Promoting Equitable Access to COVID-19 Vaccinations for the Most Vulnerable Groups among Rohingya Refugees and Host Communities

A1. Data are collected from: ☐ Camp ☐ Host community

A2. If Camp, which: ☐ 6 ☐ 7 ☐ 8E ☐ 8W ☐ 20 ☐ 20Ex ☐ 26 ☐ 27

A3. If host community, which? ☐ Ramu ☐ Chakaria

Note: We shall consider a maximum of five household members. The distribution will be as: The household (HH) head and his/her spouse will be included. If there is any HH member pregnant (in the last year or currently pregnant for at least 3 months) or lactating (any time during the last year), those participants must be included. If there are two elderly people present in the household, both will be included. However, if there are more than 2 and there is gender variation, then 1 male and 1 elderly female person are required to be included. If there is no gender variation, any two of them will be included, no matter how many elderly people are in the HH.

Module 1: Demographic information of the respondent

ID	Name (First 3 letter)	1.1 Category of respondent	1.2 Sex	1.3 Age	1.4 Marital status	1.5 Highest level of school attended	1.6 Primary occupation	1.7 Pregnancy	1.8 Lactation
		1. HH Head 2. Others	1. Male 2. Female 3. Third gender	In years	1. Married 2. Unmarried 3. Widowed 4. Divorced/ Separated	1. Primary (1-5 years) 2. Secondary high school (6-10 years) 3. Higher secondary (11-12 years) 4. University or higher (>12 years) 5. Madrasa 6. No schooling	1. Agriculture 2. Livestock 3. Fisheries 4. Service holder 5. Business 6. Day laborer 7. Professional (Physician/lawyer/teacher) 8. Productive work at HH 9. Driver 10. Student 11. Housewife 12. Beggar 13. Unemployed 14. Others	Ask the female respondents aged less than 45 years - If she was ever pregnant in last one year or currently pregnant for at least 3 months 1. Yes 2. No	Ask the female respondents aged less than 45 years - If she was breast feeding her child/children any time during the last one year 1. Yes 2. No
01									
02									
03									
04									
05									

Module 2: Socio-economic information of the households				
2.1 No. of family members	**2.2 No. of under 2 children**	**2.3 No. of older people (> 60 years)**	**2.4 No. of adult earning person**	**2.5 Family monthly income (BDT)**

Module 3: Information about diseases and disabilities							
Question		**Options/Answers**	**Member 1**	**Member 2**	**Member 3**	**Member 4**	**Member 5**
3.1	From where do you take treatment for any illness? Yes = 1; No = 2 *[Note: Multiple responses possible]*	Government Hospitals	☐	☐	☐	☐	☐
		Private healthcare center	☐	☐	☐	☐	☐
		NGO clinics	☐	☐	☐	☐	☐
		Homeopath	☐	☐	☐	☐	☐
		Traditional healer	☐	☐	☐	☐	☐
		Pharmacy	☐	☐	☐	☐	☐
		Others (_____)	☐	☐	☐	☐	☐
3.1a	Do you have any chronic disease/condition?	1. Yes 2. No	☐	☐	☐	☐	☐
3.1b	If **3.1a** is **YES**, what was/were the disease/ diseases? Yes = 1; No = 2 *[Note: Multiple responses possible]*	Diabetes	☐	☐	☐	☐	☐
		High blood pressure	☐	☐	☐	☐	☐
		Chronic kidney disease	☐	☐	☐	☐	☐
		Chronic respiratory disease (Bronchitis/ COPD /Asthma)	☐	☐	☐	☐	☐
		Chronic heart disease					

Question		Options/Answers	Member 1	Member 2	Member 3	Member 4	Member 5
		Cancer	☐	☐	☐	☐	☐
		Stroke/other CVD	☐	☐	☐	☐	☐
		Others (_____)	☐	☐	☐	☐	☐
3.1c	Are you taking any treatment/on the medication for the chronic disease?	1. Yes 2. No	☐	☐	☐	☐	☐
3.2a	Do you have difficulty seeing, even if wearing glasses?	1. No, no difficulty 3. Yes, a lot of difficulty 2. Yes, some difficulty 4. Cannot do it at all	☐	☐	☐	☐	☐
3.2b	Do you have difficulty hearing, even if using a hearing aid?	1. No, no difficulty 3. Yes, a lot of difficulty 2. Yes, some difficulty 4. Cannot do it at all	☐	☐	☐	☐	☐
3.2c	Do you have difficulty walking or climbing steps?	1. No, no difficulty 3. Yes, a lot of difficulty 2. Yes, some difficulty 4. Cannot do it at all	☐	☐	☐	☐	☐
3.2d	Do you have difficulty remembering or concentrating?	1. No, no difficulty 3. Yes, a lot of difficulty 2. Yes, some difficulty 4. Cannot do it at all	☐	☐	☐	☐	☐
3.2e	Do you have difficulty (with self-care such as) washing all over or dressing?	1. No, no difficulty 3. Yes, a lot of difficulty 2. Yes, some difficulty 4. Cannot do it at all	☐	☐	☐	☐	☐
3.2f	Using your usual language, do you have difficulty communicating (for example understanding or being understood by others)?	1. No, no difficulty 3. Yes, a lot of difficulty 2. Yes, some difficulty 4. Cannot do it at all	☐	☐	☐	☐	☐
3.2g	Difficulty in using their hands and fingers	1. No, no difficulty 3. Yes, a lot of difficulty 2. Yes, some difficulty 4. Cannot do it at all					
3.3a	Have you ever infected with COVID-19?	1. Yes 3. Don't know/Never tested 2. No	☐	☐	☐	☐	☐
3.3b	If **3.3a** is **YES**, how many times?	1. Once 3. Three times or more 2. Twice	☐	☐	☐	☐	☐
3.4	Has any of your household member ever infected with COVID-19?	1. Yes 2. No	☐	☐	☐	☐	☐

