



NPHCDA
National Primary Healthcare Development Agency
Making Nigerians Healthy



Ministry of Health



The National Bureau of Statistics (NBS) and the National Primary Healthcare Development Agency (NPHCDA)

This questionnaire will be used in Yobe and Borno states where yellow fever vaccine was administered as a standalone vaccine. The target age group for yellow fever vaccination is individuals aged between 9 months and 44 years.

NBS & NPHCDA, Post yellow fever campaign coverage survey, 2024

HOUSEHOLD ROSTER: COMPLETE FOR ALL MEMBERS IN THE HOUSEHOLDS STARTING WITH THE HOUSEHOLD HEAD

HM21 SN	HM22 NAME OF HOUSEHOLD MEMBER OR VISITOR	HM23 RELATIONSHIP OF HOUSEHOLD MEMBER TO HOUSEHOLD HEAD	HM24 SEX 1 MALE 2 FEMALE	HM25 DID THE HOUSEHOLD MEMBER SLEEP HERE LAST NIGHT?	HM26 DATE OF BIRTH (DD, MM, YYYY)	HM27 AGE AT TIME OF CAMPAIGN – OCTOBER/NOVEMBER 2024 (COMPLETED YEARS)	HM28 AGE AT TIME OF CAMPAIGN OCTOBER/NOVEMBER 2024 (COMPLETED MONTHS FOR ALL CHILDREN LESS THAN 5 YEARS)	HM29c DID NAME RECEIVE YELLOW FEVER VACCINATION DURING THE LAST VACCINATION CAMPAIGN OCTOBER/NOVEMBER 2024	HM30 CHECK ELIGIBILITY FOR POST- CAMPAIGN SURVEY? (9 MONTHS - 44 YEARS)
1		0 1	1 2	Y N	___/___/___			Y N	Y N
2		___ _	1 2	Y N	___/___/___			Y N	Y N
3		___ _	1 2	Y N	___/___/___			Y N	Y N
4		___ _	1 2	Y N	___/___/___			Y N	Y N
5		___ _	1 2	Y N	___/___/___			Y N	Y N
6		___ _	1 2	Y N	___/___/___			Y N	Y N
<div> <div>* Codes for HM23: Relationship to head of household:</div> <div> <div>01 Head</div> <div>02 Spouse / Partner</div> <div>03 Son / Daughter</div> </div> <div> <div>04 Son-In-Law / Daughter-In-Law</div> <div>05 Grandchild</div> <div>06 Parent</div> </div> <div> <div>07 Parent-In-Law</div> <div>08 Brother / Sister</div> <div>09 Brother-In-Law / Sister-In-Law</div> </div> <div> <div>10 Uncle / Aunt</div> <div>11 Niece / Nephew</div> <div>12 Other relative</div> </div> <div> <div>13 Adopted / Foster/ Stepchild</div> <div>14 Visitor</div> <div>96 Other (Not related)</div> </div> <div>98 Don't know</div> </div>									

Individual questionnaire



Post yellow fever Supplementary Immunisation Activity Coverage Survey, 2024

The National Bureau of Statistics (NBS) and the National Primary Healthcare Development Agency (NPHCDA)

PERSONS 9 MONTHS TO 44 YEARS INFORMATION PANEL

SIA

This questionnaire is to be administered to all individuals aged older than 15 years and the mothers or caregivers (see List of Household Member) who care for a child that lives with them and was aged between 0 months – 15 years at the time of the last yellow fever campaign (see List of Household Members).

A separate questionnaire should be used for each eligible child or individual in the household.

SIA01. State ID number: _____	SIA02. State name: _____
SIA03. Cluster number: _____	SIA11. Household ID number: _____
SIA05. Interviewer ID: _____	SIA07. Team Lead ID: _____
SIA06. Interviewer name: _____	SIA08. Team Lead name: _____
SIA12. Individual's listing number (HM21): _____	SIA12a. Individual's name (HM22): _____
SIA09. Day/Month/Year of interview: ____ / ____ / ____ SIA09_d / SIA09_m / SIA09_y	SIA10. Start time of interview Hour and minutes ____: ____

