**REPUBLIC OF CAMEROON**
**Peace- Work- Fatherland**
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| **MINISTRY OF LPUBLIC HEALTH** | **NATIONAL INSTITUTE OF STATISTICS** |
| **--------------------** | **-----------------** |
| **EXPANDED PROGRAMME ON IMMUNIZATION** | |
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# EVALUATION SURVEY OF THE COVERAGE OF EPI ROUTINE VACCINATIONS, OF THE SECOND WEEK ACTION OF HEALTH AND OF MATERNAL AND CHILD NUTRITION AND THE AFRICAN WEEK OF VACCINATION (SASNIM/SAV): FROM 12 TO 15 MAY 2011

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## *QUESTIONNAIRE*

*Information collected during this survey are strictly confidential under Law N° 91/023 of 16 December 1991, on censuses and statistical surveys.*

| | **0. IDENTIFICATION** | | 102 | SEX OF THE HOUSEHOLD HEAD 1= Male    2= Female | |_| |
|---|---|---|---|---|---|
| 001 | REGION _____ | |_|_|_| | 103 | AGE OF THE HOUSEHOLD HEAD (in complete years) *DK=98 ; If age ≥ 95, fill 95* | |_|_|_| |
| 002 | DIVISION : _____ | |_|_|_| | 104 | RELIGION OF THE HOUSEHOLD HEAD *1=Catholic          2=Protestant* *3=Other christian       4=Muslim* *5=Animist              6=Without religion* *7=Other (specify)* _____ | |_| |
| 003 | SUB DIVISION:_____ _____ | |_|_|_|_| | 105 | NUMBER OF PERSONS IN THE HOUSEHOLD | |_|_|_| |
| 004 | VILLAGE/QUARTER/LOCALITY : _____ | | 106 | NUMBER OF CHILDREN FROM 0 to 59 MONTHS IN THE HOUSEHOLD | |_| |
| 005 | AREA OF RESIDENCE : _____ 1 = Urban     2 = Semi-Urban        3=Rural | |_| | 107 | NUMBER OF CHILDREN FROM 6 to 59 MONTHS IN THE HOUSEHOLD | |_| |
| 006 | EA SEQUENTIAL NUMBER : _____ | |_|_|_|_| | 108 | NUMBER OF CHILDREN FROM 12 to 59 MONTHS IN THE HOUSEHOLD | |_| |
| 007 | HOUSEHOLD NUMBER IN THE EA : _____ | |_|_|_| | 109 | NUMBER OF CHILDREN FROM 0 to 11 MONTHS IN THE HOUSEHOLD | |_| |
| 008 | RESULT OF THE DATA COLLECTION 1=Totally filled           2=Partially filled 3=Not filled because of absence  4=Not filled because of refusal 5=Lodging not found        6=Non occupied Lodging 7=Other *(specify)*_____ | |_| | 110 | NUMBER OF PREGNANT WOMEN IN THE HOUSEHOLD | |_| |
| | **1. GENERAL INFORMATION** | | 111 | NUMBER OF PREGNANT WOMEN FROM 4 MONTHS OF PREGNANCY IN THE HOUSEHOLD | |_| |
| 101 | NAME OF THE HOUSEHOLD HEAD_____ _____ | | 112 | NUMBER OF WOMEN IN IMMEDIAT POST-PARTUM (0 TO 8 MONTHS AFTER BIRTH) IN THE HOUSEHOLD | |_| |
| | **2. INFORMATION ON DATA COLLECTION** | | | **3. INFORMATION ON DATA ENTRY** | |
| 201 | INTERVIEWER : _____ | |_|_|_| | 301 | DATA ENTRY AGENT : _____ | |_| |
| 202 | **SUPERVISOR** : _____ | |_|_|_| | 302 | DATA ENTRY CONTROLLER :_____ | |_| |
| 203 | DATE OF SURVEY :    |_|_||_|_||_2_|_0_|_1_|_1_| | | 303 | DATE OF DATA ENTRY   |_|_||_|_||_2_|_0_|_1_|_1_| | |