Module 4: Level of awareness regarding COVID-19 vaccine							
Question		**Options/Answers**	**Member 1**	**Member 2**	**Member 3**	**Member 4**	**Member 5**
4.1	Have you heard about the COVID-19 vaccine?	1. Yes 2. No	☐	☐	☐	☐	☐
4.2	Do you know that COVID-19 vaccine is available in your locality?	1. Yes 2. No	☐	☐	☐	☐	☐
4.3	Do you know that vaccination can control COVID-19?	1. Yes 2. No 3. Don't know	☐	☐	☐	☐	☐
4.4	Do you have any idea about booster dose of COVID-19 vaccination?	1. Yes 2. No	☐	☐	☐	☐	☐
4.5	If **any** of the **4.1 to 4.4** is **YES**, from whom/where you have gained this/these information? *[Note: Multiple responses possible]*	1. Direct through health service providers at any government/NGO center 2. Vaccination campaign in the locality 3. Multimedia (TV, radio, mobile) 4. Family/friend/neighbor 5. Others (_____)	☐	☐	☐	☐	☐
4.6	Do you think that COVID-19 vaccine would have some side effects?	1. Yes 2. No 3. Don't know	☐	☐	☐	☐	☐
4.6a	If **4.6** is **YES**, which type of side effect may arise in the body after vaccination?	1. Primary side effects (fever, headache, vomiting) 2. Serious side effects (life threatening) 3. No Idea	☐	☐	☐	☐	☐
4.7	What do you think who should be prioritized in receiving corona vaccine? *[Note: Multiple responses possible]*	1. Old People 2. Adult People 3. Children/adolescent 4. Pregnant/lactating female 5. People at risk of infection (doctors, police etc.) 5. Not Sure	☐	☐	☐	☐	☐

Module 5: Perception regarding COVID-19 and vaccination

Questions		Options/answers	Member 1	Member 2	Member 3	Member 4	Member 5
Based on your perception, please response if you think the statements that I shall tell you regarding COVID-19 and its vaccine? Yes = 1; No = 2 *[Note: Read the following reasons and mark as they respond to each]*							
5.1	COVID-19 is not dangerous or cause mild illness		☐	☐	☐	☐	☐
5.2	COVID-19 has severe health consequence		☐	☐	☐	☐	☐
5.3	COVID-19 is a god given disease		☐	☐	☐	☐	☐
5.4	Vaccine is not halal		☐	☐	☐	☐	☐
5.5	Natural immunity is enough to control COVID-19		☐	☐	☐	☐	☐
5.6	Vaccine's effectiveness is doubtful		☐	☐	☐	☐	☐
5.7	There are unknown side effects of vaccines in the future		☐	☐	☐	☐	☐
5.8	There is doubt about the safety of the vaccine		☐	☐	☐	☐	☐
5.9	Vaccine is not affordable		☐	☐	☐	☐	☐
5.10	There are many faulty/fake vaccines available		☐	☐	☐	☐	☐
5.11	Vaccination should be made mandatory for everyone		☐	☐	☐	☐	☐

Module 6: Vaccination status, willingness and hesitancy to vaccinate

Question		Options/Answers	Member 1	Member 2	Member 3	Member 4	Member 5
6.1	Have you got vaccinated against COVID-19?	1. Yes 2. No	☐	☐	☐	☐	☐
6.1a	If **6.1** is **YES**, how many doses have you got?	1. One dose 2. Two doses 3. Three doses or more	☐	☐	☐	☐	☐

Question		Options/Answers	Member 1	Member 2	Member 3	Member 4	Member 5
6.1b	Did you suffer from any post-vaccination symptoms?	1. Yes 2. No	☐	☐	☐	☐	☐
6.1b1	If **6.1b** is **YES**, what was/were the symptom/symptoms? Yes = 1; No = 2 *[Note: Multiple responses possible]*	Tiredness	☐	☐	☐	☐	☐
		Fever	☐	☐	☐	☐	☐
		Headache	☐	☐	☐	☐	☐
		Pain at the injection site	☐	☐	☐	☐	☐
		Fatigue	☐	☐	☐	☐	☐
		Swelling	☐	☐	☐	☐	☐
		Muscle pain	☐	☐	☐	☐	☐
		Nausea	☐	☐	☐	☐	☐
		Others (_____)	☐	☐	☐	☐	☐
6.2	If Q **6.1** is **NO**, ask this question. Are you willing to vaccinate if a safe and effective vaccine is available without cost?	1. Yes (Acceptance) 2. No (Rejection) 3. Not sure (Hesitancy)	☐	☐	☐	☐	☐
6.2a	If **Q 6.2** is **YES**, ask this question. When will you take the vaccine?	1. As soon as possible 3. More than 6 months 2. After 2-6 months 4. Not sure	☐	☐	☐	☐	☐
6.2b	If Q **6.2** is **NO/NOT SURE**, then ask this question. Why did you refuse/hesitate to take the vaccine? Yes = 1; No = 2 *[Note: Multiple responses possible]*	Will wait for other people to get the vaccine first	☐	☐	☐	☐	☐
		Has been advised by a doctor/health care professional not to take it	☐	☐	☐	☐	☐
		Have insufficient information regarding the vaccine	☐	☐	☐	☐	☐
		Have negative belief or doubt regarding having it	☐	☐	☐	☐	☐
		Others (_____)	☐	☐	☐	☐	☐
6.3	Do you think COVID-19 vaccine is available to you anytime?	1. Yes 3. Don't know 2. No	☐	☐	☐	☐	☐