

NIGERIA
HIV/AIDS
INDICATOR AND
IMPACT SURVEY

2018 TECHNICAL REPORT

PARTNERS



NIGERIA HIV/AIDS INDICATOR AND IMPACT SURVEY (NAIIS) 2018 TECHNICAL REPORT

NAIIS 2018 COLLABORATING INSTITUTIONS

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National Population Commission, Nigeria (NPopC)
National Bureau of Statistics, Nigeria (NBS)
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GLOSSARY OF TERMS

90-90-90 targets: According to the United Nations Programme on HIV and AIDS (UNAIDS), by 2020, 90% of all people living with human immunodeficiency virus (HIV) will know their HIV status; 90% of all people with diagnosed HIV will receive sustained antiretroviral therapy (ART); and 90% of all people receiving ART will have viral load suppression.

Acquired Immunodeficiency Syndrome (AIDS): AIDS is a disease that can develop after HIV causes severe damage to the immune system, leaving the body vulnerable to life-threatening conditions, such as infections and cancers.

Adolescents: Unless otherwise noted, adolescents are individuals aged 10-19 years. Young adolescents are individuals aged 10-14 years; older adolescents are individuals aged 15-19 years.

Adults: Unless otherwise noted, adults are individuals aged 15-64 years.

Antiretroviral (ARV): A type of medication used to treat HIV.

Antiretroviral therapy (ART): Treatment with ARV drugs that inhibit the ability of HIV to multiply in the body, leading to improved health and survival among people living with HIV.

CD4+ T-Cells (CD4): CD4+ T-cells are white blood cells that are an essential part of the human immune system. These cells are often referred to as T-helper cells. HIV attacks and kills CD4 cells, leaving the body vulnerable to a wide range of infections. The CD4 count is used to determine the degree of weakness of the immune system from HIV infection.

Children: Unless otherwise noted, children are individuals aged 0-14 years.

De facto household resident: A person who slept in the household the night prior to the survey.

De jure population: Individuals who are usual residents of the household, irrespective of whether they slept in the household on the night prior to the household interview.

Emancipated minor: As defined by law in Nigeria, an individual less than aged 18 years who is married or is free from any legally competent representative.

Enumeration area (EA): A limited geographic area defined by the National Population Commission (NPopC), the national statistical authority and the NAHS primary sampling unit.

Head of household: The person who is recognized within the household as being the head and is aged 18 years and older or is considered an emancipated minor.

Human Immunodeficiency Virus (HIV): HIV is the virus that causes AIDS. The virus is passed from person to person through blood, semen, vaginal fluids and breast milk. HIV attacks CD4 cells in the body, leaving a person living with HIV vulnerable to illnesses that a healthy immune system would have eliminated.

HIV incidence: A measure of the frequency with which new cases of HIV occur in a population over a time period. The denominator is the population at risk; the numerator is the number of new cases that occur during a given time period.

HIV prevalence: The proportion of persons in a population who are living with HIV at a specific point in time.

HIV viral load (VL): The concentration of HIV in the blood, usually expressed as copies per milliliter (mL).

HIV viral load suppression: An HIV VL of less than 1,000 copies per mL.

Household: A person or group of persons related or unrelated to each other who live in the same compound (fenced or unfenced), share the same cooking arrangements and have one person whom they identify as head of that household.

Informed consent: Informed consent is a legal condition whereby a person can give consent based upon a clear understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time he or she gives consent.

Male circumcision: Male circumcision is the removal of some or the entire foreskin (prepuce) from the penis. Medically supervised adult male circumcision is a scientifically proven method for reducing a man's risk of acquiring HIV through heterosexual intercourse.

Nigeria: The Federal Republic of Nigeria.

Prevention of mother-to-child HIV transmission (PMTCT): Mother-to-child HIV transmission (MTCT) is when an HIV-positive woman passes the HIV virus to her baby during pregnancy, labor or delivery or while breastfeeding. The United Nations recommends effective PMTCT to include a four-fold approach: (1) primary prevention of HIV infection among women of childbearing age; (2) preventing unintended pregnancies among women living with HIV; (3) preventing HIV transmission from women living with HIV to their infants; and (4) providing appropriate treatment, care and support to mothers living with HIV and their children and families.

Sexually transmitted infections (STIs): STIs are infections transmitted from person-to-person through sexual contact. They are sometimes called sexually transmitted diseases.

Tuberculosis: Tuberculosis (TB) is a contagious bacterial infection caused by *Mycobacterium tuberculosis* which mostly affects the lungs.

Young adults: Unless otherwise noted, individuals aged 20-24 years are defined as young adults.

Young people: Defined in this survey as the population of individuals aged 15-24 years (including older adolescents and young adults).

LIST OF ABBREVIATIONS

AFENET	African Field Epidemiology Network
AIDS	Acquired Immunodeficiency Syndrome
AIMS	Activity Information Management System
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
CAPI	Computer Assisted Personal Interview
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CHAID	Chi-square automatic interaction detection
CI	Confidence interval
CSPro	Census and Survey Processing System
DBS	Dried blood spot
DHS	Demographic and Health Survey
DNA	Deoxyribonucleic acid
DR	Drug resistance
EA	Enumeration area
EIA	Enzyme immunoassay
EID	Early infant diagnosis
FCT	Federal Capital Territory
FMoH	Federal Ministry of Health
FTPS	File Transfer Protocol Secure
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GoN	Government of Nigeria
HBTC	Home-based testing and counseling
HBsAg	Hepatitis B virus surface antigen
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HIVDR	Human immunodeficiency virus drug resistance
ICC	Intra-cluster correlation
IHVN	Institute of Human Virology Nigeria
IRB	Institutional review board

IVT	Infant virologic HIV testing
LA _g	Limiting antigen
LGAs	Local Government Areas
MDRI	Mean duration of recent infection
mL	Milliliter
MS	Mass spectrometry
NACA	National Agency for the Control of AIDS
NAIIS	Nigeria HIV/AIDS Indicator and Impact Survey
NASCP	National AIDS and STI Control Program
NBS	National Bureau of Statistics
NCDC	Nigeria Centre for Disease Control
NHREC	National Health Research Ethics Committee
NPopC	National Population Commission
NRL	National Reference Laboratory
OD _n	Normalized optical density
PCR	Polymerase chain reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PFR	Proportion false recent
PHIA	Population-based HIV Impact Assessment
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child HIV transmission
POC	Point of care
PSU	Primary sampling unit
PT	Proficiency test
PTID	Participant identification
QA	Quality assurance
QC	Quality control
RNA	Ribonucleic acid
RSEs	Relative standard errors
SOP	Standard operating procedure
TB	Tuberculosis
TNA	Total nucleic acid
UMB	University of Maryland, Baltimore
UNAIDS	Joint United Nations Programme on HIV/AIDS
VL	Viral load
VLS	Viral load suppression
WHO	World Health Organization
μL	Microliter

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FOREWORD

The Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) 2018 is the largest HIV population-based survey conducted globally with a sample size of 83,909 households and 383,574 individuals and coverage across 36 states (and the Federal Capital Territory). NAIIS determined the HIV incidence, HIV prevalence, viral load suppression and risk behaviours. For the first time, we have estimated national HIV incidence and viral load suppression and the prevalence of hepatitis B and C virus infections. NAIIS also enabled determination of the effectiveness and population-level impact of HIV-related prevention, care and treatment interventions implemented in the country, and our progress towards the achievement of the UNAIDS 90-90-90 targets.

The findings show steady improvements in reducing HIV prevalence, when compared to previous survey estimates. However, gaps remain in awareness of HIV status. The results also show varied HIV prevalence across states and highlights the need for more responsive approaches that take into consideration the situation of the epidemic in each state. The findings in relation to new HIV infections point us towards the need to increase our efforts in targeted testing at community-level, especially in areas with high HIV prevalence and low testing coverage.

While significant progress has been achieved in the overall coverage of ART for People Living With HIV and viral load suppression for those on ART, sustained efforts will be required, to maintain the gains and continue to decrease the risk of transmission of HIV.

One of the key lessons from the results of this survey is that we must continue to invest in addressing the important gender dimensions of access to HIV services, especially noting the difficulties women often experience in accessing health services.

NAIIS reiterates the importance of measuring progress in achieving epidemic control and strengthening capacity at country-level to collect and use surveillance data to inform and improve interventions as it relates to HIV and AIDS as well as Hepatitis B and C infections.

Overall, the results from NAIIS 2018 have provided Government and her partners with critical information to guide policy, programme and funding priorities and have bolstered the joint commitment to achieving epidemic control in Nigeria.



Dr. E. Osagie Ehanire MD, FWACS
Honourable Minister of Health

EXECUTIVE SUMMARY

Key Findings

- Approximately 8 new cases of HIV infection occur annually per 10,000 adults (those aged 15-64 years), with HIV incidence highest among women and men aged 25-34 years (Table 6.A).
- Overall, HIV prevalence among adults was 1.4%, with 1.8% in women and 1.0% in men (Table 7.A).
- Overall, HIV viral load suppression (VLS) prevalence among adults was 43.1%: 45.5% in women and 38.8% in men (Table 10.A).

UNAIDS 90-90-90 Targets

- **Diagnosed (antiretroviral (ARV)-adjusted awareness of HIV-positive status):** Based on self-report and ARV detection data, it is estimated that in Nigeria, 46.9% of persons living with HIV (PLHIV) aged 15-64 years were already aware of their HIV status (50.3% among women living with HIV and 40.9% among men living with HIV). This varied across age groups ranging from 31.0% among young people aged 15-24 years to 52.8% among adults aged 35-49 years (Table 11.B).
- **On treatment (ARV-adjusted treatment status):** Based on self-report and ARV detection data, it is estimated that among the PLHIV aged 15-64 years who were aware of their HIV status, 96.4% were receiving antiretroviral therapy (ART) (95.8% of women and 97.8% of men) (Table 11.B).
- **Viral load suppression (VLS):** Of the 96.4% of PLHIV aged 15-64 years on ART, based on self-report and ARV detection data, 80.9% had VLS, ranging from 75.2% among those aged 25-34 years (76.9% among women and 65.8% among men) to 82.0% among those aged 35-49 years (84.4% among women and 77.4% among men) (Table 11.B).

Other Key Findings

- In Nigeria, 3.1% of households had at least one HIV-positive member (3.3% in rural and 2.8% in urban households) (Table 4.D).
- Among heads of households, 1.9% of heads of households were HIV-positive (3.4% of female heads of households were HIV-positive compared to 1.3% of male heads of household) (Table 4.F).
- HIV prevalence among women of childbearing age (aged 15-49 years) who were pregnant at the time of the survey was 1.1% (Table 7.B).
- Overall, 30.1% of the adult population reported that they had ever tested for HIV and received their results, while 10.2% indicated that they had tested in the 12 months preceding the survey and received their results (Table 8.C).
- Concordance between self-report of ART and detection of ARVs was high among adults, with 94.5% of those who reported current ART use having detectable ARVs in blood. However, self-report of HIV status was less accurate, with detection of ARVs in blood among 24.4% of those who reported that they had not been previously diagnosed with HIV (Table 9.F).
- Among all HIV-positive adults aged 15-64 years, VLS ranged from 31.2% in those aged 20-24 years to 55.6% in those aged 50-54 years (Table 10.B).
- Among adult PLHIV who self-reported not to be aware of their HIV status and did not have detectable ARVs in their blood, 10% of women and 8.0% of men had severe immunosuppression, with a CD4 count less than 200 cells/microliter (μL) (Table 12.B).
- Among HIV-positive adults who reported initiating ART within the 12 months prior to the survey, 95.2% reported that they were still taking ART at the time of the survey. Among those who reported initiating ART more than 12 months prior to the survey, 94.3% reported that they were still taking ART at the time of the survey (Table 12.C, Table 12.D).

- Among women of childbearing age (aged 15-49 years) who delivered in the three years preceding the survey, 76.3% had at least one antenatal care (ANC) visit (Table 13.A).
- Among women who delivered within the 12 months preceding the survey, 41.5% reported knowing their HIV status (Table 13.C).
- Among HIV-positive women who delivered within the 3 years preceding the survey, 84.3% of those who knew their HIV status received ARVs (Table 13.D).
- Among older adolescents (aged 15-19 years) and young adults (aged 20-24 years), 18.1% reported having sexual intercourse before the age of 15 years (20.1% among women and 14.9% among men) (Table 14.A).
- Among early adolescents aged 10-14 years, 1.4% correctly responded to all questions that assessed knowledge of HIV transmission and prevention (1.2% of women and 1.7% of men) (Table 14.B, Table 14.C, Table 14.D).
- Incidence of HIV infection among older adolescents (aged 15-19 years) and young adults (aged 20-24 years) was estimated to be 0.04% (95% confidence interval (CI): 0.01%-0.07%) (Table 6.A).
- HIV prevalence was 0.2% among older adolescents (aged 15-19 years) (0.3% in women and 0.1% in men) and 0.8% among young adults (aged 20-24 years) (1.3% in women and 0.3% in men) (Table 7.C).
- Progress on 90-90-90 targets among older adolescents (aged 15-19 years) and young adults (aged 20-24 years): Based on self-report and detection of ARVs in blood, 31.0% of HIV-positive persons aged 15-24 years were aware of their HIV-positive status prior to the survey (31.7% of women and 28.8% of men). Among those who had been previously diagnosed, 92.3% were on ART. Among those on treatment, 77.1% had VLS (Table 11.B).
- Among adults aged 15 to 64 years who reported having sex in the last 12 months, 14.0% of women and 33.5% of men reported having sex with a non-marital, non-cohabitating partner. Of these adults, 35.3% (26.3% of women and 39.7% of men) reported using a condom during their last sexual intercourse with a non-marital, non-cohabitating partner (Table 15.B, Table 15.C, Table 15.D).
- The overall prevalence of hepatitis B virus (HBV) infection among adults aged 15-64 years was 8.1%, with 10.3% in men and 5.8% in women (Table 16.A).
- The overall prevalence of hepatitis C virus (HCV) infection among adults aged 15-64 years was 1.1%, with 1.3% in men and 1.0% in women (Table 16.B).
- Overall, 9.9% of adult PLHIV had ever visited a clinic for tuberculosis (TB) evaluation. Among adult PLHIV who had ever visited a TB clinic, 40.4% were diagnosed with TB. Of these, 98.8% completed TB treatment (Table 16.C).

Gaps and Unmet Needs

- While overall HIV prevalence determined by NAIIS was lower than reported in previous surveys and estimates, HIV continues to be transmitted in Nigeria.
- Awareness of HIV status is low, only 46.9% of PLHIV either self-reported awareness of their HIV status or had detectable ARVs in their blood. This low rate of awareness hinders the achievement of 90-90-90 targets.

Programmatic Responses or Recommendations

- To ensure 90-90-90 targets are met, the Government of Nigeria (GoN), supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), is implementing an ART Surge to identify PLHIV who do not know their status or are not in treatment and to provide effective treatment to help all persons reach VLS.
 - GoN is supporting an additional 100,000 PLHIV on treatment.
 - PEPFAR is supporting an additional 500,000 PLHIV on treatment.
 - GF is supporting an additional 110,000 PLHIV on treatment.
- States are helping to ensure efforts are successful by implementing policies that have been shown to improve access to services, including the removal of user fees for HIV-related services.

Conclusion

The results from NAIIS 2018 show varied HIV prevalence across states and underscore the need for effective approaches to addressing the epidemic, including targeted community-level testing efforts in areas with high HIV prevalence and low testing coverage.

In Nigeria, PLHIV on ART can achieve VLS, improving their lives and decreasing the risk of transmission of HIV. The results from NAIIS 2018 provide the Federal Ministry of Health (FMoH), the National Agency for the Control of AIDS, Nigeria (NACA) and their partners with critical information to reset the baseline data on HIV incidence and prevalence in Nigeria. The results have fostered cooperation and reinvigorated efforts across federal, state and international governments as well as donor and implementing organizations to halt the spread of HIV in Nigeria.

1. INTRODUCTION

1.1 Background

The Nigeria HIV/AIDS Indicator and Impact Survey (NAIIS) was a Population-based HIV Impact Assessment (PHIA) conducted to measure important national and regional HIV-related indicators, including progress toward the achievement of the UNAIDS 90-90-90 targets (UNAIDS, 2014) and to guide policy and funding priorities. PHIA is part of a multi-country project funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) to conduct national HIV-focused surveys that describe the status of the HIV epidemic.

With a projected 2016 population of over 180 million and an estimated 3.2 million people infected with HIV, Nigeria is estimated to have the second largest number of people living with HIV (PLHIV) in the world¹ and is among the six nations facing the triple threat of high HIV burden, low treatment coverage and slow decline in new HIV infections.² At the end of 2015, Nigeria had over 1,078 facilities providing ART services and over 853,992 PLHIV who had initiated ART.³ On average, an estimated 180,000 people die annually from AIDS-related illnesses and about 180,000 children aged 17 years or younger are currently orphaned by AIDS in Nigeria.⁴

NAIIS was led by the Government of Nigeria (GoN) under the Federal Ministry of Health (FMOH) and National Agency for the Control of AIDS (NACA). The survey was conducted with funding from PEPFAR and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) with technical assistance from the U.S. Centers for Disease Control and Prevention (CDC). The survey was implemented by the NAIIS Consortium and led by the University of Maryland, Baltimore (UMB) under the supervision of the NAIIS Technical Committee.

1.2 Overview of NAIIS 2018

NAIIS, a household-based national survey, was conducted between July and December 2018 to assess the prevalence of HIV and related health indicators, including HBV and HCV infections. NAIIS offered home-based testing and counseling (HBTC) with return of results and collected information about households and individuals' background and the uptake of HIV care and treatment services. This survey is the first in Nigeria to estimate national HIV incidence and viral load suppression (VLS). The results provide information on national and regional progress toward control of the HIV epidemic. The survey also estimated the national prevalence of hepatitis B virus (HBV) infection, hepatitis C virus (HCV) infection, HBV/HIV co-infection and HCV/HIV co-infection.

Although previous HIV facility-based sentinel surveillance, population-based studies and programmatic data provided useful knowledge regarding Nigeria's HIV epidemic and HIV control efforts, current population-based information was critically needed to understand the current status of the epidemic and guide future interventions. NAIIS was designed to provide direct estimates of HIV infection risk and burden; the effectiveness and population-level impact of HIV-related prevention, care and treatment interventions implemented in the country; and Nigeria's progress toward the achievement of the UNAIDS 90-90-90 targets.

1.3 Specific Objectives

The goal of the survey was to estimate incidence and prevalence of HIV in Nigeria, to assess the coverage and impact of HIV services at the population level and to characterize HIV-related risk behaviors using a nationally representative sample of persons aged 15-64 years.

Primary Objectives

To estimate using a household-based, nationally representative sample of adults aged 15-64 years:

- National-level HIV incidence
- National- and state-level HIV prevalence
- National- and state-level prevalence of VLS; defined as HIV ribonucleic acid (RNA) less than 1,000 copies/mL of plasma

Secondary Objectives

To estimate among adults aged 15-64 years the:

- Prevalence of HIV-related risk behaviors, knowledge and attitudes
- Behavioral and demographic determinants of HIV incidence and prevalence
- National prevalence of HBV infection
- National prevalence of HCV infection
- Prevalence of HIV/HBV co-infection among HIV-positive individuals
- Prevalence of HIV/HCV co-infection among HIV-positive individuals

To estimate among the population of adults aged 15-64 and children aged 0-14 years the:

- Uptake of HIV-related services, especially prevention of mother-to-child HIV transmission (PMTCT)-related services and exposure to HIV interventions
- Distribution of CD4 T-cell counts among HIV-positive individuals

To estimate among children aged 0-14 years the:

- National paediatric HIV prevalence

1.4 References

1. Central Intelligence Agency. The World Fact Book. <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2156rank.html>. Accessed March 10, 2019.
2. Joint United Nations Programme on HIV/AIDS (UNAIDS). The Gap Report. http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2014/UNAIDS_Gap_report_en.pdf. Accessed March 10, 2019.
3. National Agency for the Control of AIDS (NACA), Nigeria. Fact Sheet Anti-Retroviral Therapy (ART). <http://naca.gov.ng/fact-sheet-anti-retroviral-therapy-art-2016/>. Accessed March 10, 2019.
4. Joint United Nations Programme on HIV/AIDS (UNAIDS). HIV and AIDS Estimates. <http://www.unaids.org/en/regionscountries/countries/nigeria>. Accessed March 10, 2019.

