKAFIN YARO/YARINYA IDAN AN RUBUTA KWANAN WATA SAI A RUBUTA "EY" IN KUMA BABU, SAI A RUBUTA KWANAN WATAN DA AKA BADA A CIKA KWANAN WATA YANDA YA KAMATA BA, A RUBUTA 99.] [FOR EACH VACCINE, CHECK "YES" IF ANY MARK IS MADE IN THE "DATE GIVEN" COLUMN ON THE VACCINATION CARD AND "NO" IF THERE IS NO MARK. COPY "DATES GIVEN."]

Rigakafi Vaccine	An bada rigakafi? Vaccine given?	Ranan da akabada(rana/wata/shekara) Date given (DD/MM/YY)
V1 OPV 0 (Birth)	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V2 HepB 0 (Birth)	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V3 BCG	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V4 OPV 1	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V5 Penta 1 / DPT 1	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V6 OPV 2	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V7 Penta 2 / DPT 2	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V8 OPV 3	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V9 Penta 3 / DPT 3	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V10 Measles (9 months)	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V11 Yellow fever	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V12 HepB 1 (10 weeks)	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V13 HepB 2 (14 weeks)	<input type="checkbox"/> 1. Ey / Yes <input type="checkbox"/> 2. A'a / No	____ / ____ / ____ <input type="checkbox"/> Ba'a rubuta rana ba Missing
V14	<p>[DUBA KO KATI YA NUNA CEWA YARO/YARINYA YA/TA KARBI DUKA RIGAKAFIN DAKE V1–V10.] [CHECK IF CARD INDICATES THAT CHILD RECEIVED ALL VACCINATIONS IN <u>V1–V10.</u>]</p> <p><input type="checkbox"/> 1. Ey <input type="checkbox"/> 2. A'a</p> <p>1. Yes 2. No</p>	

HALAYE / SANIN RIGAKAFIN YAU DA KULLUM

ROUTINE IMMUNIZATION BEHAVIORS/KNOWLEDGE

R1	<p>[DUBA M7 A SHAFI NA 7 DA KUMA. DUBA A CIKIN TAMBAYA DAYA KO KUMA TAMBOYOYIN BIYU, AMSOSHIN SU “A’A” NE?]</p> <p>[CHECK M7 ON P.7 FOR WHETHER ANSWER IS “YES” OR “NO”.]</p> <p><input type="checkbox"/> 1. Daya ko biyun, amsoshin “A’A” ne \Rightarrow R3 1. IF M7 = “YES” \Rightarrow R3 <input type="checkbox"/> 2. Duka ba “A’A” \Rightarrow R2 2. IF M7 = “NO” \Rightarrow R2</p>	