Visit/Attempt 1	Visit/Attempt 2	Visit/Attempt 3
SIA92. Date ____ (D) ____ (M) ____ (Y) HM13_d HM13_m HM13_y	SIA94. Date ____ (D) ____ (M) ____ (Y) HM15_d HM15_m HM15_y	SIA96. Date ____ (D) ____ (M) ____ (Y) HM17_d HM17_m HM17_y
SIA93. Disposition Code Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour)	SIA93. Disposition Code Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour)	SIA93. Disposition Code Return later; no one home (fill in # of eligible respondents if you learn it from a neighbour)
Come back later; interview started but could not complete	Come back later; interview started but could not complete	Come back later; interview started but could not complete
Refused; someone is home but refused to participate	Refused; someone is home but refused to participate	Refused; someone is home but refused to participate
No adult at home	No adult at home	No adult at home
Entire household absent for an extended period of time	Entire household absent for an extended period of time	Entire household absent for an extended period of time
Complete; collected all necessary information.....	Complete; collected all necessary information.....	Complete; collected all necessary information.....
<i>If response is not 5 or 6, plan to make a second visit</i>	<i>If response is not 5 or 6, plan to make a second visit</i>	<i>If response is not 5 or 6, plan to make a second visit</i>
<i>Repeat greeting if not already read to this respondent:</i> WE ARE FROM NATIONAL BUREAU OF STATISTICS. WE ARE CONDUCTING A SURVEY ABOUT THE SITUATION OF CHILDREN, FAMILIES AND HOUSEHOLDS. I WOULD LIKE TO TALK TO YOU ABOUT <i>(Individuals's name from UF3)</i> 's. THE INTERVIEW WILL TAKE ABOUT 20 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS. MAY, I START NOW?		<i>If greeting at the beginning of the household questionnaire has already been read to this person, then read the following:</i> NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT <i>(child's name from household listing)</i> 's RECEIPT OF VACCINATION DURING THE RECENT YELLOW FEVER VACCINATION CAMPAIGN. THIS INTERVIEW WILL TAKE ABOUT 20 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND ANONYMOUS.

DEMOGRAPHIC INFORMATION		AG
<p>D1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE DEVELOPMENT AND HEALTH OF <i>(name)</i>.</p> <p>ON WHAT DAY, MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i></p> <p>WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.</i></p> <p><i>Month and year of birth must be recorded.</i></p>	<p>Date of birth</p> <p>Day __ __</p> <p>DK day.....98</p> <p>Month..... __ __</p> <p>Year..... __</p>	
<p>D2. HOW OLD IS <i>(name)</i>?</p> <p><i>Probe:</i></p> <p>HOW OLD WAS <i>(name)</i> AT HIS/HER DURING THE OCTOBER/NOVEMBER 2024 YELLOW FEVER CAMPAIGN?</p> <p>Record age in completed months if the age is less than 5 years.</p> <p>Record age in completed years if the age is 5 years above.</p> <p>Record '0' if less than 1 month.</p> <p><i>Compare and correct AG1 and/or AG2 if inconsistent.</i></p>	<p>A. Age (in completed months) __ __</p> <p>B. Age (in completed years) __</p> <p><i>If age was <9 months or ≥44 years go to next person, otherwise end interview if there is no other eligible person in the household.</i></p>	

IMMUNIZATION		IM
SIA16. HAS (NAME) EVER RECEIVED ANY VACCINATIONS TO PREVENT (HIM/HER) FROM GETTING DISEASES, INCLUDING VACCINATIONS RECEIVED IN A CAMPAIGN, IMMUNISATION DAY OR CHILD HEALTH DAY?	Yes..... 1 No.....2 Don't know..... 8	
SIA17. WAS THE CHILD/ WERE YOU LIVING HERE DURING THE CAMPAIGN? (YELLOW FEVER VACCINATION CAMPAIGN IN OCTOBER / NOVEMBER 2024)?	Yes..... 1 No.....2	1 => SIA18
SIA17A. IF 'NO' IN 17, PLEASE SPECIFY WHERE YOU/THE CHILD WAS LIVING.	In this state but a different location..... 1 In another state in Nigeria..... 2 Outside Nigeria..... 3 Other (<i>specify below</i>)..... 6	

<p>SIA18. WHAT WAS THE PRIMARY SOURCE OF INFORMATION ABOUT THE OCCURRENCE OF THE CAMPAIGN?</p> <p><i>(Ask the question first, after the person has answered, go through the list of answers to select the primary source.)</i></p>	<p>Not informed..... 1</p> <p>Radio..... 2</p> <p>Television..... 3</p> <p>Internet..... 4</p> <p>Criers / loudspeaker..... 5</p> <p>Community health workers..... 6</p> <p>School..... 7</p> <p>Family..... 8</p> <p>Neighbour, friend..... 9</p> <p>Village chief..... 10</p> <p>Religious leader (church / mosque)..... 11</p> <p>Community mobilisers..... 12</p> <p>Other (<i>specify below</i>)..... 66</p>	<p>66 => SIA19</p>
<p>SIA19. IF 'OTHER' IN 18, PLEASE SPECIFY</p>	<p><i>(Specify)</i>.....</p>	
<p>SIA20c. DID YOU/THE CHILD RECEIVE THE YELLOW FEVER VACCINE DURING THE RECENT CAMPAIGN (YELLOW FEVER VACCINATION CAMPAIGN IN OCTOBER / NOVEMBER 2024)?</p>	<p>Yes..... 1</p> <p>No..... 3</p> <p>Don't know..... 9</p>	<p>3 => SIA25c</p> <p>9 => SIA27c</p>