2. SURVEY DESIGN AND METHODOLOGY

NAIIS was a nationally representative, cross-sectional, two-stage, population-based survey of households across Nigeria. The target population was children (aged 0-14 years) and adults (aged 15-64 years) living in the community. The survey population excluded military bases and institutionalized children and adults.

2.1 Study Area

Nigeria lies on the west coast of Africa between latitudes 4°16' and 13°53' north and longitudes 2°40' and 14°41' east. It occupies approximately 923,768 square kilometers of land stretching from the Gulf of Guinea on the Atlantic coast in the south to the fringes of the Sahara Desert in the north. The country's 2006 Population and Housing Census placed its population at 140,431,790. Nigeria is the most populous black nation in the world. Nigeria is comprised of 36 states and the Federal Capital Territory (FCT) (Figure 2.A) with 774 Local Government Areas (LGAs), categorized into six geopolitical zones (North West, North East, North Central, South West, South East and South South). Nigeria has more than 500 ethnic groups with the most populous being Hausa, Yoruba and Igbo.

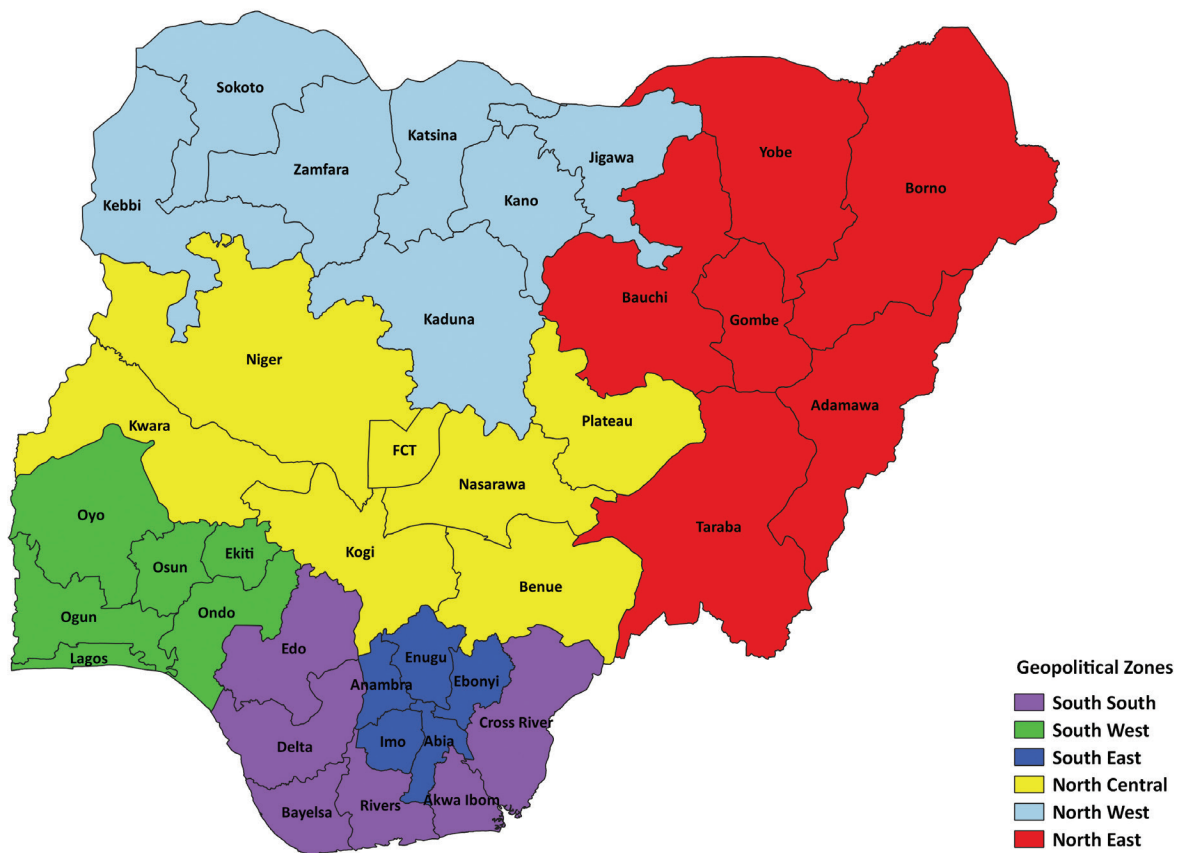


Figure 2.A The six geopolitical zones in Nigeria

2.2 Sampling Methods

NAIIS sampled the population using a two-stage cluster sampling technique, selecting enumeration areas (EAs) followed by households. The sampling frame consisted of 662,855 EAs, a total of 28,900,478 households and 140,431,798 persons based on the 2006 Census, with an average number of households and persons per EA of 44 and 212, respectively. The EAs were mutually exclusive (non-overlapping). This ensured that all households and residents had an equal chance of being included in the survey. Given the variability in household size across Nigeria (range of 4.0 to 5.7 individuals per household), state differences in household size based on the 2006 Census were considered when calculating the number of EAs or primary sampling units (PSUs) to be selected in each state.

The sample size was calculated to provide a representative national estimate of HIV incidence and HIV prevalence among adults aged 15–64 years with a relative standard error (RSE) less than or equal to 9% and 2%, respectively, as well as representative national and state estimates of VLS prevalence among PLHIV with 95% confidence intervals (CIs) between 10% and 15%. The sample size also was calculated to provide HIV prevalence estimates at the state level. One-quarter of the households were randomly selected for inclusion of children, which was designed to provide a representative national estimate of paediatric HIV prevalence with an RSE less than or equal to 0.1205%. The target sample size was 140,974 adults and 31,629 children, for an overall total of 172,603 adults and children.

The first stage of sampling selected 4,035 EAs using a probability proportional to size method. The 4,035 EAs were stratified by Nigeria's 36 states and the FCT. An equal-size approach was proposed with an estimated sample size of 3,700 blood specimens from each state. This number of blood specimens was sufficiently large to obtain robust estimates of HIV prevalence for the population and VLS among HIV-positive individuals in most states. The second stage selected a random sample of households within each EA using an equal probability method. The number of households selected per cluster was 28.

At the request of Lagos State, the NAIIS sample design was adjusted to oversample Lagos State to obtain stable estimates of HIV prevalence in 20 LGAs. The sample of 2,900 responding households with an anticipated 3,677 blood draws among adults aged 15–64 years was increased to a sample of 4,800 responding households with an estimated 6,087 blood draws among adults aged 15–64 years. Lagos State was the only state with a change in the sample design. The evaluation of this “equal-size” approach to the 37 strata, with the larger sample for Lagos State, is presented in Table 2.A.

State	Total clusters sampled for the survey	Number of households sampled for the survey	Number of households sampled for inclusion of children aged 0-14 years	Number of households sampled for hepatitis B and C tests
Abia	101	2,828	601	233
Adamawa	88	2,464	582	265
Akwa Ibom	104	2,912	846	344
Anambra	100	2,800	875	347
Bauchi	87	2,436	845	411
Bayelsa	100	2,800	358	143
Benue	89	2,492	795	357
Borno	92	2,576	799	365
Cross River	106	2,968	641	242
Delta	103	2,884	888	356
Ebonyi	98	2,744	446	178
Edo	103	2,884	697	264
Ekiti	99	2,772	494	203
Enugu	105	2,940	717	275
FCT ¹	105	2,940	309	215
Gombe	86	2,408	424	203
Imo	101	2,828	828	342
Jigawa	89	2,492	811	354
Kaduna	89	2,492	1,133	513
Kano	82	2,296	1,615	817
Katsina	87	2,436	1,061	490
Kebbi	83	2,324	569	276
Kogi	92	2,576	637	277
Kwara	95	2,660	470	191
Lagos	600	5,400	2,215	777
Nasarawa	89	2,492	349	204
Niger	89	2,492	735	337
Ogun	112	3,136	877	324
Ondo	105	2,940	756	291
Osun	102	2,856	727	304
Oyo	107	2,996	1,249	491
Plateau	90	2,520	602	261
Rivers	103	2,884	1,125	455
Sokoto	88	2,464	685	312

State	Total clusters sampled for the survey	Number of households sampled for the survey	Number of households sampled for inclusion of children aged 0-14 years	Number of households sampled for hepatitis B and C tests
Taraba	91	2,548	435	201
Yobe	89	2,492	433	206
Zamfara	86	2408	591	281
Total	4,035	101,580	28,220	12,105

¹FCT – Federal Capital Territory.

2.3 Eligibility Criteria, Recruitment and Consent Procedures

The eligible survey population included:

- Adults aged 18-64 years and emancipated minors aged 15-17 years living in the selected households and adult visitors who slept in the selected household the night before the survey who were willing and able to provide written consent.
- Children and adolescents aged 10-17 years living in the selected households and visitors in the same age bracket who slept in the selected household the night before the survey who were willing and able to provide written assent and whose parents or guardians were willing and able to provide written permission for their participation.
- Children aged <10 years living in the selected households and child visitors in the same age bracket who slept in the selected household the night before the survey whose parents or guardians were willing and able to provide written consent for their participation.

Interviewers used tablets with an electronic informed consent form to collect consents from potential survey participants (Appendix H). All potential participants were given a printed copy of the consent form in either English, Hausa, Igbo or Yoruba, depending on their preference. Consent was recorded by signing or making a mark on the consent form on the tablet and on a printed copy retained by the participant. Consent processes were conducted in different stages. Written consent to participate in the survey was obtained from the identified household head, after which individual members were rostered during the household interview. Emancipated minors (aged 15-17 years) and adults provided written consent on the tablet separately for the interview and for participation in biomarker testing which included HBTC, return of rapid HIV test results, linkage to care (for identified positives) and CD4 counts during household visits. Receipt of test results was a requirement for participation in the biomarker component. If a participant did not want to receive his or her HIV test result, it was considered a refusal and the survey was concluded. Adults were also asked for written consent to store their blood specimens in a repository to perform additional tests in the future. Individuals with disabilities who were otherwise able to give written consent or provide a mark were offered survey participation. Procedures with illiterate participants or participants with a sight disability involved the use of an impartial witness, chosen by the potential participant, who also signed or made a mark on the consent form on the tablet and on the printed copy. If no witness could be identified, the potential participant or household, if the head of household was sight disabled or illiterate, was considered ineligible. Individuals who were unable to give consent due to cognitive impairment or intellectual disability were considered ineligible to participate.

Children aged 10-17 years were asked for assent to the interview and biomarker components after permission was granted by their parents or guardians. For minors below the age of assent (<10 years), consent was obtained from their parents or guardians for biomarker testing. In both cases, when a parent or guardian refused receipt of the child's HIV test result, it was considered a refusal and the survey was concluded.

2.4 Survey Implementation

Training of Field and Laboratory Staff

Survey staff received training on all contents of the data collection instruments, tablet use, standard operating procedures (SOPs) and manuals. The training curriculum included:

- Survey objectives
- Advocacy, communication and social mobilization
- Survey design and methods
- Completion of survey forms
- Data collection

- Communication skills
- Staff responsibilities
- Recruitment of participants
- Informed consent procedures
- Ethical guidelines for research including participants' rights, privacy and confidentiality
- Blood collection for children and adults, including venipuncture and finger/heel stick
- Home-based HIV testing, HBV and HCV testing and counseling
- CD4 count measurement using point-of-care (POC) Pima™ Analyzer
- Biosafety
- Referral of participants to health and social services
- Referrals for adverse events
- Safety procedures in the field
- Protocol deviations, adverse events and reporting of events
- Management and transportation of blood specimens

All laboratory staff were trained in specimen management, including specimen processing, labeling and quality assurance (QA). Central laboratory staff were trained in VL measurement, early infant diagnosis (EID), HIV confirmatory testing and HIV recency testing using the Limiting Antigen (LAG) Avidity enzyme immunoassay (EIA).

Survey Staff

Fieldwork was conducted by 1,935 field staff composed of 190 team leaders, 380 interviewers, 380 counselors, 380 drivers, 190 community trackers and 415 field laboratorians. Field teams included a team lead, a tracker, two interviewers, two counselors, two field laboratory technicians and two drivers. All teams consisted of male and female staff who spoke the languages used in the study areas to which they were deployed. The field teams were supervised by a director and field implementation was supported by five zonal technical advisors. Three of these five technical advisors oversaw two zones each. Other technical advisors included the HIV Linkage to Care Lead and the National Linkage to Care Advisor. NAIIS staff included 14 field coordinators managed by a central staff team, who guided and oversaw data collection activities, performed quality checks and provided technical support (Appendix D).

In addition, the laboratory staff were organized at different levels (two senior technical lab advisors, four technical lab advisors, 12 zonal and sub-zonal lab coordinators and 18 lab logisticians). A total of 105 satellite laboratory technicians and 10 central lab specialists processed specimens and performed additional procedures for HIV-1 VL, infant virologic HIV testing (IVT)/EID, quality control (QC) and QA.

Pilot Survey

After training all field teams, a pilot was conducted, including informed consent, data collection and management, HIV testing and counseling and laboratory activities in 191 EAs with 25 households per EA of the sampling frame, a total of 4,775 households. Participants in the pilot were informed that they were participating in a pilot. Data collected from these households were not included in the survey. Information gathered from the pilot survey was used to modify survey collection instruments and field procedures. All changes in the questionnaire after the pilot were agreed upon by the FMOH/NACA in consultation with stakeholders and approved by the appropriate institutional review boards (IRBs).

Community Sensitization and Mobilization

Prior to data collection, community sensitization and mobilization were conducted to maximize community support and participation in the survey. Advocacy, communication, sensitization and mobilization activities began four months before fieldwork commenced with a high-level national launch meeting that included key national and regional leaders, mass media and other stakeholders. Activities leveraged existing structures conducted by the state and local government-based mobilization teams in each EA prior to data collection to facilitate ownership of the survey. The mobilization teams held community sensitization meetings, dialogues and rallies; distributed printed information, education and communication materials such as posters, leaflets, flyers and brochures; and conducted house-to-house interpersonal communications with selected households and other community residents. Community mobilization data were captured using paper-based data collection tools and entered into Encuesta, an electronic data collection application.

Supervision

Field supervisors provided ongoing supervision throughout NAIIS field implementation. Field supervisors supported teams by organizing supplies ensured transport of blood specimens, coordinated community-mobilization efforts, provided technical troubleshooting and checked the quality of household procedures and data collected. During monitoring visits, daily monitoring forms were used for household and individual outcome tracking and verifying completeness of interviews. Household revisits were used to verify results. Assessment of the quality of survey procedures, including adherence to protocol and standard operating procedures (SOPs) and identification of challenges, resolutions and responses to challenges with data collection, was also observed by the monitoring teams. Regular debriefing sessions were held between field-based supervisors and monitoring teams. External monitoring teams, including GoN staff, Orphan Reach (formerly QED Clinical Services), state implementation teams and international monitors, periodically (bi-monthly and monthly) observed data collection activities in the field and laboratories to ensure quality and provide technical support, quality checks and controls. Monitoring reports were circulated to collaborating institutions and the NAIIS Technical Committee. As necessary, survey practices were amended to respond to problems identified during monitoring.

Electronic Monitoring System

The Activity Information Management System (AIMS) was used to monitor survey progress. Assignment and tracking of devices to staff was managed by the AIMS inventory module. The AIMS dashboard provided a daily comprehensive overview of the data uploaded into the NAIIS server, e.g., data collection coverage, EA completion status, sampled households, household and eligible household member response rates, biomarkers and overall progress towards the achievement of the target sample. Field data quality was reviewed by 30 data monitors who utilized Voice Over Internet Protocol systems to interact with the field teams and correct identified errors. The data monitors were situated at the central office.

Survey Instrument and Procedure for Data Collection

Survey instruments comprised of questionnaires and laboratory forms were built into a Computer Assisted Personal Interviewing (CAPI) system where the interviewer uses a tablet to administer and record the interview responses. NAIS interview staff used Android tablets with Census and Survey Processing System (CSPro) software. All tablets were encrypted and password-protected to ensure confidentiality. The questionnaires were translated into the three major Nigerian languages, Hausa, Igbo and Yoruba. The questionnaire was administered in English and the three major Nigerian languages. Household, individual interview, counseling and field laboratory data were recorded using CAPI. The household questionnaire included modules on head of household eligibility; household schedule, including orphan status; and household characteristics (Appendix E). The individual adult questionnaire was administered to participants aged 15-64 years and included modules on socio-demographic characteristics; marriage; reproduction; children; male circumcision (men only); sexual activity; HIV testing; HIV status, care and treatment; tuberculosis and other health issues; and gender norms (Appendix F). Participants who self-reported their HIV-positive status were asked questions about their HIV care experiences. Parents or guardians responded to questions on their children's (aged 0-14 years) health, participation in HBTC services and, if the child was reported to have and HIV-positive status, their child's HIV care experiences as a part of the adult interview. The individual adolescent questionnaire was administered to participants aged 10-14 years and included modules on socio-demographic characteristics; parental support; alcohol and drugs; condoms; sexual behaviors; HIV knowledge; HIV risk perception; HIV testing; HIV stigma; and social norms, intention to abstain, self-efficacy and assertiveness (Appendix G).

2.5 Laboratory

A detailed description of the NAIS laboratory methodology is available in Appendix B of this report.

All field test results were returned to participants the same day as the survey interview. All participants, whether HIV-positive or HIV-negative, received two copies of the written test results. Identified HIV-positive participants were referred to health facilities of their choice that offered HIV care and treatment services. Emancipated minors received their results directly. For children aged 10-17 years, results were received by the parents or guardians with the child present, only after receiving parental or guardian permission and child assent. Test results for children aged 0-9 years were disclosed and returned to parents or guardians.

Satellite, Mobile and Central Laboratories

A total of 94 satellite laboratories were activated to support NAIS. Three mobile laboratories supported areas with security challenges or difficult topography. The EAs were mapped and linked to specific satellite and mobile laboratories based on proximity. The Nigeria Centre for Disease Control (NCDC) National Reference Laboratory (NRL) was designated as the central reference laboratory and biorepository for the survey. Trained lab specialists at each satellite and mobile laboratory performed HIV confirmatory tests, conducted QA tests and processed whole blood specimens into plasma aliquots and dried blood spot (DBS) cards for temporary storage at -20°C. HIV rapid test QA was conducted on the first 50 specimens tested by each field laboratory technician. All HIV-positive specimens, whether identified in the field or during QA, underwent confirmatory testing using the Geenius™ HIV 1/2 Supplemental Assay (Bio-Rad, Hercules, California, United States). A positive Geenius™ HIV 1/2 result defined an HIV positive test result for the survey. Specimens that were HIV positive from the HBTC and HIV negative on Geenius™ HIV 1/2 were retested using Western blot and Total Nucleic Acid (TNA) PCR. Central laboratory procedures included HIV VL testing, HIV TNA PCR for infant virologic testing and for confirmation of status of those who self-reported an HIV-positive status but tested HIV negative in HBTC, HIV recency testing, HIV drug resistance testing and long-term storage of specimens at -80°C.

The survey conducted household revisits for investigation of discrepancies between the results of tests in the field and in the laboratory. The specimens collected during the revisit underwent comprehensive retesting in the laboratory. For each case, an analysis of the nature of the discrepancy and potential sources of error was performed to determine the definitive HIV status for the participant and for analysis.

2.6 Data Processing and Analysis

During the household data collection, questionnaire and laboratory data were transmitted between tablets via Bluetooth connection. This facilitated synchronization of household rosters and ensured data collection for each participant followed the correct pathway. All field data collected in CSPro and the Laboratory Data Management System (LDMS) were transmitted to a central server using File Transfer Protocol Secure (FTPS) over a 4G or 3G telecommunication provider at least once a day. Questionnaire data cleaning was conducted using CSPro and SAS 9.4 (SAS Institute Inc., Cary, North Carolina, United States). Laboratory data were cleaned and merged with the final questionnaire database using unique specimen barcodes and study identification numbers.