## ELIGIBILITY OF HOUSEHOLD MEMBERS: EL

| | | |
|---|---|---|
| EL0a | Is there at least one child below 6 years in the household? (Take into account children eventualy on holiday somewhere else at the time of the interview) | *1=Yes    2= No* \|__\| |
| EL0b | If yes, how many? | \|__\|__\| |
| EL0c | Is there at least one woman aged 12 to 50 years in the household? | *1=Yes    2= No* \|__\| |
| EL0d | If yes, how many women? | \|__\|__\| |

-IF  EL0a =1, GO TO CE1 AND INTERVIEW ALL CHILDREN AGED 0 TO LESS THAN 6 YEARS. FOR THESE CHILDREN, THEIR MOTHERS OR IN CASE OF ABSENCE, ANY OTHER ADULT PERSON WHO TAKES CARE OF THEM WILL RESPOND IN THE PRESENCE OF THE CHILDREN IF POSSIBLE
-OTHERWISE, IF EL0a =2  AND  EL0c =1, GO TO FEM0  AND INTERVIEW ALL WOMEN OF THE HOUSEHOLD AGED 12 TO 50 YEARS
-OTHERWISE, GO TO THE NEXT HOUSEHOLD
  (ASK THE QUESTIONS OF SECTIONS CE TO VR FOR ALL THE CHILDREN AGED 0 TO 6 YEARS OF THE HOUSEHOLD AND QUESTIONS  OF SECTIONS FEM TO SVFEM FOR ALL ELIGIBLE WOMEN OF THE HOUSEHOLD)

### CHILDREN'S CHARACTERISTICS : CE

| | | PERSON N°1 | PERSON N°2 | PERSON N°3 | PERSON N°4 |
|---|---|---|---|---|---|
| CE1 | Name and first name | | | | |
| CE2 | (Name's) date of birth | \|__\|__\|__\|__\| | \|__\|__\|__\|__\| | \|__\|__\|__\|__\| | \|__\|__\|__\|__\| |
| CE3 | What is (Name's) age? (in months) | \|__\| | \|__\| | \|__\| | \|__\| |
| CE4 | Of which sex is (Name)? *1= Male      2= Female* | \|__\| | \|__\| | \|__\| | \|__\| |
| CE5 | What is (Name's) residential status? *1= Present resident  2= Absent resident  3=Visitor* | \|__\| | \|__\| | \|__\| | \|__\| |
| CE6 | What is (Name's) relationship with the household head? | \|__\| | \|__\| | \|__\| | \|__\| |

*CE6 Codes: 1= Son or daughter of the household head/spouse, 2= Parent of the household head/spouse, 3=  Not related to the household head/spouse, 4=Other (specify)_____*

| | | | | | |
|---|---|---|---|---|---|
| CE7 | Does the household possess at least one mosquito net? 1=Yes,   2=No  ***go to CE10*** | \|__\|        Number of mosquito net possessed      \|__\|__\| | | | |
| CE8 | If the household possesses a mosquito net(s), is (are) it (they) used? 1=Yes,    2=No  ***go to CE10*** | \|__\|        Number of mosquito net used      \|__\|__\| | | | |
| CE9 | Did (Name) spend the previous night in the mosquito net? 1=Yes, treated, 2=Yes, untreated, 3=No *If 1 or 2 go to CPE1* *If  3 go to CE10a* | \|__\| | \|__\| | \|__\| | \|__\| |
| CE10 | Why does household doesn't possess or use mosquito net ? (Give two main reasons) ***Go to CPE1*** | 1_____\|__\|__\|   2_____\|__\|__\| | | | |
| CE10a | Why didn't (Name) sleep in a mosquito net ? ( Give two main reasons) | \|__\|__\| \|__\|__\| 1_____ 2_____ | \|__\|__\| \|__\|__\| 1_____ 2_____ | \|__\|__\| \|__\|__\| 1_____ 2_____ | \|__\|__\| \|__\|__\| 1_____ 2_____ |

