



**Post-campaign coverage assessment  
survey of vitamin A supplementation and  
deworming of children aged 6 to 59  
months in Niger**

**Final report**

Ce rapport présente les résultats de l'enquête de couverture du second passage conduit du 23 septembre au 4 octobre 2021 au Niger.

January 2022

**Post-campaign coverage assessment survey of vitamin A  
supplementation and deworming of children aged 6 to 59 months from  
August 2021 in Niger**

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<b>Research website:</b>	Niger, health districts
<b>Type of study:</b>	Mixed cross-sectional study: --quantitative, WHO-type cluster sampling --qualitative, individual interviews
<b>Study sponsor:</b>	Helen Keller International
<b>Principal Investigator:</b>	Helen Keller International Mr. HABI Oumarou, Consultant Mr. AMADOU TAWAYE Ibrahim, Consultant Assistant
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<b>Study period:</b>	September- October 2021

## ACRONYMS AND ABBREVIATIONS

<b>AS</b>	:	health worker
<b>DN</b>	:	Nutrition Directorate
<b>DRSP</b>	:	Regional Directorate of Public Health
<b>DS</b>	:	Health District
<b>JLM</b>	:	Local Micronutrient Day
<b>WHO</b>	:	World Health Organization
<b>NGO</b>	:	Non-governmental organization
<b>Rcom</b>	:	Community Relay
<b>GDPR</b>	:	General Population and Housing Census
<b>UNICEF</b>	:	UNICEF
<b>ZD</b>	:	Enumeration area
<b>VAS</b>		Vitamin A supplementation
<b>DHS</b>		Demographic and Health Survey
<b>NID</b>		National Vaccination Days
<b>SVAD</b>		Vitamin A supplementation and deworming
<b>PECS</b>		Post Campaign Coverage Surveys

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## SUMMARY OF THE STUDY

<b>Study title</b>	<b>Survey to evaluate post-campaign coverage of vitamin A supplementation and deworming of children aged 6 to 59 months</b>
<b>context</b>	<p>Niger, a landlocked country in West Africa, is regularly confronted with food and nutritional crises arising from agricultural campaigns subject to numerous hazards, including, among others, a deficit and or badly distributed rainfall, attacks by multiple predators and an agriculture dominated by ancestral agricultural techniques. The country has one of the highest mortality rates in the world, with infant mortality estimated at 51‰ (EDS 2012), infant and child mortality at 127‰ (EDS 2012).</p> <p>Since 1999, mass vitamin A supplementation campaigns have been coupled with National Polio Vaccination Days (NDDs) and child deworming as a high-impact intervention to reduce child mortality.</p> <p>In order to measure the performance of the implementation of vitamin A supplementation and deworming activities, Helen Keller Intl in collaboration with UNICEF and the Directorate of Nutrition (DN) conducted a post-campaign coverage survey in the target districts. of the second passage of the SVA campaign in vitamin A coupled with deworming (JLM).</p> <p>This survey aims to assess the coverage rate of vitamin A supplementation and deworming in the districts organizing the JLM and to draw relevant lessons for effective decision-making to improve it.</p>
<b>Goals</b>	<p>This survey aims to assess the quality of the implementation of the vitamin A supplementation and deworming (JLM) campaign for children aged 6 to 59 months during the second round of JLMs in Niger and to draw relevant lessons for effective decision making for improvement .</p> <p>Specifically, this survey will:</p> <ul style="list-style-type: none"> <li>- Assess the coverage of the second round of the JLM campaign in the target regions;</li> <li>- Evaluate the communication strategy used and identify its strengths and areas for improvement;</li> <li>- Determine the main reasons for non-administration of Vitamin A and Albendazole ;</li> <li>- Determine the level of knowledge on the one hand of parents and on the other hand of health workers and community relays on the benefit of SVAD for child health;</li> <li>- Determine the main reasons for a possible lack of household information on vitamin A supplementation and deworming;</li> <li>- Identify the effects of COVID-19 on SVAD during JLM (taking into account barrier measures during distribution, refusal of mothers), on the use of health services, food accessibility and household income ;</li> <li>- Evaluate the level of knowledge and the practices of the populations on COVID-19 and the preventive measures of the MSP/P/AS within the framework of the SVAD;</li> <li>- Evaluate compliance with procedures for barrier measures against COVID 19 during distribution;</li> <li>- Identify the strengths, weaknesses, constraints and lessons learned from the community distribution of vitamin A and deworming in each Health District</li> </ul> <p>Formulate/propose strategies and actions to be taken to improve vitamin A supplementation and deworming activities</p>
<b>Methods</b>	<p><b>Type of study</b> : The survey will be implemented according to two strategies:</p> <ol style="list-style-type: none"> <li>1. Qualitative survey of health workers and community relays/community distributors.</li> <li>2. The post-JNM coverage survey, which is a two-stage WHO-type cross-sectional cluster sample survey.</li> </ol> <p><b>Framework of the study</b> : the study took place throughout the national territory with the exception of the Diffa region.</p> <p><b>Study population</b> : households with at least one child aged 6 to 59 months at the time of the JNM from August 27 to 30, 2021 and with health workers and community relays/community distributors in the study area who participated at JNM and/or involved in vitamin A supplementation and Albendazole deworming activities were investigated.</p>

	<p><b>Collection technique:</b> Direct interview with the use of mobile technology for the collection and daily transmission of data via the internet.</p> <p><b>Sample size :</b> 1694 households</p> <p><b>Study period :</b> September-October 2021</p>
<p><b>Principle results</b></p>	<p><b>Household survey (N= 1687 )</b></p> <p><b>Sociodemographic characteristics</b></p> <ul style="list-style-type: none"> <li>- About 90% of the households surveyed live in rural areas;</li> <li>- 83% of respondents during the survey are women;</li> <li>- Only 7.5% of respondents live in households considered to be the most affluent in the study area;</li> <li>- 65.8% of the children surveyed are between 24 and 59 months old and</li> <li>- 52.1% of the children surveyed are boys.</li> </ul> <p><b>Vitamin A supplementation and deworming</b></p> <ul style="list-style-type: none"> <li>- Coverage of vitamin A supplementation is 88% in the study area, it is slightly higher in rural areas (90%) than in urban areas (82%);</li> <li>- Deworming coverage is about 85.7% in the study area; it is 86.2% in rural areas and 82.5% in urban areas.</li> </ul> <p><b>Communication strategy</b></p> <ul style="list-style-type: none"> <li>- Overall, 62.5% of households were informed about the campaign before it started. The population living in rural areas is better informed about the campaign before it starts (65.3% for rural areas against 47.5% in urban areas);</li> <li>- Among the households whose children were not supplemented with Vitamin A, 14.1% were not informed of the companion. It is also important to note 22.2% of these households are unaware of vitamin A;</li> <li>- Mobilizers/distributors (45.8%) and town criers (43.5%) were the main information channels during the campaigns;</li> <li>- Regarding the dewormer, 16.1% of households whose children had not received said they were not informed of the campaign from August 27 to 30, 2021.</li> </ul> <p><b>Au Household Knowledge and Practice</b></p> <ul style="list-style-type: none"> <li>- 44.3% of households in the study area said that the distributor did not say anything about the role of vitamin A;</li> <li>- 36.2% of households in the study area said that the distributor did not say anything about the dewormer;</li> <li>- 71.7% of households in the study area know vitamin A and 73.8% know about deworming.</li> <li>- 31.2% of households in the study area know that the first dose of vitamin A should be given at 6 months;</li> <li>- Only 30.1% of households in the study area know that the first dose of deworming should be given at 12 months.</li> </ul>

## STUDY CONTEXT

Niger, a landlocked country in West Africa, is regularly confronted with food and nutritional crises resulting from agricultural campaigns subject to numerous hazards, including, among others, a deficit and or poorly distributed rainfall, attacks by multiple predators and dominated agriculture. by ancestral agricultural techniques. The country has one of the highest mortality rates in the world, with infant mortality estimated at 51‰ (EDS 2012), infant and child mortality at 127‰ (EDS 2012).

In 2020, at the national level, the prevalence of global acute malnutrition (GAM) in children under five (5) years old is 12.7%. This prevalence is high and above the acceptable threshold according to the classification of the country. WHO (10%). It varies from one region to another and is higher in the Diffa region with a prevalence of 19.3%. In the Zinder region, it varies from 11.6% (CU Zinder) to 18.3% ( Belbedji ). The prevalence of severe acute malnutrition (SAM) at the national level is 2.6%. At regional level, it varies from 0.7% ( Tillaberi ) to 5.3% (Diffa). In the Zinder region, it varies from 1.8% (Gouré) to 4.6% ( Takeita ). Acute malnutrition and deficiencies in specific micronutrients (vitamin A, iron, folic acid, iodine, zinc, etc.) contribute enormously to the high mortality rates experienced by the country and constitute a real public health problem.

Of the various control strategies undertaken in recent years against malnutrition and micronutrient deficiencies, it can be said that that against vitamin A deficiency has been one of the most sustained and undoubtedly the one which has had the most success with the rates. supplementation blankets on a regular basis at least twice a year. Indeed, Vitamin A Supplementation (VAS) is recognized as one of the most effective actions in terms of child survival and reduction of infant and child mortality.

Since 1999, mass vitamin A supplementation campaigns have been combined with National Polio Vaccination Days (JNV) and deworming of children. These campaigns are carried out at least twice a year. To measure the quality of the data and have reliable coverage rates, HELEN KELLER INTL has been committed since 2011 in Niger to conducting post-campaign coverage surveys (PECS) at least once a year at the national or local level.

In order to measure the performance of the implementation of vitamin A supplementation and deworming activities, Helen Keller Intl in collaboration with UNICEF and the Directorate of Nutrition (DN) conducted a post-campaign coverage survey in the target districts. of the second passage of the VAS campaign in vitamin A coupled with deworming (JLM) from August 27 to 30, 2021.

This survey aims to assess the coverage rate of vitamin A supplementation and deworming in the districts organizing the JLM and to draw relevant lessons for effective decision-making to improve it.

## **STUDY OBJECTIVES**

### **2.1. General objective**

This survey aims to assess the quality of the implementation of the vitamin A supplementation and deworming (JLM) campaign for children aged 6 to 59 months during the second round of JLMs in Niger and to draw relevant lessons for effective decision making for improvement .

### **2.2. Specific objectives**

Specifically, this survey will:

- Assess the coverage of the second round of the JLM campaign in the target regions;
- Evaluate the communication strategy used and identify its strengths and areas for improvement;
- Determine the main reasons for non-administration of Vitamin A and Albendazole ;
- Determine the level of knowledge on the one hand of parents and on the other hand of health workers and community relays on the benefit of SVAD for child health;
- Determine the main reasons for a possible lack of household information on vitamin A supplementation and deworming;
- Identify the effects of COVID-19 on SVAD during JLM (taking into account barrier measures during distribution, refusal of mothers), on the use of health services, food accessibility and household income ;
- Evaluate the level of knowledge and practices of the populations on COVID-19 and the preventive measures of the MSP/P/AS within the framework of the SVAD;
- Evaluate compliance with procedures for barrier measures against COVID 19 during distribution;
- Identify the strengths, weaknesses, constraints and lessons learned from the community distribution of vitamin A and deworming in each health district
- Formulate/propose strategies and actions to be taken to improve vitamin A supplementation and deworming activities.

### **3.1. Type of study and target population**

#### **Type of study**

The methodology adopted in this study is based on two types of strategies:

- A qualitative survey composed of focus groups with actors implementing vitamin A supplementation and deworming activities in the field (health workers and community relays/distributors);
- A quantitative post-campaign coverage survey, which is a cross-sectional two-stage WHO-type cluster sample survey, stratified according to certain characteristics defined by HELEN KELLER INTL. The primary sampling units are households. Individual questionnaires were also administered to health workers and community relays who participated in the campaign.

The clusters were drawn randomly in each stratum in accordance with the probability proportional to the estimated size (PPTE) method of the population based on data from the RGPH 2012.

The selection of clusters was carried out by the National Institute of Statistics (INS) with the sampling base from the General Population and Housing Census of 2012 (RGP/H 2012). This print was made with STATA software.

Households were drawn in the field by the interviewers using the RNG application and a drawing form developed with ODK after an exhaustive count of households with at least one eligible child (children aged 6 to 59 months) .

The study population is therefore made up of households living with at least one child aged 6 to 59 months at the time of the August 2021 campaign, health workers and community relays/distributors in the study area with participated in vitamin A supplementation and deworming activities.

### **Study period**

The study was scheduled for the period of September-October 2021. Data collection in the field was actually done from September 23 to October 04, 2021.

### **Scope of the study**

This study took place in all the regions of the country with the exception of the Diffa region and certain health districts of the Tillabéri region which were excluded for reasons of security and accessibility. Two strata were formed and composed as follows:

- Stratum 1: (Zinder and Dosso Maradi and Tahoua regions)
- Stratum 2: (Agadez, Tillabéry and Niamey regions)

In each stratum, 77 clusters were drawn in each cluster and in each cluster, 11 households were surveyed.

### **Target population of the study**

**Coverage survey (cluster survey) :**

The survey targeted households in the study area with at least one child aged 6 to 59 months at the time of the campaign.

- **Inclusion criteria** : All households in the study area with at least one child aged 6 to 59 months at the time of the campaign from August 27 to 30, 2021.
- **Non-inclusion criteria** : eligible households where there are no adult relatives present at the time of the survey and/or refusing to participate in the survey by not giving their informed consent.

**Qualitative survey (individual interviews) :**

This survey targeted health workers and community relays / distributors who participated in the August 2021 campaign.

- **Inclusion criteria** : All health workers and community relays/distributors who participated in the campaign in the study area and were present at the time of data collection.
- **Non-inclusion criteria** : Health workers and eligible community relays/distributors in the study area who were absent and/or who refused to participate in the survey by not giving their informed consent.

**3.2. Sampling****The sampling plan (selection of clusters and households) :**

**In the first degree : Grape selection ,**

**At the second level : Household draw .**

The choice of households to be surveyed was made using a systematic procedure. This procedure was programmed on the tablets. It is applied after an exhaustive enumeration of eligible households in the cluster. Overall, 99.6% of planned households were surveyed, with little variation between strata. It should be noted that it is this information that will be used for future PECS surveys.

Table 1: Distribution of clusters and households surveyed by stratum

Stratum	Number of clusters	Number of households planned	Number of households surveyed	Completion rate
Stratum 1	77	847	842	99.4%
Stratum 2	77	847	845	99.7%

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<b>Study zone</b>	<b>154</b>	<b>1694</b>	<b>1687</b>	<b>99.6%</b>
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### 3.3. Ethics Committee

The presentation of the study protocol to the ethics committee before the start is a preliminary step for any health study. Thus, as part of this study, the technical team presented the operation to the National Ethics Committee on September 15, 2021, in order to obtain the visa to carry out the study. This presentation was made in the meeting room of the Ministry of Public Health, Population and Social Affairs (MSP/P/AS) by the consultant's team in the presence of the Country Director of Helen Keller Intl . Overall, the national health ethics committee was satisfied with the presentation and granted its visa for the realization of this study by formulating recommendations allowing to better adapt the tools of the study to the context of Niger. The letter of authorization from the ethics committee is appended to this document.

These tools consist of:

- A household census form that allows the updating of households in the EA and identifies eligible households;
- An ODK form allowing the random selection of sample households;
- A household questionnaire which provides socio-demographic information on households; access to the health service, the level of knowledge about vitamin A, deworming, and communication in relation to the agents responsible for carrying out the various activities in the field;
- A child questionnaire that provides information on vitamin A supplementation and deworming, the time associated with the service;
- A health worker questionnaire to understand the worker's level of knowledge on vitamin A, vitamin A supplementation and screening and on his training in relation to his products. This questionnaire also provides elements for assessing the campaign;
- A community relay/distributor questionnaire, which collects the same information as that collected from health workers;
- A monitoring and quality control form for supervisors which captures some information on a sample of children already surveyed in order to better assess the quality of the data collected, in particular the exhaustiveness;
- A request for informed consent: prior to data collection and allows the respondent to be informed of the nature of the survey and asks for their opinion regarding their participation in the survey.

### **3.4. Recruitment and training of supervisors and investigators**

As part of the PECS-2021 study fifty-one (51) interviewers were recruited by Helen Keller, taking into account their academic level, the language spoken and experience in digital data collection (with smartphones). The team of supervisors was made up of experts from the Department of Nutrition (DN), the National Program for the Fight against Bilharzia and Soil-transmitted Helminths (PNLBG), the National Institute of Statistics (INS), the staff of Helen Keller and consultants.

The general objective of the training was to build the capacity of supervisors and interviewers on the concepts used, the methods and the tools of the survey. This training was both theoretical and practical and lasted four (4) days including three (3) days of theoretical training and one (1) day of pretest. It was delivered by the Coordination Committee (the VAS program team of Helen Keller and the team of consultants from September 15 to 18, 2021. After the training, forty-eight (48) agents were selected and divided into sixteen (16) teams Each team was composed of a team leader and two (2) interviewers .

### **3.5. Pilot survey**

On Saturday, September 18, a field operation was carried out with households and community relays in the " KoiraTégui " district of Niamey to test the survey system. All the stages of the survey were implemented, in particular the delimitation of the cluster, the presentation of the survey to the administrative and customary authorities of the district, the census and the administration of the various questionnaires. The trainers ensured the supervision of the interviewers in the field for the testing of the tools.

Back from the pre-test, a debriefing was done to draw lessons. Insufficiencies in the programming of forms, weaknesses in the wording of questions in language and other differences in comprehension were noted. All these comments were taken into account to revise the forms and provide clarifications on the conduct of the survey .

### **3.6. Field data collection**

Field data collection took place from September 23 to October 4, 2021. During this activity, all 154 planned clusters were surveyed. The 16 teams, made up of a team leader, two (2) interviewers and one (1) driver, were dispatched to ensure data collection for 12 days. Data collection took place in accordance with the provisional schedule.

To ensure data quality, a WhatsApp group bringing together all interviewers, supervisors and the technical team was created. All questions and their answers went through this channel. This allowed the other teams to capitalize on the concerns experienced by each collection team. All team leaders were required to follow the information shared on the platform to ensure



that their teammates were aware of the directives given. This made it possible to quickly take charge of the various questions by the technicians .

### **3.7. Supervision and monitoring of collection**

The general objective of the supervision missions is firstly to ensure the quality of the data collected and secondly to provide the necessary local support to the collection teams.

The supervision missions carried out by the team of consultants, the VAS program team of Helen Keller, the representatives of the Directorate of Nutrition and the PNLBG of the MSP/P/AS and the representative of the National Institute of Statistics (INS), were organized into seven (7) axes for the entire collection period.

These supervision missions covered all the teams. They set out to share information on the evaluation, emphasizing the objectives of the survey and the use that will be made of the results, and to ask the DRSP to urge the Districts to provide the necessary support to the teams of collection, in particular by facilitating their access to health facilities.

Wherever they went, the supervision missions first observed the team at work by taking part in interviews. Then, they held summary meetings with the collection teams to take stock of the progress of the collection; point out the shortcomings of each other following observation of the interviews; provide detailed explanations of the shortcomings noted so that the interviewers have the same and good understanding of the questionnaires in order to improve the quality of the data.

These meetings also focused on the information shared in the WhatsApp group. The teams were underlined the importance of following the topics discussed on this group. Particular emphasis has been placed on sending data. The submitted data is used by the consultants to produce a data quality monitoring dashboard. This dashboard gives a summary of the work done and the errors made by team and by interviewer.

For all the shortcomings observed, clarifications and instructions were provided to the interviewers and team leaders so that they could henceforth complete the forms correctly.

### **3.8. Data management**

Tablets were used to facilitate information collection and ensure data quality. The forms, once verified and validated by the team leaders, are sent to Helen Keller Intl 's ONA server . These data, once concatenated, were verified by the team of consultants. The consultants produced and updated the data quality monitoring dashboard shared on the platform on a daily basis.

The main indicators monitored are:

- The completeness of the count;

- Target coverage;
- The time taken to investigate a target;
- The time taken to control an interview by team leaders;
- The (suspected intentional) misuse of a modality by investigators;
- The consistency of the values entered (outliers, use of "other" modalities often linked to a misunderstanding of the modalities, etc.)
- Team progress
- Etc.

Thus, each interviewer was able to become aware of his errors and to be able to correct them. This helped correct inconsistencies found while the teams were still in the field.

Team leaders and supervisors have relied heavily on the Quality Monitoring Dashboard to guide interviewers .

### 3.9. Data processing and analysis, drafting of the final report

Intl 's ONA server served as the data storage location during field collection. After collection, the data was exported in SPSS format and then converted to STATA for processing and analysis.

Then, the data was cleared, a step that consists of verifying the completeness and consistency of the data. For the inconsistencies observed, the appropriate corrections were made before calculating the weighting coefficient and the various indicators.

The weighting coefficient was calculated as follows:

***Pond é ration d 'é chantillonnage pour le r é pondant  $i = 1 / (\text{Probability of cluster selection} \times \text{Probability of household draw from cluster})$***

Probability that the cluster has been selected = number of selected clusters in the stratum / total number of clusters in the stratum;

Probability that the household was selected = number of eligible households selected in the cluster / total number of eligible households in the cluster;

The various tables of the analysis report were generated from these cleared bases and containing the weighting coefficients.

### 3.10. Encountered difficulties

The main difficulties encountered during data collection are:

- The inadequacy in the supply of autonomous device for charging tablets (car chargers, converters, power strips);
- The unavailability of some households occupied with harvesting work;
- The low coverage of the internet network or absence to send the data;
- Weaknesses in the use of the calendar of events;
- The distance between the localities of a single cluster which slowed the progress of some teams;
- Health records are not available or not completed for most children.
- The non-collaboration of certain District Heads or CSI Heads.

## MAIN RESULTS OF THE STUDY

## HOUSEHOLD SURVEY RESULTS

### 4.1 Characteristics of the populations surveyed

The distribution of respondents by gender shows a high proportion of women (82.9% against 17.1% for men).

Depending on the place of residence of respondents, there is a strong predominance of those who live in rural areas. Indeed, in the study area as a whole, the proportion of households living in rural areas is 83.5%. This proportion varies according to the strata. It is 90.4% in the first stratum 1 and 31.5% in the second stratum. This is due to the weight of the Niamey region, which is exclusively urban, in the sample of the second stratum.

The analysis according to the level of education of the respondents shows that more than 77% are not educated. Only 12.9% of respondents have a secondary level.