All results presented in the technical report were based on weighted estimates unless otherwise stated. Analysis weights accounted for sample selection probabilities and adjusted for nonresponse and noncoverage. Nonresponse adjusted weights were calculated for households, individual interviews and individual blood draws in a hierarchical form. Adjustment for nonresponse for initial individual and blood-level weights was based on the development of weighting adjustment cells defined by a combination of variables that were potential predictors of response and HIV status. The nonresponse adjustment cells were constructed using the Chi-square Automatic Interaction Detector (CHAID) algorithm. The cells were defined based on data from the household interview for the adjustment of individual-level weights and from both the household and individual interviews for the adjustment of blood specimen-level weights. Post-stratification adjustments were implemented to compensate for non-coverage in the sampling process. This final adjustment calibrated the nonresponse-adjusted individual and blood weights to make the sum of each set of weights conform to national population totals by sex and five-year age groups.

Descriptive analyses of response rates, characteristics of respondents, HIV prevalence, CD4 count distribution, HIV testing, self-reported HIV status, self-reported ART, VLS, PMTCT indicators, HBV, HCV and sexual behavior were conducted using SAS 9.4.

Incidence estimates were based on the number of HIV infections identified as recent with the HIV-1 LAg Avidity plus VL algorithm and ARV algorithm and obtained using the formula recommended by the WHO Incidence Working Group and Consortium for Evaluation and Performance of Incidence Assays and with assay performance characteristics of a mean duration of recent infection (MDRI) = 130 days (95% CI: 118, 142), a time cutoff (T) = 1.0 year and percentage false recent (PFR) = 0.00.

2.7 Ethical Considerations

All survey procedures were aligned with recommendations from the ethics and regulatory board. Human subject review was conducted by the CDC IRB, the UMB IRB and the Nigerian National Health Research Ethics Committee.

Informed Consent

The informed consent/assent read to potential participants contained all information required to make an informed decision as to whether to participate, including all elements of informed consent as required by United States 45 Code of Federal Regulations (CFR) 46.116 and 21 CFR 50.25(a)(b). Consent forms (Appendix H) were used for household interviews of adults aged 18-64 years and individual interviews and blood draw for individuals aged 18-64 years. Parental/guardian permission forms were used for interviews and blood draw of minors aged 10-17 years prior to individual assent. Assent forms were used for interviews and biomarkers for minors aged 10-17 years. Parental/guardian permission forms were used for blood draw for minors aged 0-9 years.

3. RESPONSE RATE

3.1 Background

Household response rates were calculated using the American Association for Public Opinion Research Response Rate 4 method¹ as the number of complete and incomplete household interviews among all eligible households, and those estimated to be eligible among those with unknown eligibility (households not located, not attempted or unreachable). Vacant and destroyed households, nonresidential units and household units with no eligible respondents were considered not eligible and excluded from the calculation.

Individual interview response rates were calculated as the number of individuals interviewed divided by the number of individuals eligible to participate in the survey. Blood draw response rates for adults were calculated as the number of adults who provided a blood specimen divided by the number of adults who were interviewed. Blood draw response rates for children were calculated as the number of children who provided a blood specimen divided by the number of children eligible to participate in the survey.

3.2 Results

Tables 3.A and 3.B describe the household, individual interview and blood draw response rates.

3.2.1 Key Findings

- A total of 101,267 households were selected, 89,345 were occupied and 83,909 completed the household interview (Table 3.A).
- For adults aged 15-64 years, interview response rate was 91.6% for women and 88.2% for men; blood draw response rate was 92.9% for women and 93.6% for men (Table 3.B).
- For adolescents aged 10-14 years, interview response rate was 86.8% for women and 86.2% for men; blood draw response rate was 91.2% for women and 92.3% for men (Table 3.B).
- For children aged 0-9 years, blood draw response rate was 68.5% for women and men (Table 3.B).

3.3 References

1. American Association for Public Opinion Research (AAPOR). Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition. http://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf. Accessed March 10, 2019.

Table 3.A Household response rates			
Place of residence by number of households selected, occupied and interviewed and household response rates (unweighted), NAIIS 2018			
Result	Place of residence		Total
	Urban	Rural	
Household interviews			
Households selected	43,932	57,335	101,267
Households occupied	39,288	50,057	89,345
Households interviewed	36,314	47,595	83,909
Household response rate¹ (unweighted)	90.1	88.3	89.1
¹ Household response rate was calculated using the American Association for Public Opinion Research (AAPOR) Response Rate 4 (RR4) method: http://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions20169theditionfinal.pdf			

Table 3.B Interview and blood draw response rates						
Place of residence and sex by number of eligible individuals and response rates for individual interviews ¹ and blood draws ² (unweighted), NAIS 2018						
Result	Place of residence					
	Urban		Rural		Total	
	Males	Females	Males	Females	Males	Females
Eligible individuals, aged 0-9 years						
Number of eligible individuals	6,748	6,584	10,183	9,622	16,931	16,206
Blood draw response rate ²	68.7	67.6	68.4	69.2	68.5	68.5
Eligible individuals, aged 10-14 years						
Number of eligible individuals	2,775	2,724	3,469	3,357	6,244	6,081
Interview response rate ¹	86.3	87.7	86.2	86.1	86.2	86.8
Blood draw response rate ²	92.5	91.0	92.2	91.4	92.3	91.2
Eligible individuals, aged 15-24 years						
Number of eligible individuals	12,923	15,037	16,990	20,479	29,913	35,516
Interview response rate ¹	84.3	89.4	85.6	89.7	85.0	89.6
Blood draw response rate ²	93.2	92.9	93.3	93.3	93.2	93.1
Eligible individuals, aged 15-49 years						
Number of eligible individuals	34,223	41,520	44,838	55,486	79,061	97,006
Interview response rate ¹	84.8	91.2	89.5	91.4	87.5	91.3
Blood draw response rate ²	92.9	92.7	93.9	93.3	93.5	93.0
Eligible individuals, aged 15-64 years						
Number of eligible individuals	40,559	48,116	53,882	64,439	94,441	112,555
Interview response rate ¹	85.4	91.3	90.4	91.7	88.2	91.6
Blood draw response rate ²	92.9	92.4	94.0	93.3	93.6	92.9
¹ Interview response rate – number of individuals interviewed/number of eligible individuals.						
² Blood draw response rate – number of individuals who provided blood/number of individuals interviewed.						

4. SURVEY HOUSEHOLD CHARACTERISTICS

4.1 Background

Household compositions are described in terms of sex of the head of household and size of the household. The age structure of the *de facto* household population (i.e., persons who slept in the household the night before) is described by sex as well as urban/rural residence.

4.2 Household Composition

NAIIS documented 83,909 heads of households for all states (Table 4.A). Approximately 57% of the surveyed households resided in rural areas.

4.3 Results

The NAIIS households' characteristics and distributions are detailed in Tables 4.A to 4.F and Figures 4.A to 4.E.

4.3.1 Key Findings

- Among the *de facto* household population, 47.9% were men and 52.1% were women (Table 4.B).
- Nationally, 29.4% of heads of household were women and 70.6% were men. Among heads of households, 3.4% of female heads of households were HIV-positive compared to 1.3% of male heads of household (Table 4.A, Table 4.F).
- Among all households, 3.1% had at least one HIV-positive member. Of households with at least one HIV-positive member, 87.9% had one HIV-positive member and 11.2% had two HIV-positive members (Table 4.D, Table 4.E).

Table 4.A Household composition by state, place of residence and sex of head of household									
Percent distribution of household heads by state, place of residence and sex, NAIIS 2018									
State	Place of residence						Total		
	Urban			Rural			Male Percent	Female Percent	Total Number
	Male Percent	Female Percent	Total Number	Male Percent	Female Percent	Total Number			
Abia	59.1	40.9	829	60.5	39.5	1,760	60.0	40.0	2,589
Adamawa	78.3	21.7	641	84.8	15.2	1,489	83.1	16.9	2,130
Akwa Ibom	67.7	32.3	316	60.1	39.9	2,232	61.3	38.7	2,548
Anambra	60.0	40.0	1,941	54.7	45.3	399	59.2	40.8	2,340
Bauchi	91.5	8.5	287	96.2	3.8	1,937	95.6	4.4	2,224
Bayelsa	54.9	45.1	586	56.8	43.2	1,777	56.4	43.6	2,363
Benue	64.8	35.2	329	67.5	32.5	1,916	67.2	32.8	2,245
Borno	72.0	28.0	564	80.5	19.5	281	74.7	25.3	845
Cross River	62.6	37.4	493	67.3	32.7	1,905	66.5	33.5	2,398
Delta	50.9	49.1	1,018	50.8	49.2	1,483	50.8	49.2	2,501
Ebonyi	58.3	41.7	478	56.8	43.2	2,133	57.1	42.9	2,611
Edo	53.0	47.0	1,417	64.3	35.7	1,151	57.4	42.6	2,568
Ekiti	56.6	43.4	1,886	63.1	36.9	598	58.0	42.0	2,484
Enugu	64.0	36.0	721	54.4	45.6	1,724	57.0	43.0	2,445
FCT ¹	65.6	34.4	2,112	83.6	16.4	184	67.2	32.8	2,296
Gombe	91.3	8.7	649	92.1	7.9	1,606	91.9	8.1	2,255
Imo	59.4	40.6	740	63.5	36.5	1,796	62.3	37.7	2,536
Jigawa	90.0	10.0	1,142	95.6	4.4	1,091	92.6	7.4	2,233
Kaduna	82.1	17.9	1,173	87.7	12.3	842	84.4	15.6	2,015
Kano	86.6	13.4	1,219	95.9	4.1	686	89.9	10.1	1,905
Katsina	82.3	17.7	304	90.1	9.9	1,629	88.7	11.3	1,933
Kebbi	84.3	15.7	362	89.6	10.4	1,584	88.7	11.3	1,946
Kogi	56.6	43.4	1,310	64.3	35.7	947	59.9	40.1	2,257
Kwara	60.3	39.7	1,155	76.3	23.7	1,010	67.5	32.5	2,165
Lagos	58.4	41.6	3,369	64.4	35.6	449	58.7	41.3	3,818
Nasarawa	78.8	21.2	659	82.0	18.0	1,447	80.9	19.1	2,106
Niger	75.0	25.0	472	87.7	12.3	1,809	85.5	14.5	2,281
Ogun	53.9	46.1	1,465	61.6	38.4	878	56.6	43.4	2,343
Ondo	55.1	44.9	1,207	61.7	38.3	1,339	58.8	41.2	2,546
Osun	51.1	48.9	2,233	63.8	36.2	337	52.9	47.1	2,570
Oyo	53.9	46.1	1,891	71.9	28.1	825	58.9	41.1	2,716
Plateau	62.4	37.6	781	74.8	25.2	1,534	70.8	29.2	2,315
Rivers	66.9	33.1	775	66.1	33.9	1,449	66.4	33.6	2,224

Table 4.A Household composition by state, place of residence and sex of head of household (continued)									
Percent distribution of household heads by state, place of residence and sex, NAIS 2018									
State	Place of residence						Total		
	Urban			Rural			Male Percent	Female Percent	Total Number
	Male Percent	Female Percent	Total Number	Male Percent	Female Percent	Total Number			
Sokoto	85.3	14.7	594	86.1	13.9	1,320	85.8	14.2	1,914
Taraba	78.3	21.7	397	84.0	16.0	1,959	83.0	17.0	2,356
Yobe	87.4	12.6	368	92.2	7.8	1,393	91.0	9.0	1,761
Zamfara	83.9	16.1	431	85.8	14.2	696	85.0	15.0	1,127
Total	65.7	34.3	36,314	75.1	24.9	47,595	70.6	29.4	83,909

¹FCT – Federal Capital Territory.

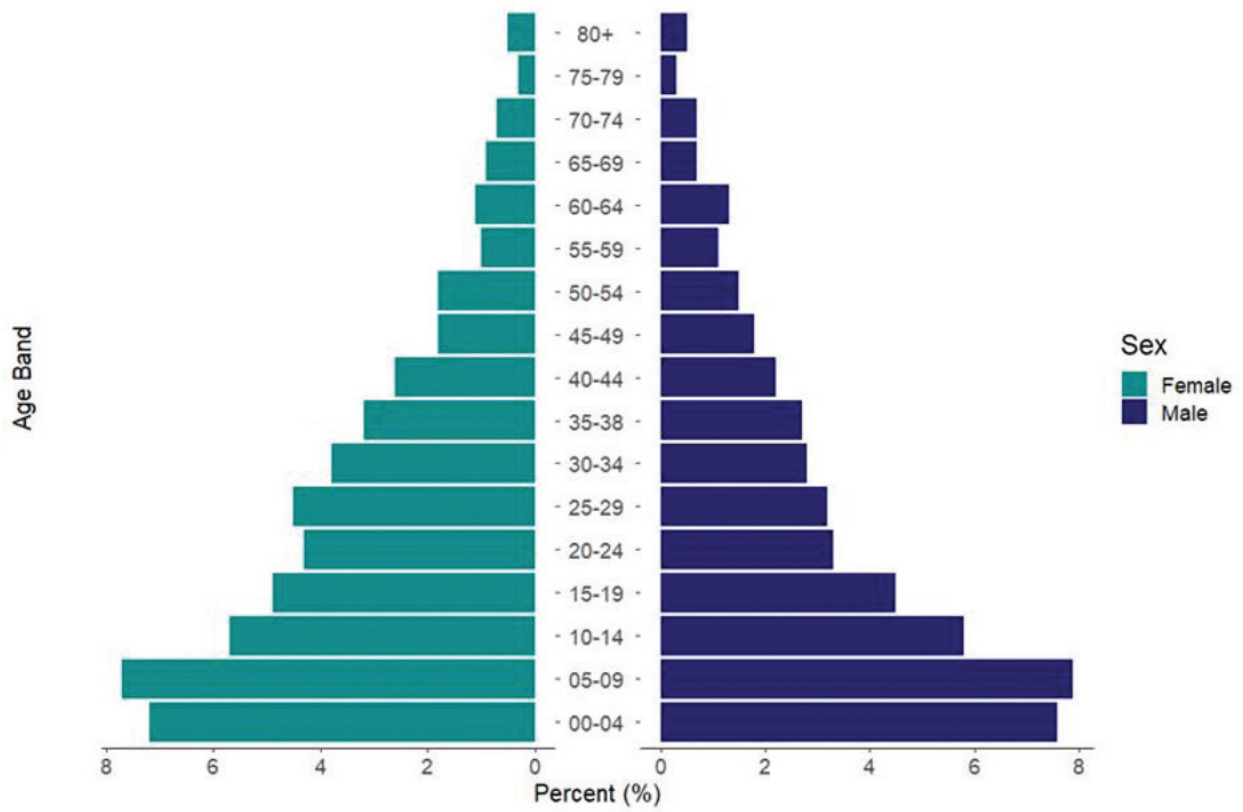


Figure 4.A Distribution of the *de facto* population by sex and age, NAIIS 2018

Table 4.B Distribution of <i>de facto</i> household population by sex and age						
Percent distribution of <i>de facto</i> household population by sex and five-year age group, NAIIS 2018						
Age (years)	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
0-4	7.6	28,284	7.2	27,122	14.8	55,406
5-9	7.9	29,850	7.6	28,473	15.5	58,323
10-14	5.8	22,235	5.7	21,353	11.5	43,588
15-19	4.5	17,146	4.9	18,898	9.4	36,044
20-24	3.3	12,768	4.3	16,619	7.6	29,387
25-29	3.2	12,669	4.5	17,410	7.7	30,079
30-34	2.8	10,870	3.8	14,397	6.6	25,267
35-39	2.7	10,337	3.2	12,389	5.9	22,726
40-44	2.2	8,389	2.6	10,022	4.8	18,411
45-49	1.8	6,883	1.8	7,272	3.6	14,155
50-54	1.5	6,002	1.8	6,892	3.3	12,894
55-59	1.1	4,356	1.0	3,988	2.1	8,344
60-64	1.3	5,024	1.1	4,670	2.4	9,694
65-69	0.7	2,690	0.9	3,863	1.6	6,553
70-74	0.7	2,695	0.7	2,851	1.4	5,546
75-79	0.3	1,393	0.3	1,311	0.7	2,704
≥80	0.5	2,131	0.5	2,322	1.1	4,453
Total	47.9	183,722	52.1	199,852	100.0	383,574

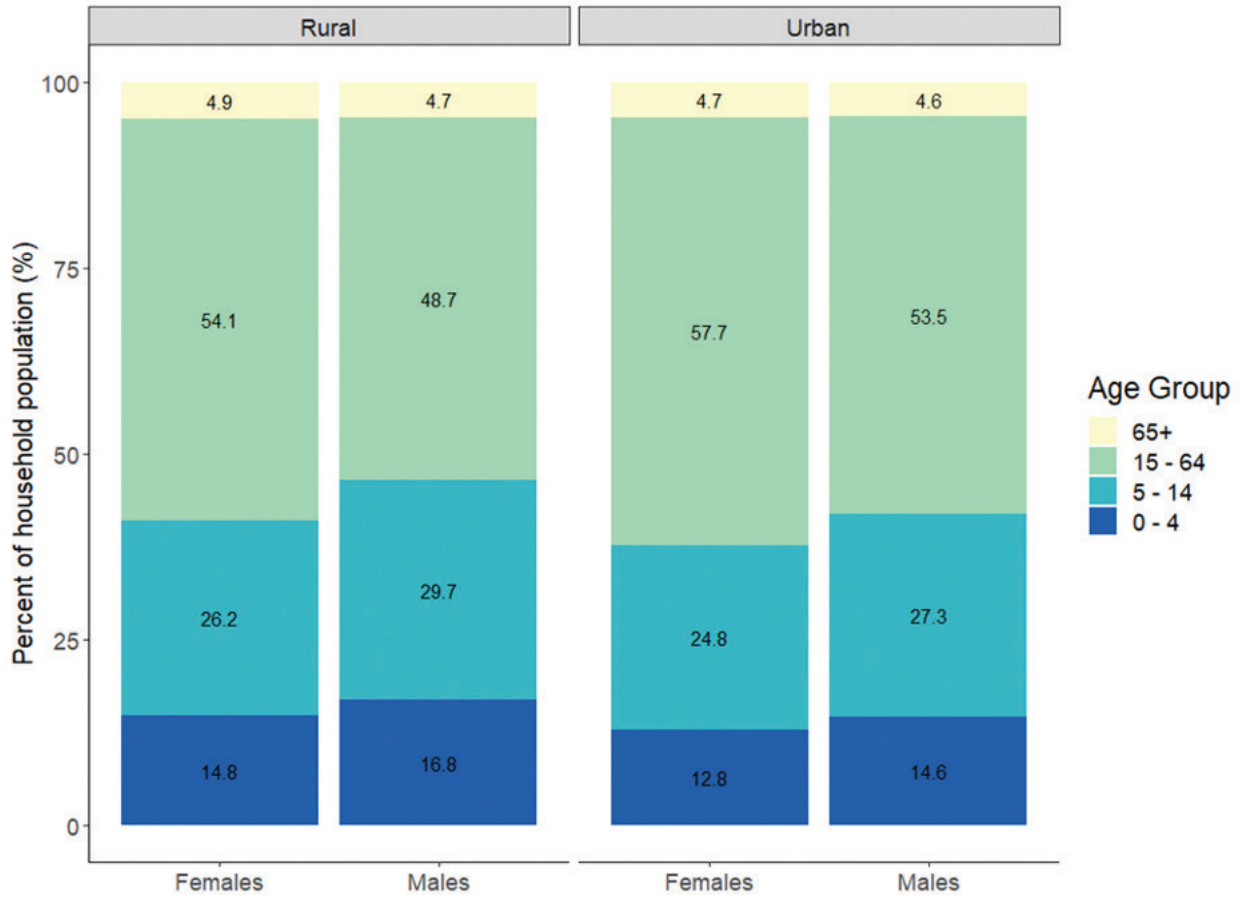


Figure 4.B Household population by age, sex and residence, NAIIS 2018

Table 4.C Distribution of <i>de facto</i> household population by sex, age and place of residence												
Percent distribution of the <i>de facto</i> household population by sex, age and place of residence, NAIS 2018												
Age (years)	Urban						Rural					
	Males		Females		Total		Males		Females		Total	
	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number
0-4	14.6	10,516	12.8	10,299	13.7	20,815	16.8	17,768	14.8	16,823	15.8	34,591
5-14	27.3	19,998	24.8	19,769	26.0	39,767	29.7	32,087	26.2	30,057	27.9	62,144
15-64	53.5	40,559	57.7	48,117	55.7	88,676	48.7	53,885	54.1	64,440	51.5	118,325
≥65	4.6	3,601	4.7	4,316	4.7	7,917	4.7	5,308	4.9	6,031	4.8	11,339
Total	100.0	74,674	100.0	82,501	100.0	157,175	100.0	109,048	100.0	117,351	100.00	226,399