## CHARACTERISTICS OF THE PERSON WHO TAKES CARE OF THE CHILD: CPE

| | | PERSON N°1 | PERSON N°2 | PERSON N°3 | PERSON N°4 |
|---|---|---|---|---|---|
| CPE1 | Of which sex is the person who takes care of (Name)? *1= Male       2= Female* | \|__\| | \|__\| | \|__\| | \|__\| |
| CPE2 | What is the relationship of (Name) with the person who takes care of him / her? | \|__\| | \|__\| | \|__\| | \|__\| |
| | *CPE2 Codes: 1=Mother, 2= Father, 3=  Other related person, 4= Berceuse/baby sitter/house girl and boy, 5= Other non related person* | | | | |
| CPE3 | What is the level of education of the person who takes care of (Name)? *1= without level  2=Primary 3=Secondary 4=Higher education* | \|__\| | \|__\| | \|__\| | \|__\| |
| CPE4 | Does the person who takes care of (Name) know how to read and write a sentence in English or in French? *1=yes  2=no* | \|__\| | \|__\| | \|__\| | \|__\| |
| CPE5 | Socio-professional category of the person who takes care of (Name)? | \|__\| | \|__\| | \|__\| | \|__\| |

## SOCIODEMOGRAPHIC CHARACTERISTICS AND VACCINATION STATUS OF CHILDREN: CAPV

**ASK THE FOLLOWING QUESTIONS FOR ALL CHILDREN OFTHE HOUSEHOLD.  FOR THE CHILDREN, REFER TO THEIR MOTHERS OR TO ANY OTHER PERSON WHO TAKES CARE OF THEM.**

| | | | | | |
| --- | --- | --- | --- | --- | --- |
| CAPV01 | A vaccination campaign was conducted in your region from 12 to 15 may 2011. Have you been informed? | \|_\| | \|_\| | \|_\| | \|_\| |

*CAPV01 Codes: 1=yes, before the campaign  2=yes, during the campaign  3= yes, after the campaign     4=no → CAPV06*

| | | | | | |
| --- | --- | --- | --- | --- | --- |
| CAPV02 | If yes, through which channels have you been informed?          List the two main ones | \|_\|_\|  \|_\|_\| | \|_\|_\|  \|_\|_\| | \|_\|_\|  \|_\|_\| | \|_\|_\|  \|_\|_\| |

*CAPV02 Codes: 01= Public radio   02= Private radio   03=TV   04=Posters   05=News papers       06=Hospital/Health centre   07=Neighbour/Acquaintance   08=Loud speaker /Town crier 09=Mosque/Chapel 10=Community mobilisers   11=Other (specify)_____*

| | | | | | |
| --- | --- | --- | --- | --- | --- |
| CAPV03 | Was (Name) living in the household during the period 12 to 15 may 2011? | /__/ 1=yes 2=no | /__/ 1=yes 2=no | /__/ 1=yes 2=no | \|_\| 1=yes 2=no |
| CAPV04 | Was (Name) brought to the vaccination campaign of 12 to 15 may 2011? | \|_\| 1=yes 2=no → CAPV06 | \|_\| 1=yes 2=no → CAPV06 | \|_\| 1=yes 2=no → CAPV06 | \|_\| 1=yes 2=no → CAPV06 |
| CAPV05 | What made you to bring (Name) to this campaign? | \|_\| | \|_\| | \|_\| | \|_\| |

*CAPV05 Codes: 1=it's good to be vaccinated against these diseases  2=proposed and accepted by parents  3=proposed and accepted by someone else   4=imposed by parents 5=imposed by someone else   6=by imitation  7=Other (specify) _____*