R2	<p>Me yasa <Suna> bai/bata karbi duka rigakafin sa/ta ta hanun cibiyoyin kiwon lafiya nayau da kullum ba? [KADA A KARANTA AMSOSHI. A ZABI DALII <u>MAI KWARI</u> GUDA DAYA.]</p> <p>Why did <Name> not receive all of his/her vaccinations through routine health services?</p> <p>[DO NOT READ THE ANSWERS. CHOOSE ONE <u>MAIN</u> REASON BASED ON RESPONSE.]</p> <p><input type="checkbox"/> 1. Rashin sanin amfani rigakafi 1. Unaware of need for vaccination <input type="checkbox"/> 2. Bai/bata san suna bukatan wasu rigakafin ba 2. Did not know needed other vaccines <input type="checkbox"/> 3. Zaton Kaman rigakafi bai da mahimmanci 3. Feel vaccination not important <input type="checkbox"/> 4. Rashin yarda da rigakafi 4. Do not trust vaccines <input type="checkbox"/> 5. Tsoron sakkamako/ mai illa 5. Fear of side effect/adverse event <input type="checkbox"/> 6. Dalilan al’ada da addini 6. Cultural/religious reasons <input type="checkbox"/> 7. Rashin sanin wurin/ da lokacin rigakafi 7. Unaware of place/time of vaccination <input type="checkbox"/> 8. Wurin yin rigakafi yayinisa/wahala 8. Place of vaccination too far/difficult <input type="checkbox"/> 9. Lokacin rigakafi na da takura 9. Time of vaccination inconvenient <input type="checkbox"/> 10. Mahaiyiya bata da lokaci 10. Mother too busy <input type="checkbox"/> 11. Niyar yi daga baya 11. Plan to do it later <input type="checkbox"/> 12. An manta a kai yaro/yarinya wurin rigakafi 12. Forgot to take child for vaccination <input type="checkbox"/> 13. Miji/ Maigida ba zai yarda ba 13. Husband/head of household won’t allow <input type="checkbox"/> 14. Babu kudin biyan rigakafi 14. Unable to pay for vaccination services <input type="checkbox"/> 15. Babu kudin mota 15. Unable to pay for transport <input type="checkbox"/> 16. Laluran iyali,kaman rashin lafiyar mahaifiya 16. Family problem, like illness of mother <input type="checkbox"/> 17. Mahaifiya ta ki saboda rashin lafiyan yaro 17. Child ill, mother refused <input type="checkbox"/> 18. Mai rigakafi ya ki saboda rashen lafiyar yaro 18. Child ill, vaccinator refused <input type="checkbox"/> 19. Ba magani rigakafi a wurin yi 19. Vaccine not available at facility <input type="checkbox"/> 20. Mai bada rigakafi baya nan 20. Vaccinator absent <input type="checkbox"/> 21. Yawan jama’a 21. Long waiting line <input type="checkbox"/> 22. Munanan halayen maaikatan kiwon lafiya 22. Poor attitude of health workers <input type="checkbox"/> 23. Ba fadakarwar lafiya akai akai 23. Health outreach not regular <input type="checkbox"/> 24. Ban sani ba 24. Don’t know <input type="checkbox"/> 25. Saura, ambata: _____ 25. Other, specify</p>	