Table 4.D Prevalence of HIV-affected households												
Percentage of households with at least one <i>de facto</i> household member who tested HIV positive by state and place of residence, NAIIS 2018												
Socio-demographic characteristics	Urban				Rural				Total			
	Percent	LCL ¹	UCL ²	Number	Percent	LCL ¹	UCL ²	Number	Percent	LCL ¹	UCL ²	Number
State												
Abia	4.9	3.3	6.6	766	5.2	4.1	6.3	1,550	5.1	4.2	6.1	2,316
Adamawa	4.9	3.2	6.6	599	1.9	1.0	2.9	1,402	2.7	1.8	3.6	2,001
Akwa Ibom	7.8	5.5	10.1	293	9.8	8.2	11.3	1,915	9.4	8.0	10.8	2,208
Anambra	5.0	3.5	6.6	1,674	5.8	3.0	8.7	331	5.1	3.7	6.5	2,005
Bauchi	1.9	0.0	3.8	275	1.2	0.6	1.8	1,864	1.3	0.8	1.9	2,139
Bayelsa	3.7	2.0	5.4	533	3.1	2.3	4.0	1,545	3.3	2.5	4.1	2,078
Benue	9.7	5.0	14.3	316	9.4	7.4	11.4	1,771	9.4	7.7	11.3	2,087
Borno	2.3	0.9	3.8	509	2.0	0.0	4.2	261	2.2	1.1	3.4	770
Cross River	3.2	1.2	5.2	452	3.9	2.9	5.0	1,702	3.8	2.9	4.8	2,154
Delta	3.6	2.5	4.8	875	3.2	1.9	4.4	1,220	3.4	2.5	4.3	2,095
Ebonyi	2.3	0.9	3.7	442	2.0	1.3	2.7	1,959	2.0	1.4	2.7	2,401
Edo	3.2	2.2	4.1	1,229	3.4	2.1	4.6	983	3.2	2.6	4.0	2,212
Ekiti	1.3	0.7	1.9	1,500	1.1	0.1	2.1	480	1.3	0.8	1.8	1,980
Enugu	2.4	1.2	3.6	655	4.5	3.3	5.7	1,448	3.9	3.0	4.9	2,103
FCT ³	3.3	2.3	4.2	1,904	4.2	0.6	7.7	177	3.3	2.4	4.3	2,081
Gombe	5.4	3.4	7.5	630	2.4	1.0	3.8	1,545	3.2	2.0	4.5	2,175
Imo	3.0	1.4	4.6	661	4.8	3.3	6.3	1,533	4.2	3.1	5.4	2,194
Jigawa	1.0	0.4	1.5	1,083	0.6	0.0	1.2	1,040	0.8	0.4	1.2	2,123
Kaduna	3.2	1.7	4.7	1,117	1.7	0.4	2.9	805	2.6	1.6	3.6	1,922
Kano	1.5	0.5	2.6	1,064	1.0	0.2	1.7	634	1.3	0.6	2.1	1,698
Katsina	1.1	0.0	2.6	280	0.5	0.1	1.0	1,496	0.6	0.2	1.1	1,776
Kebbi	3.2	1.1	5.2	339	0.8	0.4	1.3	1,471	1.3	0.7	1.9	1,810
Kogi	1.9	0.9	2.9	1,133	2.1	0.9	3.2	831	2.0	1.3	2.7	1,964
Kwara	2.1	1.1	3.1	973	1.7	0.8	2.5	845	1.9	1.2	2.6	1,818
Lagos	2.6	2.0	3.2	3,046	5.0	2.7	7.3	384	2.8	2.3	3.3	3,430
Nasarawa	4.0	2.4	5.5	623	4.8	3.4	6.2	1,359	4.6	3.6	5.6	1,982
Niger	3.3	0.9	5.7	448	1.6	1.0	2.3	1,679	1.9	1.2	2.6	2,127
Ogun	3.1	2.1	4.1	1,235	2.4	0.9	3.9	688	2.9	2.0	3.7	1,923
Ondo	1.7	0.7	2.8	1,016	2.1	1.2	3.0	1,138	1.9	1.2	2.6	2,154
Osun	1.7	1.1	2.4	1,713	1.4	0.0	2.9	250	1.7	1.1	2.3	1,963
Oyo	1.9	1.2	2.6	1,575	1.1	0.3	1.9	643	1.7	1.1	2.3	2,218
Plateau	5.1	3.5	6.8	746	2.7	2.0	3.5	1,458	3.5	2.7	4.3	2,204

Table 4.D Prevalence of HIV-affected households (continued)												
Percentage of households with at least one <i>de facto</i> household member who tested HIV positive by state and place of residence, NAIIS 2018												
Socio-demographic characteristics	Urban				Rural				Total			
	Percent	LCL ¹	UCL ²	Number	Percent	LCL ¹	UCL ²	Number	Percent	LCL ¹	UCL ²	Number
State												
Rivers	5.4	3.4	7.5	696	7.9	6.2	9.6	1,279	7.0	5.7	8.4	1,975
Sokoto	0.7	0.0	1.5	528	0.9	0.3	1.5	1,217	0.8	0.3	1.3	1,745
Taraba	8.0	4.2	11.8	384	7.0	5.2	8.7	1,881	7.1	5.6	8.7	2,265
Yobe	1.4	0.0	2.9	331	0.7	0.2	1.2	1,321	0.8	0.3	1.4	1,652
Zamfara	0.2	0.0	0.6	389	1.0	0.3	1.8	641	0.7	0.2	1.2	1,030
Wealth quintile												
Lowest	1.2	0.6	1.7	1,528	1.8	1.5	2.1	12,272	1.7	1.5	2.0	13,800
Second	2.0	1.4	2.6	2,677	2.8	2.4	3.2	11,466	2.6	2.3	3.0	14,143
Middle	2.9	2.4	3.5	5,620	4.4	3.9	4.9	10,337	3.8	3.5	4.2	15,957
Fourth	3.0	2.6	3.5	9,936	5.0	4.3	5.6	6,261	3.7	3.4	4.1	16,197
Highest	3.0	2.6	3.4	12,271	4.8	3.8	5.9	2,410	3.3	2.9	3.6	14,681
Total	2.8	2.6	3.1	32,032	3.3	3.1	3.6	42,746	3.1	2.9	3.2	74,778
¹ LCL – lower confidence limit.												
² UCL – upper confidence limit.												
³ FCT – Federal Capital Territory.												

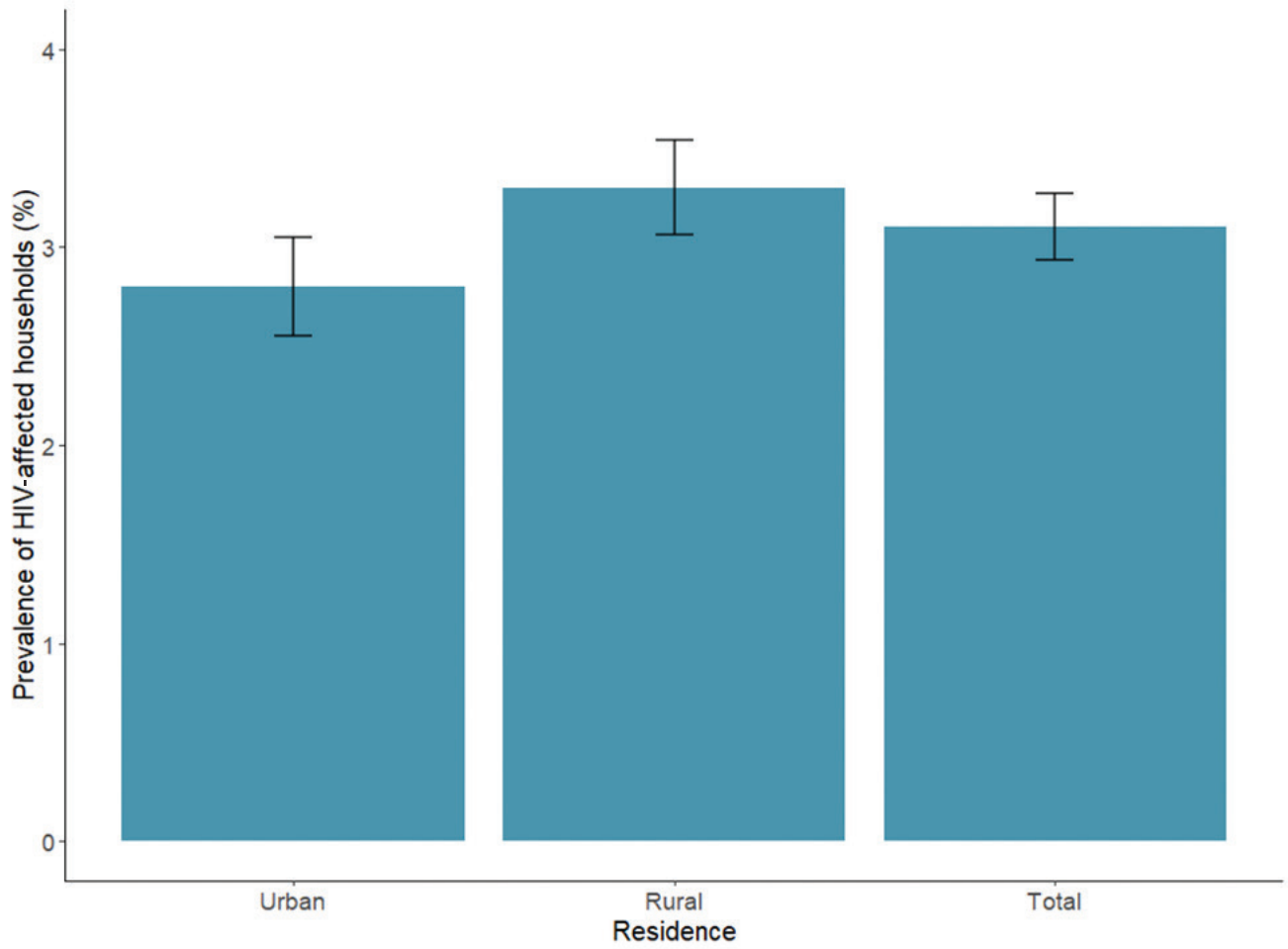


Figure 4.C Prevalence of HIV-affected households by place of residence, NAHS 2018

Table 4.E HIV-affected households by number of HIV-positive members						
Percent distribution of households with at least one de facto HIV-positive household member by number of HIV-positive household members by place of residence, NAIS 2018						
Number of HIV-positive household members	Place of residence					
	Urban		Rural		Total	
	Percent	Number	Percent	Number	Percent	Number
1	88.5	855	87.4	1,276	87.9	2,131
2	10.8	104	11.4	170	11.2	274
3	*	5	*	15	*	20
≥4	*	0	*	0	*	0
Total	100.0	964	100.0	1,461	100.0	2,425
An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.						

Table 4.F Prevalence of households with an HIV-positive head of household				
Percentage of households with an HIV-positive head of household by sex of head of household and place of residence, NAIS 2018				
Socio-demographic characteristics	Percent	LCL ¹	UCL ²	Number
Sex of head of household				
Male	1.3	1.2	1.5	43,827
Female	3.4	3.1	3.8	18,398
Place of residence				
Urban	1.9	1.7	2.1	26,394
Rural	2.0	1.8	2.2	35,831
Total	1.9	1.8	2.1	62,225
¹ LCL – lower confidence interval.				
² UCL – upper confidence interval.				

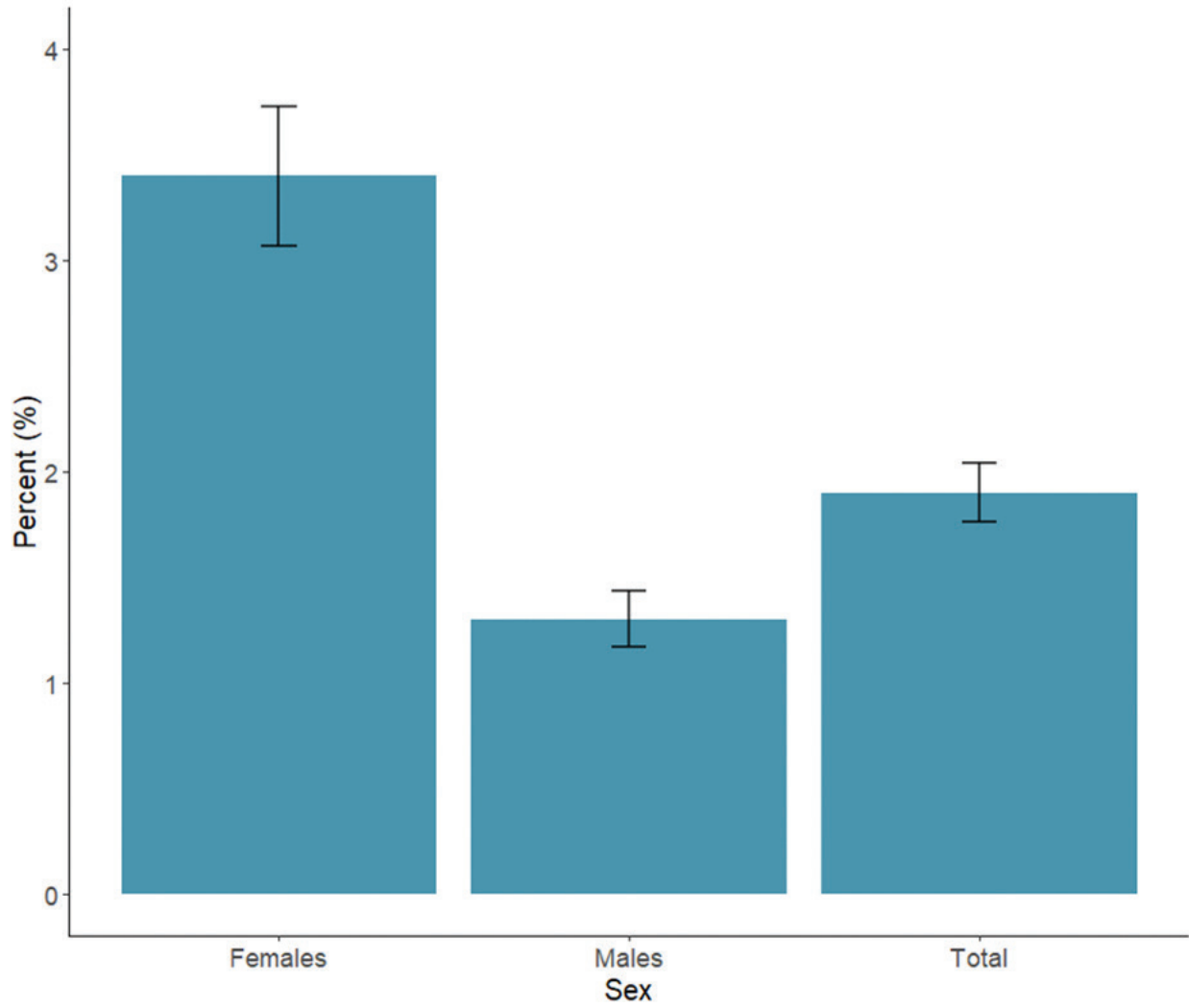


Figure 4.E Prevalence of households with an HIV-positive head of household by sex, NAIIS 2018

5. SURVEY RESPONDENT CHARACTERISTICS

5.1 Background

This chapter summarizes the basic demographic and socioeconomic characteristics of survey respondents (children (aged ≤ 14 years), adolescents (aged 10-14 years) and adults (aged 15-64 years). The key indicators in this report are stratified according to these characteristics.

5.2 Demographic Characteristics of the Adult Population

The distribution of the adult population showed a variation between rural (51.8%) and urban (48.2%) dwellers but no variation by sex (Table 5.A).

5.3 Results

Tables 5.A to 5.C present the demographic characteristics of NAIS respondents.

5.3.1 Key Findings

- Among adult respondents, 87.3% were aged 15-49 years (Table 5.A).
- Among children, 35.5% were aged 5-9 years (Table 5.B).
- Among adult respondents, 57.5% were either married or living together with a higher proportion among women (64.1%) than men (51.2%) (Table 5.A).
- Among adult respondents, 41.8% attained secondary education while 18.0% had no education (Table 5.A).

Table 5.A Demographic characteristics of the adult population						
Percent distribution of <i>de facto</i> population aged 15-64 years by sex and other selected socio-demographic characteristics, NAIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
Place of residence						
Urban	48.1	34,635	48.2	43,953	48.2	78,588
Rural	51.9	48,705	51.8	59,112	51.8	107,817
Marital status						
Never married	46.8	34,157	25.9	24,339	36.6	58,496
Married or living together	51.2	47,079	64.1	67,382	57.5	114,461
Divorced or separated	1.5	1,346	3.1	3,289	2.3	4,635
Widowed	0.6	619	6.9	7,939	3.7	8,558
Type of union						
In polygynous union	9.3	8,611	22.7	23,041	15.9	31,652
Not in polygynous union	41.6	38,139	41.2	43,889	41.5	82,028
Not currently in union	49.0	36,122	36.1	35,567	42.7	71,689
Education¹						
No education	10.6	9,878	25.7	27,876	18.0	37,754
Primary	16.0	14,588	18.4	20,078	17.2	34,666
Secondary	46.1	36,387	37.3	37,606	41.8	73,993
Tertiary	18.8	15,976	11.2	11,825	15.1	27,801
Others	8.4	6,443	7.4	5,561	7.9	12,004
Wealth quintile						
Lowest	17.9	15,831	17.6	18,465	17.8	34,296
Second	18.7	16,154	18.9	19,956	18.8	36,110
Middle	19.7	17,529	20.1	22,201	19.9	39,730
Fourth	21.1	17,573	21.4	22,311	21.3	39,884
Highest	22.6	16,253	22.0	20,132	22.3	36,385
Age (years)						
15-19	19.8	14,323	19.5	16,669	19.7	30,992
20-24	16.4	11,111	16.2	15,141	16.3	26,252
25-29	13.9	11,322	13.8	16,022	13.8	27,344
30-34	12.1	9,680	12.0	13,295	12.0	22,975
35-39	10.4	9,187	10.4	11,477	10.4	20,664
40-44	8.5	7,380	8.5	9,275	8.5	16,655
45-49	6.6	6,166	6.6	6,714	6.6	12,880
50-54	5.2	5,432	5.4	6,418	5.3	11,850
55-59	4.0	4,011	4.3	3,673	4.2	7,684
60-64	3.0	4,728	3.4	4,381	3.2	9,109

Table 5.A Demographic characteristics of the adult population (continued)						
Percent distribution of <i>de facto</i> population aged 15-64 years by sex and other selected socio-demographic characteristics, NAIIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
Total 15-24 years	36.2	25,434	35.8	31,810	36.0	57,244
Total 15-49 years	87.7	69,169	86.9	88,593	87.3	157,762
Total 15-64 years	100.0	83,340	100.0	103,065	100.0	186,405

¹Education categories refer to the highest level of education attended, whether that level was completed.