| | | | | | |
| --- | --- | --- | --- | --- | --- |
| CAPV06 | Does (Name) have a vaccination booklet(s) or a vaccination card where his/her vaccinations are recorded? | \|_\| 1=Yes 2=No →CAPV08 3=DK →CAPV08 | \|_\| 1=Yes 2=No →CAPV08 3=DK →CAPV08 | \|_\| 1=Yes 2=No →CAPV08 3=DK →CAPV08 | \|_\| 1=Yes 2=No →CAPV08 3=DK →CAPV08 |
| CAPV07 | If yes, can I see it (them) please? | \|_\| 1= Only booklet (s) seen 2= Only card(s) seen 3= Booklet and card seen 4=Nothing of all these | \|_\| 1= Only booklet (s) seen 2= Only card(s) seen 3= Booklet and card seen 4=Nothing of these | \|_\| 1= Only booklet (s) seen 2= Only card(s) seen 3= Booklet and card seen 4=Nothing of these | \|_\| 1= Only booklet (s) seen 2= Only card(s) seen 3= Booklet and card seen 4=Nothing of these |
| CAPV08 | Has (Name) ever received drops of vitamin A (of blue or red capsule) in the mouth? 1=Yes,  2=No,  3=DK *If 2 or 3 go to CAPV09* | \|_\| | \|_\| | \|_\| | \|_\| |
| CAPV08a | If yes, has (Name) received vitamin A **between the 12 to 15 may 2011?** 1=Yes          2=No       3=DK | \|_\| | \|_\| | \|_\| | \|_\| |
| CAPV09 | Has (Name) ever been dewormed? 1=Yes,  2=No,  3=DK *If 2 or 3 go to CAPV10* | \|_\| | \|_\| | \|_\| | \|_\| |
| CAPV09a | If yes, has (Name) been dewormed between the **12 to 15 may 2011?** 1=Yes          2=No       3=DK | \|_\| | \|_\| | \|_\| | \|_\| |
| CAPV10 | Has (Name) ever received drops of vaccine against polio in the mouth? 1=Yes,  2=No,  3=DK *If 2 or 3 go to CAPV11* | \|_\| | \|_\| | \|_\| | \|_\| |
| CAPV10a | If yes, did (Name) receive these drops of vaccine in the mouth against polio between **the 12 to 15 may 2011?** 1=Yes, proof      2=Yes, without proof 3=No,      4=DK | \|_\| | \|_\| | \|_\| | \|_\| |
| CAPV11 | Has (Name) received vitamin A/(been dewormed)/(received drops of vaccine in the mouth against polio) for the first time during this campaign? *1=Yes,      2=No,      3=DK, 4=Not concerned* | \|_\| Vit. A \|_\| Dewor. \|_\| Polio | \|_\| Vit. A \|_\| Dewor . \|_\| Polio | \|_\| Vit. A \|_\| Dewor . \|_\| Polio | \|_\| Vit. A \|_\| Dewor . \|_\| Polio |
| CAPV12 | Has (Name) received the following vaccines  to the vaccination? *1=Yes, seen in a booklet/card, 2= Yes,not seen,* | BCG \|_\| | BCG \|_\| | BCG \|_\| | BCG \|_\| |
| | | DTC-HepB+Hip3 \|_\| | DTC-HepB+Hip3 \|_\| | DTC-HepB+Hip3 \|_\| | DTC-HepB+Hip3 \|_\| |
| | | OPV3 \|_\| | OPV3 \|_\| | OPV3 \|_\| | OPV3 \|_\| |

| | 3=No | VAR | \|__\| | VAR | \|__\| | VAR | \|__\| | VAR | \|__\| |
|---|---|---|---|---|---|---|---|---|---|
| | | VAA | \|__\| | VAA | \|__\| | VAA | \|__\| | VAA | \|__\| |

## REASONS OF NON-VACCINATION / NON RECEPTION VITAMIN A / NON DEWORMING OF CHILDREN DURING THE CAMPAIGN: RNV

**FOR ALL UNVACCINATED CHILDREN (CAPV11, CAPV12, CAPV13=2 or 3) or (CAPV11a, CAPV12a, CAPV13a=3 or 4), ASK THE 3 MAIN REASONS. WRITE DOWN THE REASONS AND CODE THEM**

| | CHILD N°1 | | CHILD N°2 | | CHILD N°3 | | CHILD N°4 | |
|---|---|---|---|---|---|---|---|---|
| | REASON | CODE | REASON | CODE | REASON | CODE | REASON | CODE |
| RNV1 | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm |
| RNV2 | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm |
| RNV3 | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm | 1._____ 2._____ 3._____ | \|__\|__\| POLIO \|__\|__\| Vit. A \|__\|__\| Deworm |

### CODES FOR REASONS OF NON-VACCINATION

*01   Has not been informed about the campaign*
*02   Already vaccinated against these diseases*
*03   Absent from the town / village because of journey*
*04   Ignored the place or time of vaccination*
*05   Is afraid of side effects*
*06   Does not see the need to get vaccinated*
*07   Postponed to a later date*
*08   Has no confidence in vaccination*
*09   Vaccination may lead to barrenness later on*
*10   Vaccination place too far*
*11   Vaccination time is not suitable*