R3	<p>A ta wace hanya aka fi samun bayani akan rigakafin yau da kullum?</p> <p>[KADA A KARANTA AMSOSHI, A ZABI DALILI <u>MAI KWARI</u> KUDA DAYA.]</p> <p>What is your main source of information about vaccines offered through routine health services? [DO NOT READ THE ANSWERS. CHOOSE ONE <u>MAIN</u> SOURCE BASED ON RESPONSE.]</p> <table border="0"> <tbody> <tr> <td data-bbox="165 323 827 1035"><input type="checkbox"/> 1. Ma'aikacin kiwon lafiya</td><td data-bbox="827 323 1489 1035">1. Health worker</td></tr> <tr> <td data-bbox="165 368 827 413"><input type="checkbox"/> 2. Masu rigakafin ciwon shan inna</td><td data-bbox="827 368 1489 413">2. Polio campaign vaccinators</td></tr> <tr> <td data-bbox="165 417 827 462"><input type="checkbox"/> 3. Amsa kuwa/ masu shela</td><td data-bbox="827 417 1489 462">3. Loud speaker/town announcer</td></tr> <tr> <td data-bbox="165 467 827 512"><input type="checkbox"/> 4. Hotunan sanarwa</td><td data-bbox="827 467 1489 512">4. Poster/banner</td></tr> <tr> <td data-bbox="165 516 827 561"><input type="checkbox"/> 5. Rediyo</td><td data-bbox="827 516 1489 561">5. Radio</td></tr> <tr> <td data-bbox="165 565 827 610"><input type="checkbox"/> 6. Telebijin</td><td data-bbox="827 565 1489 610">6. Television</td></tr> <tr> <td data-bbox="165 615 827 660"><input type="checkbox"/> 7. Wayar tafi da gidan ka</td><td data-bbox="827 615 1489 660">7. Mobile telephone/SMS</td></tr> <tr> <td data-bbox="165 664 827 709"><input type="checkbox"/> 8. Jaridu/kassidu</td><td data-bbox="827 664 1489 709">8. Newspapers/magazines</td></tr> <tr> <td data-bbox="165 714 827 759"><input type="checkbox"/> 9. Miji/yan'uwa/makwabta/abokan arziki</td><td data-bbox="827 714 1489 759">9. Husband/family/neighbor/friends</td></tr> <tr> <td data-bbox="165 763 827 808"><input type="checkbox"/> 10. Kungiyar mata</td><td data-bbox="827 763 1489 808">10. Women's groups</td></tr> <tr> <td data-bbox="165 813 827 857"><input type="checkbox"/> 11. Masallatai/coci-coci</td><td data-bbox="827 813 1489 857">11. Mosque/church</td></tr> <tr> <td data-bbox="165 862 827 907"><input type="checkbox"/> 12. Shugabanin al'umma</td><td data-bbox="827 862 1489 907">12. Community leader</td></tr> <tr> <td data-bbox="165 911 827 956"><input type="checkbox"/> 13. Ma su hada kai al'umma/VCM</td><td data-bbox="827 911 1489 956">13. Community mobilizer/VCM</td></tr> <tr> <td data-bbox="165 961 827 1028"><input type="checkbox"/> 14. Rashin jin bayanin rigakafi daga cibiyoyin lafiya</td><td data-bbox="827 961 1489 1028">14. Not heard of routine vaccination before</td></tr> <tr> <td data-bbox="165 1033 827 1078"><input type="checkbox"/> 15. Ban sani ba</td><td data-bbox="827 1033 1489 1078">15. Don't know</td></tr> </tbody> </table>	<input type="checkbox"/> 1. Ma'aikacin kiwon lafiya	1. Health worker	<input type="checkbox"/> 2. Masu rigakafin ciwon shan inna	2. Polio campaign vaccinators	<input type="checkbox"/> 3. Amsa kuwa/ masu shela	3. Loud speaker/town announcer	<input type="checkbox"/> 4. Hotunan sanarwa	4. Poster/banner	<input type="checkbox"/> 5. Rediyo	5. Radio	<input type="checkbox"/> 6. Telebijin	6. Television	<input type="checkbox"/> 7. Wayar tafi da gidan ka	7. Mobile telephone/SMS	<input type="checkbox"/> 8. Jaridu/kassidu	8. Newspapers/magazines	<input type="checkbox"/> 9. Miji/yan'uwa/makwabta/abokan arziki	9. Husband/family/neighbor/friends	<input type="checkbox"/> 10. Kungiyar mata	10. Women's groups	<input type="checkbox"/> 11. Masallatai/coci-coci	11. Mosque/church	<input type="checkbox"/> 12. Shugabanin al'umma	12. Community leader	<input type="checkbox"/> 13. Ma su hada kai al'umma/VCM	13. Community mobilizer/VCM	<input type="checkbox"/> 14. Rashin jin bayanin rigakafi daga cibiyoyin lafiya	14. Not heard of routine vaccination before	<input type="checkbox"/> 15. Ban sani ba	15. Don't know