Table 5.B Demographic characteristics of the paediatric population (0-14 years old)						
Percent distribution of <i>de facto</i> population aged 0-14 years by sex and other selected socio-demographic characteristics, NAIIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
Age						
0-17 months	8.5	2,131	8.1	2,021	8.3	4,152
18-59 months	24.0	6,089	23.3	5,748	23.6	11,837
5-9 years	35.0	8,628	36.0	8,366	35.5	16,994
10-14 years	32.6	5,385	32.6	5,280	32.6	10,665
Place of residence						
Urban	48.1	9,104	49.2	8,943	48.6	18,047
Rural	51.9	13,129	50.8	12,472	51.4	25,601
Geopolitical zone						
North West	40.9	6,588	42.0	6,495	41.4	13,083
North East	14.6	3,761	13.5	3,470	14.1	7,231
North Central	9.2	3,196	9.0	3,039	9.1	6,235
South East	7.7	2,591	7.9	2,496	7.8	5,087
South South	10.1	2,706	10.3	2,718	10.2	5,424
South West	17.5	3,391	17.3	3,197	17.4	6,588
Total 0-4 years	32.4	8,220	31.4	7,769	31.9	15,989
Total 0-14 years	100.0	22,233	100.0	21,415	100.0	43,648

Table 5.C Demographic characteristics of the young adolescent population						
Percent distribution of the <i>de facto</i> population aged 10-14 years by sex and selected socio-demographic characteristics, NAIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percent	Number	Percent	Number	Percent	Number
Place of residence						
Urban	46.1	2,394	47.4	2,388	46.8	4,782
Rural	53.9	2,991	52.6	2,892	53.2	5,883
Geopolitical zone						
North West	28.7	1,455	30.5	1,506	29.6	2,961
North East	15.8	850	15.2	832	15.5	1,682
North Central	13.4	786	12.6	741	13.0	1,527
South East	11.0	675	11.0	630	11.0	1,305
South South	12.3	735	12.8	742	12.5	1,477
South West	18.7	884	18.0	829	18.4	1,713
Total 10-14 years	100.0	5,385	100.0	5,280	100.0	10,665

6. HIV INCIDENCE

6.1 Background

HIV incidence, the measure of new HIV infections in a population over time, provides important information on the status of the HIV epidemic. HIV incidence can be used for effective targeted HIV prevention planning in groups that are most vulnerable to recent HIV infection and to measure the impact of HIV prevention interventions. For the purposes of this analysis, HIV incidence among adults aged 15-64 years is expressed as the cumulative incidence or risk of new infections in a 12-month period, a close approximation to the instantaneous incidence rate (Appendix B). NAHS was not powered to estimate incidence at the sub-national level or across sub-groups.

6.2 Results

Tables 6.A and 6.B present HIV incidence in Nigeria at the time of the survey.

6.2.1 Key Findings

- The annual incidence of HIV among adults aged 15-64 years was 0.08% (women 0.12%, men 0.05%). This corresponds to 8 new infections per 10,000 persons per year (Table 6.A).
- Annual HIV incidence peaked at 0.22% among women aged 25-34 years and at 0.10% among men in the same age group (Table 6.A).

Table 6.A Annual HIV incidence using LAg/VL¹ testing algorithm						
Annual incidence of HIV among persons aged 15-64 years by sex and age using LAg/VL ¹ algorithm, NAIIS 2018						
Age (years)	Males		Females		Total	
	Percentage annual incidence ²	95% CI ³	Percentage annual incidence ²	95% CI ³	Percentage annual incidence ²	95% CI ³
15-24	0.03	(0.00,0.07)	0.05	(0.01,0.10)	0.04	(0.01,0.07)
25-34	0.10	(0.01,0.19)	0.22	(0.08,0.37)	0.16	(0.07,0.25)
35-49	0.05	(0.00,0.15)	0.10	(0.02,0.18)	0.08	(0.02,0.14)
15-49	0.06	(0.02,0.10)	0.12	(0.07,0.17)	0.09	(0.05,0.12)
15-64	0.05	(0.02,0.09)	0.12	(0.07,0.17)	0.08	(0.05,0.12)

¹ LAg/VL: Limiting antigen/viral load.
² Relates to [Global AIDS Monitoring indicator 3.1: HIV incidence](#).
³ 95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time.

Table 6.B Annual HIV incidence using LAg/VL/ARV¹ testing algorithm						
Annual incidence of HIV per 10,000 among persons aged 15-64 years by sex and age using LAg/VL/ARV ¹ algorithm, NAIIS 2018						
Age (years)	Males		Females		Total	
	Percentage annual incidence ²	95% CI ³	Percentage annual incidence ²	95% CI ³	Percentage annual incidence ²	95% CI ³
15-24	0.03	(0.00,0.07)	0.05	(0.01,0.10)	0.04	(0.01,0.07)
25-34	0.10	(0.01,0.19)	0.21	(0.07,0.35)	0.15	(0.07,0.24)
35-49	0.05	(0.00,0.15)	0.10	(0.02,0.18)	0.08	(0.01,0.14)
15-49	0.06	(0.02,0.10)	0.11	(0.06,0.16)	0.08	(0.05,0.12)
15-64	0.05	(0.02,0.09)	0.11	(0.06,0.16)	0.08	(0.05,0.11)

¹ LAg/VL/ARV: Limiting antigen/viral load/antiretrovirals.
² Relates to [Global AIDS Monitoring indicator 3.1: HIV incidence](#).
³ 95% CI (confidence interval) indicates the interval within which the true population parameter is expected to fall 95% of the time.

7. HIV PREVALENCE

7.1 Background

This chapter presents representative estimates of HIV prevalence among adults aged 15-64 years at the national and state level by selected demographic and behavioral characteristics. HIV prevalence testing was conducted in each household using a serological rapid diagnostic testing algorithm based on Nigeria's National HIV Testing Guidelines, with laboratory confirmation of seropositive specimens using a supplemental assay. Appendix A describes the sample design and Appendix B describes the NAIIS HIV testing methodology. Appendix C provides estimates of sampling errors.

7.2 Results

Tables 7.A to 7.C and Figures 7.A to 7.D present HIV prevalence data from the survey.

7.2.1 Key Findings

- HIV prevalence among adults aged 15-64 years was 1.4%. This was lower among men (1.0%) than women (1.8%) and lower in urban (1.3%) areas than in rural (1.5%) areas (Table 7.A).
- HIV prevalence among adults aged 15-49 years was 1.3%. This was lower among men (0.8%) than women (1.7%) and lower in urban (1.1%) than in rural (1.4%) areas (Table 7.B).
- Among adults aged 15-49 years, Akwa Ibom State had the highest HIV prevalence (4.8%) followed by Benue State (4.3%) and Rivers State (3.6%) (Table 7.B).
- Among adults aged 15-49 years, Jigawa and Katsina States had the lowest prevalence at 0.3% each (Table 7.B).

Table 7.A HIV prevalence by demographic characteristics, persons aged 15-64 years												
HIV prevalence among persons aged 15-64 years by sex and selected socio-demographic characteristics, NAIS 2018												
Socio-demographic characteristics	Males				Females				Total			
	Per-centage HIV positive	LCL ¹	UCL ²	Number	Per-centage HIV positive	LCL ¹	UCL ²	Number	Per-centage HIV positive	LCL ¹	UCL ²	Number
Place of residence												
Urban	0.9	0.8	1.0	32,172	1.6	1.5	1.8	40,618	1.3	1.1	1.4	72,790
Rural	1.0	0.9	1.2	45,798	1.9	1.8	2.1	55,128	1.5	1.4	1.6	100,926
State												
Abia	1.7	1.2	2.3	2,306	2.2	1.7	2.7	3,461	2.0	1.6	2.4	5,767
Adamawa	0.8	0.5	1.1	2,601	1.4	0.8	2.0	2,685	1.1	0.7	1.4	5,286
Akwa Ibom	2.9	2.1	3.7	1,939	6.7	5.5	7.8	2,442	4.8	4.0	5.5	4,381
Anambra	1.8	1.1	2.4	1,922	2.6	1.8	3.4	2,731	2.2	1.6	2.8	4,653
Bauchi	0.4	0.1	0.7	2,921	0.6	0.2	1.0	3,203	0.5	0.2	0.8	6,124
Bayelsa	1.4	0.9	2.0	1,722	2.1	1.5	2.7	2,170	1.7	1.3	2.2	3,892
Benue	3.5	2.6	4.3	2,156	6.3	5.0	7.6	2,410	4.8	3.9	5.7	4,566
Borno	1.0	0.2	1.8	795	1.2	0.5	1.9	1,020	1.1	0.5	1.7	1,815
Cross River	1.6	1.1	2.0	2,116	2.1	1.4	2.7	2,501	1.8	1.3	2.3	4,617
Delta	1.2	0.6	1.8	1,580	2.2	1.5	2.9	2,349	1.7	1.3	2.2	3,929
Ebonyi	0.7	0.4	1.0	2,400	0.9	0.6	1.2	4,013	0.8	0.6	1.0	6,413
Edo	1.2	0.7	1.6	1,891	2.3	1.7	3.0	2,427	1.8	1.4	2.2	4,318
Ekiti	0.3	0.1	0.6	1,606	1.1	0.6	1.6	2,007	0.7	0.4	1.0	3,613
Enugu	1.3	0.7	1.8	1,806	2.2	1.6	2.8	2,950	1.8	1.3	2.2	4,756
FCT ³	0.8	0.4	1.1	2,271	2.2	1.5	2.9	2,360	1.4	1.0	1.8	4,631
Gombe	0.8	0.4	1.2	3,283	1.6	1.0	2.3	3,256	1.2	0.7	1.6	6,539
Imo	1.3	0.7	1.9	2,190	2.0	1.5	2.6	3,253	1.7	1.2	2.1	5,443
Jigawa	0.1	0.0	0.3	2,766	0.5	0.2	0.8	2,936	0.3	0.2	0.5	5,702
Kaduna	0.6	0.3	1.0	2,471	1.4	0.8	2.0	2,782	1.0	0.6	1.4	5,253
Kano	0.4	0.1	0.6	2,125	0.7	0.3	1.2	2,262	0.6	0.3	0.9	4,387
Katsina	0.2	0.0	0.5	1,915	0.4	0.0	0.7	2,209	0.3	0.1	0.5	4,124
Kebbi	0.4	0.1	0.7	1,975	0.8	0.4	1.3	2,268	0.6	0.3	0.9	4,243
Kogi	0.5	0.1	0.8	1,846	1.2	0.8	1.7	2,345	0.8	0.5	1.2	4,191
Kwara	0.4	0.2	0.7	1,913	1.3	0.8	1.8	2,164	0.8	0.5	1.2	4,077
Lagos	0.8	0.5	1.2	3,111	1.9	1.4	2.3	4,391	1.3	1.0	1.6	7,502
Nasarawa	1.3	0.9	1.7	2,566	2.4	1.7	3.0	2,802	1.8	1.3	2.2	5,368
Niger	0.4	0.2	0.6	2,802	1.0	0.6	1.3	3,147	0.6	0.4	0.9	5,949
Ogun	0.9	0.5	1.3	1,424	1.9	1.2	2.5	2,160	1.4	1.0	1.8	3,584
Ondo	0.8	0.3	1.2	1,777	1.3	0.7	1.8	2,317	1.0	0.6	1.4	4,094

Table 7.A HIV prevalence by demographic characteristics, persons aged 15-64 years (continued)												
HIV prevalence among persons aged 15-64 years by sex and selected socio-demographic characteristics, NAIS 2018												
Socio-demographic characteristics	Males				Females				Total			
	Per-centage HIV positive	LCL ¹	UCL ²	Number	Per-centage HIV positive	LCL ¹	UCL ²	Number	Per-centage HIV positive	LCL ¹	UCL ²	Number
Osun	0.7	0.4	1.1	1,515	1.0	0.6	1.5	2,122	0.9	0.6	1.2	3,637
Oyo	0.8	0.4	1.3	1,822	1.0	0.5	1.4	2,296	0.9	0.6	1.2	4,118
Plateau	0.6	0.3	0.9	2,370	2.3	1.7	2.9	2,904	1.5	1.1	1.8	5,274
Rivers	2.8	1.8	3.7	1,791	4.6	3.6	5.7	2,164	3.6	2.9	4.3	3,955
Sokoto	0.4	0.1	0.7	1,956	0.4	0.1	0.7	2,080	0.4	0.2	0.6	4,036
Taraba	1.7	1.3	2.2	3,119	3.6	2.6	4.6	3,653	2.6	2.0	3.3	6,772
Yobe	0.5	0.1	0.8	2,153	0.3	0.0	0.5	2,147	0.4	0.1	0.6	4,300
Zamfara	0.3	0.0	0.7	1,048	0.5	0.2	0.9	1,359	0.4	0.1	0.7	2,407
Marital status												
Never married	0.4	0.4	0.5	31,791	1.3	1.1	1.4	22,743	0.7	0.6	0.8	54,534
Married or living together	1.3	1.2	1.4	44,216	1.4	1.3	1.6	62,473	1.4	1.3	1.5	106,689
Divorced or separated	3.3	2.1	4.5	1,264	5.6	4.7	6.5	3,053	4.8	4.1	5.6	4,317
Widowed	6.9	4.5	9.4	572	5.1	4.5	5.8	7,385	5.3	4.6	5.9	7,957
Type of union												
In polygynous union	1.0	0.8	1.3	8,262	1.2	1.0	1.4	21,569	1.2	1.0	1.3	29,831
Not in polygynous union	1.4	1.2	1.5	35,658	1.6	1.4	1.7	40,496	1.5	1.3	1.6	76,154
Not currently in union	0.6	0.5	0.7	33,627	2.4	2.2	2.6	33,181	1.3	1.2	1.4	66,808
Education⁴												
No education	0.8	0.6	1.0	9,159	1.3	1.1	1.5	25,614	1.1	1.0	1.3	34,773
Primary	1.3	1.1	1.6	13,706	2.5	2.3	2.8	18,838	2.0	1.8	2.1	32,544
Secondary	1.0	0.9	1.1	34,040	1.9	1.7	2.1	35,248	1.4	1.3	1.5	69,288
Tertiary	0.9	0.7	1.1	14,897	1.9	1.6	2.2	10,866	1.3	1.1	1.5	25,763
Others	0.4	0.2	0.7	6,121	0.6	0.3	0.9	5,086	0.5	0.3	0.7	11,207

Table 7.A HIV prevalence by demographic characteristics, persons aged 15-64 years (continued)												
HIV prevalence among persons aged 15-64 years by sex and selected socio-demographic characteristics, NAIS 2018												
Socio-demographic characteristics	Males				Females				Total			
	Per-centage HIV positive	LCL ¹	UCL ²	Number	Per-centage HIV positive	LCL ¹	UCL ²	Number	Per-centage HIV positive	LCL ¹	UCL ²	Number
Wealth quintile												
Lowest	0.6	0.4	0.7	14,989	1.0	0.8	1.2	17,055	0.8	0.7	0.9	32,044
Second	0.8	0.6	1.0	15,230	1.5	1.3	1.7	18,500	1.1	1.0	1.3	33,730
Middle	1.1	0.9	1.3	16,324	2.3	2.1	2.6	20,667	1.7	1.5	1.9	36,991
Fourth	1.1	0.9	1.3	16,468	2.2	1.9	2.4	20,835	1.6	1.5	1.8	37,303
Highest	1.1	0.9	1.4	14,959	1.8	1.5	2.0	18,689	1.4	1.3	1.6	33,648
Pregnancy status												
Currently pregnant	NA	NA	NA	NA	1.1	0.9	1.4	7,039	NA	NA	NA	NA
Not currently pregnant	NA	NA	NA	NA	1.8	1.7	1.9	87,531	NA	NA	NA	NA
Total 15-64 years	1.0	0.9	1.0	77,970	1.8	1.7	1.9	95,746	1.4	1.3	1.4	173,716
¹ LCL – lower confidence limit. ² UCL – upper confidence limit. ³ FCT – Federal Capital Territory. ⁴ Education categories refer to the highest level of education attended, whether that level was completed. NA – not applicable.												