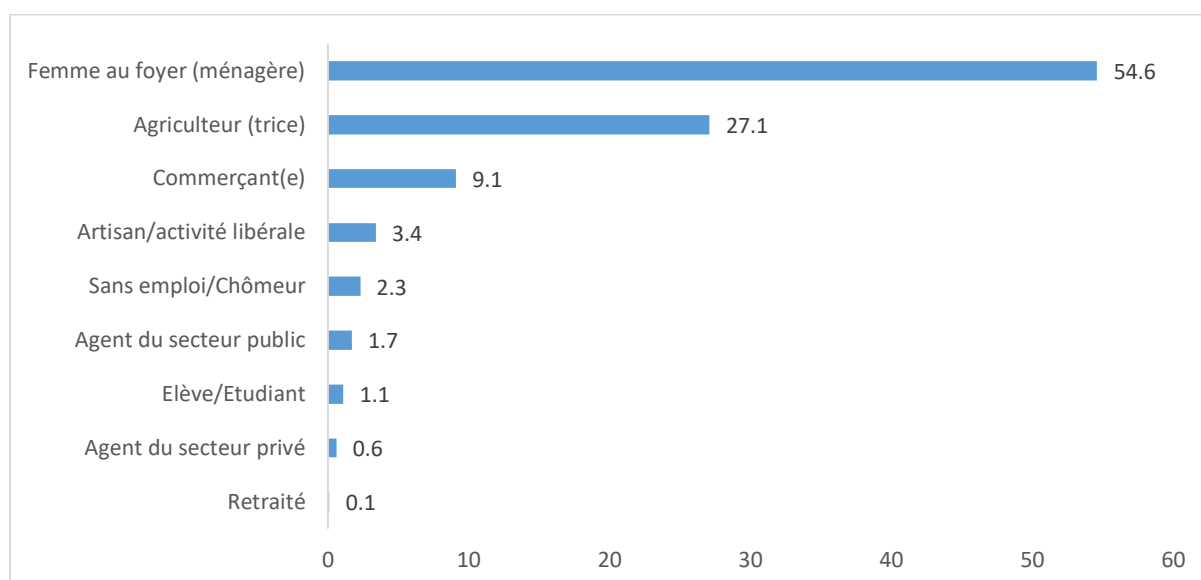
In relation to the age of the respondents, we note that almost all of the respondents are over 15 years old and this in all strata. The under-15s interviewed were the only people who were present in the household when the distribution agents were able to answer all questions related to vitamin A supplementation and deworming in the household.

**Table 2 : area of residence, level of education and age group of respondents**

	Stratum 1	Stratum 2	Together	Total workforce
<b>Gender of Respondents</b>				
Male	18.1	9.6	17.1	230
Feminine	81.9	90.4	82.9	1,457
<b>Place of residence</b>				
Rural	90.4	31.5	83.5	1,029
Urban	9.6	68.5	16.5	658
Total	100	100	100	1,687
<b>Educational level</b>				
Unschoolled	81.6	44.9	77.4	1,070
Primary	11.2	25.5	12.9	311
Secondary	6.9	25.0	9.0	266
Superior	0.3	4.6	0.8	40
Total	100.0	100.0	100.0	1.687
<b>Age group of respondents</b>				
Under 15	0.2	0.1	0.2	2
15-24 years old	22.6	18.0	22.1	332
25-34 years old	38.6	42.8	39.1	680
35 years and over	38.6	39.2	38.6	667
Total	100	100	100	1,681

Concerning the occupation of the respondents, it appears that approximately five out of ten (54%) are housewives. We also note a proportion of more than 27% of respondents who work in the agricultural sector.

**Graph 1: occupation of respondents (%)**



Regarding the economic well-being of households, it is calculated on the basis of an index called household wealth quintile. This indicator is constructed from data collected on household assets and using principal component analysis. Information on household goods concerns the possession by households of certain consumer goods such as television, radio or car. This information also covered certain characteristics of the dwelling such as the availability of electricity, the source of water supply, the type of toilet mainly used, the material of the flooring and the fuel used for cooking.

Households are grouped into quintiles of standard of living, each quintile corresponding to a level ranging from 1 (the lowest) to 5 (the highest).

Thus, more than half of the population of the study area is in the two lowest classes of the wealth quintile, including approximately 29% in the lowest class and 23.8% in the second class. This situation varies greatly according to the strata. Indeed, more than 34% of the population of stratum 2 containing Niamey the capital of Niger is at the level of the most affluent class.

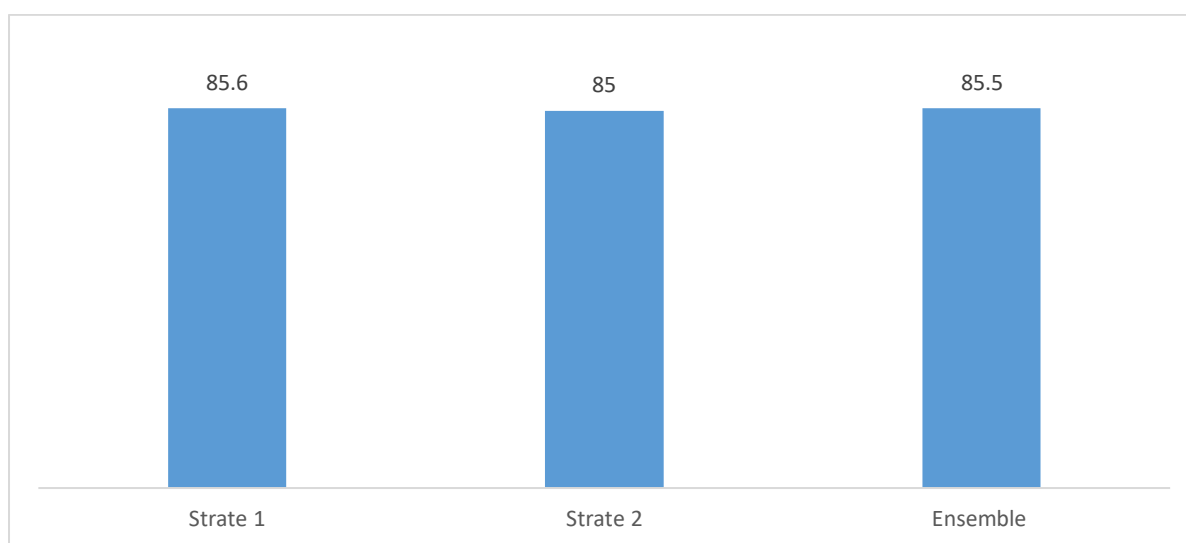
**Table 3: distribution (%) of the population according to quintile of household economic well-being**

Wealth quintile	Stratum 1	Stratum 2	Together	Total workforce
1st class	31.5	9.1	28.9	323
2nd class	25.6	10.3	23.8	300

3rd class	30.0	15.9	28.3	388
4th class	9.1	29.9	11.5	338
5th class	3.9	34.8	7.5	338
Total	100.0	100.0	100.0	1.687

During this survey, questions were asked to households to find out if they brought their children to health facilities during the year. Analysis of the responses received shows that nine out of ten households (85%) brought their children to the health centers during this year.

**Graph 2: Proportion of households that brought their children to health facilities (%)**



Among the services sought by households at the level of health facilities, the main ones are vaccination (92%) and growth monitoring (73%) with some variations depending on the region.

**Table 4: services sought by households from health facilities (%)**

Service wanted	Stratum 1	Stratum 2	Together	Total workforce
Vaccination	92.4	90.3	92.1	1.302
Vitamin A supplementation	34.7	26.8	33.8	452
Growth monitoring (weighing)	74.6	63.3	73.3	981
Deworming	20.5	17.2	20.1	275

## 4.2 Characteristics of the children surveyed in the strata

The results of the PECS survey show that more than three out of five children are aged between 24 and 59 months. Overall, by sex, 52.5% of children are male.

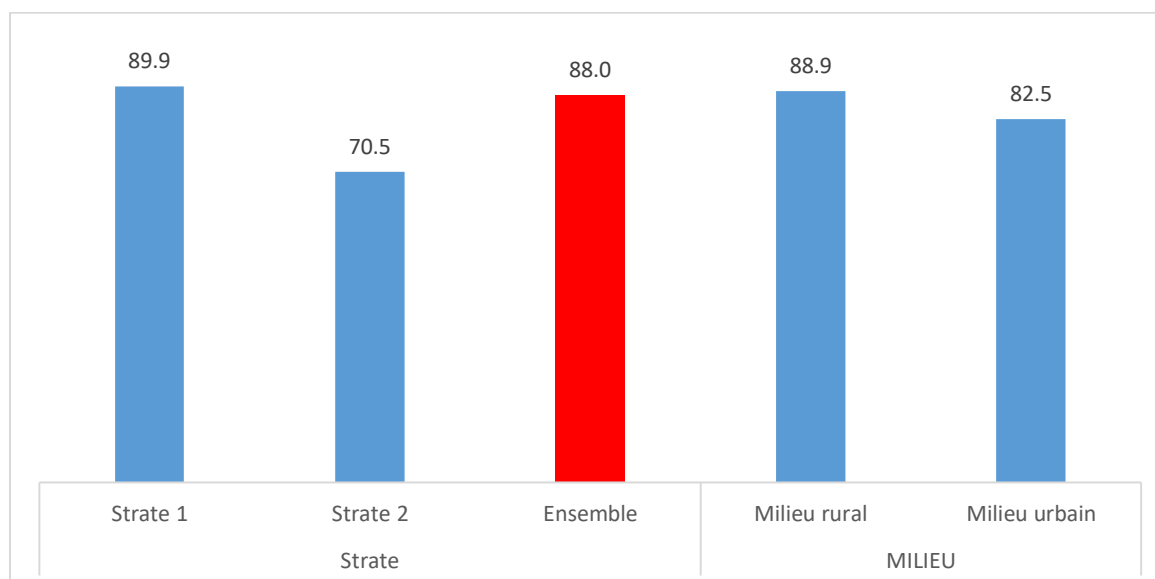
**Table 5: Distribution of target children by gender and age group**

	Stratum 1	Stratum 2	Together	Global Workforce
<b>child age range</b>				
6 - 11 months	11.7	13.2	11.8	328
12 - 23 months	22.5	21.7	22.4	616
24 - 59 months	65.9	65.1	65.8	1,824
Total	100.0	100.0	100.0	2,768
<b>Child's gender</b>				
Male	52.5	51.8	52.5	1,421
Feminine	47.5	48.2	47.5	1,347
Total	100.0	100.0	100.0	2,768

### 4.3 Vitamin A post-campaign coverage (88% [86.2-89.6], N=2,768)

One of the main objectives of this survey is to assess the coverage of vitamin A supplementation. Thus, the results show that nine out of ten children (88%) were supplemented with vitamin A. This proportion varies according to the strata. . It is 90% in stratum 1 against 70.5% in stratum 2. This difference is statistically significant (P-value= 0.000).

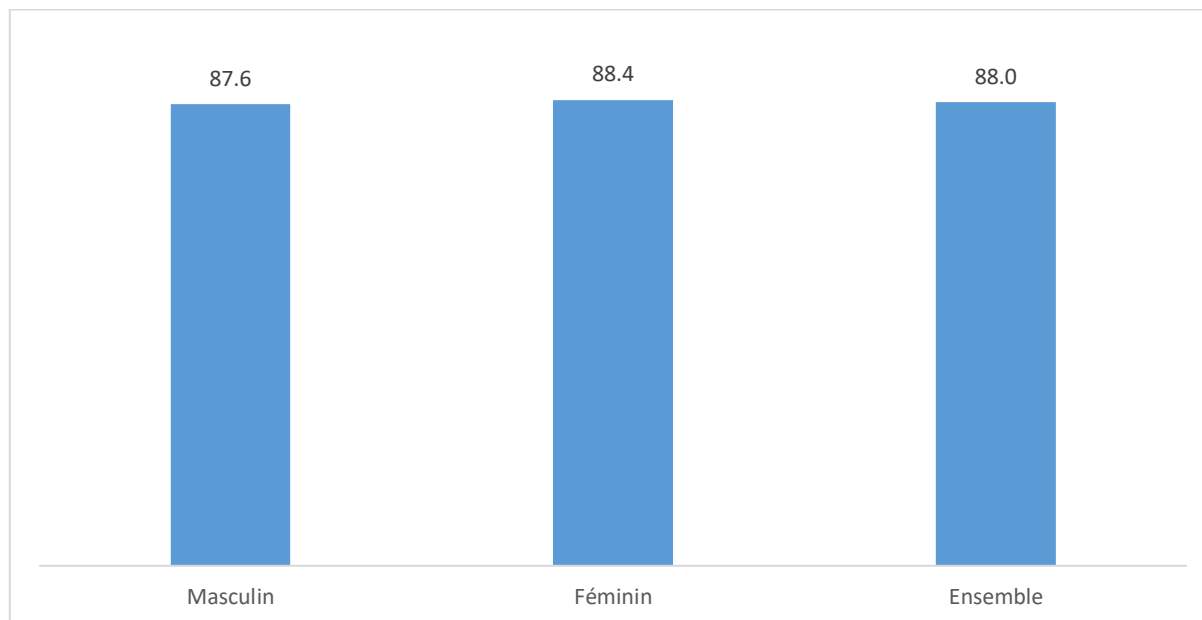
Depending on the children's area of residence, there is a slight difference in the proportion of children who have received vitamin A. Indeed, the proportion of children who have received vitamin A is approximately 90% in rural areas compared to 82 % in an urban environment. The difference is also significant at the 5% level of the Pearson proportion comparison test (P-value= 0.000).

**Graph 3: Vitamin A supplementation coverage by stratum and by environment (%)**



Regarding supplementation by gender, coverage is similar in male children (87.8%) and female children (88.4%). This difference is not significant according to the proportion comparison test (P-value= 0.869).

*Graph 4: Vitamin A supplementation coverage by sex of child*

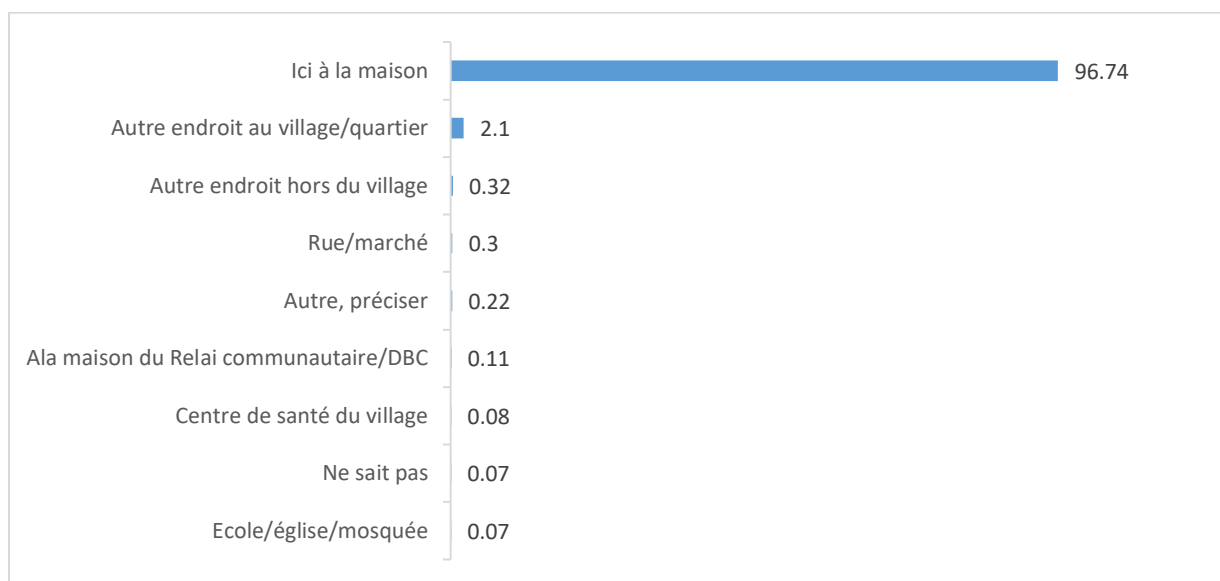


Regarding the age groups of children, the coverage of vitamin A supplementation varies little. It varies from 87.6% for children aged 24 to 59 months to 88.9% for children in the 6-11 month age group. The difference in proportion is not statistically significant (P-value= 0.960).

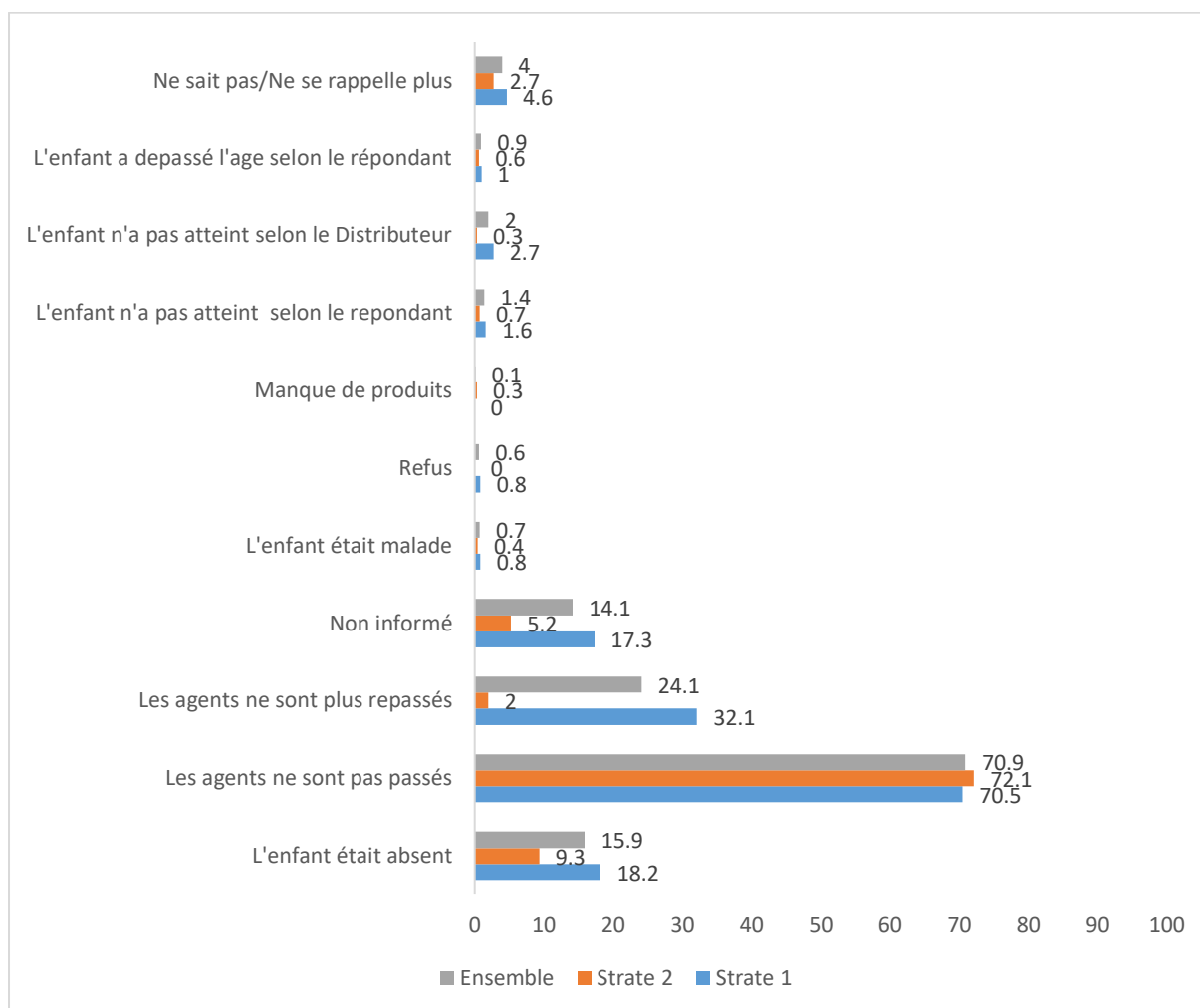
*Table 6: Vitamin A supplementation coverage by child age group*

age range	Stratum 1	Stratum 2	Together	Workforce
6 - 11 months	91.55	67.31	88.9	328
12 - 23 months	90.85	68.33	88.7	616
24 - 59 months	89.25	71.85	87.6	1,824
<b>Together</b>	<b>89.88</b>	<b>70.48</b>	<b>88.0</b>	<b>2,768</b>

Compared to the place where children received vitamin A, it appears that the overwhelming majority of children received supplements in their homes (97%). Only 3% received vitamin A at another location either in the village or outside the village.

**Graph 5: Place of reception of vitamin A (in %)**

According to the survey results, there were several reasons why some children were not supplemented with vitamin A. For most cases, the dispensing agents either did not come (70.9%) or did not come back (24.1%) or the child was absent at the time of their visit (15.9%). These reasons remain the same in both strata.

**Graph 6: Reason for not supplementing with vitamin A by stratum (in %)**

Concerning the means used for the vitamin A capsule, we note that more than 82.5% of the distributors cut the vitamin A capsule with a scissor. However, there is a small proportion of distributors who cut the capsule with teeth.

**Table 7: Means of cutting the vitamin A capsule according to the respondents**

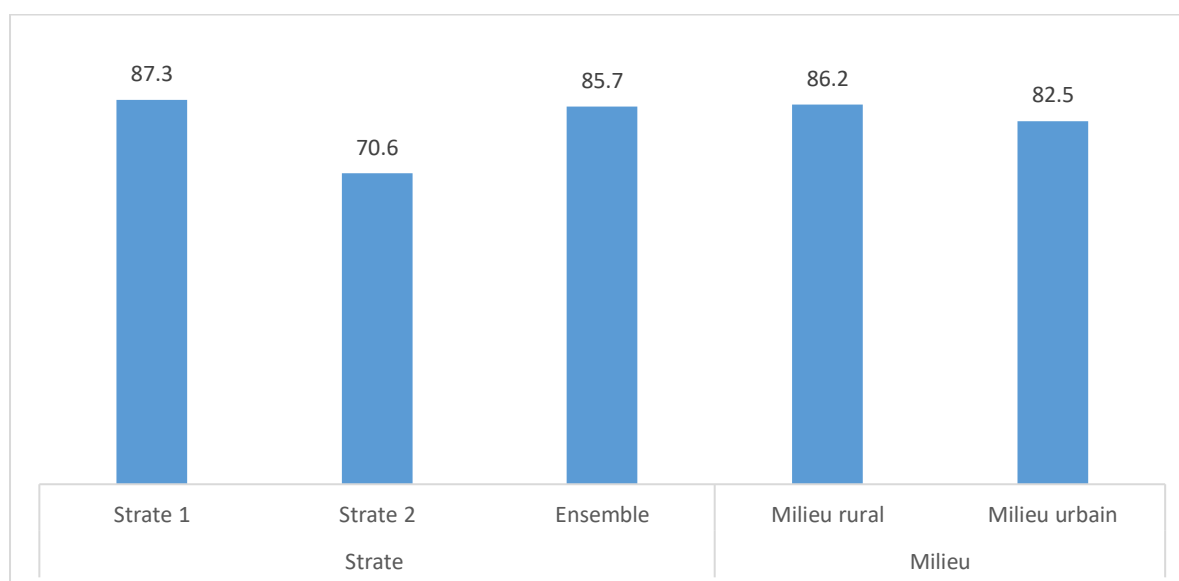
Vitamin A capsule clipping medium	Stratum 1	Stratum 2	Together	Effective
Scissors	85.3	78.2	82.5	1823
Blade	2.4	0.5	1.7	37
Teeth	2.4	3.7	2.9	65
Nail	3.0	5.9	4.2	92
Knife	0.4	0.0	0.2	5
Didn't cut the capsule	0.2	2.9	1.2	27
Don't know/ Don't have	6.1	7.7	6.8	149
Other specify	0.2	1.1	0.5	11
Total	100	100	100	2209

#### 4.4 coverage ( 85.7% [83.6-87.5], n=2440)

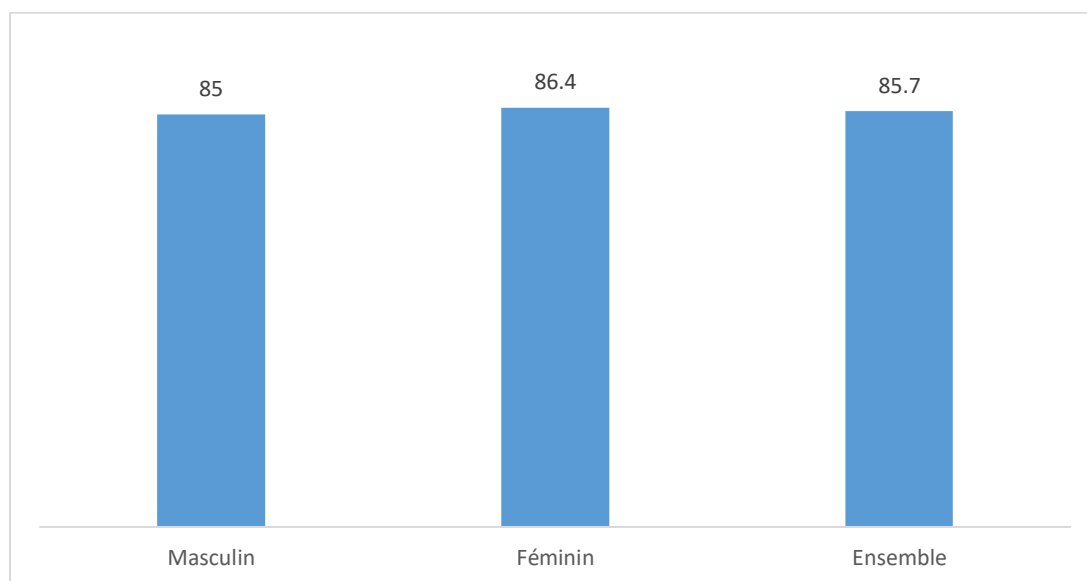
The deworming coverage of children was also assessed during this survey. It is relatively lower than the coverage of vitamin A supplementation and stands at 85.7% in the study area. It is higher in stratum 1 (87.3%).