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R4	<p>Wace bayani ne iyaye mata za su bukata don yanke shawaran yi wa yaran su rigakafi ta hannun cibiyoyi kiwon lafiya ta yau da kullum?</p> <p>[KAR A KARANTA AMSOSHI. ZABI BAYANI DAYA <u>MAI KWARI</u> BISA GA AMSOSHIN DA AKA SAMU.]</p> <p>What information would help mothers decide to vaccinate their children through routine immunization services? [DO NOT READ THE ANSWERS. CHOOSE ONE <u>MAIN</u> INFORMATION BASED ON THEIR RESPONSE.]</p> <table border="0"> <tbody> <tr> <td data-bbox="165 1356 827 1401"><input type="checkbox"/> 1. Ingancin rigakafi</td> <td data-bbox="827 1356 1489 1401">1. Safety of the vaccine</td> </tr> <tr> <td data-bbox="165 1405 827 1450"><input type="checkbox"/> 2. Sakkamako mai illa na rigakafin</td> <td data-bbox="827 1405 1489 1450">2. Side effects of the vaccine</td> </tr> <tr> <td data-bbox="165 1455 827 1545"><input type="checkbox"/> 3. Dalilin da yasa yi wa yaro na rigakafi ke da mahimminci</td> <td data-bbox="827 1455 1489 1545">3. Why vaccinating my child is important</td> </tr> <tr> <td data-bbox="165 1549 827 1594"><input type="checkbox"/> 4. Wane cututtuka ne rigakafin ke karewa</td> <td data-bbox="827 1549 1489 1594">4. What diseases vaccines protect against</td> </tr> <tr> <td data-bbox="165 1599 827 1688"><input type="checkbox"/> 5. Ko yara marasa lafiya za su iya karban rigakafi</td> <td data-bbox="827 1599 1489 1688">5. If sick children can receive the vaccine</td> </tr> <tr> <td data-bbox="165 1693 827 1783"><input type="checkbox"/> 6. Lokacin/wurin yin rigakafin yau da kullum yayi kusa da gida na.</td> <td data-bbox="827 1693 1489 1783">6. Time/place for routine vaccination near my home</td> </tr> <tr> <td data-bbox="165 1787 827 1832"><input type="checkbox"/> 7. Tsarin yi wa yaro rigakafi</td> <td data-bbox="827 1787 1489 1832">7. Schedule for vaccination of child</td> </tr> <tr> <td data-bbox="165 1837 827 1882"><input type="checkbox"/> 8. Ko maigida/iyali sun ammince</td> <td data-bbox="827 1837 1489 1882">8. Whether my husband/family approves</td> </tr> <tr> <td data-bbox="165 1886 827 1931"><input type="checkbox"/> 9. Ko shugaban addini na ya ammince</td> <td data-bbox="827 1886 1489 1931">9. Whether my religious leader approves</td> </tr> <tr> <td data-bbox="165 1936 827 1980"><input type="checkbox"/> 10. Ko shugaban al'umma ta ya ammince</td> <td data-bbox="827 1936 1489 1980">10. Whether my community leader approves</td> </tr> <tr> <td data-bbox="165 1985 827 2030"><input type="checkbox"/> 11. Saura, ambata: _____</td> <td data-bbox="827 1985 1489 2030">11. Other, specify:</td> </tr> </tbody> </table>	<input type="checkbox"/> 1. Ingancin rigakafi	1. Safety of the vaccine	<input type="checkbox"/> 2. Sakkamako mai illa na rigakafin	2. Side effects of the vaccine	<input type="checkbox"/> 3. Dalilin da yasa yi wa yaro na rigakafi ke da mahimminci	3. Why vaccinating my child is important	<input type="checkbox"/> 4. Wane cututtuka ne rigakafin ke karewa	4. What diseases vaccines protect against	<input type="checkbox"/> 5. Ko yara marasa lafiya za su iya karban rigakafi	5. If sick children can receive the vaccine	<input type="checkbox"/> 6. Lokacin/wurin yin rigakafin yau da kullum yayi kusa da gida na.	6. Time/place for routine vaccination near my home	<input type="checkbox"/> 7. Tsarin yi wa yaro rigakafi	7. Schedule for vaccination of child	<input type="checkbox"/> 8. Ko maigida/iyali sun ammince	8. Whether my husband/family approves	<input type="checkbox"/> 9. Ko shugaban addini na ya ammince	9. Whether my religious leader approves	<input type="checkbox"/> 10. Ko shugaban al'umma ta ya ammince	10. Whether my community leader approves	<input type="checkbox"/> 11. Saura, ambata: _____	11. Other, specify:								
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FADAKARWA AKAN CUTAR CIWON SHAN INNA/ POLIO CAMPAIGNS