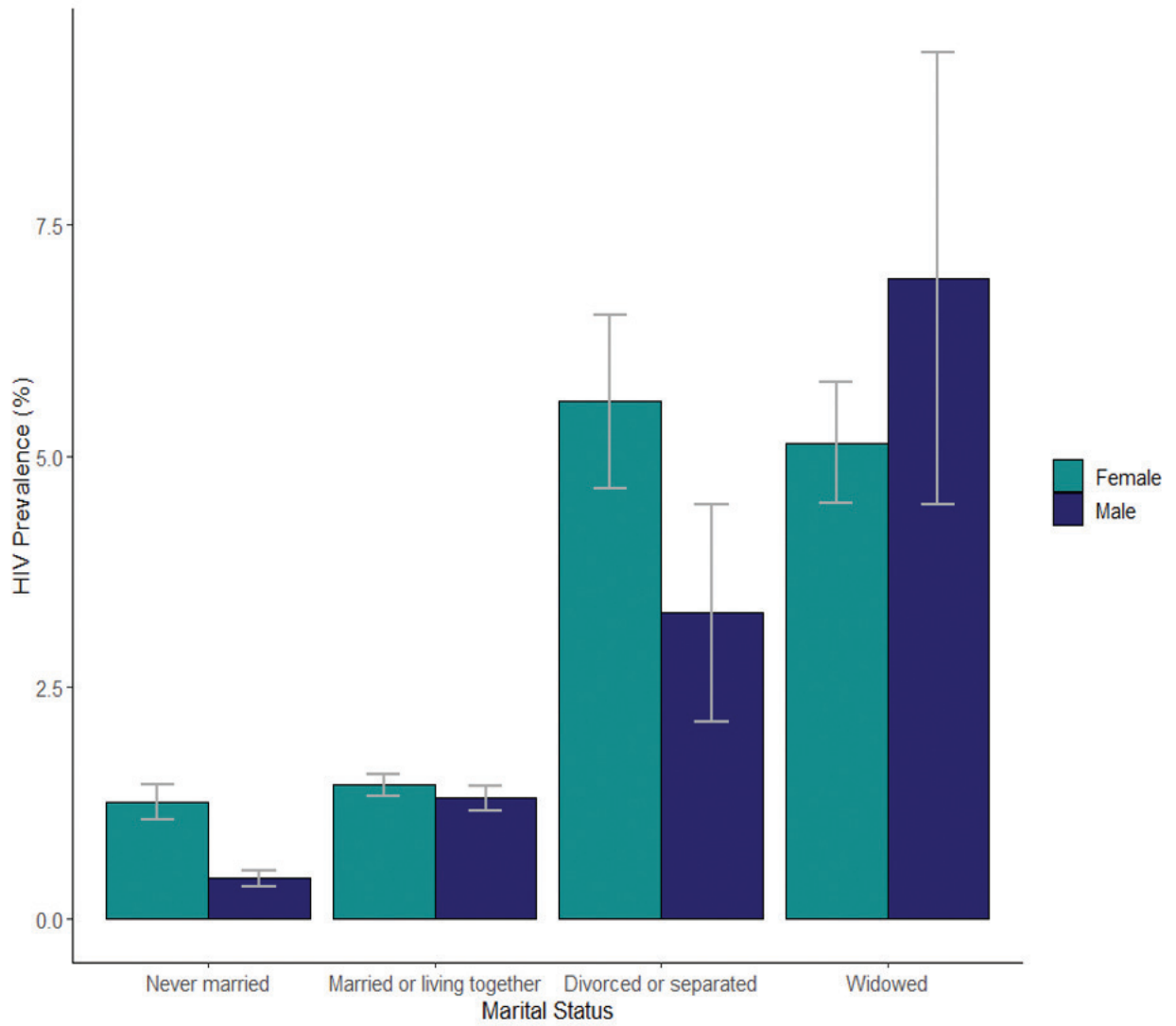


Figure 7.A HIV prevalence by marital status, persons aged 15-64 years, NAIS 2018

HIV prevalence among persons aged 15-49 years by sex and selected socio-demographic characteristics, NAIS 2018												
Socio-demographic characteristics	Males				Females				Total			
	Percent HIV positive	LCL ¹	UCL ²	Number	Percent HIV positive	LCL ¹	UCL ²	Number	Percent HIV positive	LCL ¹	UCL ²	Number
Place of residence												
Urban	0.7	0.6	0.9	26,969	1.6	1.4	1.8	35,072	1.1	1.0	1.3	62,041
Rural	0.9	0.8	1.1	37,698	1.9	1.7	2.0	47,347	1.4	1.3	1.5	85,045
States												
Abia	1.6	0.9	2.2	1,706	2.3	1.7	2.9	2,658	2.0	1.5	2.4	4,364
Adamawa	0.8	0.4	1.1	2,205	1.4	0.8	2.0	2,414	1.1	0.7	1.4	4,619
Akwa Ibom	2.8	1.9	3.6	1,590	6.9	5.8	8.1	2,024	4.8	4.0	5.6	3,614
Anambra	1.6	0.9	2.3	1,521	2.8	1.9	3.7	2,192	2.2	1.5	2.9	3,713
Bauchi	0.4	0.1	0.7	2,480	0.4	0.1	0.7	2,894	0.4	0.2	0.6	5,374
Bayelsa	1.3	0.8	1.9	1,514	2.0	1.3	2.6	1,907	1.6	1.2	2.1	3,421
Benue	2.7	1.9	3.5	1,790	6.2	4.9	7.4	2,073	4.3	3.5	5.2	3,863
Borno	1.1	0.3	2.0	675	1.2	0.6	1.9	901	1.2	0.5	1.9	1,576
Cross River	1.2	0.7	1.6	1,787	2.0	1.3	2.6	2,169	1.6	1.1	2.0	3,956
Delta	0.9	0.4	1.4	1,289	2.4	1.6	3.1	1,976	1.7	1.2	2.2	3,265
Ebonyi	0.5	0.2	0.9	1,823	0.9	0.6	1.2	3,260	0.7	0.5	1.0	5,083
Edo	1.0	0.5	1.4	1,512	2.2	1.5	2.8	2,014	1.6	1.1	2.0	3,526
Ekiti	0.2	0.0	0.5	1,266	1.0	0.5	1.4	1,600	0.6	0.3	0.8	2,866
Enugu	1.2	0.6	1.9	1,420	2.4	1.7	3.2	2,316	1.9	1.3	2.4	3,736
FCT ³	0.6	0.2	1.0	1,974	2.1	1.4	2.8	2,148	1.3	0.9	1.7	4,122
Gombe	0.7	0.3	1.1	2,861	1.6	1.0	2.2	2,929	1.1	0.6	1.5	5,790
Imo	1.0	0.4	1.5	1,596	1.9	1.4	2.5	2,451	1.5	1.0	2.0	4,047
Jigawa	0.1	0.0	0.3	2,284	0.5	0.2	0.8	2,674	0.3	0.1	0.5	4,958
Kaduna	0.5	0.1	0.8	2,151	1.3	0.7	2.0	2,505	0.9	0.5	1.3	4,656
Kano	0.3	0.1	0.5	1,805	0.7	0.3	1.1	2,060	0.5	0.2	0.8	3,865
Katsina	0.2	0.0	0.5	1,554	0.3	0.0	0.6	2,001	0.3	0.0	0.5	3,555
Kebbi	0.4	0.1	0.8	1,636	0.8	0.4	1.3	2,087	0.6	0.3	0.9	3,723
Kogi	0.4	0.1	0.8	1,529	1.3	0.8	1.9	1,954	0.9	0.5	1.2	3,483
Kwara	0.4	0.1	0.7	1,585	1.4	0.8	1.9	1,814	0.8	0.5	1.2	3,399
Lagos	0.7	0.3	1.1	2,635	1.7	1.3	2.2	3,787	1.2	0.9	1.5	6,422
Nasarawa	1.1	0.7	1.5	2,285	2.3	1.7	2.9	2,510	1.6	1.2	2.1	4,795
Niger	0.3	0.1	0.6	2,388	0.9	0.6	1.3	2,898	0.6	0.4	0.9	5,286
Ogun	0.5	0.1	0.8	1,145	1.6	1.0	2.2	1,790	1.1	0.7	1.4	2,935

Table 7.B HIV prevalence by demographic characteristics, persons aged 15-49 years (continued)												
HIV prevalence among persons aged 15-49 years by sex and selected socio-demographic characteristics, NAHS 2018												
Socio-demographic characteristics	Males				Females				Total			
	Percent HIV positive	LCL ¹	UCL ²	Number	Percent HIV positive	LCL ¹	UCL ²	Number	Percent HIV positive	LCL ¹	UCL ²	Number
Ondo	0.6	0.2	1.0	1,463	1.1	0.6	1.6	1,924	0.9	0.5	1.2	3,387
Osun	0.7	0.3	1.1	1,230	1.0	0.5	1.5	1,742	0.8	0.5	1.2	2,972
Oyo	0.8	0.3	1.2	1,468	0.9	0.4	1.3	1,916	0.8	0.5	1.1	3,384
Plateau	0.4	0.2	0.7	2,045	2.3	1.6	2.9	2,582	1.3	1.0	1.7	4,627
Rivers	2.6	1.6	3.5	1,520	4.7	3.6	5.9	1,885	3.6	2.8	4.3	3,405
Sokoto	0.4	0.1	0.7	1,549	0.4	0.1	0.7	1,902	0.4	0.1	0.7	3,451
Taraba	1.7	1.2	2.1	2,712	3.4	2.5	4.3	3,279	2.5	1.9	3.1	5,991
Yobe	0.5	0.1	0.9	1,821	0.3	0.0	0.5	1,959	0.4	0.1	0.7	3,780
Zamfara	0.4	0.0	0.8	853	0.5	0.1	0.9	1,224	0.4	0.1	0.8	2,077
Marital status												
Never married	0.4	0.3	0.5	31,494	1.2	1.0	1.4	22,341	0.7	0.6	0.8	53,835
Married or living together	1.2	1.1	1.4	31,925	1.4	1.3	1.6	54,824	1.3	1.2	1.5	86,749
Divorced or separated	3.2	1.8	4.6	912	5.8	4.7	6.8	2,447	4.9	4.1	5.8	3,359
Widowed	6.8	3.1	10.5	223	9.1	7.7	10.5	2,726	8.9	7.6	10.2	2,949
Type of union												
In polygynous union	1.1	0.8	1.4	5,130	1.1	1.0	1.3	18,592	1.1	1.0	1.3	23,722
Not in polygynous union	1.2	1.0	1.4	26,586	1.6	1.5	1.8	35,873	1.4	1.3	1.5	62,459
Not currently in union	0.5	0.4	0.6	32,629	2.3	2.0	2.5	27,514	1.2	1.1	1.3	60,143
Education⁴												
No education	0.8	0.5	1.0	6,719	1.2	1.0	1.4	19,915	1.1	0.9	1.2	26,634
Primary	1.1	0.9	1.3	9,748	2.6	2.3	2.9	14,651	1.9	1.7	2.1	24,399
Secondary	0.9	0.7	1.0	31,247	1.8	1.7	2.0	33,513	1.3	1.2	1.4	64,760
Tertiary	0.7	0.6	0.9	12,357	1.8	1.5	2.2	9,693	1.1	1.0	1.3	22,050
Others	0.4	0.1	0.6	4,570	0.6	0.3	0.9	4,573	0.5	0.3	0.7	9,143

Table 7.B HIV prevalence by demographic characteristics, persons aged 15-49 years (continued)												
HIV prevalence among persons aged 15-49 years by sex and selected socio-demographic characteristics, NAIS 2018												
Socio-demographic characteristics	Males				Females				Total			
	Percent HIV positive	LCL ¹	UCL ²	Number	Percent HIV positive	LCL ¹	UCL ²	Number	Percent HIV positive	LCL ¹	UCL ²	Number
Wealth quintile												
Lowest	0.5	0.4	0.6	12,206	1.0	0.8	1.1	15,076	0.7	0.6	0.9	27,282
Second	0.7	0.5	0.9	12,673	1.4	1.2	1.6	16,078	1.0	0.9	1.2	28,751
Middle	0.9	0.7	1.1	13,583	2.3	2.1	2.6	17,320	1.6	1.4	1.8	30,903
Fourth	1.0	0.8	1.2	13,772	2.1	1.9	2.4	17,793	1.5	1.4	1.7	31,565
Highest	1.0	0.7	1.2	12,433	1.7	1.5	2.0	16,152	1.3	1.2	1.5	28,585
Pregnancy status												
Currently pregnant	NA	NA	NA	NA	1.1	0.9	1.4	6,991	NA	NA	NA	NA
Not currently pregnant	NA	NA	NA	NA	1.8	1.7	1.9	74,326	NA	NA	NA	NA
Total 15-49 years	0.8	0.7	0.9	64,667	1.7	1.6	1.9	82,419	1.3	1.2	1.4	147,086
¹ LCL – lower confidence limit.												
² UCL – upper confidence limit.												
³ FCT – Federal Capital Territory.												
⁴ Education categories refer to the highest level of education attended, whether that level was completed.												
NA – not applicable.												

Table 7.C HIV prevalence by sex and age						
HIV prevalence among persons aged 0-64 years by sex and age, NAIS 2018						
Age	Males		Females		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
0-17 months	0.1	1,159	0.3	1,132	0.2	2,291
18-59 months	0.1	3,937	0.1	3,697	0.1	7,634
5-9 years	0.1	6,505	0.1	6,276	0.1	12,781
10-14 years	0.2	4,972	0.2	4,816	0.2	9,788
15-19 years	0.1	13,344	0.3	15,553	0.2	28,897
20-24 years	0.3	10,368	1.3	14,058	0.8	24,426
25-29 years	0.7	10,592	1.8	14,878	1.2	25,470
30-34 years	1.0	9,067	2.2	12,326	1.6	21,393
35-39 years	1.4	8,623	3.1	10,705	2.2	19,328
40-44 years	1.7	6,904	2.6	8,645	2.2	15,549
45-49 years	2.2	5,769	2.7	6,254	2.4	12,023
50-54 years	2.3	5,053	2.3	5,933	2.3	10,986
55-59 years	1.6	3,773	2.4	3,339	2.0	7,112
60-64 years	1.4	4,477	1.5	4,055	1.4	8,532
Total 0-4 years	0.1	5,096	0.2	4,829	0.1	9,925
Total 0-14 years	0.1	16,573	0.2	15,921	0.1	32,494
Total 15-24 years	0.2	23,712	0.8	29,611	0.5	53,323
Total 15-49 years	0.8	64,667	1.7	82,419	1.3	147,086
Total 15-64 years	1.0	77,970	1.8	95,746	1.4	173,716

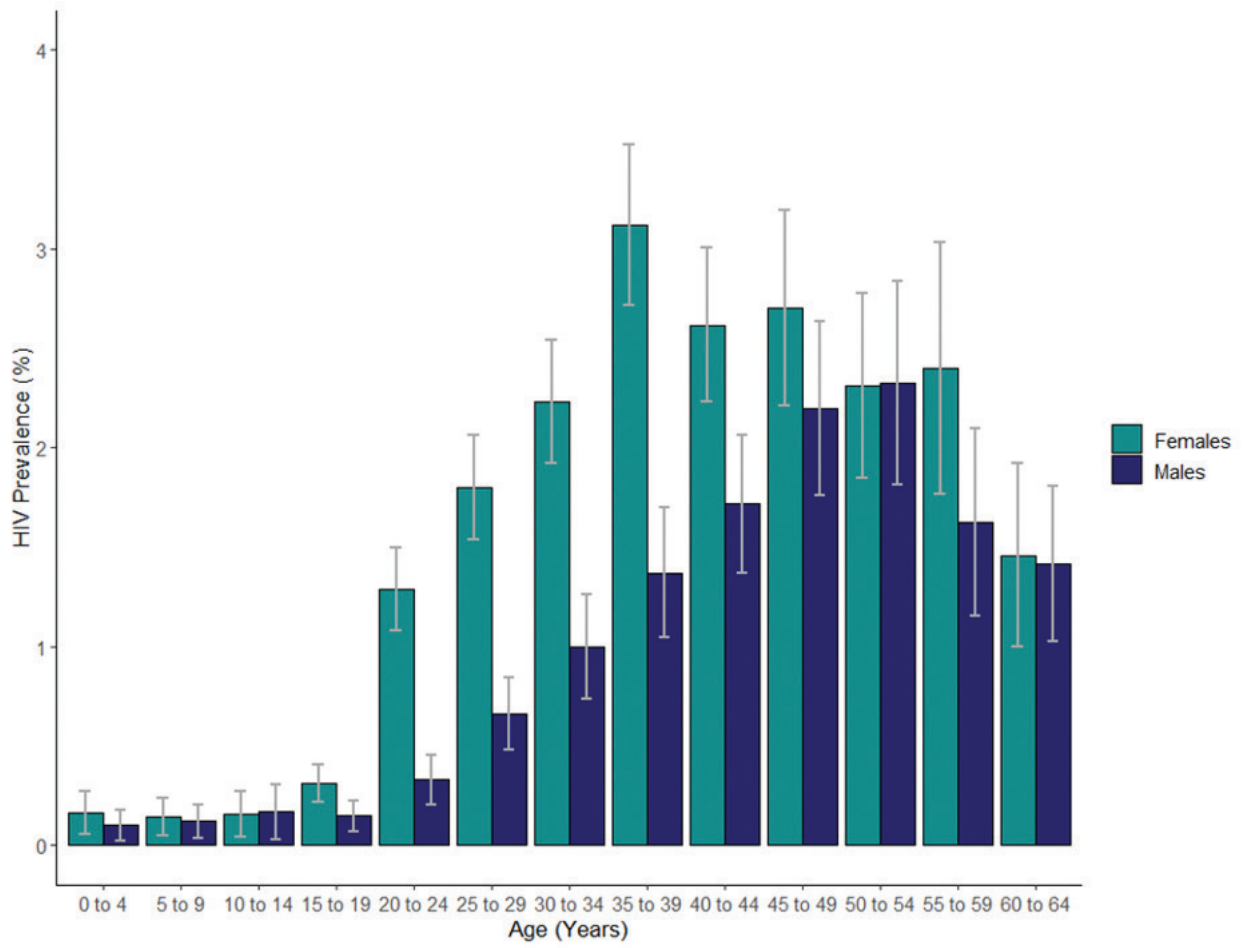


Figure 7.B HIV prevalence by sex and age, NAIS 2018

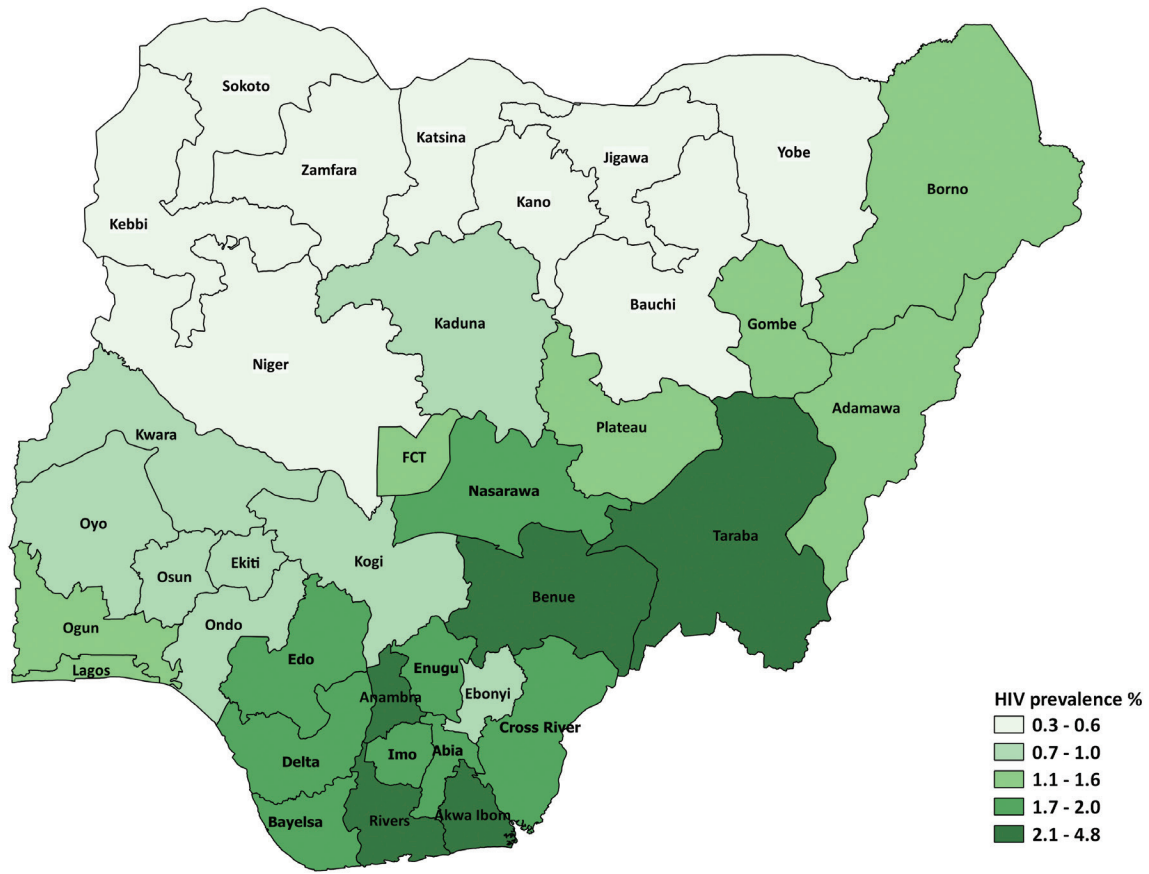


Figure 7.C HIV prevalence among adults aged 15-64 years by state, NAIIS 2018

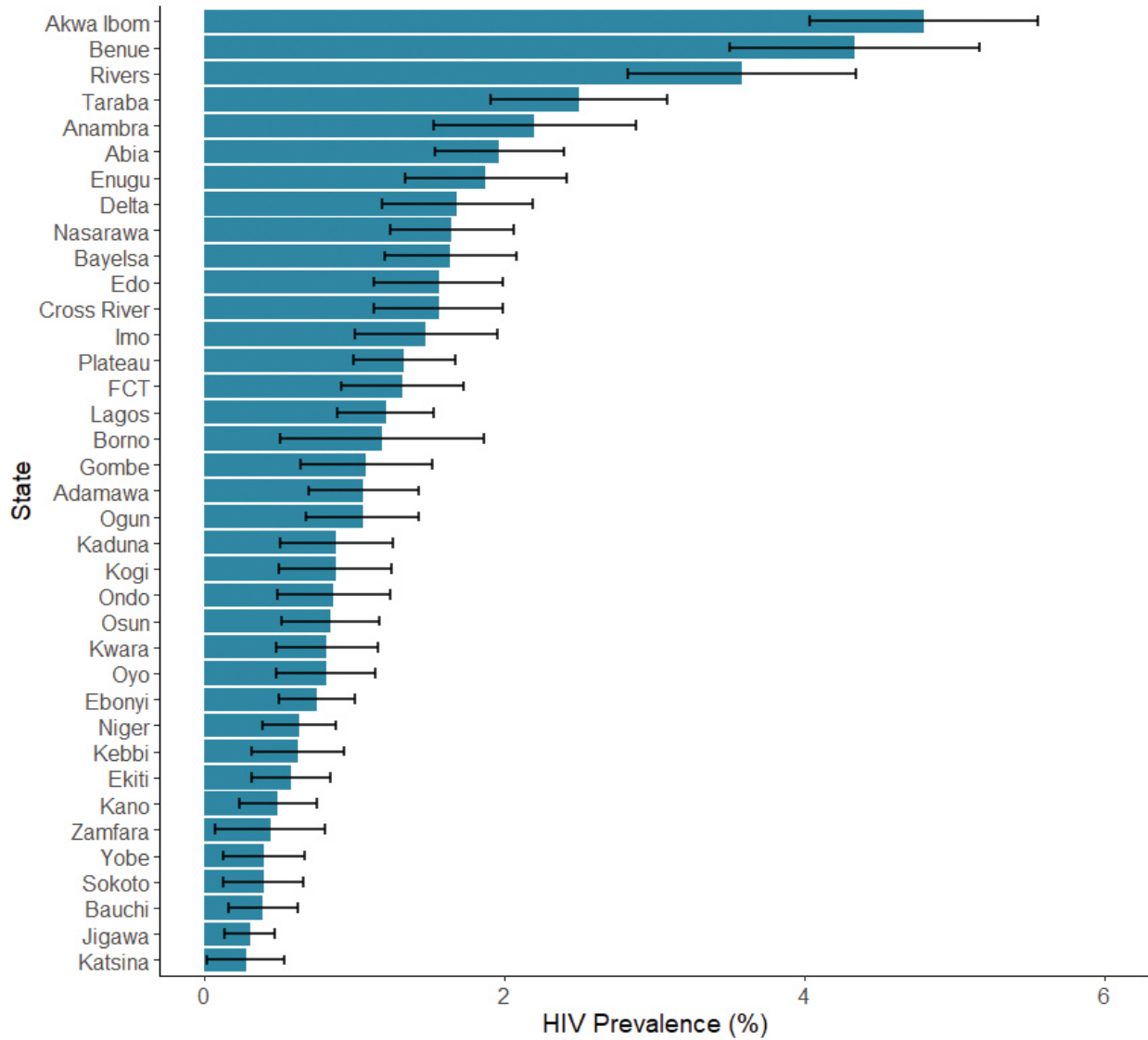


Figure 7.D HIV prevalence among adults aged 15-49 years by state, NAIIS 2018

8. SELF-REPORTED HIV TESTING

8.1 Background

HIV testing is necessary for awareness of HIV status and is a critical component of HIV epidemic control. Awareness of HIV-positive status is the first step to engagement with HIV care and treatment services, accessing ART, prevention counseling for HIV-positive and HIV-negative individuals to reduce risk of HIV transmission or acquisition and access to screening services for other co-morbidities.