<p>SIA21c. DID YOU /THE CHILD RECEIVE A VACCINATION CARD AFTER RECEIVING THE YELLOW FEVER VACCINE DURING THE RECENT CAMPAIGN?</p>	<p>Yes, yellow fever card seen..... 1</p> <p>Yes, but yellow fever card not seen.....2</p> <p>No card.....3</p> <p>Don't know.....9</p>	
<p>SIA22c. WAS THE FINGER OF THE CHILD/INDIVIDUAL MARKED WITH A PEN AFTER RECEIVING THE YELLOW FEVER VACCINE DURING THE CAMPAIGN?</p> <p><i>(If answer is YES, request to see the child so as to inspect finger for marking)</i></p>	<p>Yes, mark seen on the child.....1</p> <p>Yes, mark has been washed out.....2</p> <p>Yes, child not available to check.....3</p> <p>No.....4</p> <p>Don't know.....9</p>	
<p>SIA23. DID YOU /THE CHILD DEVELOP A REACTION AFTER THE VACCINATION?</p>	<p>Yes..... 1</p> <p>No.....2</p> <p>Don't know.....9</p>	<p>SIA24</p> <p>2⇒SIA27</p> <p>9⇒SIA27</p>

SIA24. IF YES, WHAT WAS THE PROBLEM(S)?	Fever between 7- and 12-days following vaccination?..... A General rash between 7- and 10-days following vaccination?..... B Pain at the site of injection?..... C A lump where the shot was given?..... D Problems with hearing or vision?.....E Extreme drowsiness, fainting?..... F Fussiness, irritability, crying for an hour or longer? G Early bruising or bleeding?..... H Difficulty in breathing or swallowing?.....I Hives (other itching or irritation)?..... J Seizure (black-out or convulsions) ;(within a few hours or a few days after the vaccine)?.....K Headache (severe or continuing)?.....L Confusion or dizziness?..... M Low fever?.....N Other (<i>specify</i>)..... O	O => SIA24a
SIA24A. IF 'OTHER' TO SIA24, SPECIFY	<hr/>	

<p>SIA25c. IF YOU /THE CHILD DID NOT RECEIVE THE YELLOW FEVER VACCINE DURING THE CAMPAIGN, WHY?</p> <p><i>(Ask the question first, after the person has answered, go through the list of answers to find the main reason for non-vaccination.)</i></p>	<p>Didn't know about the campaign01</p> <p>Thought that the child did not need this vaccine02</p> <p>Parent absent during the campaign 03</p> <p>Fear of injection..... 04</p> <p>Lack of confidence in vaccine..... 05</p> <p>Site of vaccination not known.....06</p> <p>Site of vaccination too far07</p> <p>Time of vaccination unsuitable.....08</p> <p>Waited too long at vaccination site.....09</p> <p>Missing vaccinator at the site..... 10</p> <p>Not authorised by head of household..... 11</p> <p>Religious beliefs.....12</p> <p>Absent during time of campaign..... 13</p> <p>Too busy to take child..... 14</p> <p>Child ill at time of vaccination..... 15</p> <p>Mother ill at time of vaccination..... 16</p> <p>Child already received Yellow Fever vaccine.... 17</p> <p>Other (specify)..... 66</p>	<p>66 => SIA26</p>
<p>SIA26. IF 'OTHER' TO SIA25, PLEASE SPECIFY</p>	<p>_____</p>	

SIA27c1. BEFORE THE CAMPAIGN IN OCTOBER / NOVEMBER 2024, HAD YOU/THE CHILD RECEIVED ANY YELLOW FEVER VACCINATIONS?	Yes, dates on card(s)..... 1 Yes, recall /history..... 2 No..... 3 Don't know..... 9	1 => SIA27c2 2 => SIA27c2 3 => SIA31 9 => SIA31
SIA27c2 BEFORE THE CAMPAIGN IN OCTOBER / NOVEMBER 2024, HOW MANY TIMES HAD YOU/ [INDIVIDUAL'S NAME] RECEIVED YELLOW FEVER VACCINATIONS? <i>If 7 or more times, record '7'.</i>	Number of times..... DK..... 9	
SIA31. WHERE WAS [INDIVIDUAL'S NAME] LIVING AT THE TIME OF THE LAST YELLOW FEVER CAMPAIGN THAT WAS CONDUCTED TOWARDS THE END OF 2022(2 YEARS AGO)?	Here, in this state..... 1 Other state within Nigeria..... 2 Outside the country..... 3 Child was not born..... 4 Don't know..... 9	
SIA32. DID [INDIVIDUAL'S NAME] RECEIVE THE YELLOW FEVER VACCINE DURING THAT CAMPAIGN 2 YEARS AGO?	Yes..... 1 No..... 2 Don't know..... 9	
SIA35. Record the end time.	HOUR AND MINUTES..... __ __ : __ __	

THANK YOU FOR PARTICIPATING IN THIS SURVEY. DO YOU HAVE ANY QUESTIONS FOR ME?

(Answer all questions the participant may be having)