Deworming coverage varies slightly depending on place of residence. In rural areas, the proportion of children who received the deworming agent is about 86% compared to 82% in urban areas.

**Graph 7: Coverage (in %) of deworming**



According to the sex of the child, the distribution of children who received the deworming agent is almost identical. It is 85% in male children and 86.4% in female children.

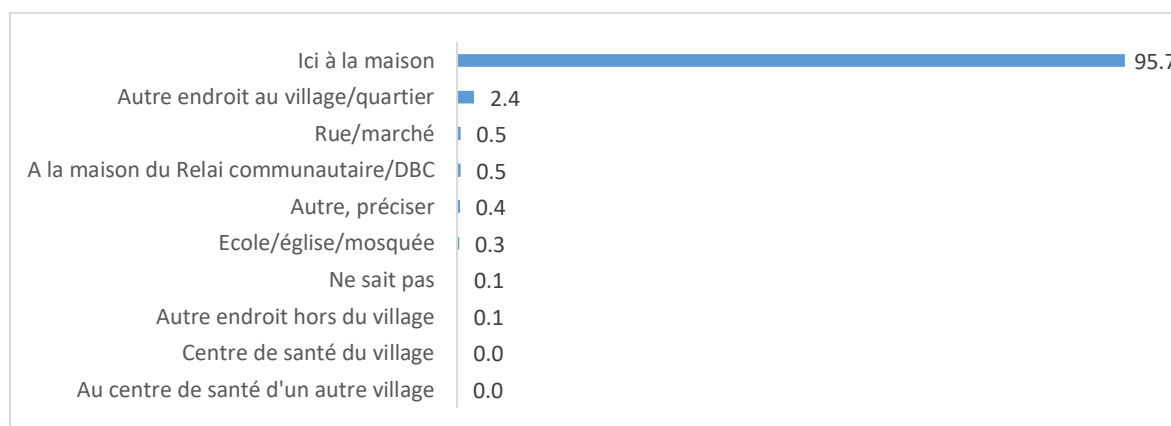
**Figure 8: deworming coverage by sex of child**

Coverage of child deworming varies little across children's age groups. It is lower for children aged 12-23 months (83%).

**Table 8: Deworming coverage by child age group**

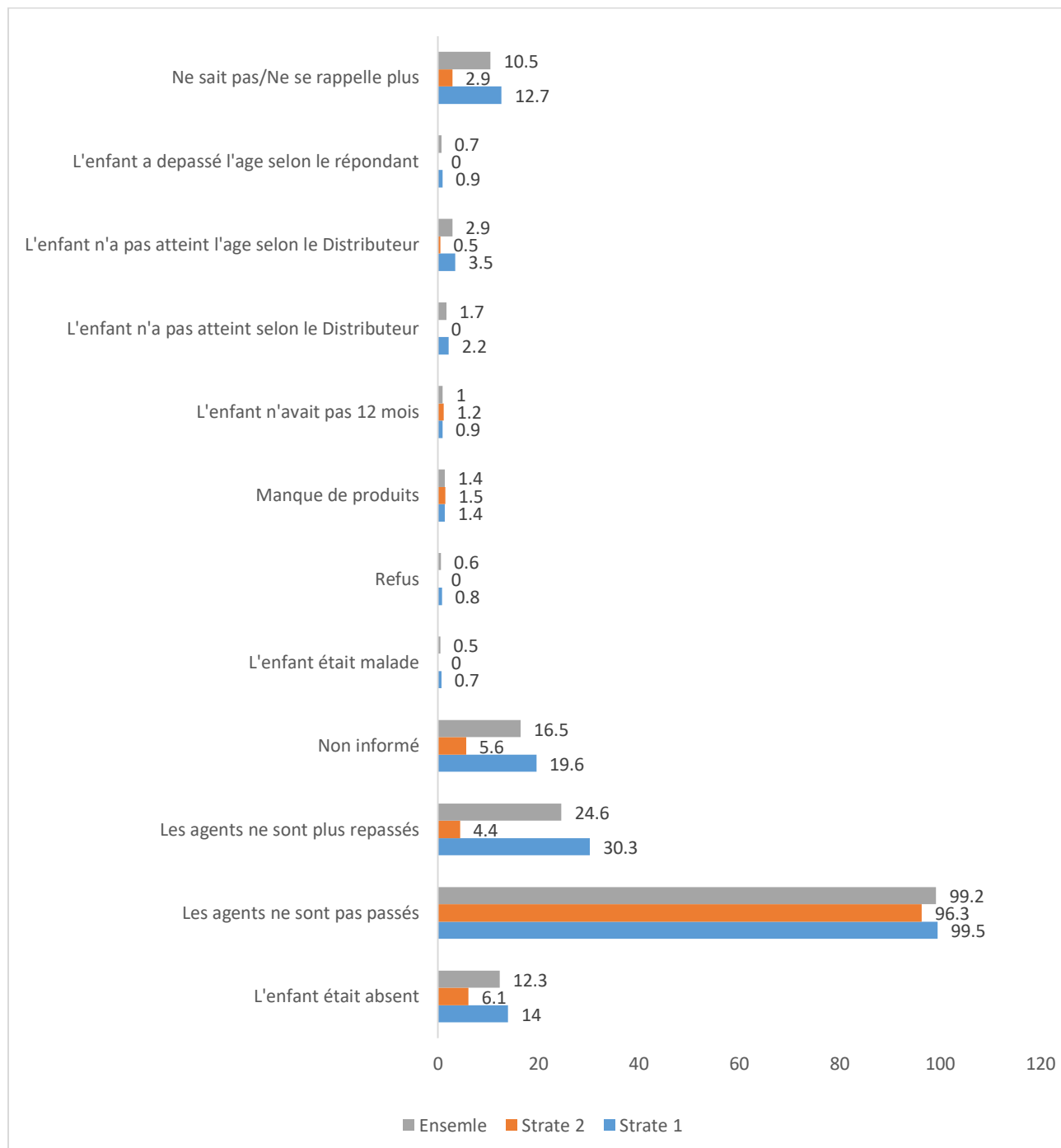
age range	Proportion	confidence interval	Workforce
12 - 23 months	83.0	[78.1-86.9]	616
24 - 59 months	86.6	[84.2-88.6]	1,824
Together	85.7	[83.6-87.5]	2,440

Compared to the place where the children received the dewormer, it also appears that the overwhelming majority of children were dewormed at home 95.7%.

**Graph 9: Place of reception of deworming (in %)**

Regarding the reasons for non-deworming of children, they remain almost identical to those for non-vitamin A supplementation. %), “the agents have not returned” (24%), and “the child is absent” (12%).

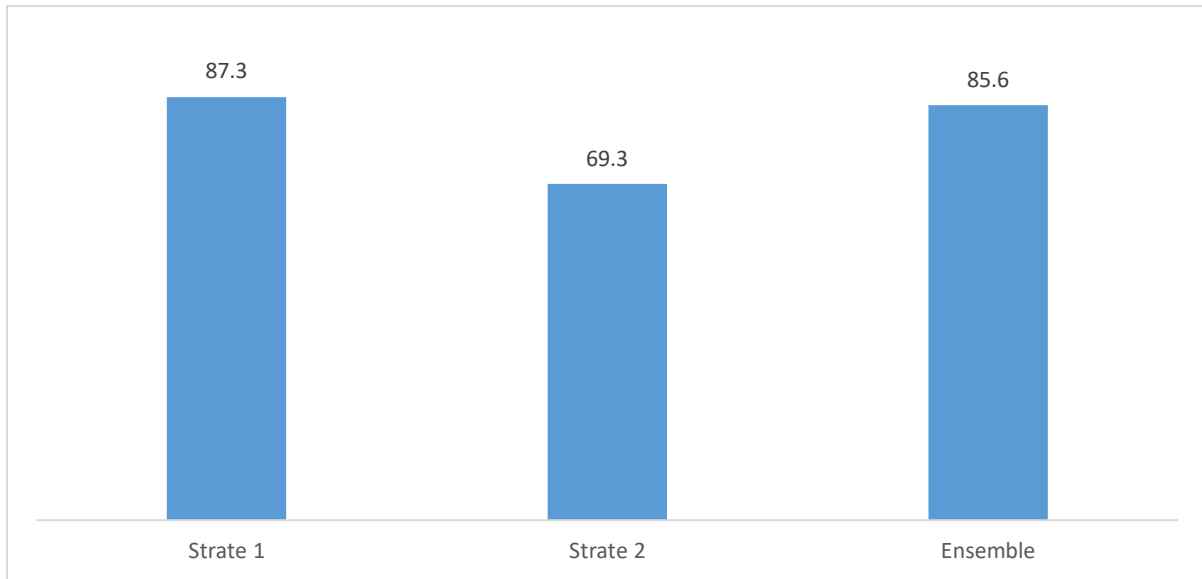
**Graph 10: reasons for non-deworming by stratum**



#### 4.5 All services coverage (85.6% [83.6-87.3], n=2768)

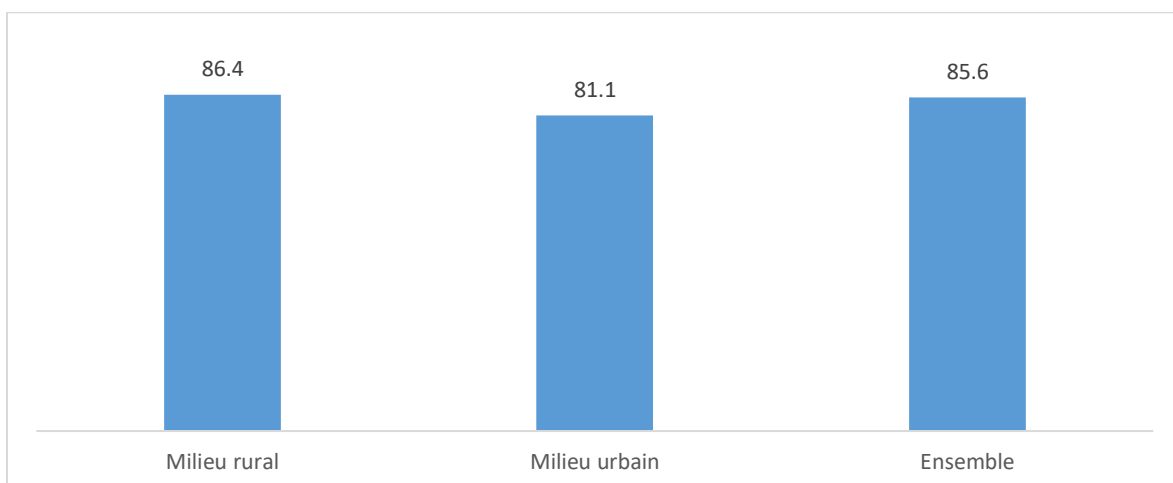
Coverage for all services reflects the proportion of children who received both products at the same time. These are vitamin A and deworming. Thus, of all the children eligible for this coverage, it appears that 85.6% received both products. This proportion is lower in stratum 2 (69.3%).

**Graph 11: coverage of children having received all the products by stratum (%)**



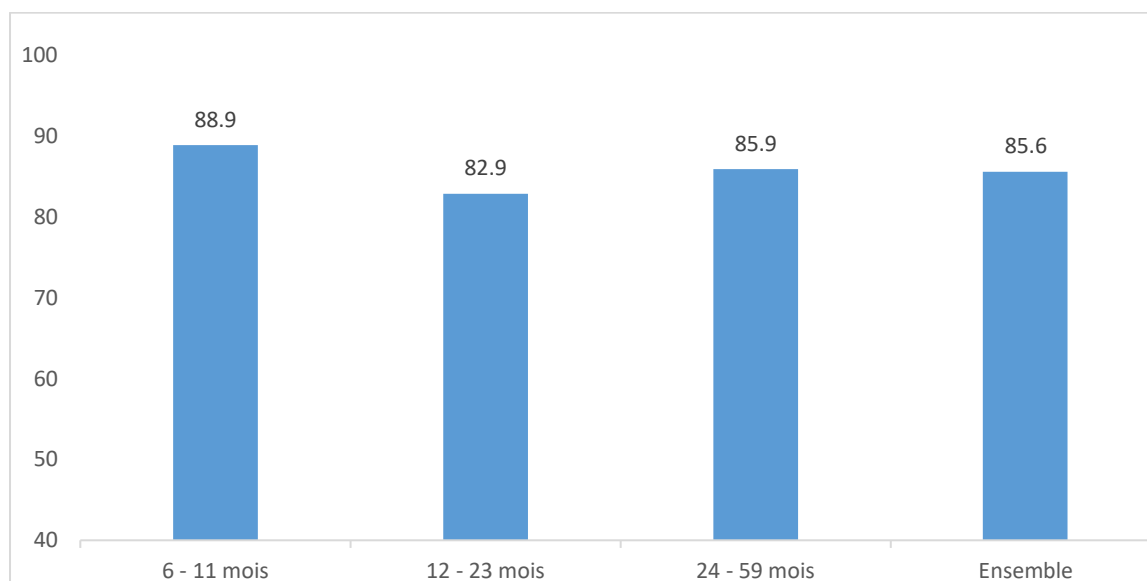
According to place of residence, the proportion of children covered by the two products (vitamin A and deworming) varied little. It is higher in rural areas (86.4%).

**Graph 12: coverage of children having received all the products by setting (in %)**



Concerning the children's sections, it is children aged 6-11 months (88.9%) who have the best coverage of all products combined.

**Graph 13: coverage of children having received all the products by age group of children (in %)**

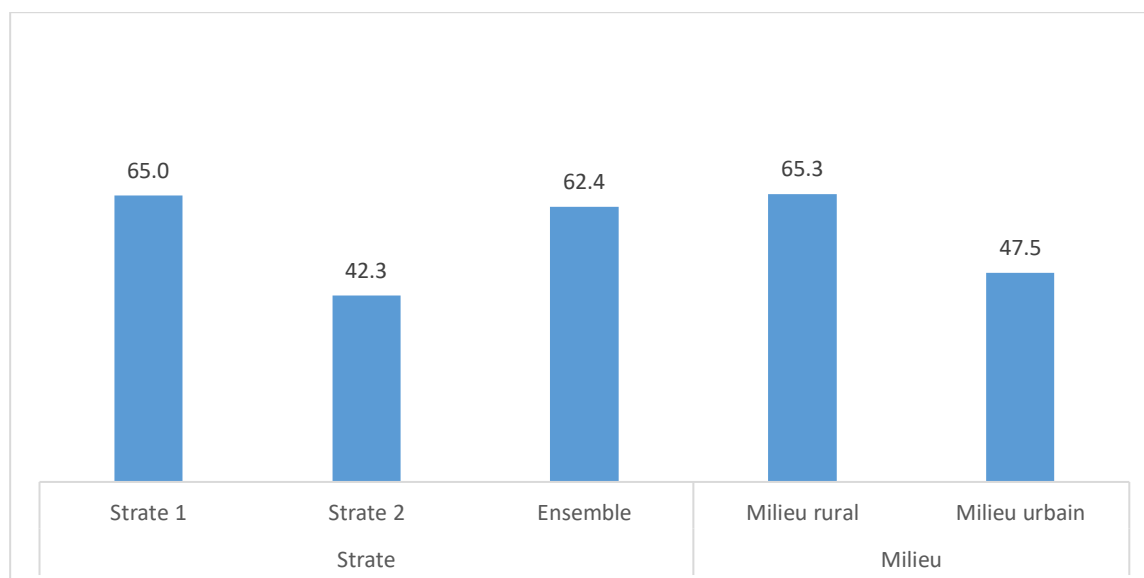


#### 4.6 Campaign communication strategy

During the survey, questions were asked to households to find out if they were informed of the JNM campaign before it started. Thus, overall, 3 out of 5 households (62%) were informed. The proportion of households informed of the campaign varies according to the strata. It is 65% in stratum 1 against 42.3% in the second stratum.

According to the area of residence, it can be seen that households living in rural areas are more informed than those in urban areas (65.3% against 45.5%).

**Graph 14: Proportion of households informed of the campaign before its start (in %) by stratum**





Regarding the means used for communication, it appears that town criers (45.8%), mobilizers (43.5%) and health workers (18.5%) were the most used. These proportions vary little by place of residence.

**Table 9: Campaign Information Channels**

Canals	Rural environment		Urban		Study zone		NOT
	Proportion (%)	CI	Proportion (%)	CI	Proportion (%)	CI	
town criers	48.6	[43.8-53.4]	26.8	[19.9-35.1]	45.8	[41.5-50.2]	337
Mobilizers/Distributor	42.9	[38.2-47.6]	47.6	[39.3-56.1]	43.5	[39.3-47.8]	455
Health workers	19.2	[15.8-23.1]	13.6	[9.3-19.4]	18.5	[15.5-22.0]	179
Word of mouth	10.7	[8.1-14.0]	14.6	[9.3-22.3]	11.2	[8.8-14.2]	114
No one in the household	2.4	[1.3-4.3]	2.8	[1.6-4.8]	2.4	[1.4-4.1]	33
neighborhood	5.9	[4.0-8.5]	13.2	[8.2-20.5]	6.8	[5.0-9.1]	76
radio stations	6.2	[4.1-9.1]	5.6	[2.5-12.1]	6.1	[4.2-8.7]	44
Television	0.1	[0.0-0.5]	1.9	[0.9-4.3]	0.4	[0.2-0.7]	10
Posters	0	[0.0-1.6]	0.2	[0.0-0.2]	0	-	1
Opinion leaders (customary chiefs)	5.1	[3.3-7.8]	0.5	[0.2-1.7]	4.5	[3.0-6.9]	26
Religious leaders (Mosque/Church)	1.1	[0.4-3.4]	0.8	[0.2-2.6]	1.1	[0.4-3.0]	8
Other	2	[1.0-4.0]	3.5	[1.3-9.3]	2.2	[1.2-4.0]	22

## 4.7 Level of household knowledge

### 4.7.1 by distributors

Compared to information on the role of vitamin A, in the whole study area, more than 44.3% of respondents said that distributors said nothing. Note, however, a relatively high proportion of respondents who said that distributors said that vitamin A protects eyesight. These proportions vary slightly according to the strata.

**Table 10: Information given by distributors on the role of vitamin A (%)**

Information data	Stratum 1	Stratum 2	Together	NOT
Protect eyesight	43.9	30.6	42.6	534
Growth	21.3	20	21.1	265
Good nutrition	12.6	19.1	13.2	214
He said nothing	43.9	48.6	44.3	561
Others	1.5	1	1.5	18

Regarding the dewormer, about six out of ten respondents (57%) in the study area said that the dewormer eliminates worms according to the distributors' statements with some variations according to the strata.

**Table 11: Information given by distributors on the role deworming agent (%) per layer**

Information data	Stratum 1	Stratum 2	Together	NOT
Eliminate worms	57.3	55.4	57.1	777
Fight against anemia	4.3	7.5	4.6	86
Good nutrition	5.9	11.2	6.4	106
He said nothing	35.9	38.6	36.2	445
Others	0.6	0.5	0.6	6

According to the area of residence of the respondents, it appears that communications on the role of vitamin A, by distributors, were made much more in rural areas than in urban areas. For example, the proportion of respondents who affirmed that vitamin A protects eyesight according to distributors' statements is 44.4% in rural areas against 33% in urban areas.

**Table 12: What distributors said about vitamin A (proportion in %) by environment**

Information data	Rural environment	Urban	Together	NOT
Protect eyesight	44.4	33	42.6	534
Growth	23.2	9.6	21.1	265
Good nutrition	12.7	16.5	13.2	214
He said nothing	42.9	52.4	44.3	561
Others	1.6	1	1.5	18

Regarding the role of the dewormer, respondents living in rural areas are relatively more informed by distributors than those in urban areas. Indeed, more than 42.2% of respondents from urban areas said that the distributors said nothing about the role of the deworming against 35.1% in rural areas.

**Table 13: What the distributors said about the deworming agent (proportion in %) by medium**

Information data	Rural environment	Urban	Together	NOT
Eliminate worms	58	52	57.1	777
Fight against anemia	4.6	4.3	4.6	86
Good nutrition	6.6	5.1	6.4	106
He said nothing	35.1	42.2	36.2	445
Others	0.6	0.1	0.6	6

#### 4.7.2 Knowledge about Vitamin A and Albendazole

Similar to the questions on what the distributors said about vitamin A and the dewormer, the interviewers presented the respondents of this survey with samples of the vitamin A and the dewormer in order to measure the level of knowledge of the households on these products.

Thus, it emerges from the analysis of the data from this survey that more than seven out of ten respondents are aware of vitamin A and the deworming agent (71.% for vitamin A and 73.8% for the deworming agent). This trend varies very slightly according to place of residence.

**Table 14: Proportion of households who know the products (upon presentation by interviewers) by area**

Products	Rural environment	Urban	Together	Effective
Vitamin A	70.6	77.2	71.7	1,160
Deworming	72.1	82.6	73.8	1,200

Regarding the dosage of vitamin A and deworming (number of times a child should have in a year), about 76% of respondents gave the correct answer for vitamin A and 73% for deworming . According to place of residence, respondents living in urban areas are more familiar with the dosage of these products than those living in rural areas. For example, 78.5% of respondents gave the correct answer for vitamin A dosage in urban areas compared to 73% in rural areas.

**Table 15: household knowledge of product dosages**

Products	Rural environment	Urban	Together	NOT
<b>How many times a year should a child receive vitamin A?</b>				
Wrong answer	75.4	78.5	75.9	1323
Right answer	24.6	21.5	24.1	364
<b>How many times a year should a child receive the deworming?</b>				
Wrong answer	72.9	78.3	73.8	1301
Correct answer or don't know	27.1	21.7	26.2	386

In addition to questions about vitamin A dosage and deworming, respondents were asked questions about the age at which children should receive these products. Thus, only 31.2% of respondents gave a correct answer for vitamin A and 30% for deworming.