“Yanzu zan so inyi wasu tambayoyi akan rigakafin da yaron ka ya karba a fadakarwa ciwon shan ina na kwanan nan. A lokachin fadakarwan, kungiyoyi masu rigakafin su kan bi gida gida suna diga maganin a bakin yara. Kungiyoyin su kan sa shaida a dan yastan yaro don ya nuna cewa ya karbe wannan rigakafin.”

“Now, I would like to ask some questions about vaccinations your child received during recent polio campaigns, or immunization plus days. During polio campaigns, vaccination teams come to houses and give polio vaccine drops in the children’s mouths. Teams also mark the child’s finger to indicate the child has already collected the vaccine.”

P1	<p>Ko <Sun> ya karbi rigakafin cutar shan inna da aka yi na gida gida a watan Satumba 18-23, 2014? [Bincika: “A watan da ta wace.”]</p> <p>Did <Name> receive polio vaccine drops during the September 18-23, 2014 house-to-house polio campaigns? [Probe: “Last month”]</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-bottom: 10px;"><input type="checkbox"/> 1. Ey ⇒ P2</td><td style="width: 50%; padding-bottom: 10px;">1. Yes ⇒ P2</td></tr> <tr> <td><input type="checkbox"/> 2. A'a</td><td>2. No</td></tr> </table> <p>Me yasa bai/bata karbi rigakafin cutar shan inna lokacin fadakarwan da aka yi a Satumba ba? Why did he/she not collect vaccine during the September polio campaign? [A RUBUTA LAMBAR AMSOSHI DAGA JERIN SUNAYE DA KE SHAFI NA GABA] _____ [RECORD NUMBER FOR RESPONSE FROM THE LIST ON THE NEXT PAGE]</p> <p>IF RESPONSE IS “19 – Other” PLEASE WRITE RESPONSE HERE: _____</p>	<input type="checkbox"/> 1. Ey ⇒ P2	1. Yes ⇒ P2	<input type="checkbox"/> 2. A'a	2. No
<input type="checkbox"/> 1. Ey ⇒ P2	1. Yes ⇒ P2				
<input type="checkbox"/> 2. A'a	2. No				
P2	<p>Ko <Sun> ya karbi rigakafin cutar shan inna da aka yi na gida gida a watan Ogusta 9-12, 2014? [Bincika: “Wata biyu dasu ka wuce.”]</p> <p>Did <Name> receive polio vaccine drops during the August 9-12, 2014 house-to-house polio campaigns? [Probe: “2 months ago”]</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-bottom: 10px;"><input type="checkbox"/> 1. Ey ⇒ P3</td><td style="width: 50%; padding-bottom: 10px;">1. Yes ⇒ P3</td></tr> <tr> <td><input type="checkbox"/> 2. A'a</td><td>2. No</td></tr> </table> <p>Me yasa bai/bata karbi rigakafin cutar shan inna lokacin fadakarwan da aka yi a Ogusta ba? Why did he/she not collect vaccine during the August polio campaign? [A RUBUTA LAMBAR AMSOSHI DAGA JERIN SUNAYE DA KE SHAFI NA GABA] _____ [RECORD NUMBER FOR RESPONSE FROM THE LIST ON THE NEXT PAGE]</p> <p>IF RESPONSE IS “19 – Other” PLEASE WRITE RESPONSE HERE: _____</p>	<input type="checkbox"/> 1. Ey ⇒ P3	1. Yes ⇒ P3	<input type="checkbox"/> 2. A'a	2. No
<input type="checkbox"/> 1. Ey ⇒ P3	1. Yes ⇒ P3				
<input type="checkbox"/> 2. A'a	2. No				

JERIN AMSOSHI NA TAMBAYA P1A DA P2A / RESPONSE LIST for QUESTIONS P1A and P2A

1. Kungijyan basu zo gida ba	1. House not visited by team
2. Yaro ba shi nan	2. Child absent
3. Rashin ingancin magani/tsoron sakkamako mai illa	3. Vaccine safety/fear of adverse event
4. Zaton ba'a bukata	4. No felt need
5. Dalilin Al'ada/addini	5. Religious/cultural reasons
6. Dalilan siyasa da yanayin mulki	6. Political reasons
7. Raci akan rigakafin	7. Too many rounds
8. Rashin kula da sauran cututtuka	8. Other unmet health needs
9. Mahaifiya ta ki kuma ba dalili	9. Mother refused, no reason given
10. Miji/Maigida ya ki	10. Husband/head of household refused
11. Ma'aikata ba su zo gida ba	11. Vaccinator did not visit house
12. Yaro ba lafiya	12. Child sick
13. Mahaifiya/mai kullawa bata bada izini ba	13. No mother/caregiver consent given
14. Ba'a ji dadin ma'aikata ba	14. Unhappy with team
15. An daga sai wane lokaci	15. Postponed until another time
16. Ba'a san ana fadakarwa ba	16. Not aware of campaign
17. Rigakafin lokacin fadakarwa bai kai wadda aka bada wurin cibiyoyin kiwon lafiya inganci ba	17. Campaign vaccine is not as good as vaccine offered through routine health services
18. Ban sani ba	18. Don't know
19. Saura	19. Other

P3 Ta wace hanya kake/kike samun bayani akan fadakarwa cutar shan inna?