*12   Absent vaccinator*
*13   Vaccine not available*
*14   Too busy*
*15   Family problem, for example: illness of the mother / wet nurse / bereavement*
*16   Did not go because of illness*
*17   Went to the vaccination place but not vaccinated because of illness*
*18   Waiting too long*
*19   There was out of stock*
*20   I thought it was a door to door campaign*
*21   Have gone to the Vaccination place but did not receive the vaccine*
*22   Other (specify)*

NB: Some vaccines are now associated. For example Zilbrix hib is a combination of DTP-HepB + Hip and polio vaccines and we should fill all these vaccines by considering the same dates.

## EPI ROUTINE  VACCINES: VR

**FOR ALL THE CHILDREN, ASK FOR THEIR VACCINATION BOOKLETS AND WRITE DOWN ALL THE VACCINES RECORDED AS WELL AS THEIR DATES**

**Vaccination  situation codes :** *1= Yes, seen in a booklet, 2=  Yes, seen in a card, 3= Yes, not seen, 4=No*
***Date*** *: -Record 99 in the corresponding boxes if the vaccination was done but the day, the month or the year is unknown*
*-Record 66 in the box meant for day if the vaccination is recorded in the booklet but is unreadable*

| Type of vaccine | CHILD N°1 Vaccinated | Date DD / MM / YY | CHILD N°2 Vaccinated | Date DD / MM /YY | CHILD N°3 Vaccinated | Date DD / MM /YY | CHILD N°4 Vaccinated | Date DD / MM /YY |
|---|---|---|---|---|---|---|---|---|
| BCG | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| |
| Polio 0 (OVP0) | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| |
| DTC-HepB+Hip1 | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| |
| DTC-HepB+Hip2 | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| |
| DTC-HepB+Hip3 | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| |
| Measles (VAR) | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| |
| Polio 1 (OPV1) | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| |
| Polio 2 (OPV2) | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| | \|__\| | \|__\|__\|\|__\|__\|\|__\|__\| |

| | | | | | |
|---|---|---|---|---|---|
| Polio 3 (OPV3) | \|__\| | \|__\|\|__\|\|__\| | \|__\| | \|__\|\|__\|\|__\| | \|__\| |
| Vitamin A | \|__\| | \|__\|\|__\|\|__\| | \|__\| | \|__\|\|__\|\|__\| | \|__\| |
| Yellow fever (VAA) | \|__\| | \|__\|\|__\|\|__\| | \|__\| | \|__\|\|__\|\|__\| | \|__\| |

*WOMEN MODULE:* **This part is meant for women aged 12 to 50 year: Verify that EL0c=1 or EL0d is greater than or equal to 1 and continue the interview with the women, if not end of the questionnaire**

*NB : The final target will be women in immediate post-partum, that is to say who gave birth 8 weeks ago as from the vaccination period ; pregnant women with (at the time of the campaign) 4 months pregnancy and above.*