**Table 16: Household knowledge of the ages at which children should receive the first doses of products**

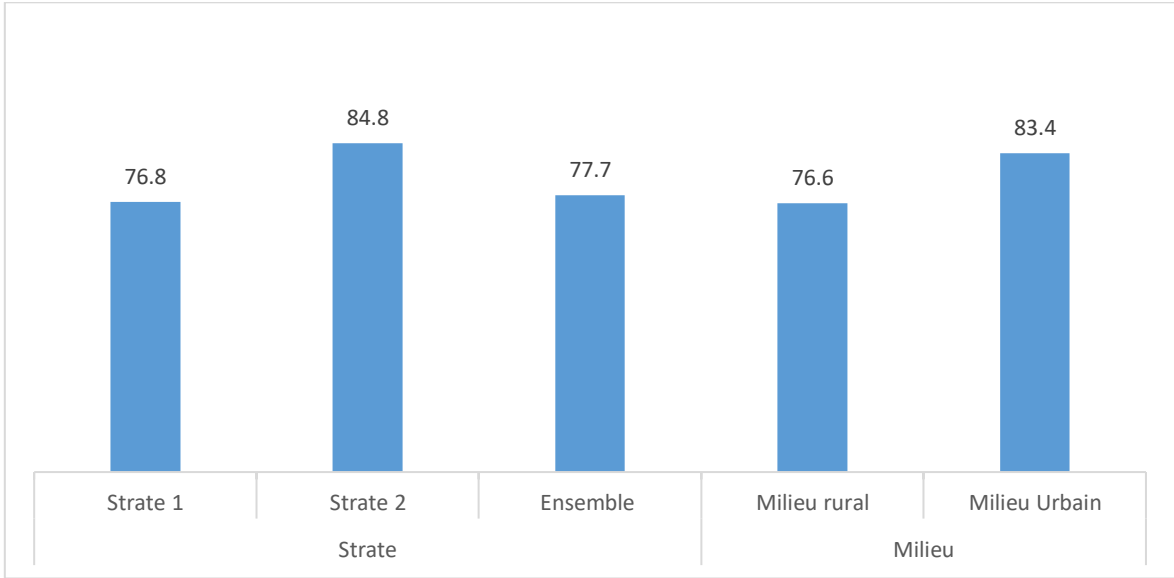
Products	Rural environment	Urban	Together	NOT
<b>At what age should children receive their first dose of vitamin A?</b>				
Good answer (At 6 months)	31.5	29.7	31.2	444
Wrong answer	68.5	70.4	68.9	1243
<b>At what age should children receive the first dose of deworming?</b>				
Correct answer (At 12 months)	29.0	34.9	30	457
Wrong answer or don't know	70	65.1	70	1230

**4.7.3 Knowledge, attitudes and practices of households regarding COVID-19**

During this survey, questions on household knowledge, attitudes and practices on COVID-19 were asked. Overall, nearly eight in ten households (77.7%) remember the COVID-19 pandemic. According to the strata, we see that it is the households of stratum 2 (84.5%) who are more aware of this pandemic.

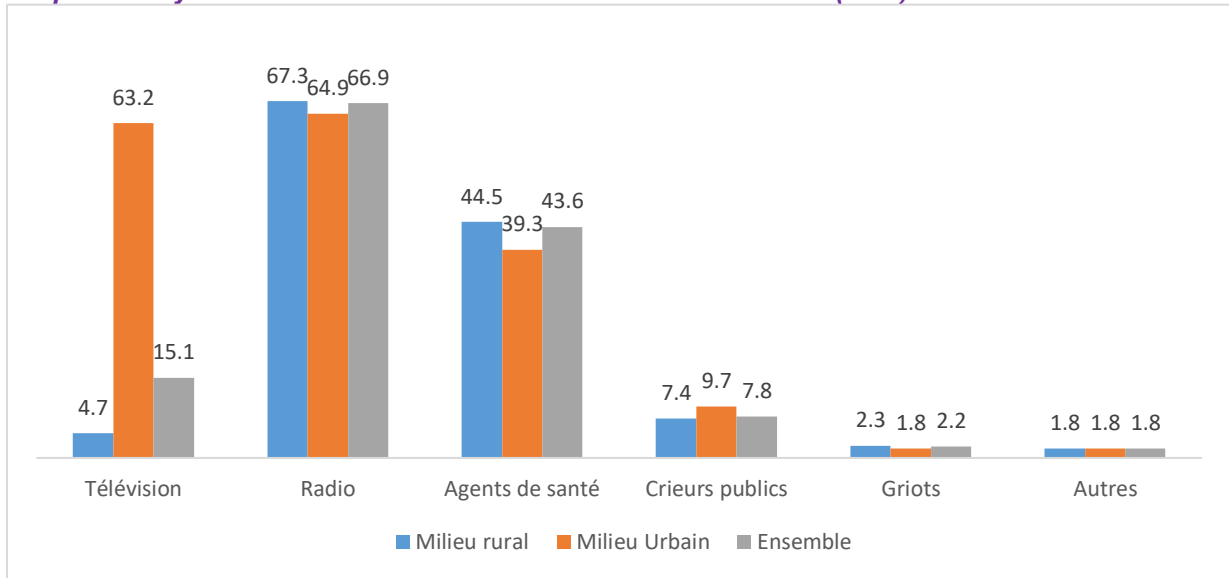
According to the area of residence, the proportion of households experiencing the COVID-19 pandemic is higher in urban areas (83.4%) than in rural areas (76.6%).

*Graph 15: Proportion of households who remember the COVID-19 pandemic by stratum (in %)*



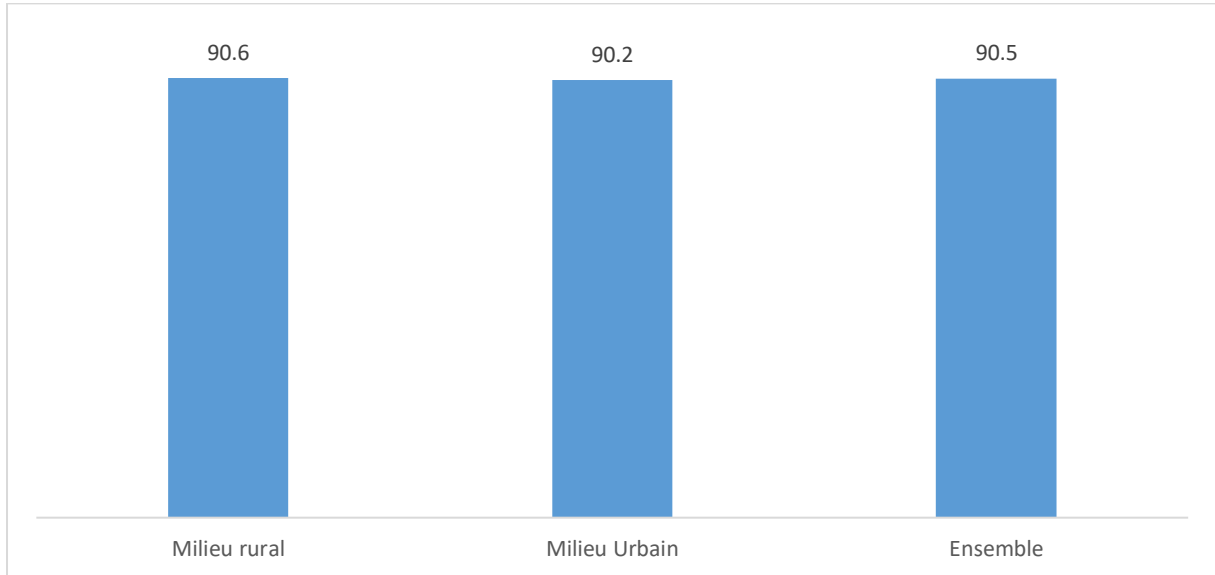
Compared to the means of communication through which households were informed of COVID-19, we note the radio which is cited by more than 67% of households, health workers cited by approximately 43.6% of households and television. cited by 15% of households to name only the most important. These means of communication on COVID-19 vary according to the place of residence. In urban areas, it is mainly television that has been used for communication on COVID-19 (63.2%) while in rural areas, it is radio that is used more (67.3%)

**Graph 16: ways in which households were informed of COVID-19 (in %)**



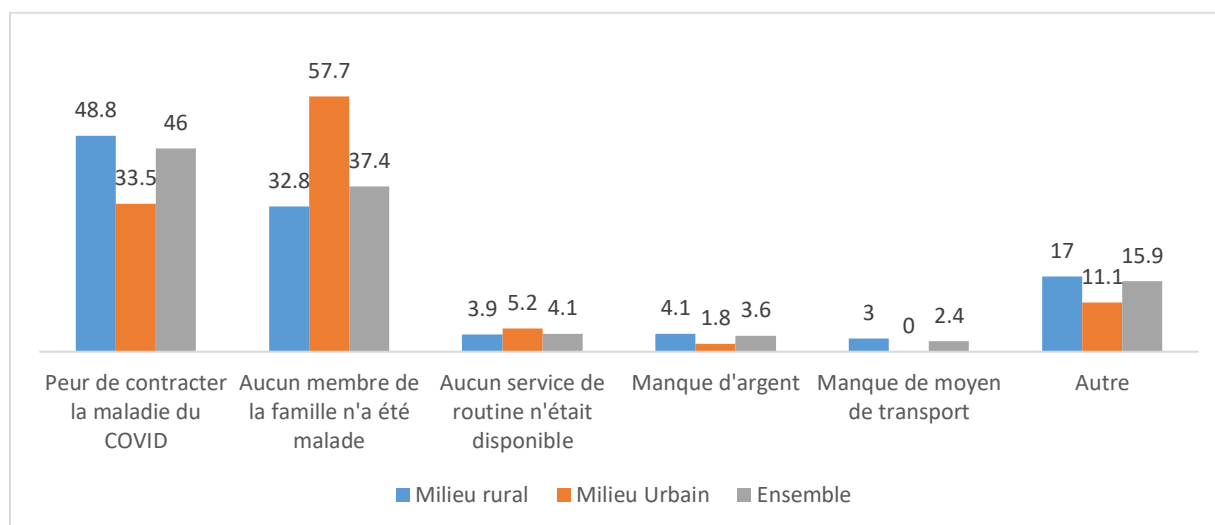
Since the advent of COVID-19, about nine out of ten households (90%) have visited health facilities, in rural as well as in urban areas.

**Graph 17: Proportion of households that have visited health structures since the advent of COVID-19 (in %)**



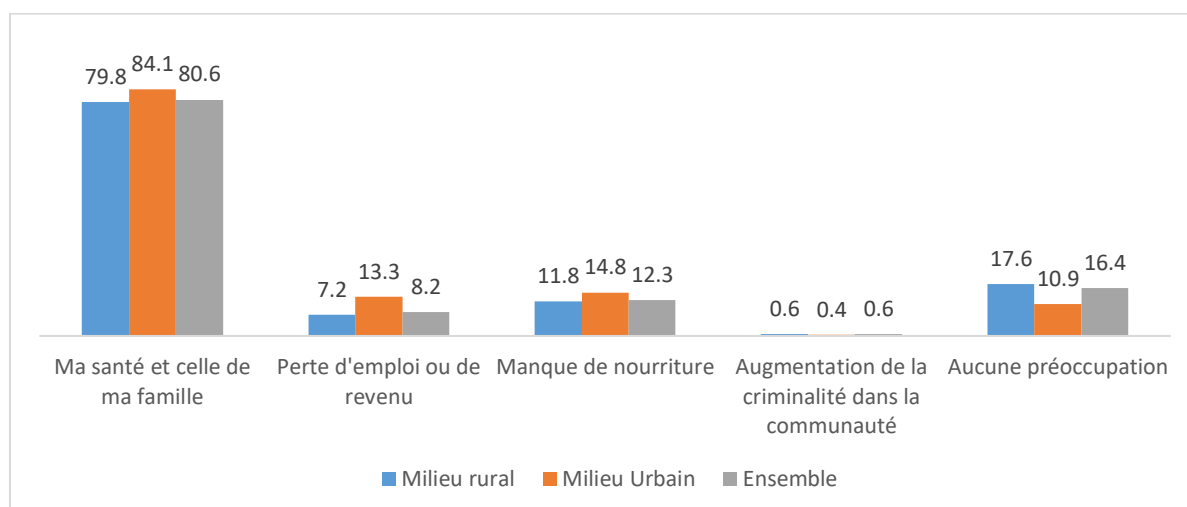
For households that have not gone to a health facility since the advent of COVID-19, several reasons have been cited, including fear of contracting COVID-19 disease. This reason was mentioned by more than 46% of households. However, more than 37% of households mentioned not having a sick family member.

**Graph 18: Reasons why some households did not go to the health center (proportion in %)**

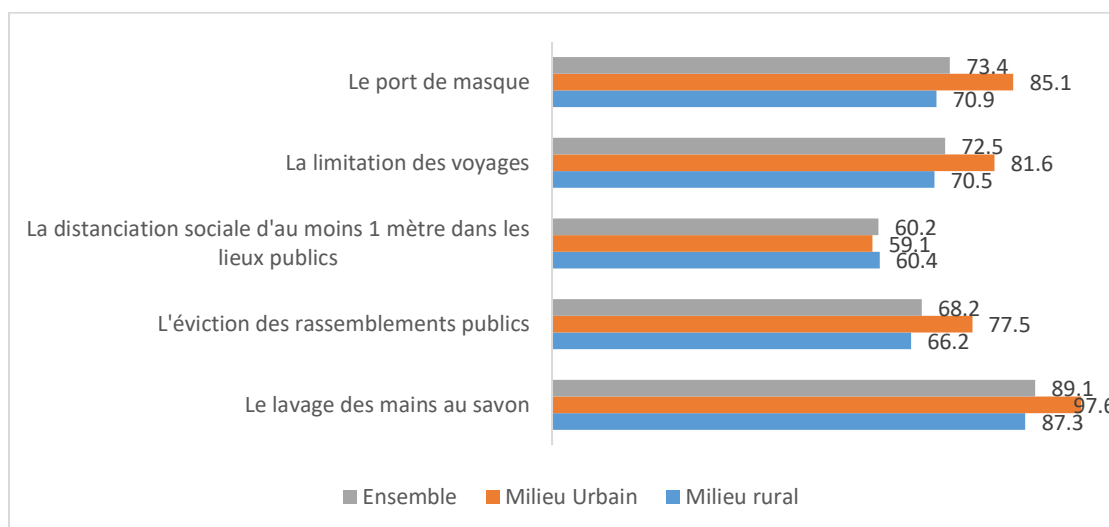


Regarding the concerns of the population about COVID-19 , we mainly note fears about the health of respondents and that of their families, cited by more than 80% of respondents. These results vary slightly according to place of residence.

**Graph 19: population concerns about covid (proportion of households as a percentage)**



As for the application of the barrier measures to combat COVID-19 , it appears from the analysis of the data from this survey that, on the whole, these barrier measures have been effectively applied. Nevertheless, hand washing with soap and water was the measure most observed by respondents (89%). According to place of residence, the measures were more applied in urban areas than in rural areas. The proportion of households that claimed to have washed their hands is approximately 97.6% in urban areas compared to 87.3% in rural areas.

**Graph 20: use of barrier measures in the fight against COVID (proportion in %)**

#### 4.8 Quality control during data collection

A monitoring of the quality of the survey data was carried out to measure the errors of assessment of the coverage of vitamin A supplementation and deworming of children aged 6-59 months during the November campaign in the areas of investigation. Like close supervision, the quality assurance system was set up through the regular processing of data sent to the server and a data quality control form developed to be completed by supervisors. The supervisors are the executives of the MSP/P/AS, the executives of Helen Keller in charge of the survey and the consultants recruited to carry out the survey.

Overall, this quality assurance takes into account:

- The quality of the investigators;
- Field supervision and quality control of filling in questionnaires;
- Verification of the entry and;
- Monitoring of all operations by submitting a report at the end of each day during data collection.

The approach adopted for data quality control consists of surveying 10% of households already surveyed by the interviewers, chosen at random. The interviews are conducted by supervisors using an abbreviated questionnaire to collect information allowing verification, in particular the number of eligible children per household, age, vitamin A coverage and deworming. Household responses from the first interview are then compared to those from the second interview conducted by the supervisor.

Although the methodology plans to carry out the quality control of the household questionnaire by the supervisors in 10% of the sample. This number has been revised downwards taking into account the number of days of supervision per axis and the travel time. In total, therefore, 110 questionnaires, or 6%, were expected from supervisors.

**Table 17: Number of questionnaires planned**

No.	Questionnaire type	Investigators	Supervisors
1	Supervisor questionnaires	1694	110

#### 4.8.1 Sample coverage

At the end of data collection, the coverage rate of surveys conducted by supervisors was 74.4%. This rate was 71.4% in the November 2019 PECS survey. Supervision started at the same time as the data collection teams, but some supervisors had less than 10 days of supervision while the collection was planned for 12 days. This justifies this low coverage observed.

**Table 18: Collection coverage**

No.	Questionnaire type	Expected number	Number filled	Coverage
1	Household questionnaires	1694	1688	99.6%
2	Supervisor questionnaires	110	82	74.5%

#### 4.8.2 Comparison of investigator and supervisor interviews

To assess the quality of the survey data, certain key variables were defined. It is on these variables that information was collected to serve as a comparison. The results of the comparisons made are presented in the following points.

##### Number of children 6-59 months

Overall, the proportion of households where the number of children recorded by enumerators and supervisors is about 85.7% of households checked. This means that in 85.7% of the households, the same number of children aged 6 to 59 months was found by the interviewers and the supervisors. However, in more than 14% of the households, the number of children entered by the interviewers was different from that entered by the supervisors. This difference could come from determining the ages of children aged 6 to 59 months or explaining the concept of the household.



**Table 19: Number of children aged 6-59 months**

	Effective	Percentage
<b>Same value</b>	70	85.7
<b>Different</b>	12	14.3
<b>Total</b>	82	<b>100</b>

### Child's gender

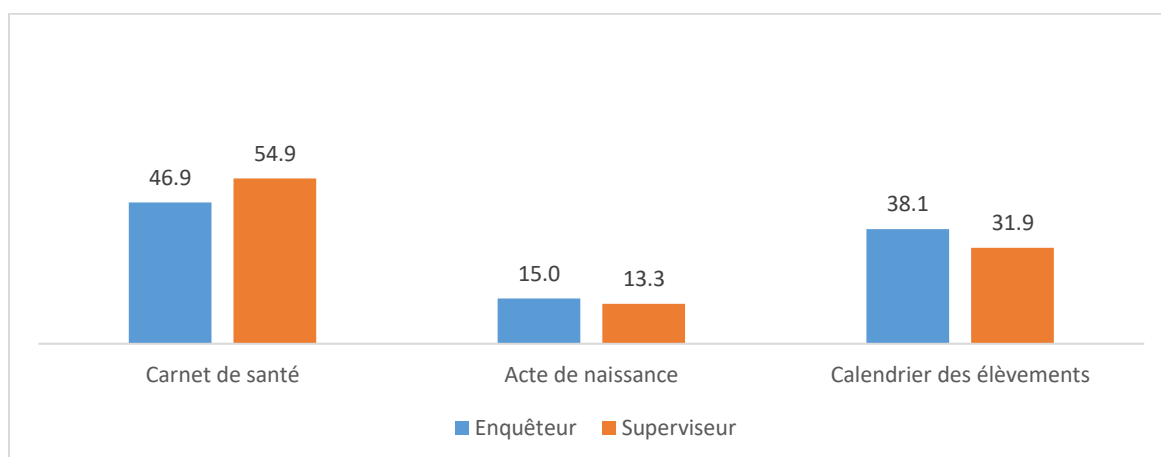
As for the sex of the child, the difference is not great. It is 6.8 percentage points. This means that in 6.8% of cases the sex reported by the interviewer does not agree with that reported by the supervisor. Since the question of sex is an observation, the difference could come from the level of data entry on the tablets.

**Table 20: Sex of the child**

	Effective	Percentage
<b>Same value</b>	77	93.2
<b>Different</b>	5	6.8
<b>Total</b>	<b>82</b>	<b>100</b>

### Child's age

With regard to the source of information on age, it can be seen that the means used are almost the same. However, the investigators used less secure means more, such as the calendar of events, which is a proxy.

**Graph 21: Source of information on age (%)**

The principle of age determination tolerates a margin of +/- 1 month. Therefore, the difference is only considered for cases exceeding +/- 1 month. Despite this, the differences observed are enormous (21.6%), that is to say that for 21.6% of cases the age estimated by the interviewer and the supervisor does not coincide.

**Table 21: Child's age**

	Effective	Percentage
<b>Same value</b>	65	78.4
<b>Different</b>	17	21.6
<b>Total</b>	<b>82</b>	<b>100</b>

### Vitamin A supplementation

The difference in vitamin A coverage is 7%. This difference stems from age determination. Overall, these differences can be attributed to the determination of age and the notion of household.

**Table 22: Vitamin A coverage**

	Effective	Percentage
<b>Reception according to the interviewer</b>		
<b>Nope</b>	5	6.2
<b>Yes</b>	72	91.2
<b>Do not know</b>	2	2.7
<b>Total</b>	79	100
<b>Reception according to supervisor</b>		
<b>Nope</b>	5	6.2
<b>Yes</b>	74	93.8
<b>Total</b>	79	100
<b>Difference in Vitamin A coverage</b>		
<b>Same value</b>	73	92.9
<b>Different</b>	6	7.1
<b>Total</b>	79	100

### Deworming

For deworming, the difference in coverage observed is 11 percentage points. The reasons could be the same as for vitamin A.

**Table 23: Deworming coverage**

	Effective	Percentage
<b>Reception according to the interviewer</b>		
<b>Nope</b>	7	8.0
<b>Yes</b>	70	89.0
<b>Do not know</b>	2	3.0
<b>Total</b>	79	100
<b>Reception according to supervisor</b>		
<b>Nope</b>	6	7.0
<b>Yes</b>	73	93.0
<b>Total</b>	79	100

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<b>Difference in Deworming coverage</b>		
<b>Same value</b>	70	89.0
<b>Different</b>	9	11.0
<b>Total</b>	79	100.0

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The quality control of the data made it possible to identify several weaknesses, some of which have already been corrected in the field due to the real-time control of the data and for others to the processing of the data. This situation is the subject of recommendations for future operations.

## HEALTH WORKER SURVEY RESULTS

### 4.9 Sample Description

The health worker survey globally reached 125 health workers who actively participated in the previous JNM campaign. Among these health workers, 55.2% belong to type 2 CSIs against 44.8% of type 1 CSIs.

Also, we note that the sample of health workers is made up of 60% men.