[KA DA A KARANTA AMSOSHI A ZABI DALILI DAYA MAI KWARI BISA GA BAYANI DA AKA SAMU.]

Which is your main source of information about polio campaigns?

[DO NOT READ THE ANSWERS. CHOOSE ONE MAIN REASON BASED ON RESPONSE.]

- | | |
|---|------------------------------------|
| <input type="checkbox"/> 1. Ma'aikachin kiwon lafiya | 1. Health worker |
| <input type="checkbox"/> 2. Masu bada rigakafin cutar shan inna | 2. Polio campaign vaccinators |
| <input type="checkbox"/> 3. Ammsakuwa/masu shela | 3. Loud speaker/town announcer |
| <input type="checkbox"/> 4. Hotunan sanarwa | 4. Poster/banner |
| <input type="checkbox"/> 5. Rediyo | 5. Radio |
| <input type="checkbox"/> 6. Telebijiin | 6. Television |
| <input type="checkbox"/> 7. Wayar tafi da gidan ka/ gajeruwani sako | 7. Mobile telephone/SMS |
| <input type="checkbox"/> 8. Jaridu/ kassidu | 8. Newspapers/magazines |
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| <input type="checkbox"/> 10. Kungiyar mata | 10. Women's groups |
| <input type="checkbox"/> 11. Massallaci da cocci | 11. Mosque/church |
| <input type="checkbox"/> 12. Masu hada kan al'umma/VCM | 12. Community mobilizer/VCM |
| <input type="checkbox"/> 13. Ban taba jin labarin rigakafin ta wurin
ma'aikatan ba | 13. Not heard of polio campaigns |
| <input type="checkbox"/> 14. Ban sani ba | 14. Don't know |
| <input type="checkbox"/> 15. Saura, ambata: _____ | 15. Other, specify |

BAYANI GAME DA MAHAIFIYA/ MOTHER'S INFORMATION

"Yanzu zan soin tambaye ka dan tarihin(mahaifiya /mai kullawa)."

"Now, I would like to ask you some questions about your (or the mother's/caregiver's) background."

B1	Ya'ya nawa kike (ko maihaifiya/ mai kullawa) da shi a yanzu? How many children do you (or does the mother/caregiver) have currently?	Lamba _____ Number
B2	Wane matakinko illimin ne kika kai (maihaifiya/mai kullawa)? What is the highest level of schooling you (or the mother/caregiver) achieved? <input type="checkbox"/> 1. Babu ilimi <input type="checkbox"/> 2. Ilimin firamare (Wane matakki) <input type="checkbox"/> 3. Ilimin sakandare (Wane matakki) <input type="checkbox"/> 4. Ilimin gaba da sakandari <input type="checkbox"/> 5. Makarantan Islamiyya	<input type="checkbox"/> 1. None <input type="checkbox"/> 2. Primary (any amount) <input type="checkbox"/> 3. Secondary (any amount) <input type="checkbox"/> 4. Post-secondary <input type="checkbox"/> 5. Quranic schools
B3	Wane matakinko makaranta mai gida ya kure? What is the highest level of schooling the head of household achieved? <input type="checkbox"/> 1. Babu <input type="checkbox"/> 2. Ilimin firamare (Wane matakki) <input type="checkbox"/> 3. Ilimin sakandare (Wane matakki) <input type="checkbox"/> 4. Ilimin gaba da sakandari <input type="checkbox"/> 5. Makarantan Islamiyya	<input type="checkbox"/> 1. None <input type="checkbox"/> 2. Primary (any amount) <input type="checkbox"/> 3. Secondary (any amount) <input type="checkbox"/> 4. Post-secondary <input type="checkbox"/> 5. Quranic schools

[A DUBA TAKARDAR NEMAN BAYANI, KO AN AMSA DUKA TAMBOYOYI, SAI A KALMALA GANAWAR DA GODE WA MAIHAIFIYA / MAI KULLAWA SABO DA HADIN KAI DA SUKA BAYAR.]

[CHECK THE QUESTIONNAIRE FOR COMPLETION OF ALL QUESTIONS.

THEN, END THE INTERVIEW AND THANK THE MOTHER/CAREGIVER FOR PARTICIPATING.]