

INFORMED CONSENT: SURVEY RESPONDENT

Greetings. My name is _____ I am working with some medical doctors from Alex Ekwueme Federal University Teaching Hospital Abakaliki (AEFUTHA). We are carrying out research about routine childhood immunization coverage in Ebonyi state. Your community/village is among the several others selected across the state to participate in the research. The research was granted ethical approval by the Ebonyi State Health Research and Ethics Committee (in the state ministry of health) for the period of 1st June, 2022 to 31st May, 2023.

As part of the research, we are conducting a household survey to assess immunization coverage among children aged 5–23 completed months. In the survey, we are asking mothers/primary caregivers of these children questions about themselves and these children and about the vaccination history of these children. We are also taking the vaccination history of these children from their vaccination cards and taking photographs of the page where only the vaccination history is written (and not the page where the children's name and addresses are written) so that when there is any mistakes in the vaccination history that we are collecting, we will use the photographs to correct the mistakes.

You (with this/these your child/children)/(with this/these child/children you are taking care of) are invited to participate in the survey. Your participation involves providing answers to a questionnaire and giving us the child's/children's vaccination card(s) for us to collect the vaccination history as I said before and everything usually takes about 20 minutes to be completed for each child.

Your consent to participate in the survey is completely voluntary and should we come to any question you do not want to answer, just let me know and I will go on to the next question. Also, you can stop the interview at any time if you no longer want to participate and there will be no problem. There is no potential harm/problem in participating and no immediate benefit. However, potential benefit is that any information we get from you and the vaccination card will help the government to improve the planning and provision of routine childhood immunization services. Any information we get from you and the vaccination card will be protected strictly from other persons and such information cannot be traced back to you.

Your participation in the survey will be very much appreciated. Do you want to ask me anything about the survey? Do you give your consent to participate? May I begin the interview now?