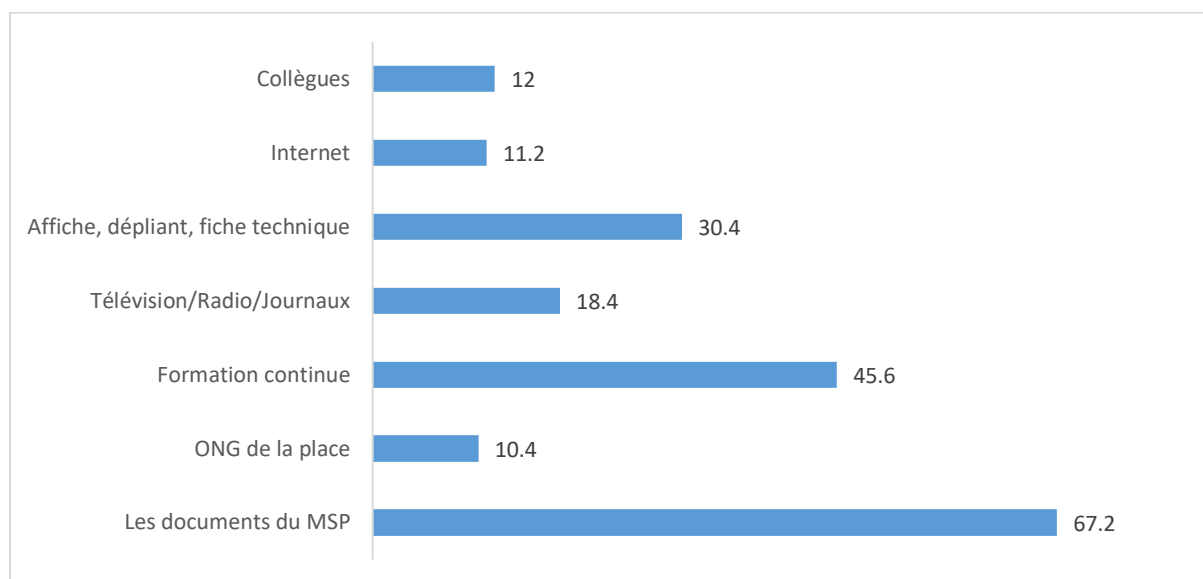
Regarding the functions of these agents in their respective structures, it appears that 77% are either nurses or midwives. The CSI chief physicians represent 7.2% of the health workers surveyed.

**Table 24: Characteristics of health workers surveyed**

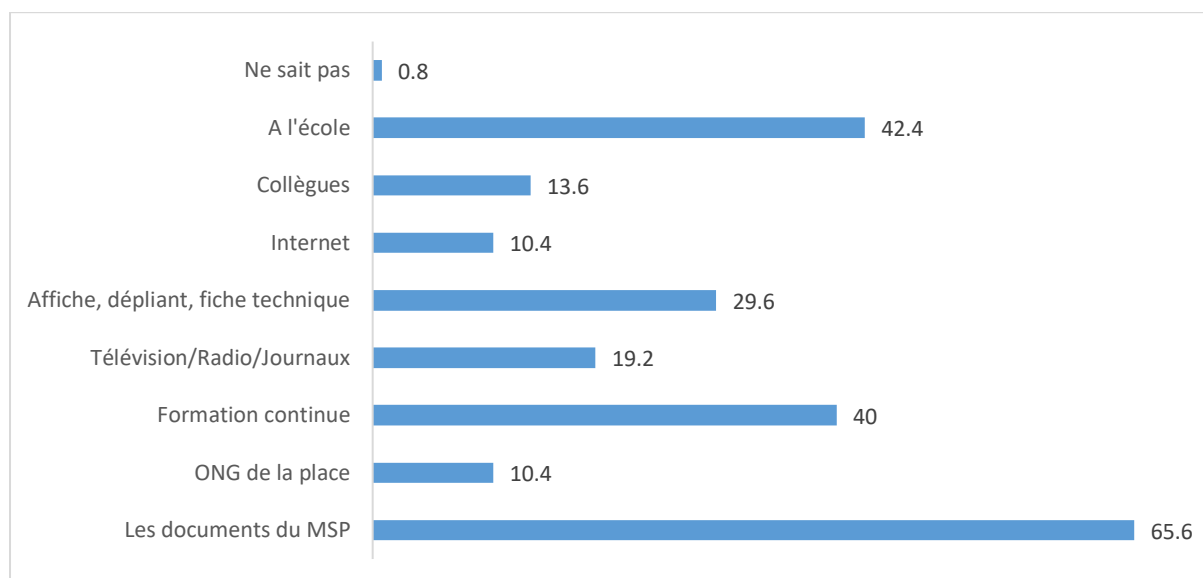
	Stratum 1	Stratum 2	Together	NOT
<b>Type of health facility</b>				
CSI Type 1	47.9	40.4	44.8	56
CSI Type 2	52.1	59.6	55.2	69
Total	100	100	100	125
<b>Gender of health worker</b>				
Male	82.2	28.8	60	75
Feminine	17.8	71.2	40	50
Total	100	100	100	125
<b>Function</b>				
Doctor	9.6	3.8	7.2	9
Nurse/Basic Health Officer/Senior Nursing Technician	76.7	76.9	76.8	96
Midwife / Senior Technician in Obstetrical Care	1.4	3.8	2.4	3
Community Health Worker	6.8	3.8	5.6	7
Social worker	0	1.9	0.8	1
Other	5.5	9.6	7.2	9
Total	100	100	100	125

### 4.10 Knowledge of health workers on vitamin A, and Albendazole

Several sources of information on vitamin A exist. Thus, the most cited sources are “Ministry of Health documents” and “continuing education”. Indeed, more than 67.2% of health workers claimed to have had information on vitamin A in documents from the Ministry of Health and 45.6% through continuing education.

**Figure 21: Sources of health worker information on vitamin A**

As for the sources of information for health workers on the deworming agent, we note mainly “documents from the Ministry of Health”, “At school” and “continuing education”. The proportions of health workers who cited these sources are 65.6%, 42.4% and 40% respectively.

**Graph 22: Health workers' sources of information on deworming**

#### 4.11 Index of knowledge of health workers on Vitamin A and deworming

To measure the level of knowledge of health workers, an index called the knowledge index of health workers on vitamin A and deworming was calculated. This index is an indicator calculated from several variables relating to the roles of the products, the dosages, the

frequency of taking the products, etc. The index capitalizes an overall value of 100 points. A value close to 100 obtained by a health worker reflects a good knowledge by the latter of vitamin A and deworming.

Thus, almost six out of ten health workers (57.6%) obtained a score of more than 75 points out of 100 and 37% obtained a score between 50 and 75 points. These scores vary slightly according to the type of CSI, the place of residence and the strata.

**Table 25: Level of knowledge of health workers on vitamin A and deworming**

	Less than or equal to 50	Between 50 and 75	Over 75	NOT
<b>Type of health facility</b>				
CSI Type 1	3.6	46.4	50	56
CSI Type 2	5.8	30.4	63.8	69
Total	4.8	37.6	57.6	125
<b>ENVIRONMENT</b>				
Rural	7.9	28.9	63.2	38
Urban	3.4	41.4	55.2	87
Total	4.8	37.6	57.6	125
<b>Stratum</b>				
Stratum 1	0	41.1	58.9	73
Stratum 2	11.5	32.7	55.8	52
Total	4.8	37.6	57.6	125

#### 4.12 Quality of implementation of campaign activities

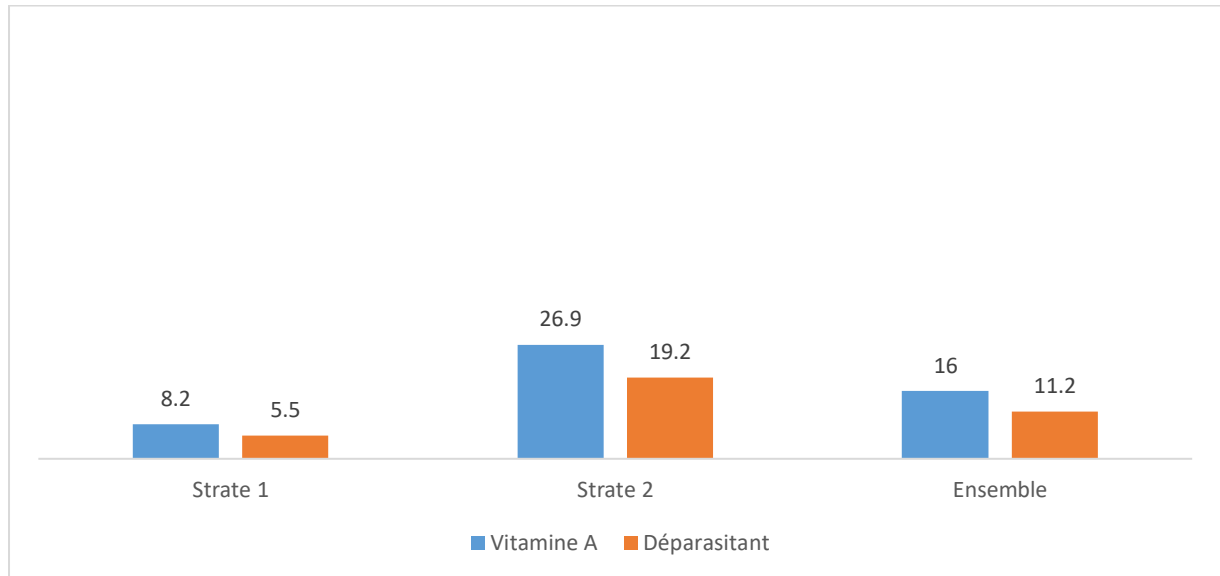
Regarding the role played by health workers during the JNM campaign preceding the survey, we note that 52% ensured coordination, 39.2% were supervisors and 12.8% were among the distributors.

**Table 26: Roles played by health workers during the campaign**

	Stratum 1	Stratum 2	Together	NOT
Social mobilization	1.4	0	0.8	1
Distribution of Vit A/ Deworming	17.8	5.8	12.8	16
Registration	4.1	11.5	7.2	9
Supervisor	39.7	38.5	39.2	49
Data compilation	2.7	3.8	3.2	4
Logistician	0	1.9	0.8	1
Coordination	46.6	59.6	52	65
Other	2.7	1.9	2.4	3

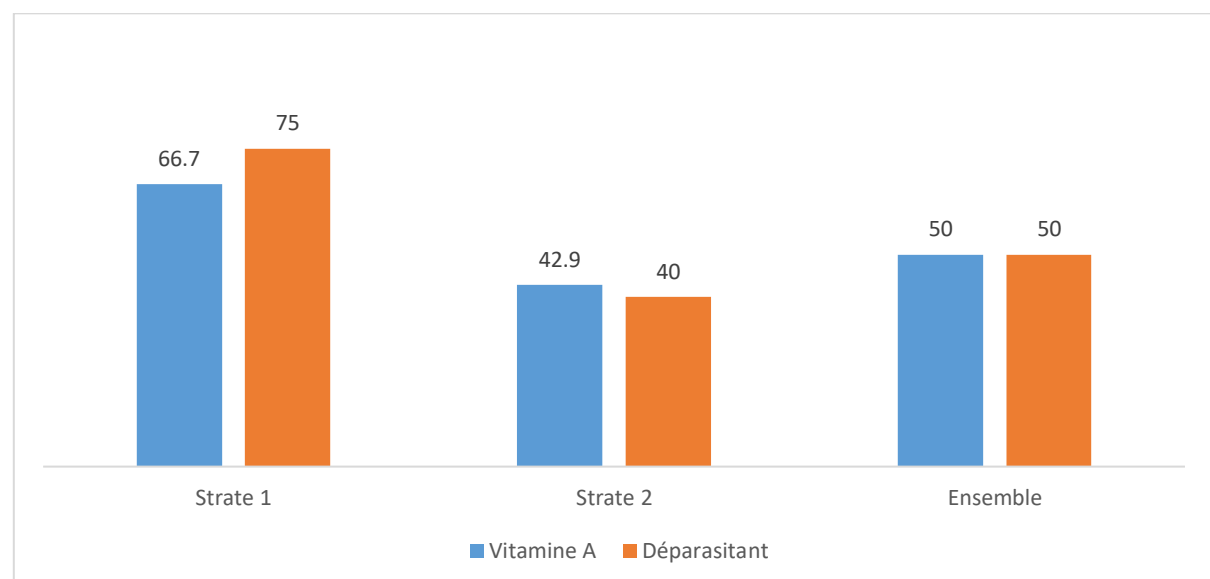
Overall, few health workers reported having had problems with stocking vitamin A and deworming. Indeed, the health workers who reported these cases are respectively 16% and 11.2% for vitamin A and deworming.

**Graph 23: Proportion of health workers who encountered problems with the supply of products**



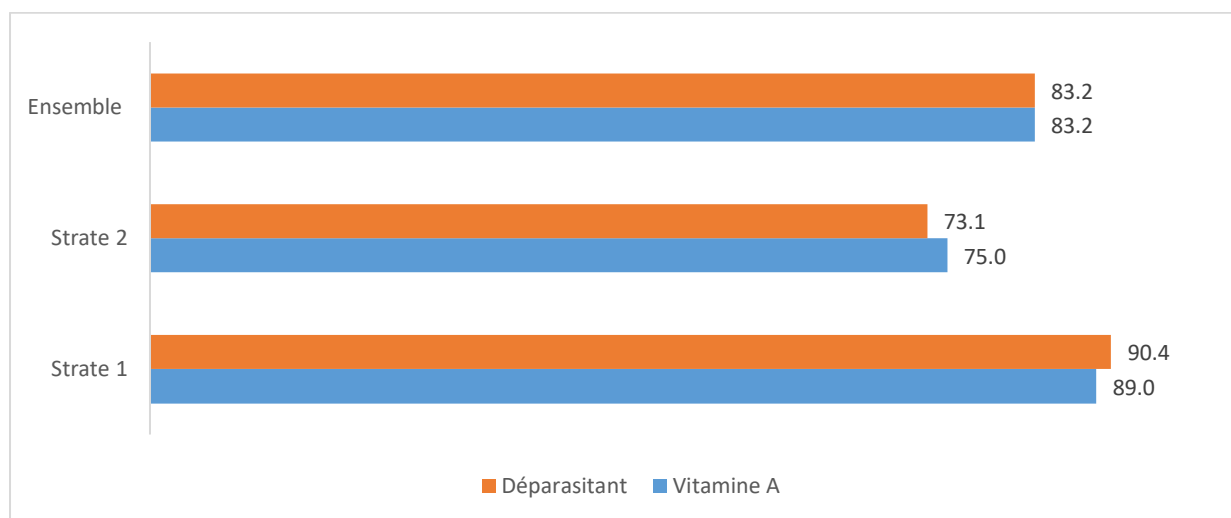
In the case of agents who reported problems with the supply of vitamin A and deworming, the results of the survey show that, in 50% of cases, these problems were resolved. Depending on the strata, this proportion is higher in stratum 1, where the proportion of health workers who said that the problems encountered had been solved reached 75% for deworming and 67% for vitamin A.

**Graph 24: Proportion of health workers surveyed who think that the problems encountered have been solved**



Compared to the training of health workers on vitamin A and deworming, overall, more than 83% had received it before this campaign. According to the strata, it can be seen that the health workers in stratum 1 were more trained in vitamin A and deworming. In fact, about 90.4% of health workers in stratum 1 were trained on deworming against 73.1% in the second stratum.

**Graph 25: Proportion of health workers having received training on vitamin A and deworming**



When training health workers on vitamin A and deworming, Perdiems were given to participants. Thus, on average, health workers received a sum of 5760 CFA francs. This sum is too dispersed throughout the study area. It varies from 1500 FCFA to 45000 FCFA.

**Table 27: Amount of training fees received by health workers**

Stratum	Average amount	minimum amount	Max Amount
Stratum 1	5434.746	1500	30000
Stratum 2	6636.364	3000	45000
Together	5761.111	1500	45000



## RESULTS OF THE SURVEY OF COMMUNITY RELAYS

The survey of community relays involved 133 relays in total, of which 53% were men and 46.6% women. With regard to the level of education, we note that the majority of these relays have either a primary level (42.1%) or a lower secondary level (52.1%).

**Table 28: characteristics of community relays**

	Stratum 1	Stratum 2	Together	NOT
<b>Sex</b>				
Male	70.7	31	53.4	71
Feminine	29.3	69	46.6	62
<b>Educational level</b>				
Unschoolled	0	1.9	0.8	13
Primary	37.7	48.1	42.1	51
1st cycle secondary	59.4	42.3	52.1	63
2nd cycle secondary	2.9	5.8	4.1	5
Superior	0	1.9	0.8	1
Total	100	100	100	133

### 4.12 Knowledge of community relays about vitamin A, the dewormer

Like the health workers, an index of the level of knowledge was calculated for the community relays. This index is calculated in the same way as for health workers.

Thus, more than 80% of the relays obtained a score between 50 and 75 points. According to the level of education of the community relays, we find that those who have a higher or secondary level of education obtained a markedly higher mark than those who are not educated or who have a primary level. For example, 90% of relays with a lower secondary level have a score between 50 and 75 points against 70% for those with a primary level. The knowledge index of relays on vitamin A and deworming varies slightly according to gender.

**Table 29: Level of knowledge of community workers on vitamin A and deworming**

	Less than or equal to 50	Between 50 and 75	Over 75	NOT
<b>level of studies</b>				
Unschoolled	25.0	75.0	0.0	13
Primary	25.5	70.6	3.9	51
1st cycle secondary	7.9	90.5	1.6	63
2nd cycle secondary	20.0	80.0	0.0	5
Superior	0.0	100.0	0.0	1

Together	15.7	81.8	2.5	133
<b>Type of health facility</b>				
CSI Type 1	21.7	75.0	3.3	60
CSI Type 2	12.3	86.3	1.4	73
Together	16.5	81.2	2.3	133
<b>Sex</b>				
Male	14.1	83.1	2.8	71
Feminine	19.4	79.0	1.6	62
Together	16.5	81.2	2.3	133

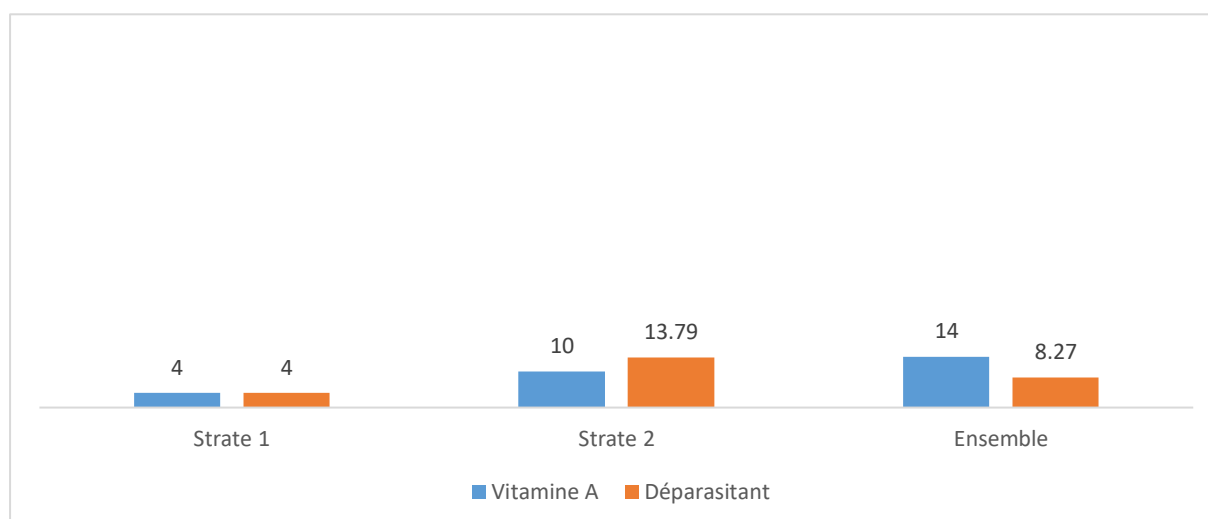
### 4.13 Campaign Implementation

Regarding the role played by the relays during the campaign, we mainly note the distribution of vitamin A and deworming. In the study area as a whole, about eight out of ten relays played this role. Only 1.5% of relays provided supervision during this survey.

*Table 30: roles played by community relays during the campaign*

	Stratum 1	Stratum 2	Together	NOT
Social mobilization	29.3	34.5	31.5	42
Distribution of Vit A/Deworming	82.7	70.7	77.5	103
Supervisor	2.7	0	1.5	2
Other	5.3	1.8	3.7	5

*Graphique 26: proportion des relais communautaires qui ont rencontré des problèmes d'approvisionnement des produits lors de la campagne*

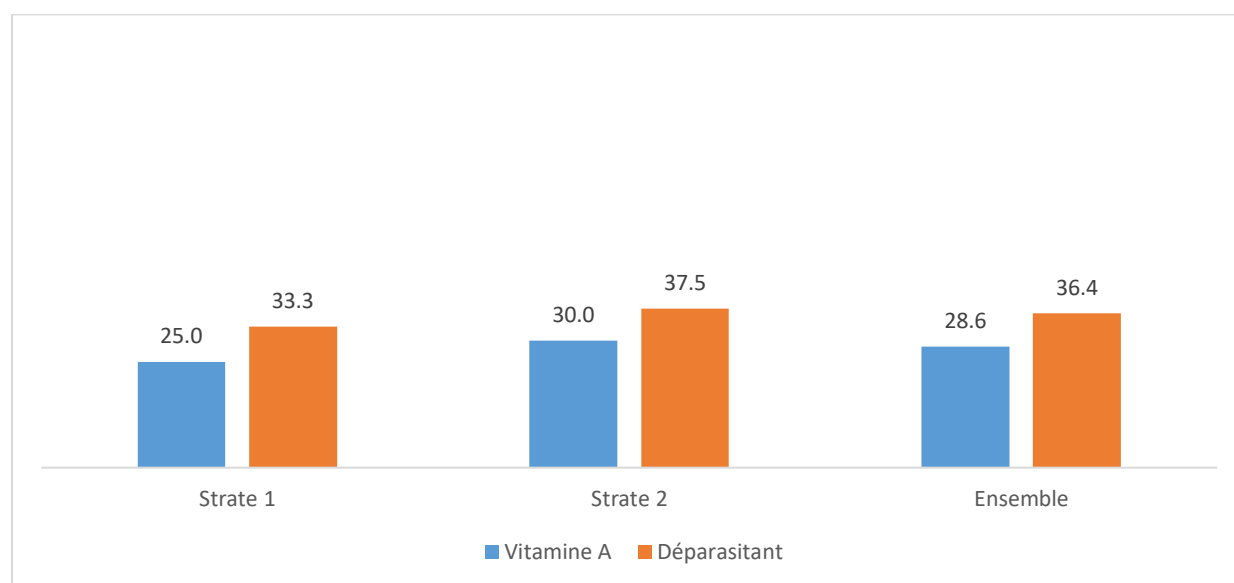


During this survey, some community relays reported having encountered problems with the supply of vitamin A and deworming. In the study area as a whole, these problems were reported by 14% and 8.3% respectively for vitamin A and deworming. These problems mostly

come from stratum 2. In fact, only 4% relays reported having encountered vitamin supply problems in stratum 1 against 10% in stratum 2

With regard to the resolution of the problems encountered, more than 28.6% of the relays affirmed that the problems encountered in supplying vitamin A have been resolved. In the case of deworming, in 36.4% of cases, the problems were resolved. This trend is similar according to the strata.

**Graph 27: Proportion of community relays who think that the problems encountered were solved**



## RESULTS FOCUS GROUP

As part of the qualitative survey, in addition to the individual interviews, focus groups made it possible to assess the quality of the message in work-related activities SVAD and to derive the points strong, their insufficiencies and their points at improve. These interviews concerned:

- Two focus groups with parents of children (mothers and fathers): these interviews involved 12 people
- Two focus groups with community relays with a total of 12 people:
- A focus group at health district level:

### **Knowledge about SVAD:**

It emerges from the discussions that the parents have a good knowledge of Vitamin A and Albendazole as well as the benefits of these products on the good health and growth of children. In both groups, the respondents also underlined the difficulties linked to the administration of Albendazole (loss of dose, rejection by the youngest, etc.) due to the current presentation of the tablet.