### SOCIODEMOGRAPHIC CHARACTERISTICS, USE OF MOSQUITO NET AND SITUATION OF THE VACCINATION OF WOMEN: FEM

| N° | Questions | Woman N° 1 | Woman N° 2 | Woman N° 3 | Woman N° 4 |
|---|---|---|---|---|---|
| FEM0 | Write down the names and first names of all these women | | | | |
| FEM1 | What is (Name's) age? (in complete years) | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM1a | Is (Name) pregnant or a mother of a small baby (less than 24 months)? *1=Yes, 2=No → Next woman or End* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM2 | What is (Name's) level of education? *1= without level 2=Primary 3=Secondary 4=Higher education* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM3 | Does (Name) know how to read and write a sentence in English or in French? *1=yes 2=no* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM4 | (Name's) socio-professional category? | \|__\| | \|__\| | \|__\| | \|__\| |
| *FEM4 Codes : 1=Executive 2=Employee/labourer 3=Employer/Boss 4=Own account 5=Apprentice/family help 6=Student 7=Unemployed/inactive/house wife 8=Other (specify)_____* | | | | | |
| FEM5 | Was (Name) pregnant between the 12 to 15 may 2011? *1=yes 2=no → FEM7* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM6 | If yes, for how many months had (Name) been pregnant? *98=DK* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM7 | Had (Name) (just) put to birth between the 12 to 15 may 2011? *1=yes 2=no → FEM9* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM8 | If yes, since how many weeks had (Name) give birth? *(98=DK), If more than 52 weeks, write52* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM9 | A vaccination campaign was conducted in your region from 12 to 15 may 2011, have you been informed? | \|__\| | \|__\| | \|__\| | \|__\| |
| *FEM9 Codes: 1=yes, before the campaign 2=yes, during the campaign 3= yes, after the campaign 4=no → FEM14* | | | | | |
| FEM10 | If yes, through which channels have you been informed? List the two main ones | \|__\| \|__\| | \|__\| \|__\| | \|__\| \|__\| | \|__\| \|__\| |
| *FEM10 Codes: 01= Public radio 02= Private radio 03=TV 04=Posters 05=News papers 06=Hospital/Health centre 07=Neighbour/Acquaintance 08=Loud speaker /Town crier 09=Mosque/Chapel 10=Community mobilisers 11=Other (specify)_____* | | | | | |
| FEM11 | Was (Name) living in the household during the period 12 to 15 may 2011? *1=yes 2=no* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM12 | Did (Name) go to the campaign of the 12 to 15 may 2011? *1=yes 2=no* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM13 | What made (Name) to go to this campaign? | \|__\| | \|__\| | \|__\| | \|__\| |
| *FEM13 Codes: 1=it's good to be vaccinated against these diseases 2=proposed and accepted by parents 3=proposed and accepted by someone else 4=imposed by parents 5=imposed by someone else 6=by imitation 7=Other (specify)_____* | | | | | |
| FEM14 | Does the household possess mosquito nets? *1=Yes, 2=No go to FEM17* | \|__\| Number of mosquito net possessed \|__\| | | | |
| FEM15 | Is (are) this (these) mosquito net(s) used? *1=Yes, 2=No go to FEM17* | \|__\| Number of mosquito net used \|__\| | | | |
| FEM16 | Does (Name) sleep under a mosquito net? *1=Yes, treated, 2=Yes untreated, 3=No* | \|__\| | \|__\| | \|__\| | \|__\| |
| FEM17 | Does (Name) have a vaccination booklet(s) or a vaccination card where his/her vaccinations are recorded? *1=Yes 2=No → SVFEM 3=DK → SVFEM* | \|__\| | \|__\| | \|__\| | \|__\| |

| FEM18 | If yes, can I see it (them) please?<br><br>*1= Only booklet (s) seen*<br>*2= Only card(s) seen*<br>*3= Booklet and card seen*<br>*4=None of all these* | \|__\| | \|__\| | \|__\| | \|__\| |
| --- | --- | --- | --- | --- | --- |

## VACCINATION STATUS OF THE PREGNANT WOMAN AND THAT OF THE WOMAN IN POST-PARTUM (SVFEM)

ASK THE VACCINATION BOOKLETS OF TARGET WOMEN AND TAKE DOWN THE VACCINES THAT ARE RECORDED

**Vaccination situation codes :** *1=Yes, seen in a booklet, 2= Yes, seen in a card, 3= Yes not seen, 4=No*

**Date** *: -Record 99 (resp 9999) in the corresponding boxes if the vaccination was done but the day or the month (resp. the year) is unknown*

*-Record 66 in the box meant for day if the vaccination is recorded in the booklet but is unreadable*

| Type of vaccine | WOMAN N°1 | | WOMAN N°2 | | WOMAN N°3 | | WOMAN N°4 | |
|---|---|---|---|---|---|---|---|---|
| | Vaccinated | Date DD / MM /YYYY | Vaccinated | Date DD / MM /YYYY | Vaccinated | Date DD / MM /YYYY | Vaccinated | Date DD / MM /YYYY |
| VAT1 | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| |
| VAT2 | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| |
| VAT3 | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| |
| VAT4 | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| |
| VAT5 | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| |
| Vitamin A | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| |
| IPT 1 | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|&²\|__\| |
| IPT 2 | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| |
| IPT 3 | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| | \|__\| | \|__\|__\|/\|__\|__\|/ \|__\|__\|__\|__\| |

## OBSERVATIONS