8.2 Results

Tables 8.A to 8.C and Figure 8.A show the results of receipt of HIV test results ever and in the last 12 months.

8.2.1 Key Findings

- Among adults aged 15-64 years, 30.1% self-reported ever having received HIV test results (32.6% among women and 27.7% among men) (Tables 8.A, 8.B and 8.C).
- Among adults aged 15-64 years, 36.8% in urban areas self-reported ever having received HIV test results compared to 23.8% in rural areas (Table 8.C).

Table 8.A Self-reported HIV testing: Men				
Percentage of men aged 15-64 years who ever received an HIV test result and received an HIV test result in the past 12 months, by result of NAIS HIV test and selected socio-demographic characteristics, NAIS 2018				
Socio-demographic characteristics	Ever received HIV test result		Received HIV test result in past 12 months	
	Percent	Number	Percent	Number
NAIS HIV test result				
HIV positive	54.6	824	16.9	800
HIV negative	27.2	75,836	9.1	74,072
Not tested	30.6	5,247	14.7	5,124
Place of residence				
Urban	32.8	34,049	11.2	33,065
Rural	23.0	47,858	8.0	46,931
Geopolitical zone				
North West	11.2	14,969	4.1	14,892
North East	19.9	15,243	6.6	15,055
North Central	32.9	16,621	14.0	16,225
South East	46.2	11,174	13.4	10,682
South South	40.5	11,891	14.8	11,567
South West	33.8	12,009	10.7	11,575
Marital status				
Never married	19.8	33,676	7.8	33,115
Married or living together	34.5	46,189	11.0	44,907
Divorced or separated	36.5	1,321	12.4	1,284
Widowed	44.0	603	11.6	576
Type of union				
In polygynous union	21.1	8,422	7.4	8,289
Not in polygynous union	37.3	37,456	11.9	36,327
Not currently in union	20.6	35,600	7.9	34,975
Education¹				
No education	8.3	9,627	2.6	9,541
Primary	22.5	14,276	6.3	13,920
Secondary	26.5	35,801	9.0	34,963
Tertiary	54.6	15,790	20.8	15,191
Others	8.1	6,358	2.7	6,329

Table 8.A Self-reported HIV testing: Men (continued)				
Percentage of men aged 15-64 years who ever received an HIV test result and received an HIV test result in the past 12 months, by result of NAIIS HIV test and selected socio-demographic characteristics, NAIIS 2018				
Socio-demographic characteristics	Ever received HIV test result		Received HIV test result in past 12 months	
	Percent	Number	Percent	Number
Wealth quintile				
Lowest	9.8	15,549	3.5	15,428
Second	16.9	15,875	6.0	15,646
Middle	25.3	17,245	8.4	16,844
Fourth	33.7	17,257	11.2	16,743
Highest	47.4	15,981	16.9	15,335
Age (years)				
15-19	6.3	14,095	2.0	13,981
20-24	21.0	10,967	8.7	10,790
25-29	32.1	11,146	13.0	10,887
30-34	39.0	9,547	14.7	9,293
35-39	40.4	9,041	14.2	8,775
40-44	39.7	7,250	11.9	7,040
45-49	37.1	6,071	10.5	5,870
50-54	32.9	5,293	8.1	5,139
55-59	31.5	3,904	8.5	3,777
60-64	26.9	4,593	6.6	4,444
Total 15-24 years	13.0	25,062	5.0	24,771
Total 15-49 years	27.2	68,117	9.8	66,636
Total 15-64 years	27.7	81,907	9.5	79,996

¹Education categories refer to the highest level of education attended, whether that level was completed.

Table 8.B Self-reported HIV testing: Women				
Percentage of women aged 15-64 years who ever received an HIV test result and received an HIV test result in the past 12 months, by result of NAIS HIV test and selected socio-demographic characteristics, NAIS 2018				
Socio-demographic characteristics	Ever received HIV test result		Received HIV test result in past 12 months	
	Percent	Number	Percent	Number
NAIS HIV test result				
HIV positive	59.2	1,840	19.5	1,762
HIV negative	32.1	90,372	10.4	87,151
Not tested	33.0	6,988	15.6	6,742
Place of residence				
Urban	41.0	42,498	13.6	40,481
Rural	24.7	56,702	8.5	55,174
Geopolitical zone				
North West	16.5	16,808	4.6	16,570
North East	21.5	15,756	7.2	15,369
North Central	30.7	18,757	12.5	18,070
South East	49.6	17,063	16.4	16,149
South South	43.9	14,869	15.5	14,412
South West	42.5	15,947	14.1	15,085
Marital status				
Never married	22.2	23,862	9.2	23,304
Married or living together	36.5	64,457	11.8	61,897
Divorced or separated	45.6	3,180	14.6	3,035
Widowed	29.9	7,602	7.9	7,326
Type of union				
In polygynous union	22.5	21,942	6.5	21,348
Not in polygynous union	44.0	42,077	14.6	40,134
Not currently in union	25.6	34,644	9.4	33,665
Education¹				
No education	12.9	26,139	3.9	25,652
Primary	30.0	19,317	8.4	18,605
Secondary	39.2	36,707	13.7	35,201
Tertiary	69.6	11,641	26.7	10,896
Others	14.7	5,302	3.8	5,212

Table 8.B Self-reported HIV testing: Women (continued)				
Percentage of women aged 15-64 years who ever received an HIV test result and received an HIV test result in the past 12 months, by result of NAIIS HIV test and selected socio-demographic characteristics, NAIIS 2018				
Socio-demographic characteristics	Ever received HIV test result		Received HIV test result in past 12 months	
	Percent	Number	Percent	Number
Wealth quintile				
Lowest	12.4	17,407	3.7	17,136
Second	18.8	19,071	6.1	18,597
Middle	29.3	21,415	9.7	20,689
Fourth	40.7	21,649	13.8	20,725
Highest	55.0	19,658	19.3	18,508
Age (years)				
15-19	11.4	16,232	5.0	16,039
20-24	33.7	14,610	13.8	14,090
25-29	45.0	15,401	17.1	14,730
30-34	45.4	12,733	15.2	12,184
35-39	45.5	11,040	13.5	10,537
40-44	36.8	8,914	9.2	8,558
45-49	33.9	6,464	8.8	6,216
50-54	26.6	6,119	7.0	5,903
55-59	26.4	3,529	7.4	3,388
60-64	20.3	4,158	4.1	4,010
Total 15-24 years	21.4	30,842	8.9	30,129
Total 15-49 years	33.7	85,394	11.6	82,354
Total 15-64 years	32.6	99,200	10.9	95,655

¹Education categories refer to the highest level of education attended, whether that level was completed.

Table 8.C Self-reported HIV testing: Total				
Percentage of HIV-positive persons aged 15-64 years who ever received an HIV test result and received an HIV test result in the past 12 months, by result of NAIIS HIV test and selected socio-demographic characteristics, NAIIS 2018				
Socio-demographic characteristics	Ever received HIV test result		Received HIV test result in past 12 months	
	Percent	Number	Percent	Number
NAIIS HIV test result				
HIV positive	57.6	2,664	18.6	2,562
HIV negative	29.5	166,208	9.7	161,223
Not tested	31.8	12,235	15.2	11,866
Place of residence				
Urban	36.8	76,547	12.4	73,546
Rural	23.8	104,560	8.2	102,105
Geopolitical zone				
North West	13.7	31,777	4.3	31,462
North East	20.7	30,999	6.9	30,424
North Central	31.9	35,378	13.3	34,295
South East	48.0	28,237	15.0	26,831
South South	42.2	26,760	15.1	25,979
South West	38.1	27,956	12.3	26,660
Marital status				
Never married	20.7	57,538	8.3	56,419
Married or living together	35.6	110,646	11.4	106,804
Divorced or separated	42.5	4,501	13.9	4,319
Widowed	31.0	8,205	8.2	7,902
Type of union				
In polygynous union	22.1	30,364	6.8	29,637
Not in polygynous union	40.5	79,533	13.2	76,461
Not currently in union	22.7	70,244	8.6	68,640
Education¹				
No education	11.5	35,766	3.5	35,193
Primary	26.4	33,593	7.4	32,525
Secondary	32.1	72,508	11.0	70,164
Tertiary	60.0	27,431	22.9	26,087
Others	11.0	11,660	3.2	11,541

Table 8.C Self-reported HIV testing: Total (continued)				
Percentage of HIV-positive persons aged 15-64 years who ever received an HIV test result and received an HIV test result in the past 12 months, by result of NAIIS HIV test and selected socio-demographic characteristics, NAIIS 2018				
Socio-demographic characteristics	Ever received HIV test result		Received HIV test result in past 12 months	
	Percent	Number	Percent	Number
Wealth quintile				
Lowest	11.0	32,956	3.6	32,564
Second	17.8	34,946	6.0	34,243
Middle	27.3	38,660	9.0	37,533
Fourth	37.2	38,906	12.5	37,468
Highest	51.0	35,639	18.1	33,843
Age (years)				
15-19	8.8	30,327	3.5	30,020
20-24	27.1	25,577	11.1	24,880
25-29	38.3	26,547	14.9	25,617
30-34	42.1	22,280	14.9	21,477
35-39	42.9	20,081	13.9	19,312
40-44	38.3	16,164	10.6	15,598
45-49	35.6	12,535	9.7	12,086
50-54	29.8	11,412	7.6	11,042
55-59	29.0	7,433	8.0	7,165
60-64	23.5	8,751	5.4	8,454
Total 15-24 years	17.1	55,904	6.9	54,900
Total 15-49 years	30.4	153,511	10.6	148,990
Total 15-64 years	30.1	181,107	10.2	175,651

¹Education categories refer to the highest level of education attended, whether that level was completed.

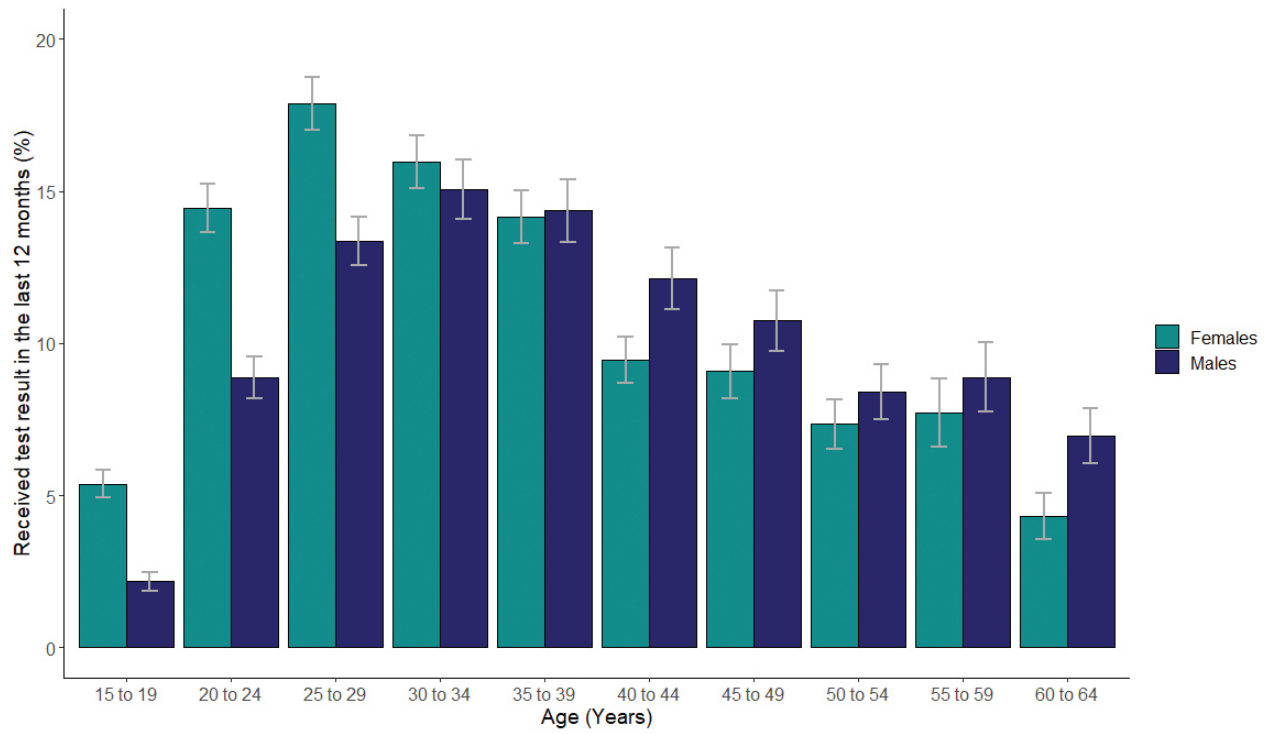


Figure 8.A Proportion of adults aged 15-64 years who self-report receiving HIV test results in the last 12 months by sex and age, NAIS 2018

9. HIV DIAGNOSIS AND TREATMENT

9.1 Background

Recent studies have proven that treating PLHIV at higher CD4 counts improves immune recovery, decreases the incidence of non-AIDS events and comorbidities and mortality and reduces sexual and vertical transmission. In 2016, after an extensive review of evidence of both the clinical and population-level benefits of expanding ART, WHO changed its recommendation to support a policy of “Treatment for All,” regardless of CD4 count.^{1,2} In Nigeria, the “test and treat” policy was adopted in December 2016. NAIIS determined the presence of four ARVs (efavirenz, lopinavir, nevirapine and atazanavir) in blood as markers of the first- and second-line regimens prescribed in Nigeria at the time of the survey.

9.2 Results

Tables 9.A to 9.F and Figure 9.A describe ART uptake in Nigeria during NAIIS.

9.2.1 Key Findings

- Among HIV- positive adults aged 15-64 years, 71.1% self-reported being unaware of their HIV status (Table 9.C).
- Of HIV- positive adults aged 15-64 years, 25.9% reported being on ART (Table 9.C).
- The percentage of HIV- positive adults aged 15-64 years unaware of their HIV status was higher in rural areas (74.0%) than urban areas (67.4%) (Table 9.C).
- Among individuals who self-reported an HIV- positive status and being on ART, 94.5% had ARVs detected in their blood. Among those who self-reported an HIV- positive status and not being on ART, 42.0% had ARVs detected in their blood (Table 9.F).
- Among those who self-reported not being previously diagnosed, 24.4% had ARVs detected in their blood (Table 9.F).

9.3 References

1. World Health Organization. *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. Geneva: World Health Organization; 2016. <https://www.who.int/hiv/pub/arv/arv-2016/en/>. Accessed March 10, 2019.
2. World Health Organization. *Treat all: Policy adoption and implementation status in countries*. Geneva: World Health Organization; 2017. <http://apps.who.int/iris/bitstream/handle/10665/259532/WHO-HIV-2017.58-eng.pdf;jsessionid=B3857967C208CC9E4093EEA9CEDC3A0C?sequence=1>. Accessed March 10, 2019.

Table 9.A HIV treatment status: Men					
Percent distribution of HIV-positive men aged 15-64 years by self-reported HIV and treatment status and selected socio-demographic characteristics, NAIIS 2018					
Socio-demographic characteristics	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Place of residence					
Urban	72.7	1.4	26.0	100.0	310
Rural	73.0	1.9	25.1	100.0	518
Geopolitical zone					
North West	66.5	1.0	32.5	100.0	55
North East	76.2	0.8	23.0	100.0	137
North Central	50.9	1.5	47.6	100.0	185
South East	78.4	2.9	18.7	100.0	147
South South	79.7	2.1	18.2	100.0	217
South West	79.6	1.0	19.4	100.0	87
Marital status					
Never married	90.0	0.7	9.3	100.0	160
Married or living together	68.8	2.0	29.1	100.0	589
Divorced or separated	60.9	2.3	36.7	100.0	42
Widowed	64.3	0.0	35.7	100.0	36
Type of union					
In polygynous union	69.3	4.6	26.2	100.0	90
Not in polygynous union	68.4	1.6	29.9	100.0	496
Not currently in union	81.9	0.9	17.3	100.0	238
Education²					
No education	82.6	0.3	17.1	100.0	75
Primary	73.0	1.5	25.4	100.0	199
Secondary	77.7	1.6	20.7	100.0	365
Tertiary	55.3	2.9	41.8	100.0	163
Others	*	*	*	*	26
Wealth quintile					
Lowest	76.4	1.1	22.5	100.0	101
Second	67.5	2.2	30.4	100.0	141
Middle	70.3	2.7	27.1	100.0	205
Fourth	71.9	1.2	26.8	100.0	203
Highest	77.6	1.2	21.2	100.0	178

Table 9.A HIV treatment status: Men (continued)					
Percent distribution of HIV-positive men aged 15-64 years by self-reported HIV and treatment status and selected socio-demographic characteristics, NAIS 2018					
Socio-demographic characteristics	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Age (years)					
15-19	*	*	*	*	23
20-24	88.3	0.0	11.7	100.0	37
25-29	88.7	1.5	9.8	100.0	72
30-34	84.8	2.0	13.2	100.0	88
35-39	78.4	1.3	20.3	100.0	116
40-44	67.8	0.4	31.7	100.0	129
45-49	63.9	2.5	33.6	100.0	123
50-54	57.2	1.9	40.9	100.0	111
55-59	62.5	0.0	37.5	100.0	62
60-64	57.4	6.6	36.0	100.0	67
Total 15-24 years	91.1	1.2	7.7	100.0	60
Total 15-49 years	77.3	1.5	21.2	100.0	588
Total 15-64 years	72.9	1.7	25.5	100.0	828
¹ Relates to <u>Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy.</u>					
² Education categories refer to the highest level of education attended, whether that level was completed.					
An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.					