With regard to gender equality between men and women, this is clearly seen by the majority who believe that in terms of care and education, men and women have the same rights.

### **Access to health care:**

The furthest health centers are a two-hour walk away and the closest ones about 30 minutes. The offer of free services for children under five and the attendance of health centers especially by women were mentioned; the reasons for the non-attendance of the centers are, among others, the distance, the lack of financial means, the negligence of the parents, the handicapped situation of certain parents. The majority of parents are satisfied with the welcome given to them by health facilities.

### **Communication and quality of implementation:**

Parents' main sources of information on health activities at the community level are: town criers, village chief, health workers. Good relations are maintained with health workers during SVAD activities. Health workers ensure awareness and the importance of administering these products

### **Attitudes and practices:**

The parents agree to go to the health center every 6 months to supplement with Vitamin A and deworm their children. The women claim that their husbands are interested in the products administered to the children and are the ones who give the authorization for the administration. Decision-making for care at the community and health center level rests with men.

### **Knowledge, impacts, possible effects of COVID-19**

The main sources of information about the coronavirus disease are, health workers, the media, word of mouth at the market or at demonstrations.

The voices of contaminations, the symptoms and the means to protect oneself against the disease are known by the majority of majorities.

The barrier gestures of wearing a mask, social distancing and washing hands were respected by distributors when administering products to children at household level.

Respondents from both groups spoke of the health and economic consequences of the pandemic, with the loss of income, due to the disruption of markets and supplies due to restrictions on freedom of movement.

### **Some difficulties :**

Reluctance of the populations

Management of rumors concerning vaccination against Covid-19

Lack of communication in general.

Delay in the payment of per diems .

### **As suggestions:**

Ensure the availability of inputs and the strengthening of awareness and the importance of vitamin A and Albendazole in child survival by health workers and distributors.

Increase the number of distributors to cover all areas

Increase the per diem of distributors and ensure their payment on time

## **DISCUSSION OF RESULTS**

**The overall coverage of Vitamin A supplementation** is 88% with a confidence interval of [86.2-89.6] . The link between this coverage and the socio-demographic characteristics of

children whose sex and age is not statistically significant at the 5% level. However, the cross-analysis with place of residence is statistically significant at the 5% level. Indeed, vitamin A supplementation coverage is higher in rural areas (88.9%) than in urban areas (82.5%). Also, the cross-analysis revealed a statistically significant relationship between vitamin A coverage and variables such as wealth quintile and parental education level. Indeed, children from the second class of the quintile of economic well-being received more vitamin supplements (91.3%) followed by children from the middle class (89.8%). Overall, we note that the target of 100% of children was not reached throughout the study area.

Therefore, it is important to strengthen the existing strategies on vitamin A supplementation in order to come closer to the objective of the campaign. Thus, the results could be improved by ensuring strict compliance with the door-to-door strategy and monitoring of product intake. Also, distributors should absolutely be instructed on the importance of making revisits in order to reach the maximum number of children possible, especially in urban areas, and manage refusals in rural areas. Also, it would be necessary to insist on the communication of the benefits of vitamin A by the distributors, this could make it possible to avoid cases of refusal which are often due to the lack of explanations on the product.

**With regard to deworming, the overall coverage is 85.7%.** This coverage is within a confidence interval of [83.6-87.5]. According to the age groups of the children, it emerged that children aged 12 to 23 months were less covered by deworming (83%) than their elders aged 24 to 59 months (86.3%). However, the relationship of this coverage with the age group of the children is not statistically significant at the 5% level ( $p\text{-value} > 5\%$ ). According to place of residence, coverage is higher in rural areas (86.2%) than in urban areas (82.5%). This difference is significant at the 5% level ( $P\text{-value} = 0.012$  of the  $\text{Chi}^2$  independence test). It is also necessary to point out that the target of 100% dewormed children has not been reached. According to the strata, a very clear difference emerged between the children of stratum 1 (87.3%) and the children of stratum 2 (70.6%). This difference is statistically significant at the 5% level ( $P\text{-value} = 0.000$ ).

However, the results could be improved by ensuring strict adherence to the door-to-door strategy and by emphasizing urban visits and monitoring of deworming intake. Also, taking steps to avoid breaks is a key factor in improving deworming coverage rates. It is important to communicate about the benefits of deworming for children.

According to the administrative sources of the Ministry of Public Health, Population and Social Affairs, the results of the JNM campaign of August 2021 in Niger, the coverage for the whole country of vitamin A supplementation is 93%. By focusing on the regions that make up the

strata covered by this evaluation, it appears that at the level of the regions that make up Stratum 1, Dosso, Maradi, Tahoua and Zinder, the coverage of the VAS is respectively 102%, 93% , 95%, and 98% in Zinder whereas according to the study the overall coverage of Vitamin A supplementation is 90% in this stratum. For Stratum 2 (Agadez, Tillabéry and Niamey), the coverage is 84%, 79% and 92% respectively and 70.5% depending on the assessment. Stratum 2 is essentially made up of the urban area of Niamey where accessibility to households is a real problem and visits are not carried out during the campaigns. Failure to follow the door-to-door strategy also explains this low coverage rate.

Regarding the coverage of dewormed children, the administrative source estimated the coverage at 93%. The present survey, for its part, estimates the proportion of dewormed children in the study area at 85.7%.

**Compared to the knowledge of health workers and community relays** on vitamin A and deworming, the calculated knowledge index highlights the need for continuous capacity building of these workers. Ideally, all health workers and relays should obtain 100 points out of 100 for this index. However, only 57.6% health workers and 2.7% community relays exceeded 75 points.

**With regard to the campaign's communication strategy** , the information reached about six out of ten households (62.5%). We note the existence of a difference in reception of prior information between places of residence (65.3% in rural areas and 47.5% in urban areas). This difference is also noted according to the strata (65% in stratum 1 against 42.3% in stratum 2). Town criers and mobilizers were the means most used in rural areas. The latter were cited respectively by more than 48.6% and 42.9%. In urban areas, the mobilizers were also heavily involved in informing the population about the organization of the campaign (47.6%).

However, the survey revealed that many distributors do not communicate the benefits of vitamin A and deworming to households. In the case of vitamin A, for example, about 44.3% of respondents said that distributors said nothing about . Also, very few respondents in the study population know the dosage and the age at which children should take vitamin A and deworming.

## CONCLUSION AND RECOMMENDATIONS

The post-campaign coverage evaluation survey for vitamin A supplementation and deworming made it possible to assess the coverage rates of the various services and to evaluate the implementation of the campaign .

The overall coverage of Vitamin A supplementation is 88%. It is higher in rural areas (88.9%) than in urban areas (82.5%). In all areas of residence, the target of 100% targeted by the campaign was not reached. It is therefore appropriate to maintain the existing strategies on vitamin A supplementation because they have made it possible to approach the objective of the campaign. However, the results could be improved by ensuring strict compliance with the door-to-door strategy and by putting the revisits in urban areas and the management of refusals in rural areas. Taking steps to avoid shortages experienced, 16% by health workers and 14% by community relays, would be very useful in improving vitamin A coverage.

Regarding deworming, the overall coverage is 85.7% for a country objective of 100%. Children aged 12 to 23 months were less covered by deworming (83.0%) than their elders aged 24 to 59 months (86.6%). According to place of residence, coverage is higher in rural areas (86.2%) than in urban areas (82.5%). However, the results could be improved by ensuring strict adherence to the door-to-door strategy and by emphasizing urban visits and monitoring of deworming intake. Also, taking steps to avoid breakage is a key factor in improving deworming coverage rates.

In relation to the campaign's communication strategy, the information reached more than half of the households. In fact, 62.4% of respondents said they were aware of the campaign before the arrival of /distributors in their homes. We note the existence of a difference in reception of prior information between places of residence (65.3% in rural areas and 47.5% in urban areas). The town criers and through the mobilizers have greatly contributed to informing the population.

With regard to the type of information given by distributors before the distribution of inputs (goods made and knowledge of the products), it can be said that Interpersonal Communication is not carried out very effectively. Indeed, 44.3% of respondents said that the dispensing agent said nothing about the role of vitamin A and 36.2% about the role of deworming. Also, very few of the respondents in the study population know the dosage and the age at which children should take vitamin A and deworming.



The knowledge index of agents and community workers on vitamin A and deworming highlights the need for capacity building. Indeed, the proportions of health workers and community relays who have good knowledge (more than 75 points out of 100) are respectively 57.6% and 2.5%.

In view of the results of this survey, the following recommendations are formulated by area in order to improve the level of the main indicators for the next campaigns. These recommendations are addressed to the Nutrition Department, responsible for the implementation of the campaign and to HELEN KELLER INTERNATIONAL.

#### **To the Direction of Nutrition:**

- Conduct awareness campaigns on vitamin A supplementation and deworming in order to raise the level of knowledge of the populations on the inputs distributed. It is important to emphasize the existence of the routine for children aged 6-23 months, which is also a way to vaccinate and ensure vitamin A supplementation for the child every 6 months and deworming systematic for children from the age of one;
- Reinforce the communication strategy during mass campaigns through an adequate choice of message transmission channels. Thus, favor communication through town criers and mobilizers by intensifying radio and television press releases in urban areas;
- Take advantage of the use of social networks with a focus on web-influencers, to inform and raise awareness about VAS/deworming and program activities;
- Retrain health workers to improve their knowledge of VAS/Deworming.

#### **For Health Regions and Districts**

- Retrain health workers to improve their knowledge of vitamin A and deworming;
- Ensure the recruitment of quality staff to ensure the distribution and supervision of activities;
- Ensure close monitoring of the training of health workers and community relays;
- Insist on briefing distributors every morning before the teams leave to improve interpersonal messages;
- Monitor social mobilization activities;
- Reinforce close supervision of teams during campaigns

#### **For CSIs**

- Recruit quality staff to ensure the distribution and supervision of activities;
- Train community relays to improve their knowledge of vitamin A and deworming;
- Emphasize the importance of explaining to parents the roles of the products administered to their children when training distributors;

- Strengthen the capacities of distributors on determining the age of children from 6 to 59 months;
- Ensure the briefing of the distributors each morning before the exit of the teams to improve the interpersonal messages;
- Supervise the taking of products
- Enforce the door-to-door method and emphasize the administration techniques of Vitamin A and Albendazole ;
- Ensure close supervision of distributors during vitamin A supplementation and deworming campaigns;

**To HELEN KELLER INTERNATIONAL:**


- Distribute the sample of the household collection quality control survey over the duration of the supervision in order to reach the expected number of interviews;
- The duration of supervision must be the same for all teams so that the number of households to be re-interviewed by supervision is reached;
- Reserve a significant time slot for training on the “age determination” module for both surveyors and supervisors;
- Increase the number of collection days so as not to rush the interviews;
- Maintain this quality control survey practice.
- Ensure the effectiveness of training sessions for health workers and community relays on VAS and deworming;
- Organize the independent monitoring of all inputs during each JNM passage in order to make the campaigns effective;
- Ensure the implementation of inputs on time to avoid breaks;
- Strengthen the local supervision system for distributors during vitamin A supplementation and deworming campaigns;
- Organize a national workshop to present the results of the PECS survey

## APPENDICES:

### Appendix 1: Eligible Household Census Questionnaire

# PECS SURVEY

## HOUSEHOLD CENSUS FORM



The information contained in this questionnaire is confidential. They are covered by statistical confidentiality and can only be published in anonymous form in accordance with law n° 2013-537 of July 10, 2013 on the organization of the National Statistical System (Update according to the country).

#### TO READ AT THE SURVEY

Hello Miss, Sir,

My name is \_\_\_\_\_, We have come on behalf of the Ministry of Health to follow up on the work done in the field during the vitamin A distribution campaign, and deworming, (List the services provided during the campaign ) children aged 6-59 months.

Are there children 6-59 months in your home here? Yes (contin  No END



### 1. GENERAL INFORMATION

QUESTIONS	ANSWERS	CODES
Stratum		
Health region		
Health district		
locality		
Area (U= urban R= rural)		

QUESTIONS	ANSWERS	CODES
ZD or cluster number		
Investigator code		
team code		
Survey date	/ / / (day month Year)	

M1	M2	M3	M4	M5	M6	M7	M8
Household GPS coordinates	Household ID No. PECS###-### PECS (cluster number) - (household number) Ex: EC-01-001	Does information from a resident a neighbour? R=resident V=neighbor	thName of head of household member	Contact of a household member	Number eligible children (6 to 59 months) living in household	of Address description (landmark allowing the household located later)	or BOOK TO TH COMMITTEE (selected household)

**Appendix 2: Household questionnaire**

<b>PECS SURVEY</b>	The picture can't be displayed.
<b>HOUSEHOLD QUESTIONNAIRE</b>	

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**TO READ AT THE SURVEY**

Hello Miss, Sir,

My name is "-----". We have come on behalf of the Department of Health to talk about child health in your community. With the support of Helen Keller International (HELEN KELLER INTL) and other partners, the government has provided vitamin A supplementation and deworming for the children for the past few days. We come to see how it went. We would like to ask you some questions about these health services.

These questions should only take a short time (20 minutes maximum). By participating, you will provide valuable information on how to improve health services in your area. You are free to choose to participate or not, you are also free to refuse to answer any of the questions. However, your opinion is very important in this study. Your answers will remain confidential. We do not collect any information that could identify you such as your name, address or telephone number. Do you want to participate? Yes (continue) No END

Household identification number:

<i>Type</i>	<i>Grappe</i>	<i>Ménage</i>							
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**Q1: GENERAL INFORMATION**

No.	QUESTIONS	ANSWERS	CODES
Q1.1	Stratum		_ _
Q1.2	Health region		_ _
Q1.3	Health district		_ _
Q1.4	locality		_ _
Q1.5	Area	1= rural 2= urban	_ _
Q1.6	ZD or cluster number		_ _
Q1.7	Household order number		_ _ _ _
Q1.8	Investigator code		_ _ _
Q1.9	team code		_ _ _
Q1.10	Survey date	/___/___/___/ (day month Year)	_ _ _ _
Q1.11	How many children aged 6-59 months live in your household?	Number of children: _____ (enter the number)	_ _

**Q2: RESPONDENT PROFILE**

No.	QUESTIONS	ANSWERS	CODES
Q2.1	Relationship to the child	1=Father 2=Mother 3= Uncle 4= Aunt 5= Guardian 6= Guardian 7= Grandfather 8=Grandmother 9=Big brother 10=Big sister 99= Other (Specify).....	__
Q2.2	Sex	1=Male 2=Female	__
Q2.3	How old are you ?	/_____/years 999=Don't know	__
Q2.4	What is your level of school education?	1=No schooling 2=Primary 3=Secondary 4=Higher	__
Q2.5	What is your main activity?	1= Public sector worker 2= Private sector agent 3=Trader 4 = Farmer 5=Housewife (housewife) 6= Craftsman/liberal activity 7= Unemployed/Unemployed 8= Retired 9= Pupil/Student 99= Other to be specified	__

**Q3: CHARACTERISTICS OF THE HOUSEHOLD**

No.	QUESTIONS	ANSWERS	CODES
Q3.1	What is the main source of water you drink in the household?	1=Tap water (private) 2= Tap water (public) 3=Public protected well 4=Private protected well 5= Public unprotected well 6= Private unprotected well 7=Surface water (lake, river, pond, stream...) 8=Purchase of packaged water 9=Drilling 99=Other, specify:.....	__
Q3.2	What type of toilet do members of your household usually use?	1=In nature 2=Public latrine 3=Private latrine 4=Traditional public latrine 5=Private traditional latrine 6=Modern public flush toilets 7= Modern private flush toilets 99=Other .....	__
Q3.3	What types of fuels do you use to cook?	1=Firewood 2=Coal 3=Gas 4=Stem / Straw / Grass 5=Cow dung 99=Other	

No.	QUESTIONS	ANSWERS	CODES
Q3.4	Main construction materials of the walls of the house (according to your observation)	1=Clay/banco 2=Wood 3=Cement 4= Semi hard 5=Stem / Straw / Grass / Mats 99=Other: .....	__

<b>Q3.5</b>	Main construction materials of the house roof (according to your observation)	1=Sheet 2=Concrete (slab) 3=Tiles 4=Bank / Earth 5=Grass/Straw/Mats 99=Other .....	__
<b>Q3.6</b>	Main construction materials of the house floor (according to your observation)	1=Dirt / Sand 2=Cement 3=Squares 99=Other	__
<b>Q3.7</b>	Do you or someone in the household have the following items in working order?	1=Radio 2=TV 3=Telephone (Fixed/Mobile) 4=Motorcycle 5=Bike 6=Car or Truck 7=Fan/Humidifier 8=Air Conditioner / Split 9= Refrigerator 10=Computer 11=Cart 99=Other .....	__  multiple choice

**Q4: ACCESS TO HEALTH SERVICES**

No.	QUESTIONS	ANSWERS	CODES
	Geographical access:		
<b>Q4.1</b>	Existence of a health structure offering care?	1= in the village 2= in the neighboring village 3= Other	
<b>Q4.2</b>	Where do you go most often for medical care?	1=Public health center 2=Private health center 3=Pharmacy 4=Traditional practitioner 5= Street vendor 99=Others.....	__
<b>Q4.3</b>	Have you ever taken your child to the health center just to receive one of the following services? Quote services	1=Vaccination 2=Vitamin A supplementation 3=Growth monitoring (weighing) 4=Deworming 99=Other .....	__
	Financial access		
<b>Q4.4</b>	Prescription cost	Affordable/accessible Not affordable/not accessible Do not know	

**Q5: CAMPAIGN COMMUNICATION STRATEGY**

No.	QUESTIONS	ANSWERS	CODES
<b>Q5.1</b>	Were you informed of the mass campaign from June 10 to 13 before it started (before.....)?	1= Yes 0= No (go to Q6.1)	__

No.	QUESTIONS	ANSWERS	CODES
Q5.2	How were you informed about the campaign? (Many possible responses )	1= Town criers 2= Mobilizers/Distributors 3= Health workers 4= Word of mouth 5= No one in the household 6= Neighborhood 7= Radios 8= Television 9= Posters 10= Opinion leaders (customary chiefs) 11= Religious leaders (Mosque/Church) 99= Other _____	_____  multiple choice

**Q6: LEVEL OF KNOWLEDGE OF VITAMIN A AND DEPARASITANT**

No.	QUESTIONS	ANSWERS	CODES
Q6.1	Do you know what this product is called? (Vitamin A) (show the 2 types of vitamin A capsules or photo)	1= Yes 0= No	_____
Q6.2	Do you know what this product is for?	1= Prevents blindness/helps vision (see well) 2= Promotes growth 3= Protects against diseases 4=Protects against anemia 5=Reduces risk of death 6=Improves children's health 7=Gives appetite 8= Protects against polio 9= Treatment of intestinal worms 88= Don't know 99= Others _____	_____  multiple choice
Q6.3	At what age should children receive their first dose of vitamin A?	1= Less than 6 months 2= At 6 months 3= More than 6 months 88=Don't know 99=Other .....	_____
Q6.4	How many times a year should a child receive vitamin A?	1= 1 time 2= 2 times 3= 3 times 4= 4 times or more 88= Don't know	_____
Q6.5	From whom/where did you get your knowledge/information on vitamin A?	1=Health workers 2=Distributor/Community Relay 3=Radio/Television 99=Other .....	_____  multiple choice

<b>Q6.6</b>	Do you know what this product is called? (Deworming / Albendazole ) (show tablet or picture of deworming)	1= Yes 0= No	__
<b>Q6.7</b>	What is this product for (deworming/ albendazole)? (	1= Treatment of intestinal worms 2= Stomach pain 3= Protects against diseases 4= Protects against anemia 5=Improves children's health 6=Gives appetite 7= Protects against polio 8= Treatment of diarrhea 88= Don't know 99= Others_____	__ multiple choice
<b>Q6.8</b>	At what age should children receive this product for the first time?	1= Less than 12 months 2= At 12 months 3= More than 12 months 88= Don't know	__
<b>Q6.9</b>	How many times a year should a child receive the deworming?	1= 1 time 2= 2 times 3= 3 times 4= 4 or more times 88= Don't know	__
<b>Q6.10</b>	From whom/where did you get your knowledge/information on deworming?	1=Health workers 2=Distributor/Community Relay 3=Radio/Television 99=Other .....	__  multiple choice

**Q7: QUALITY OF VITAMIN A AND DEPARASITANT ADMINISTRATION ACTIVITIES.**

No.	QUESTIONS	ANSWERS	CODES
<b>Q7.1</b>	Did the vitamin A supplementation and deworming campaign take place in your locality?	1 = Yes 2= No	__
<b>Q7.2</b>	Have Distributor/Administrator Agents come to your house here?	1 = Yes 2= No	__
<b>Q7.3</b>	What did the Agent Distributor/Administrator tell you about the vitamin A he gave your children?  (Many possible responses )	1= Protect view 2= Growth 4= Good nutrition 5= Absent at the time of the passage 6= He didn't say anything 99= Other _____	__   __   __   __   __



<b>Q7.4</b>	What did the dispensing agent/administrator tell you about the deworming he gave to your children?  <i>(Many possible responses ;)</i>	1= Eliminate worms 2= Fight against anemia 4= Good nutrition 5= Absent at the time of the passage 6= He didn't say anything 99= Other _____	____
<b>Q7.5</b>	Is there any other information the distributor has given you	1=Yes 2=No	
<b>Q7.6</b>	If so why	IPC content	
<b>Q7.7</b>	Has the distributing agent/administrator marked your child's finger?	1= Yes 0= No	____
<b>Q7.8</b>	Has the distributor agent/administrator marked your household?	1= Yes 0= No 3= Don't know	____
<b>Q7.9</b>	Has the household been marked correctly? (Investigator observation)	1= Yes 0= No 8=Not Observable (Cleared)	____

**Q8: COVID QUESTIONS**

*SCRIPT: NOW I WILL ASK YOU SOME QUESTIONS ABOUT YOUR PERCEPTIONS OF THE COVID-19 CRISIS.*

No.	Questions	Answers
<b>Q8 Expanded COVID-19 Module: Information on COVID-19</b>		
<b>Q8.1</b>	In the last 14 months our country has been facing a disease due to the corona virus, do you know what it is?	1=Yes 2=No
<b>Q8.2</b>	Where do you primarily get information about COVID-19?	<ul style="list-style-type: none"> <li>- Television</li> <li>- Radio</li> <li>- Health workers</li> <li>- town criers</li> <li>- Griots</li> <li>- [Other additional answers following the pre-test]</li> </ul>
<b>Q8.3</b>	In your opinion, is [source] reliable? or are they reliable?	1=Yes 2=No
<b>Effects of COVID-19 on access to health services</b>		
<b>Q8.4</b>	During the 14 months (since the start of COVID-19) have you gone to the health facility (health centre) for care?	1=Yes → <a href="#">Q8.6</a> 2=No
<b>Q8.5</b>	If not why ?	1=Fear of contracting COVID disease 2=No family member was sick 3=No routine service was available 4=Lack of money 5=Lack of means of transport 6=Closure of the health facility 7=[Other additional answers following the pretest] 8=Other to be specified
<b>Perception and practices of barrier gestures</b>		
<b>Q8.6</b>	What are your main concerns regarding COVID-19?	1=My health and that of my family 2=Loss of job or income 3=Lack of food 4=Increase in crime in the community 5=No concern 6=Other, to be specified
<b>Q8.7</b>	In the last 14 months (since the start of COVID-19), does your household regularly practice:	

<b>Q8.7.1</b>	Hand washing with soap?	1=Yes 2=No
<b>Q8.7.2</b>	Eviction from public gatherings (weddings, funerals, etc.)?	1=Yes 2=No
<b>Q8.7.3</b>	Social distancing of at least 1 meter in public places?	1=Yes 2=No
<b>Q8.7.4</b>	Limiting travel?	1=Yes 2=No
	Wearing a mask?	1=Yes 2=No
<b>Q9 Food security module</b>		
<b>Q9.1</b>	<i>In the past 7 days, have you had to limit the number of daily meals in your cleaning because you did not have enough agent or food?</i>	1= Yes 2= No
<b>Q9.2</b>	<i>If yes, how many times in the past 7 days have you had to reduce the number of your meals?</i>	1= 1 to 2 days 2= 3 to 4 days 3= Beyond 4 days
<b>Q9.3</b>	<i>In the past 7 days, have you or any member of your household had to reduce the amount of food consumed during a meal for lack of means?</i>	1= Yes 2= No
<b>Q9.4</b>	<i>If yes, in the past 7 days, how many times have you had to reduce the number of your meals?</i>	1= 1 to 2 days 2= 3 to 4 days 3= Beyond 4 days
<b>Q9.5</b>	During the 14 last months (since the beginning of the COVID-19 crisis), have you or a member of your household could not eat certain foods that you prefer or prefer to eat?	1=Yes 2=No
<b>Q9.6</b>	If yes, which foods (do not read the answers)	1=Fruits rich in Vitamin A 2=Other fruit 3=Vitamin A rich vegetables 4=Other vegetables 5=Meat (chicken, mutton) 6=Fish 7=Eggs 8=Legume 9= Cereals 10=Candies, snacks 99=Other
<b>Q9.7</b>	Why couldn't you eat [list all foods mentioned]	1=Not available 2=Too expensive / can't afford it anymore

		3=[Other additional answers following the pretest]
<b>Effects of COVID-19 on household income</b>		
<b>Q9.8</b>	During the 14 last months, a member of your household lost his job or suffered a drop in income?	1=Yes 2=No
<b>Q9.9</b>	Do you think it was due to COVID-19	1=Yes 2=No

**Q10 The perception of sensitivity to anxiety related to COVID-19**

Q10.1	How concerned are you about the disease (contamination) COVID-19?	1= Not at all concerned 2= Not affected 3= Somewhat concerned 4=concerned 5=Very Concerned	
Q10.2	How worried are you about losing some or all of your income to COVID?	= Not at all concerned 2= Not affected 3= Somewhat concerned 4=concerned 5=Very Concerned	
Q10.3	How much do you care about not being able to buy food due to COVID-19?	= Not at all concerned 2= Not affected 3= Somewhat concerned 4=concerned 5=Very Concerned	
Q10.4	How worried are you about not being able to access health services for you or your family due to COVID-19?	= Not at all concerned 2= Not affected 3= Somewhat concerned 4=concerned 5=Very Concerned	

**Q11 Perception of government restrictions/advice**

	To what extent do you agree with the following statements?	1=Totally disagree 2= Agree 3=No opinion 4=Disagree not agree at all	
Q11.1	Through my actions, I can reduce the transmission of COVID-19 in my community	1=Totally disagree 2= Agree 3=No opinion 4=Disagree not agree at all	

Q11.2	The restrictions imposed by the government in my community to prevent COVID -19 are good for me <i>and my family</i>	1=Totally disagree 2= Agree 3=No opinion 4=Disagree not agree at all	
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**Q12 Effects of COVID-19 on VAS**

Q12.1	<p>During the last campaign, which takes place from [date] to [date], did you observe any of the following attitudes among the teams that came to your home to give vitamin A to your children:</p> <ul style="list-style-type: none"> <li>- Wear a mask that properly covers the mouth and nose?</li> <li>- Stay at least one meter away from you and other members of your household?</li> <li>- Wash hands/use hydroalcoholic solution before giving vitamin A</li> <li>- Wash hands/use hydroalcoholic solution after giving vitamin A</li> <li>- Clean the Shakir strip before and/or after your child's arm measurement?</li> </ul>	<p>1=Yes 2=No 88=Don't know</p> <p>1=Yes 2=No 88=Don't know</p> <p>1=Yes 2=No 88=Don't know</p> <p>1=Yes 2=No 88=Don't know</p> <p>1=Yes 2=No 88=Don't know</p>	
Q12.2	Would you be ready to have distributors visit your home to administer mass treatments to your child despite the Covid-19 crisis?	1=Yes <b>If yes → End</b> 2=No	
Q12.3	If not why ?	1=Fear of contracting COVID-19 2=Afraid that they will administer a vaccine against COVID-19 3= [other additional answers following the pre-test] 4=Other specify	

## Appendix 3: Child Questionnaire

<b>PECS SURVEY</b>
<b>CHILDREN'S QUESTIONNAIRE</b>

The information contained in this questionnaire is confidential. They are covered by statistical secrecy and can only be published in anonymous form in accordance with Law No. 2004-011 of March 30, 2004 on the organization of statistical activity in Niger.

### TO READ AT THE SURVEY

Hello Miss, Sir,

Hello Miss, Sir,

My name is "-----". We have come on behalf of the Department of Health to talk about child health in your community. With the support of Helen Keller International (HELEN KELLER INTL) and other partners, the government has provided vitamin A supplementation and deworming for the children for the past few days. We come to see how it went. We would like to ask you some questions about these health services.

These questions should only take a short time (30 minutes maximum). By participating, you will provide valuable information on how to improve health services in your area. You are free to choose to participate or not, you are also free to refuse to answer any of the questions. However, your opinion is very important in this study. Your answers will remain confidential. We do not collect any information that could identify you such as your name, address or telephone number. Do you want to participate? Yes (continue) No END

Household identification number:      *Type*      *Grappe*      *Ménage*

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### Q1: GENERAL INFORMATION

No.	QUESTIONS	ANSWERS	CODES
Q1.1	Stratum		_ _
Q1.2	Health region		_ _
Q1.3	Health district		_ _
Q1.4	locality		_ _
Q1.5	Area	1= rural 2= urban	_ _
Q1.6	ZD or cluster number		_ _

<b>Q1.7</b>	Household identification number		_ _ _ _
<b>Q1.8</b>	Investigator code		_ _ _
<b>Q1.9</b>	team code		_ _ _
<b>Q1.10</b>	Survey date	/_____/_____/_____/_____ (day month Year)	_ _ _ _
<b>Q1.11</b>	How many children aged 6-59 months live in your household? <i>Assign a number to each child from oldest to youngest</i>	Number of children: _____ (enter the number)	_ _

**Q2: VITAMIN A SUPPLEMENTATION**

No.	QUESTIONS	ANSWERS	Child 1	Child 2	Child 3	Child 4	Child no.
<b>Q2.0</b>	Child's name						
<b>Q2.1</b>	What is the sex of the child?	1=Male 2=Female					
<b>Q2.2</b>	What is the child's date of birth?	The date must be between June 10 and 13, 2021 (update according to the campaign date)					
	If no date of birth, ask for the age of the child in completed months	Using Event Calendar	_ _				
<b>Q2.3</b>	What is the source of this information?	1=Health record 2=Birth certificate 3=Calendar of events					
<b>Q2.4</b>	During the campaign from June 10 to 13, 2021 which has just ended, did the child receive vitamin A? (Show vitamin A capsules or photo)	1=Yes 0=No 88=Don't know					
<b>Q2.5</b>	Who gave the Vitamin A capsule to the child?	1=Distributor 2=Mother/father/guardian under the supervision of the distributor 3=The child himself under the supervision of the distributor					

		<p>4= Simply given to caregiver or child</p> <p>99= Other to be specified</p>					
<b>Q2.6</b>	What was the capsule cut with?	<p>1=Scissors</p> <p>2=Blade</p> <p>3=Teeth</p> <p>4=Nails</p> <p>5= Knife</p> <p>6= Did not cut the capsule</p> <p>88=Don't know/ Didn't see</p> <p>99=Other to specify</p>					
<b>Q2.7</b>	If yes where did he receive it (place)?	<p>1=Here at home</p> <p>2= At the house of the RCom /DBC</p> <p>3=Village health center</p> <p>4=At the health center in another village</p> <p>5=School/mosque/church</p> <p>6=Street/market</p> <p>7=Other place in village/neighbourhood</p> <p>8=Other place outside the village</p> <p>88=Don't know</p> <p>99=Other, specify</p>					
<b>Q2.8</b>	If not, why did the child not receive this product during this campaign?	<p>1= The child was absent</p> <p>2= Agents did not pass</p> <p>3= Agents are no longer ironed</p> <p>4= Not informed</p> <p>5=The child was sick</p> <p>6=Refusal</p> <p>7=lack of products</p> <p>8=Has not reached the age according to the respondent</p> <p>9=Has not reached the age according to the distributor</p> <p>10= Over the age according to the respondent</p> <p>11= Overage according to distributor</p>					



		88=Don't know/don't remember 99=Other, specify					
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**Q3: TIME ASSOCIATED WITH VAS SERVICES**

*Ask these questions if at least 1 child in the household received VAS during the last campaign.*

No.	QUESTIONS	ANSWERS	Child 1	Child 2	Child 3	Child 4	Child no.
Q3.1	Before receiving vitamin A, were you informed that the Community Relay / CBD would come to your home to supplement the child? (It was expected ?)	1=Yes 0=No → Q3.4					
Q3.30	Did you have to drop an activity while waiting for the Relay Communautaire / DBC?	1=Yes 0=No → Q3.4					
Q3.3	How long did you wait for the arrival of the Community Relay/DBC to supplement the child?	1=1 hour or less 2=2-3 hours 3=half a day 4=All day 99 = Other					
Q3.4	Did you receive any other services upon receipt of Vitamin A and deworming?	1=Yes 2=No → Next Section					
Q3.5	If yes, which ones ?	1=Screening of children for malnutrition 2=Information on children's diet 3=Treatment for a disease 4=Family planning 5=Child growth monitoring 6= Polio vaccine 99= Others					

**Q4: DEPARASITATION (Child from 12 to 59 months)**

Q4.1	During the campaign from June 10 to 13 , 2021 which has just ended, did the child receive the dewormer? (show a dewormer tablet or photo)	1=Yes 0=No No → Q4.5 88=Don't know → Next Section					
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<p><b>Q4.2</b></p>	<p>Who gave the deworming to the child?</p>	<p>1=Distributor                  2=Mother/father/guardian under the supervision of the distributor                  3=The child himself under the supervision of the distributor                  4= Simply given to caregiver or child                  99= Other to be specified</p>					
<p><b>Q4.4</b></p>	<p>If so where did he get it?</p>	<p>1=Here at home                  2= At the house of the RCom /DBC                  3=Village health center                  4=At the health center in another village                  5=School/mosque/church                  6=Street/market                  7=Other place in village/neighbourhood                  8=Other place outside the village                  88=Don't know                  99=Other, specify</p>					
<p><b>Q4.5</b></p>	<p>If not, why did the child not receive this product during this campaign?</p>	<p>1= The child was on a trip                  2= Agents did not pass                  3= Agents are no longer ironed                  4= Not informed of the reason for non-administration                  5=The child was sick                  6=Refusal,                  7=Lack of products                  8=Don't know/don't remember                  9=8=Has not reached age according to respondent                  9=Has not reached the age according to the distributor                  10= Over the age according to the respondent                  11= Overage according to distributor</p>					

		99=Other, specify					
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**Q5: INTERVIEWER/MARKING OBSERVATION**

<b>Interviewer Observation (Optional question if country strategy includes tagging)</b>							
<b>Q5.1</b>	Did the interviewer see the child during the visit?	1=Yes 0=No					
<b>Q5.2</b>	the child marked on the left little finger?	1=Yes 0=No					
<b>Q5.3</b>	Has the cleaning been marked by the distributors?	1=Yes 0=No					

## Annex 4: Relay/community distributors questionnaire

COVERAGE SURVEY



### QUESTIONNAIRE Community Relay/CBD

The information contained in this questionnaire is confidential. They are covered by statistical secrecy and can only be published in anonymous form in accordance with Law No. 2004-011 of March 30, 2004 on the organization of statistical activity in Niger.

#### TO READ AT THE SURVEY

Hello Miss, Sir,

My name is \_\_\_\_\_, We came on behalf of the Ministry of Health. We are researching the health services provided by your health center on vitamin A supplementation in children. We would like to ask you some questions about these health services. The questions should only last a short time (15-20 minutes). Your opinion will help plan health activities in your community for mothers and children.

You are free to choose to participate or not, you are also free to refuse to answer any of the questions. However, your opinion is very important in this study. Your answers will remain confidential. Do you want to participate? Yes (continue)  No END

Please ensure that the health worker has participated in the campaign before starting the questionnaire

#### Q1: GENERAL INFORMATION

No.	QUESTIONS	ANSWERS	CODES
Q1.1	Stratum		_
Q1.2	Health region		_
Q1.3	Health district		_
Q1.4	locality		_
Q1.5	Health area / health center		_
Q1.6	Type of health facility (CSI type I, CSI type II)		_
Q1.7	Area	1= rural 2= urban	_
Q1.8	ZD or cluster number		_
Q1.9	Investigator code		_ _
Q1.10	team code		_ _
Q1.11	Survey date	/ _ / _ / _ / _  (day month Year)	_ _ _

**Q2: RESPONDENT PROFILE**

No.	QUESTIONS	ANSWERS	CODES
Q2.1	Sex	1=Male 2=Female	__
Q2.2	Are you educated?	1=Yes 2=No → Q2.3	__
Q2.2. has	If yes ? what kind of schooling	1=French school 2=Medersa (Koranic School) 3=Literacy □ Q2. 3	__
Q2.2.c	What is your level of school education?	1=Fundamental 2=Secondary 3=Higher	__
Q2.2	Your level of education	1= No schooling 2= Primary (including maderssa ) 3= Secondary <sup>1st</sup> cycle 4= <sup>Upper</sup> secondary 5= Superior	__
Q2.3	How long have you been an ASC?	_____ (in years)	__

**Q3: KNOWLEDGE ABOUT VITAMIN A AND VITAMIN A SUPPLEMENTATION**

No.	QUESTIONS	ANSWERS	CODES
Q3.1	Did you receive training on vitamin A during the last campaign?	1= Yes 0= No (If no → Q3.6)	__
Q3.2	How many people attended the training?	1= less than 10 2= 10 to 20 3= 21 to 30 4= Over 30 99=Others	__
Q3.3	How long did the training on the campaign last?	1=Less than half a day 2=Half a day 3=One day 4=Two days 5=Other	__
Q3.3. has	Place of training?	1 = Closed room 2 = Free air	__
Q3.3. b	Did the training include information about COVID-19?	1= yes 0 = No	__
Q3.3. vs	If so why ?	1 = Wearing a mask? 2 = physical distancing? 3 = Hand washing with soap? 4 = Use of hydro alcoholic gel? 5 = Wash hands before administering vitamin A and deworming?	__
Q3.4	Were you paid during the training?	1=Yes 0=No → Q3.6	__
Q3.5	If yes, how much did you receive?		__

No.	QUESTIONS	ANSWERS	CODES
Q3.6	What are the benefits of vitamin A?	1= Prevent disease 2= Encourage growth 3= Prevent blindness/promote vision 4= Improve health 5= Reduce the risk of death 6= Prevent anemia 7= Increase appetite 88= Don't know, don't remember 99= Other, specify _____	__
Q3.7	At what age should children receive vitamin A for the first time?	1= At birth 2= At 6 months 3= At 9 months 4= At 1 year 88= I don't know 99= Other, specify _____	__
Q3.8	How often should children 6-59 months receive vitamin A supplementation?	1= Every 3 months 2= Every 6 months 3= Every 12 months 4= Every day 88= I don't know 99= Other, specify _____	__
Q3.9	What is the dose of vitamin A for children 6-11 months?	1= One blue capsule 100,000 IU 2= One red capsule 200,000 IU 3= Half of the blue capsule 100,000 IU 4= Half of the 200,000 IU red capsule 88= I don't know 99= Other, specify _____	__

No.	QUESTIONS	ANSWERS	CODES
Q3.10	What is the dose of vitamin A for children 12-59 months?	1= One blue capsule 100,000 IU 2= One red capsule 200,000 IU 3= 2 blue capsules 100,000 IU 4= 2 red capsules 200,000 IU 88= I don't know 99= Other, specify _____	__
Q3.11	Where did you get this information about vitamin A?	1= MSP documents 2= local NGO 3= Continuous training 4= TV/Radio/Newspapers	__

		5= Poster, leaflet, technical sheet 6= Colleagues 88= Don't know 99= Other, specify	
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**Q4: KNOWLEDGE ON DEPARASITATION**

No.	QUESTIONS	ANSWERS	CODES
Q4.4	What are the benefits of deworming?	1= Treatment of intestinal worms 2= Stomach pain 3= Protects against diseases 4= Protects against anemia 5=Improves children's health 88= Don't know 99= Others	__
Q4.5	At what age should children be given the dewormer for the first time?	1= Less than 6 months 2= At 6 months 3= At 1 year 4= More than 1 year old 88= I don't know 99= Other, specify	__
Q4.6	How often should children be given the dewormer?	1= Every 3 months 2= Every 6 months 3= Every 12 months 4= Every day 88= I don't know 99= Other, specify	__
Q4.7	Where did you get the information about deworming?	1= MS documents 2= local NGO 3= Continuous training 4= TV/Radio/Newspapers 5= Poster, leaflet, technical sheet 6= Colleagues 88= Don't know 99= Other, specify	__

**Q5: QUALITY OF CAMPAIGN ACTIVITIES**


No.	QUESTIONS	ANSWERS	CODES
Q5.1	For how many days did you participate in the campaign in your district?	_____ (in days)	__
Q5.2	Approximately how many times per day did you participate in the campaign in your village?	1=1 hour or less 2=2-3 hours 3=half a day 4=All day 99= Other	__
Q5.3	Can you name the elements distributed/acts done during the last campaign?	1= Deworming tablet 2= Vitamin A capsules 3= Polio vaccine 4= Other vaccines 99= Other_____	__
Q5.4	What role did you play during the campaign?	1= Social mobilization	__

No.	QUESTIONS	ANSWERS	CODES
		2= Distribution of Vit A/Deparasitant 3= Recording 4= Collect data 5= Malnutrition screening 99= Other _____	
Q5.5	Were there any problems with the vitamin A supply during the campaign?	1= Yes 0= No	___
Q5.6	If so what are these issues?	1= supply delay 2= insufficient inputs 99= others to be specified	
Q5.7	, Have these issues been resolved?	1= Yes 0= No 88= Don't know	___
Q5.8	Were there any problems with the supply of deworming during the campaign?	1= Yes 0= No	___
Q5.9	If so, what are these problems?	1=Insufficient quantities of capsules 100,000 IU 2=Insufficient quantities of capsules 200,000 IU 3=Delay in supplying health facilities from the district 4=Delay in supplying distributors from health facilities 5=Distribution problem at team or CSI level 88=I don't know 99=Other	
Q5.10	Have these issues been resolved?	1= Yes 0= No 3= Don't know	___
Q5.11	Did a supervisor visit you during the campaign?	1= Yes 0= No	___
Q5.12	What challenges did you encounter while implementing COVID-19 protective measures during the campaign?	1 = Insufficient personal protective equipment? 2 = Inability to maintain appropriate physical distancing of 1-2 sec during administration? 3 = difficulty washing hands before giving vitamin A and deworming? 4= difficulties in using hydro alcoholic gel before giving vitamin A and deworming? 4 = Mask use and/or face covering? 99 = other, specify	



No.	QUESTIONS	ANSWERS	CODES
Q5.13	How do you think the campaign could be improved in your locality?	1= Media campaigns 2= Sensitization of heads of household 3= Better coordination between community and health staff 4= Ensure a sufficient and prompt supply of Vit A and a deparasitant 5= Regular training for Agents 6= Motivation of health workers 7= The motivation of community relays and volunteers 88= Don't know 99= Other to be specified_____	____

## Appendix 5: Health worker questionnaire

<h1 style="margin: 0;">PECS SURVEY</h1> 
<h2 style="margin: 0;">HEALTH WORKER QUESTIONNAIRE</h2>

The information contained in this questionnaire is confidential. They are covered by statistical secrecy and can only be published in anonymous form in accordance with Law No. 2004-011 of March 30, 2004 on the organization of statistical activity in Niger.

## TO READ AT THE SURVEY

Hello Miss, Sir,

My name is \_\_\_\_\_, We are researching the health services provided by your health center on vitamin A supplementation and deworming in children. We would like to ask you some questions about these health services. The questions should only last a short time (15-20 minutes). Your opinion will help plan health activities in your community for mothers and children.

You are free to choose to participate or not, you are also free to refuse to answer any of the questions. However, your opinion is very important in this study. Your answers will remain confidential. Do you want to participate? Yes (continue)  No END

## Q1: GENERAL INFORMATION

No.	QUESTIONS	ANSWERS	CODES
Q1.1	Stratum		_ _
Q1.2	Health region		_ _
Q1.3	Health district		_ _
Q1.4	locality		_ _
Q1.5	Health area / health center		_ _
Q1.6	Area	1= urban 2= rural	_ _
Q1.7	ZD or cluster number		_ _
Q1.8	Investigator code		_ _ _
Q1.9	team code		_ _ _
Q1.10	Survey date	/____/____/____/ (day month Year)	_ _ _ _

## Q2: RESPONDENT PROFILE

No.	QUESTIONS	ANSWERS	CODES
Q2.1	Sex	1=Male 2=Female	_ _
Q2.2	What is your function/qualification in the health facility?	1=Nurse (ASB and TSSI ) 2=Doctor	_ _

		3 = Midwife/TSSO 4=Community Health Worker 5= Laboratory assistant 6= Social Worker 99= Other, specify	
<b>Q2.3</b>	How many years of experience do you have in healthcare in general?	_____ (in years)	__

**Q3: KNOWLEDGE ABOUT VITAMIN A AND VITAMIN A SUPPLEMENTATION**

No.	QUESTIONS	ANSWERS	CODES
<b>Q3.1</b>	What are your sources of information on vitamin A?	1= MSP documents 2= local NGO 3= Continuous training 4= Television/Radio/Newspapers 5= Poster, leaflet, technical sheet 6= internet 7= Colleagues 8= At school 88= Don't know 99= Other, specify	__
<b>Q3.2</b>	Have you received training on vitamin A?	1=Yes 0=No Nope → Q3.7	__
<b>Q3.3</b>	How many people attended the training?	1= less than 10 2= 10 to 20 3= 21 to 30 4= Over 30 99= other	__
<b>Q3.3</b>	How long ago did you last receive Vitamin A training?	1=Less than 3 months 2=3 to 6 months 3=7 to 12 months 4=More than 1 year 5= I don't remember	__
<b>Q3.4</b>	How long did the Vitamin A training take?	1=Less than half a day 2=Half a day 3=One day 4=Two days 99=Others	__
	Place of training ?	1 = Closed room 2 = Free air	__
	Did the training include information on COVID 19	1=Yes 0=No	__
	If so why	1= Wearing a mask 2= Social distancing	__

		3= hand washing with soap 4= use of hydro alcoholic gel 5= Hand washing with soap before giving Vitamin and Deparasitant	
<b>Q3.5</b>	Did you receive per diems for your time during the training?	1=Yes 0=No → Q3.7	
<b>Q3.6</b>	If yes, how much did you receive?		
<b>Q3.7</b>	What are the benefits of vitamin A?	1= Prevent disease 2= Encourage growth 3= Prevent blindness/promote vision 4= Improve health 5= Reduce the risk of death 6= Prevent anemia 7= Increase appetite 88= Don't know, can't remember 99= Other, specify	__
<b>Q3.8</b>	At what age should children receive vitamin A for the first time?	1= At birth 2= 0 to 5 months 3= At 6 months 6= 7 to 9 months 4= 10 months or more 88= I don't know	__

No.	QUESTIONS	ANSWERS	CODES
<b>Q3.9</b>	How often should children 6-59 months receive vitamin A supplementation?	1= During campaigns 2= Every month 3= Every 3 months 4= Every 6 months 5= Every 12 months 88= I don't know 99= Other, specify _____	__
<b>Q3.10</b>	What is the dosage of vitamin A for children 6-11 months?	1= One blue capsule 100,000 IU 2= One red capsule 200,000 IU 3= Half of the blue capsule 100,000 IU 4= Half of the 200,000 IU red capsule 88= I don't know 99= Other, specify _____	__
<b>Q3.11</b>	What is the vitamin A dosage for children 12-59 months?	1= One blue capsule 100,000 IU 2= One red capsule 200,000 IU 3= 2 blue capsules 100,000 IU 4= 2 red capsules 200,000 IU 88= I don't know	__

		99= Other, specify _____	
<b>Q3.12</b>	Do you have material (IEC/CCC) that talks about Vitamin A?	1= Yes 0= No → End of section	<input type="checkbox"/>
<b>Q3.13</b>	Which IEC materials did you use during the last campaign?	1= Picture box 2= Pagi volte 3= Images from the Training Module 4= Vitamin A Poster 5= Data sheet (Aide-mémoire) 6= Advice card 99= Other, specify _____	<input type="checkbox"/>

**Q4: KNOWLEDGE ON DEPARASITATION**

No.	QUESTIONS	ANSWERS	CODES
<b>Q4.1</b>	What are your sources of information on deworming?	1= MSP documents 2= local NGO 3= Continuous training 4= Television/Radio/Newspapers 5= Poster, leaflet, technical sheet 6=Internet 7= Colleagues 8= At school 88= Don't know 99= Other, specify	<input type="checkbox"/>
<b>Q4.20</b>	Have you received training in deworming?	1=Yes 0=No → Q4.3	
<b>Q4.2</b>	How long ago did you last receive deworming training?	1=Less than 3 months 2=3 to 6 months 3=7 to 12 months 4=More than 1 year 5= I don't remember	<input type="checkbox"/>

No.	QUESTIONS	ANSWERS	CODES
<b>Q4.3</b>	What are the benefits of deworming?	1= Treatment of intestinal worms 2= Stomach pain 3= Protects against diseases 4= Protects against anemia 5=Improves children's health 88= Don't know 99= Others _____	<input type="checkbox"/>
<b>Q4.4</b>	At what age should children be given the dewormer for the first time?	1= Less than 6 months 2= 6 to 11 months 3= At 1 year 4= More than 1 year old 88= I don't know 99= Other, specify	<input type="checkbox"/>
<b>Q4.5</b>	How often should children be given the dewormer?	1= During campaigns 2= Every 3 months 3= Every 6 months 4= Every 12 months 88= I don't know 99= Other, specify _____	<input type="checkbox"/>
<b>Q4.6</b>	Do you have material (IEC/CCC) that talks about deworming?	1= Yes 2= No → End of section	<input type="checkbox"/>

Q4.7	Which IEC materials did you use during the last campaign?	1= Picture box 2= Pagi volte 3= Images from the Training Module 4= Poster on deworming 5= Data sheet (Aide-mémoire) 6= Advice card 99= Other, specify _____	__
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**Q5: QUALITY OF CAMPAIGN ACTIVITIES**

No.	QUESTIONS	ANSWERS	CODES
Q5.1	For how many days did you participate in the campaign in your District?	_____ (in days)	__
Q5.1b	Approximately how long per day?	1=1 hour or less 2=2-3 hours 3=half a day 4=All day 99= Other	
Q5.2	How much did you receive as per diem per day of work?	_____ (in FCFA/day)	__
Q5.3	What role did you play during the campaign?	1= Social mobilization 2= Distribution of Vit A/ Deworming 3= Recording 4= Supervisor 5= Compile data 6= Malnutrition screening 7= Logistician 8= Coordination 99= Other _____	__
Q5.4	Were there any problems with the supply (or shortage) of vitamin A during the campaign?	1= Yes 0= No → Q5.8	__
Q5.5	If yes, what kind of problems did you encounter?	1=Insufficient quantities of capsules 100,000 IU 2=Insufficient quantities of capsules 200,000 IU 3=Delay in supplying health facilities from the district 4=Delay in supplying distributors from health facilities 5=Distribution problem at team or CSI level 88=I don't know 99=Other	__
Q5.6	If YES, have these issues been resolved?	1= Yes	__

		0= No 3= Don't know	
<b>Q5.7</b>	After how long was the out of stock issue resolved?	1=30 minutes or less 2=1 hour 3=2-3 hours 4=Half a day 5=All day 6= 1 day after 7=More than a day later 99=Other	

No.	QUESTIONS	ANSWERS	CODES
<b>Q5.8</b>	Were there any problems with the supply (or shortage) of deworming during the campaign?	1= Yes 0= No → End of section	__
<b>Q5.9</b>	If yes, what kind of problems did you encounter?	1=Insufficient quantities of Albendazole tablets ? 2=Delay in supplying health facilities from the district 3=Delay in supplying distributors from health facilities 4=Distribution problem at team or CSI level 88=I don't know 99=Other	
<b>Q5.10</b>	If YES, have these issues been resolved?	1= Yes 0= No 3= Don't know	__
<b>Q5.11</b>	After how long was the out of stock issue resolved?	1=30 minutes or less 2=1 hour 3=2-3 hours 4=Half a day 5=All day 6= 1 day after 7=More than a day later 99=Other	
<b>Q5.12</b>	What difficulties did you encounter when implementing protective measures against COVID 19	1 = Insufficient personal protective equipment? 2 = Unable to maintain appropriate physical distancing of 1-2m when administering? 3 = difficulty washing hands before giving Vitamin A and deworming?	

		4= difficulties in using the hydroalcoholic gel before giving Vitamin A and deworming? 4 = Mask use and/or face covering? 5 = Compliance with barrier measures slows team progress 99 = other, specify	
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*thanks for your help*



## Annex 5: Focus Group community relays/distributors

FOCUS GROUP MAINTENANCE GUIDE		
Release 1	<b>Rcom GUIDE</b>  <i>Addressed to Community Relays</i>	September 2021

No.	QUESTIONS	ANSWERS	CODES
Q1.1	Stratum	1= Stratum1 2= Stratum2	____
Q1.2	Health district		____ ____

### I- Presentation of participants

- 1- Names, age, function, number of years of experience, place of residence, place of work, school level.
- 2- How long have you been involved in Vitamin A supplementation and Deworming activities?

### II- SVAD training and activities

- 3- At Classes of the 12 last \_\_ \_\_ me s , what role do you have \_\_ \_\_ \_\_ play during of the a cti v ities of nutrition \_\_ \_\_
- 4- In the past 12 months, what role have you played in vitamin A supplementation and deworming activities for children?
- 5- For this campaign, have you been trained in vitamin A supplementation and deworming? could you briefly describe the content of this training? If so, what training materials did you receive? ya you he had any special measures during this training? if so which ones and why?
- 6- Explain to us the communication strategy that has been put in place for the VAS and specifically in the context of COVID 19?
- 7- How do parents perceive the SVAD campaign in the context of COVID 19? (Attitudes, social and cultural perceptions?)
- 8- Describe SVAD work experience. (Working methods and materials, medical precautions, procedures, number of households visited, hours, language of communication.)
- 9- Describe your relationship with household members during the administration of the SVAD?
- 10- What specific nutrition advice do you give to mothers (parents)?

### **III- Difficulties encountered in community mobilization activities (personal, institutional and community)**

- 11- What are the major challenges you face in the context of community mobilization activities (Personal and Community difficulties)?
- 12- What were the limits? (Difficulties encountered) What has not been taken into account?
- 13- What are the reasons why children in your area have not benefited from Vitamin A supplementation and deworming?

### **IV- ACHIEVEMENTS and Points to be improved in the next campaigns**

- 14- For you, what were the successes of this SVAD campaign?

### **V- Main suggestions**

- 15- What are your main suggestions for helping to improve infant health through the administration of Vitamin A and deworming?
- 16- Your suggestions for improving future campaigns

### **VI- Perception, practices, effects, of COVID-19**

- 17- How did you learn about COVID-19?
- 18- Have you been afraid of this disease? If yes, why ? If not why ?
- 19- How is COVID-19 transmitted?
- 20- What barrier measures are recommended for COVID-19?
- 21- What are the signs of COVID-19 that you know?
- 22- What are your main concerns regarding COVID-19? Why ?
- 23- Would you be willing to get vaccinated against covid-19? Why ?
- 24- What provisions do you adopt against COVID-19 in the exercise of your function? Why ?
- 25- How do you apply the barrier measures against COVID-19 to this current campaign?
- 26- How can you reduce the transmission of COVID-19? How do you think we can fight COVID?
- 27- Has COVID-19 had an impact on SVAD's community distribution activity in your locality? How ?
- 28- Has COVID-19 impacted community health activities in your locality? How ?
- 29- Has COVID-19 had an impact on your other activities (economic, social, cultural, etc.)? How ?
- 30- In your opinion, how can we cure COVID-19?

**Thank you for your collaboration.**

**Appendix 4: Focus Group Mothers/Fathers**

<b>INTERVIEW GUIDE WITH THE PARENTS OF CHILDREN (MOTHERS/FATHERS)</b>		
<b>Release 1</b>	<b>GUIDE</b>	<b>September 2021</b>

No.	QUESTIONS	ANSWERS	CODES
Q1.1	Stratum	1= Stratum1 2= Stratum2	____
Q1.2	Health district		____ ____

**I- Presentation of participants**

31- Names, age, function, place of residence, school level, number of children under 5 years old.

**II- Knowledge of SVAD**

- 32- In the past 12 months (last year), how often have you been visited by vitamin A and deworming agents? How many times did your children receive vitamin A and deworming?
- 33- From what age can your children receive deworming and vitamin A?
- 34- What is Vitamin A? what is its importance?
- 35- What is the dewormer? what is its importance?
- 36- In your opinion, has the vitamin A/deworming that your child(ren) receives contributed to improving his/her/their health?
- 37- What changes have you observed in the health of your child(ren) since he/they received vitamin A/Deworming ?
- 38- Are the children able to swallow the deworming tablets easily? If not why ?
- 39- Does the child manage to swallow vitamin A easily?
- 40- What do you mean by gender equality between men and women?

**III- Access to health care:**

- 41- Tell us about your visits to health centers (distance from the nearest health center, frequency of visits, time to get there (in minutes)?)
- 42- Is there free care for children from 0 to 59 months in your locality? Explain?
- 43- Are pharmaceuticals available for children 0-59 months in your area, Explain?
- 44- During the last 12 months, what was the frequency of health procedures for children (weighing of children, vaccinations of children)?
- 45- Give us the reasons for the non-attendance of health centers?
- 46- What is your level of satisfaction with the reception of staff? care management?
- 47- What are the main difficulties encountered during hospital visits?

**IV- Communication and quality of activity implementation**

- 48- How do you get information about health activities in your community?
- 49- How do you get information from the SVAD campaign?

- 50- How do you get the information about deworming and vitamin A?
- 51- How do you get information about the child's health?
- 52- How do you get information on vaccinations?
- 53- How do you get the mother's health information?
- 54- How would you describe your relationship with health workers during SVAD?

**V- Attitudes and practices**

- 55- How often do you use the dewormer? vitamin A?
- 56- If you were asked to go to the health center every 6 months to pick up vitamin A and deworming to give to your children, would you do it?
- 57- Are your husbands involved in SVAD activities? (When the agents arrive, are your husbands interested in asking them?) Ask mothers only.
- 58- For Men: Are you involved in SVAD activities? If yes, how ?
- 59- Who decides whether your children are sent to the health centre?
- 60- Since you received these products have you noticed an improvement in the health of your children?
- 61- How much do you pay for deworming and vitamin A?

**VI- Level of knowledge: impacts, possible effects of COVID-19**

- 62- How did you learn about the existence of COVID-19?
- 63- How do you think people get COVID-19?
- 64- List the signs of COVID-19 that you know.
- 65- What barrier measures are recommended to protect against COVID-19?
- 66- How do you think we can fight COVID-19?
- 67- In your opinion, can we cure COVID? If yes, how ?
- 68- During the last 12 months (since the beginning of COVID-19), what are the gestures and attitudes that your household practiced regularly with regard to COVID -19?
- 69- During the last campaign, which took place from [date] to [date], what gestures and attitudes did you observe among the teams that came to your home to give vitamin A and deworming to your children?
- 70- Have you been to hospital (health center, private clinic) for care since the onset of COVID -19? Why ?
- 71- Would you agree to your children receiving vitamin A despite covid-19? Why ?
- 72- Do you think that the agents who came to your home took the appropriate measures to avoid contamination of your children? If so, which ones if not, what else would you suggest?
- 73- Would you be willing to get vaccinated against covid-19? Why ?
- 74- Has COVID-19 had an impact on the level of usual hospital/health center attendance by mothers and their children in your locality? How ?
- 75- Has COVID-19 had an impact on your activities (agricultural, commercial, economic, social, cultural, etc. )? How ?

**VII- Hints**

- 76- What do you think we can do to ensure that your children always have vitamin A supplementation and deworming?
- 77- Do you have any questions for us?

**Acknowledgments and end**

**Annex 6: District/DRSP staff survey**

<b>DISTRICT STAFF SURVEY</b>		
Release 1	Quiz <i>Addressed to District Agents (District management team)</i>	September 2021

**TO READ AT THE SURVEY**

Dear Sir/Madam, My name is (name of interviewer) I work for Helen Keller Intl .

By carrying out this survey, we would like to obtain some information regarding the implementation of the vitamin A supplementation project, the difficulties encountered and your suggestions for improving the project in order to achieve the objectives on time.

The information contained in this questionnaire is confidential. They are covered by statistical confidentiality and can only be published in anonymous form in accordance with law n° 2004-011 of March 30, 2004 on the organization of statistical activity in Niger.

Your participation is voluntary, you are free to refuse to answer any of the questions. But we sincerely hope that you will take part in this survey, the results of which will make it possible to improve vitamin A supplementation and deworming activities for children aged 6 to 59 months.

**INSTRUCTIONS**

Respondents must be strictly district health executives who have worked in the health district for one (01) year and more.

Specific tool instructions have been given in bold.

Type the answers in the space provided. Provide as much information as possible and necessary.

**GENERAL INFORMATION**

No.	QUESTIONS	ANSWERS	CODES
Q1.1	Health region		__
Q1.2	Health district		__
Q1.8	Investigator code		__ __

Q1.9	Supervisor code		_ _
Q1.10	Survey date	/_ _ /_ _ /_ _ /  (day month Year)	_ _ _ _ _ _

## QUESTIONS

### I- Evaluation of coverage during the distribution of Vitamin A and deworming to children from 06 to 59 months in Niger.

1. What is the rate of coverage of VAS and Deworming for the July 2021 JNM campaign?
2. Which localities are concerned, covered and which are not within your district? Why ? (The reasons for the non-coverage in the cited localities).
3. How do you assess your involvement in this SVAD program?

### II- Proportion of girls and boys aged 06 to 59 months who did not receive SVAD during the JNM in July 2021

4. What is the proportion of girls and boys aged 06 to 59 months who did not receive SVAD during the SVAD campaign? Why ?
5. How do you handle this situation?

### III- Level of knowledge of parents and health workers and relays on the benefit of SVAD

6. What interest do parents have in this SVAD program? Why ? or What importance do parents give to SVAD? (Describe their attitudes and behaviors).

### IV- Reasons for not administering SVAD

7. What are the main reasons for non-administration of SVAD in your district? (Political, economic, cultural and social reasons etc.)

### V. Communication strategy used for the SVAD program for children aged 6 to 59 months: strengths and weaknesses

8. What is the role of the communication committee during this SVAD campaign?
9. What communication strategy was used during the JNM campaign? (Planning, coordination meetings etc.)

10. What means of communication are used? (Communication media, media used, languages spoken, etc.)
11. What communication activities are implemented during the distribution of the SVAD? (Number of campaigns planned, respected, dates etc.).
12. What are the constraints related to the communication strategy for this SVAD campaign?
13. What are the strengths of this communication strategy?

#### **VI. Strengths, weaknesses, constraints and lessons learned in the SVAD program**

14. What factors contributed to the success of this project?
15. What weaknesses were identified during the distribution of the SVAD?
16. What lessons learned during the distribution of the SVAD?.

#### **VII. Level of knowledge of the population on covid-19 within the framework of the SVAD and preventive measures of COVID-19 within the framework of the SVAD**

17. What are the attitudes and representations of the population on COVID-19?
18. What are the population's perceptions of COVID-19 with regard to the use of health facilities?
19. What are the public's perceptions of COVID-19 in the context of this SVAD program?
20. What are the preventive measures against COVID-19 within the framework of the SVAD on the use of health services? for health workers?
21. What are the preventive measures against COVID-19 for the population concerned?

#### **VIII. Effects of covid-19 in the context of SVAD.**

22. Identify the effects of covid-19 in the context of SVAD on the use of health services.
23. Identify the effects of COVID-19 within the framework of the SVAD on accessibility to households.

#### **IX. Proposals for actions to improve the activities of the SVAD**

24. What suggestions should be made with a view to improving the activities of the SVAD?

## Annex 7: Helen Keller-Unicef interview guide

<b>SURVEY WITH HELEN KELLER AND UNICEF</b>		
<b>Release 1</b>	<b>INTERVIEW GUIDE HELEN KELLER-UNICEF</b>	<b>September 2021</b>

### V- Evaluation of coverage during the distribution of vitamin A and deworming to children from 06 to 59 months in Niger

QUESTIONS	ANSWERS
How do you assess the coverage rate of the SVAD campaign for children aged 06 to 59 months?	

### VI- Communication strategy used for the SVAD program for children aged 6 to 59 months: strengths and weaknesses

QUESTIONS	ANSWERS
<p>What communication strategy is used during the distribution of children from 06 to 59 months within the framework of the SVAD? (Explain activities, plan, communication materials)</p> <p>What are its strengths?</p> <p>What are its weaknesses?</p>	

### VII- Reasons for not administering SVAD

QUESTIONS	ANSWERS
What are the reasons for non-administration of SVAD?	

### VIII- Contribution to SVAD programs for children from 06 months to 59 months

QUESTIONS	ANSWERS
<p>What is your contribution to the SVAD programs for children from 06 to 59 months in Niger?</p> <p>What is your level of involvement in the activities of this program?</p>	



**IX- Level of knowledge of the population on covid-19 within the framework of the SVAD.**

QUESTIONS	ANSWERS
What are the attitudes and representations of the population on COVID-19?	
What are the population's perceptions of COVID-19 with regard to the use of health facilities?	
What are the population's perceptions of COVID-19 as part of this program?	

**X- Effects of covid-19 in the context of SVAD.**

QUESTIONS	ANSWERS
What are the effects (negative or positive aspects) of COVID-19 on the SVAD program?	

**XI- Preventive measures for COVID-19 within the framework of the SVAD.**

QUESTIONS	ANSWERS
What are the preventive measures taken against COVID-19 as part of the SVAD campaign?	

**XII- Strengths of the SVAD project**

QUESTIONS	ANSWERS
What are the strengths of the SVAD project?	

**XIII- Weaknesses and constraints of the SVAD project**


QUESTIONS	ANSWERS
What are the weaknesses of the SVAD project?	

**XIV- Proposals for actions to improve the activities of the SVAD**

QUESTIONS	ANSWERS
What are the strategies to be implemented in order to improve the activities of the SVAD?	

Thank you for your collaboration.

**Annex 6: Monitoring and quality control form for supervisors**

<h1 style="margin: 0;">PECS SURVEY</h1>	
<h2 style="margin: 0;">Monitoring and Quality Control Form for Supervisors</h2>	

The information contained in this questionnaire is confidential. They are covered by statistical secrecy and can only be published in anonymous form in accordance with Law No. 2004-011 of March 30, 2004 on the organization of statistical activity in Niger.

**TO READ AT THE SURVEY**

Hello Miss, Sir,

My name is \_\_\_\_\_, We have come on behalf of the Ministry of Health to come and check the quality of the work carried out in the field during the campaign for the distribution of vitamin A and children aged 6-59 months.

**GENERAL INFORMATION**

QUESTIONS	ANSWERS	CODES	QUESTIONS	ANSWERS	CODES
Stratum		_ _	ZD or cluster number		
Health region		_ _	Household number (1 to n)		
Health district		_ _	Investigator code		
locality		_ _	team code		
Area (U= urban R= rural)		_ _	Survey date	_ / _ / _ _  (day month Year)	

**Q: QUALITY CONTROL**

Household identification number:

<i>Type</i>	<i>Grappe</i>	<i>Ménage</i>							
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">E</td> <td style="width: 20px; height: 20px; text-align: center;">C</td> </tr> </table>	E	C	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
E	C								

<b>I1</b>	How many children aged 6-59 months live in your household?	Number of children: _____ (enter the number)	_ _
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**If multiple children in the household, collect information for only one child**

**Q8: VITAMIN A SUPPLEMENTATION & DEPARASITIZATION**

No.	QUESTIONS	ANSWERS	CODED
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Child code/rank (1 to n) from smallest to largest			_____
<b>Q8.0</b>	Child's name		
<b>Q8.1</b>	What is the sex of the child?	1=Male 2=Female	_____
<b>Q8.2</b>	What is the child's date of birth?	The date must be between 2015	_____ _____ _____
<b>Q8.3</b>	What is the source of this information?	1=Health record 2=Birth certificate 3=Calendar of events	_____

No.	QUESTIONS	ANSWERS	CODED
<b>Q8.4</b>	During the campaign from June 10 to 13, 2021 which has just ended, did the child receive vitamin A?? (Show vitamin A capsules or photo) If so where did he get it?	Vitamin A 1=Yes 0=No 3=Don't know	_____
<b>Q84b</b>		Venue 1=Here at home 2=Health Center 3=Street/market 4=School/Church/Mosque 5=Don't know 6=Other, specify	_____
<b>Q8.5</b>	If not, why did the child not receive this product during this campaign?	1= the child was absent 2= agents did not pass 3= agents are no longer ironed 4= not informed 5=the child was sick 6=refusal, 7=lack of products 88=don't know/don't remember 99=Other, specify	_____
<b>Q8.6</b>	During the campaign from June 10 to 13, 2021 which has just ended, did the child receive the dewormer? (Show a pill or photo of dewormer) If so where did he get it?	Deworming 1=Yes 2=No 3=Don't know	_____
<b>Q8.6b</b>		Venue 1=Here at home 2=Health Center 3=Street/market 4=School/Church/Mosque 88=Don't know 99=Other, specify	_____
<b>Q8.7</b>	If not, why did the child not receive this product during this campaign?	1= the child was absent 2= agents did not pass 3= agents are no longer ironed 4= not informed 5=the child was sick 6=refusal, 7=lack of products 8=don't know/don't remember 88 = the child was less than 12 months old 99=Other, specify	_____