Table 9.B HIV treatment status: Women					
Percent distribution of HIV-positive women aged 15-64 years by self-reported HIV and treatment status and selected socio-demographic characteristics, NAIS 2018					
Socio-demographic characteristics	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Place of residence					
Urban	64.4	4.5	31.1	100.0	736
Rural	74.6	3.1	22.4	100.0	1,096
Geopolitical zone					
North West	68.6	7.2	24.2	100.0	112
North East	67.7	0.9	31.4	100.0	252
North Central	59.9	1.9	38.2	100.0	447
South East	69.3	5.2	25.4	100.0	317
South South	80.3	4.5	15.2	100.0	481
South West	67.1	2.5	30.4	100.0	223
Marital status					
Never married	77.3	3.7	19.0	100.0	302
Married or living together	71.7	3.8	24.5	100.0	972
Divorced or separated	62.4	6.0	31.5	100.0	191
Widowed	62.7	2.3	35.0	100.0	362
Type of union					
In polygynous union	74.1	0.5	25.4	100.0	285
Not in polygynous union	70.8	5.2	24.0	100.0	677
Not currently in union	68.2	3.6	28.2	100.0	855
Education²					
No education	78.3	2.6	19.1	100.0	359
Primary	72.7	2.5	24.8	100.0	503
Secondary	66.0	4.6	29.4	100.0	722
Tertiary	64.6	3.0	32.4	100.0	209
Others	69.7	13.7	16.6	100.0	34
Wealth quintile					
Lowest	82.8	2.7	14.4	100.0	207
Second	68.8	1.8	29.4	100.0	310
Middle	70.4	5.6	24.0	100.0	493
Fourth	66.5	3.0	30.5	100.0	476
Highest	69.1	3.9	27.0	100.0	346

Table 9.B HIV treatment status: Women (continued)					
Percent distribution of HIV-positive women aged 15-64 years by self-reported HIV and treatment status and selected socio-demographic characteristics, NAIS 2018					
Socio-demographic characteristics	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Age (years)					
15-19	87.0	1.6	11.3	100.0	58
20-24	82.8	6.1	11.1	100.0	186
25-29	78.5	3.1	18.4	100.0	273
30-34	71.3	6.5	22.2	100.0	291
35-39	63.0	5.1	31.9	100.0	346
40-44	60.8	3.5	35.7	100.0	241
45-49	60.0	1.8	38.2	100.0	158
50-54	62.9	0.0	37.1	100.0	145
55-59	75.5	0.0	24.5	100.0	73
60-64	79.5	0.0	20.5	100.0	61
Total 15-24 years	83.8	5.0	11.1	100.0	244
Total 15-49 years	70.0	4.4	25.6	100.0	1,553
Total 15-64 years	70.1	3.7	26.2	100.0	1,832
¹ Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy.					
² Education categories refer to the highest level of education attended, whether that level was completed.					

Table 9.C HIV treatment status: Total					
Percent distribution of HIV-positive persons aged 15-64 years by self-reported HIV and treatment status and selected socio-demographic characteristics, NAIS 2018					
Socio-demographic characteristics	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Place of residence					
Urban	67.4	3.4	29.2	100.0	1,046
Rural	74.0	2.6	23.4	100.0	1,614
Geopolitical zone					
North West	67.8	4.9	27.3	100.0	167
North East	71.1	0.9	28.0	100.0	389
North Central	56.9	1.8	41.4	100.0	632
South East	72.7	4.4	22.9	100.0	464
South South	80.1	3.6	16.3	100.0	698
South West	71.4	2.0	26.6	100.0	310
Marital status					
Never married	82.4	2.5	15.1	100.0	462
Married or living together	70.4	3.0	26.5	100.0	1,561
Divorced or separated	62.1	5.2	32.7	100.0	233
Widowed	62.9	2.0	35.1	100.0	398
Type of union					
In polygynous union	72.7	1.6	25.6	100.0	375
Not in polygynous union	69.7	3.5	26.8	100.0	1,173
Not currently in union	71.8	2.8	25.3	100.0	1,093
Education²					
No education	79.1	2.1	18.7	100.0	434
Primary	72.8	2.2	25.0	100.0	702
Secondary	70.6	3.4	25.9	100.0	1,087
Tertiary	60.3	2.9	36.8	100.0	372
Others	72.7	7.2	20.1	100.0	60
Wealth quintile					
Lowest	80.4	2.1	17.4	100.0	308
Second	68.3	1.9	29.8	100.0	451
Middle	70.3	4.7	25.0	100.0	698
Fourth	68.5	2.4	29.2	100.0	679
Highest	72.6	2.8	24.6	100.0	524

Table 9.C HIV treatment status: Total (continued)					
Percent distribution of HIV-positive persons aged 15-64 years by self-reported HIV and treatment status and selected socio-demographic characteristics, NAIS 2018					
Socio-demographic characteristics	Unaware of HIV status	Aware of HIV status		Total	Number
		Not on ART	On ART ¹		
Age (years)					
15-19	90.1	2.3	7.6	100.0	81
20-24	84.1	4.7	11.2	100.0	223
25-29	81.5	2.6	15.9	100.0	345
30-34	75.6	5.0	19.3	100.0	379
35-39	68.0	3.9	28.1	100.0	462
40-44	63.7	2.3	34.1	100.0	370
45-49	61.8	2.1	36.1	100.0	281
50-54	60.0	1.0	39.0	100.0	256
55-59	70.3	0.0	29.7	100.0	135
60-64	68.8	3.2	28.0	100.0	128
Total 15-24 years	85.6	4.1	10.3	100.0	304
Total 15-49 years	72.5	3.4	24.1	100.0	2,141
Total 15-64 years	71.1	3.0	25.9	100.0	2,660
¹ Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy .					
² Education categories refer to the highest level of education attended, whether that level was completed.					

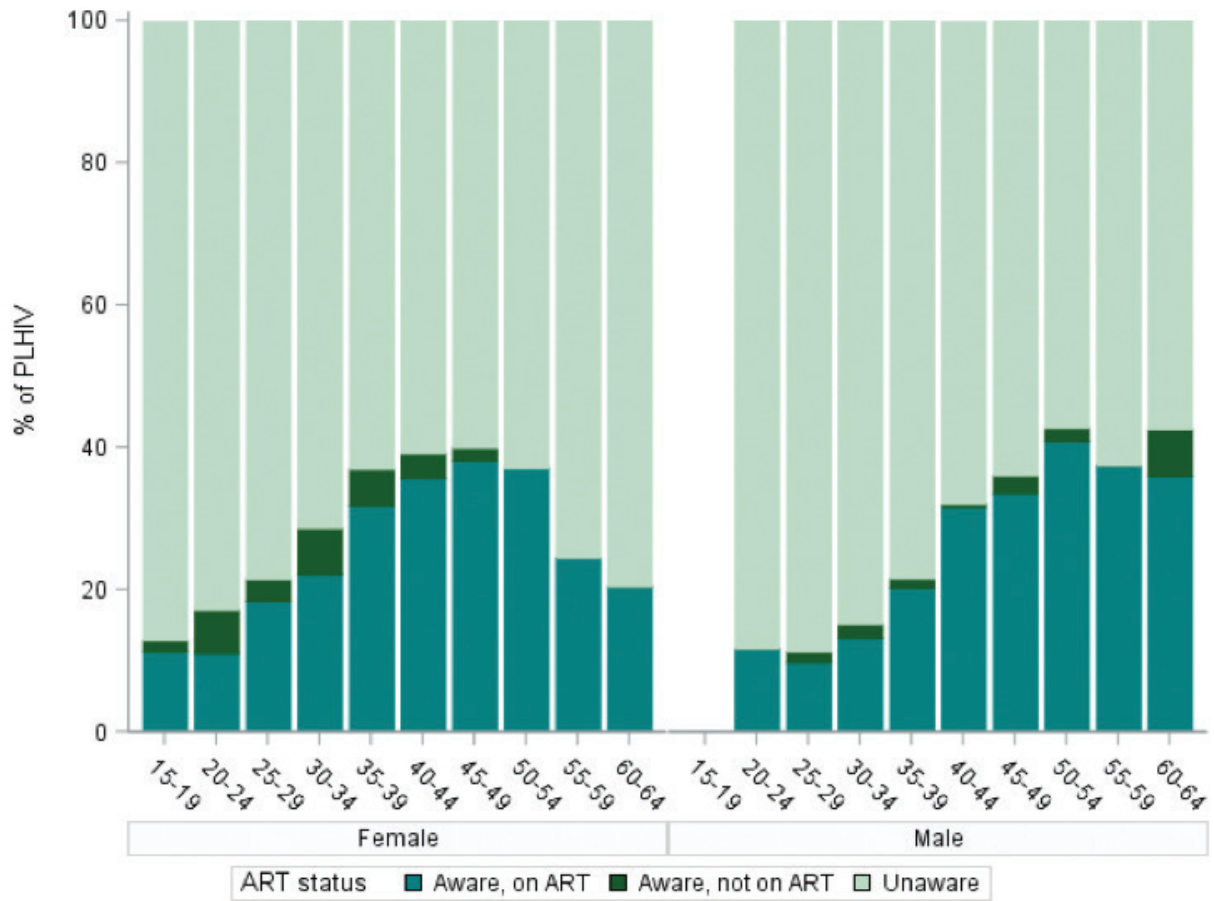


Figure 9.A Proportion of HIV-positive adults reporting awareness of HIV status and ART status by sex and age, NAIIS 2018

The estimates for men aged 15-19 years were not presented because the unweighted sample size was 30 or less people.

Table 9.D Concordance of self-reported treatment status versus presence of antiretrovirals (ARVs): Men				
Percent distribution of ARV status by self-reported HIV treatment status among HIV-positive men aged 15-64 years, NAIIS 2018				
Characteristics	ARVs ¹		Total	Number
	Not detectable	Detectable		
Self-reported treatment status				
Not previously diagnosed	81.7	18.3	100.0	577
Previously diagnosed, not on ART ²	*	*	*	17
Previously diagnosed, on ART ²	6.6	93.4	100.0	234
Total 15-24 years	72.6	27.4	100.0	61
Total 15-49 years	66.6	33.4	100.0	601
Total 15-64 years	62.1	37.9	100.0	845
¹ Antiretroviral detection assay included only atazanavir, efavirenz and lopinavir. Participants who reported antiretroviral therapy use or had an undetectable viral load but had no evidence of the first three ARVs were tested for nevirapine as well. ² ART – antiretroviral therapy. An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.				

Table 9.E Concordance of self-reported treatment status versus presence of antiretrovirals (ARVs): Women				
Percent distribution of ARV status by self-reported HIV treatment status among HIV-positive women aged 15-64 years, NAIIS 2018				
Characteristics	ARVs ¹		Total	Number
	Not detectable	Detectable		
Self-reported treatment status				
Not previously diagnosed	72.0	28.0	100.0	1,262
Previously diagnosed, not on ART ²	58.7	41.3	100.0	56
Previously diagnosed, on ART ²	4.9	95.1	100.0	508
Total 15-24 years	72.5	27.5	100.0	254
Total 15-49 years	54.8	45.2	100.0	1,602
Total 15-64 years	53.5	46.5	100.0	1,888
¹ Antiretroviral detection assay included only atazanavir, efavirenz and lopinavir. Participants who reported antiretroviral therapy use or had an undetectable viral load but had no evidence of the first three ARVs were tested for nevirapine as well. ² ART – antiretroviral therapy.				

Table 9.F Concordance of self-reported treatment status versus presence of antiretrovirals (ARVs): Total				
Percent distribution of ARV status by self-reported HIV treatment status among HIV-positive persons aged 15-64 years, NAIIS 2018				
Characteristics	ARVs ¹		Total	Number
	Not detectable	Detectable		
Self-reported treatment status				
Not previously diagnosed	75.6	24.4	100.0	1,839
Previously diagnosed, not on ART ²	58.0	42.0	100.0	73
Previously diagnosed, on ART ²	5.5	94.5	100.0	742
Total 15-24 years	72.5	27.5	100.0	315
Total 15-49 years	58.8	41.2	100.0	2,203
Total 15-64 years	56.6	43.4	100.0	2,733
¹ Antiretroviral detection assay included only atazanavir, efavirenz and lopinavir. Participants who reported antiretroviral therapy use or had an undetectable viral load but had no evidence of the first three ARVs were tested for nevirapine as well.				
² ART – antiretroviral therapy.				

10. VIRAL LOAD SUPPRESSION

10.1 Background

The key treatment success indicator for PLHIV is VLS. For NAIIS, VLS was defined as VL less than 1,000 HIV RNA copies per mL of plasma. This chapter describes VLS among the population of HIV-positive adults by socio-demographic characteristics.

10.2 Results

Tables 10.A and 10.B, along with Figures 10.A to 10.D, present VLS data of PLHIV.

10.2.1 Key Findings

- Among adults aged 15-64 years who tested HIV positive, 43.1% had VLS (women 45.5%, men 38.8%). The prevalence of VLS was lower in rural than urban areas (40.3% and 46.7%, respectively) (Table 10.A).
- Among adults previously diagnosed and self-reported on ART, VLS was 82.5% (Table 10.A).
- VLS was lowest among those never married (31.6%) and highest in those who that were widowed (52.9%) (Table 10.A).
- VLS was highest among adults in the North Central Zone (63.8%) and lowest among adults in the South South Zone (31.1%) (Table 10.A).
- VLS varied by age group, ranging from 31.2% among adults aged 20-24 years to 55.6% among adults aged 50-54 years (Table 10.B).

Table 10.A Viral load suppression prevalence by demographic characteristics						
Percentage distribution of HIV-positive persons aged 15-64 years with viral load suppression (VLS) (<1,000 copies/mL) ¹ by sex, self-reported HIV diagnosis, antiretroviral therapy (ART) status and selected socio-demographic characteristics, NAIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percentage VLS	Number	Percentage VLS	Number	Percentage VLS	Number
Self-reported diagnosis and treatment status						
Not previously diagnosed	24.9	577	31.2	1,267	28.8	1,844
Previously diagnosed, not on ART	*	17	40.0	56	39.7	73
Previously diagnosed, on ART	79.5	234	84.2	509	82.5	743
Place of residence						
Urban	38.9	319	51.1	759	46.7	1,078
Rural	38.7	526	41.2	1,135	40.3	1,661
Geopolitical zone						
North West	52.1	55	43.7	120	46.7	175
North East	46.4	141	51.5	262	49.5	403
North Central	60.0	189	65.7	462	63.8	651
South East	35.2	148	37.5	329	36.6	477
South South	27.2	221	33.3	491	31.1	712
South West	26.9	91	48.8	230	41.2	321
Marital status						
Never married	25.6	163	35.6	313	31.6	476
Married or living together	43.3	601	46.1	1,008	44.9	1,609
Divorced or separated	35.6	44	43.0	197	41.3	241
Widowed	36.1	36	54.8	371	52.9	407
Type of union						
In polygynous union	46.7	91	44.2	304	44.9	395
Not in polygynous union	43.3	507	47.1	694	45.3	1,201
Not currently in union	28.7	243	45.1	881	40.8	1,124
Education²						
No education	41.6	77	50.3	377	48.5	454
Primary	40.6	203	38.5	517	39.2	720
Secondary	35.5	375	45.6	741	41.6	1,116
Tertiary	45.0	164	55.7	217	50.7	381
Others	*	26	28.8	37	31.2	63

Table 10.A Viral load suppression prevalence by demographic characteristics (continued)						
Percentage distribution of HIV-positive persons aged 15-64 years with viral load suppression (VLS) (<1,000 copies/mL) ¹ by sex, self-reported HIV diagnosis, antiretroviral therapy (ART) status and selected socio-demographic characteristics, NAIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percentage VLS	Number	Percentage VLS	Number	Percentage VLS	Number
Wealth quintile						
Lowest	49.0	102	45.3	215	46.6	317
Second	42.2	144	43.7	322	43.2	466
Middle	38.0	211	42.2	503	40.8	714
Fourth	40.7	206	50.6	498	47.2	704
Highest	31.8	182	44.9	356	39.6	538
Total 15-24 years	33.6	61	32.2	255	32.6	316
Total 15-49 years	33.5	601	44.7	1,607	40.9	2,208
Total 15-64 years	38.8	845	45.5	1,894	43.1	2,739
¹ Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads .						
² Education categories refer to the highest level of education attended, whether that level was completed.						
An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.						

Table 10.B Viral load suppression by age (5-year age groups)						
Percentage distribution of HIV-positive persons aged 0-64 years with viral load suppression (VLS) (<1,000 copies/mL) ¹ by sex and age, NAIS 2018						
Age (years)	Males		Females		Total	
	Percentage VLS	Number	Percentage VLS	Number	Percentage VLS	Number
0-4	*	7	*	10	*	17
5-9	*	9	*	10	*	19
10-14	*	7	*	8	*	15
15-19	*	24	32.6	58	36.5	82
20-24	27.9	37	32.1	197	31.2	234
25-29	14.8	72	39.5	282	32.6	354
30-34	24.7	92	40.0	302	35.1	394
35-39	37.5	116	51.5	356	47.1	472
40-44	38.0	132	53.5	251	47.2	383
45-49	44.0	128	54.6	161	49.7	289
50-54	58.8	114	52.5	149	55.6	263
55-59	45.5	63	48.2	76	47.2	139
60-64	62.5	67	47.8	62	54.8	129
Total 15-24 years	33.6	61	32.2	255	32.6	316
Total 15-49 years	33.5	601	44.7	1,607	40.9	2,208
Total 15-64 years	38.8	845	45.5	1,894	43.1	2,739

¹Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads.
An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

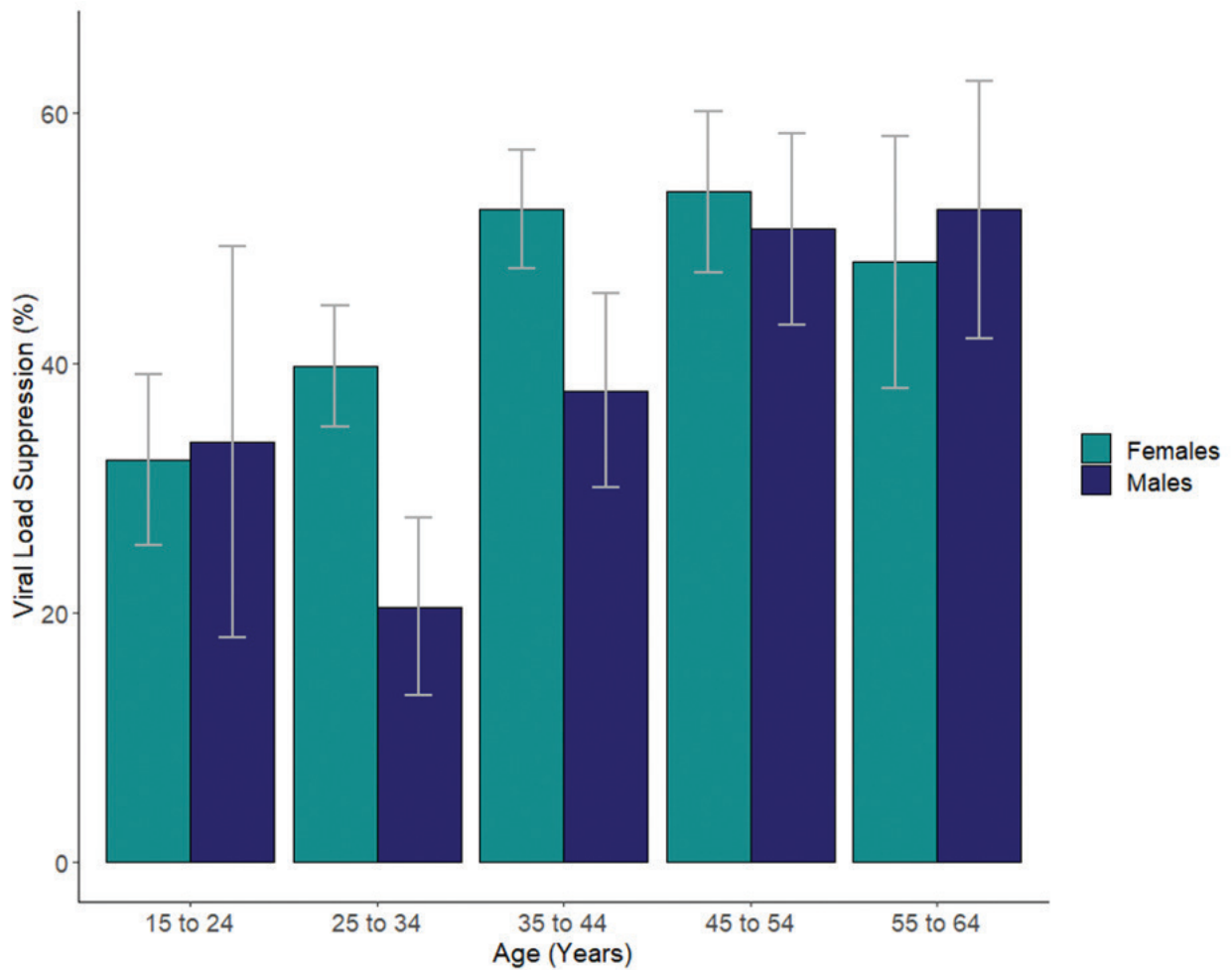


Figure 10.A Proportion of viral load suppression among HIV-positive persons by sex and age, NAIS 2018
 The estimates for children aged 0-14 years were not presented because the unweighted sample size was 30 or less people.

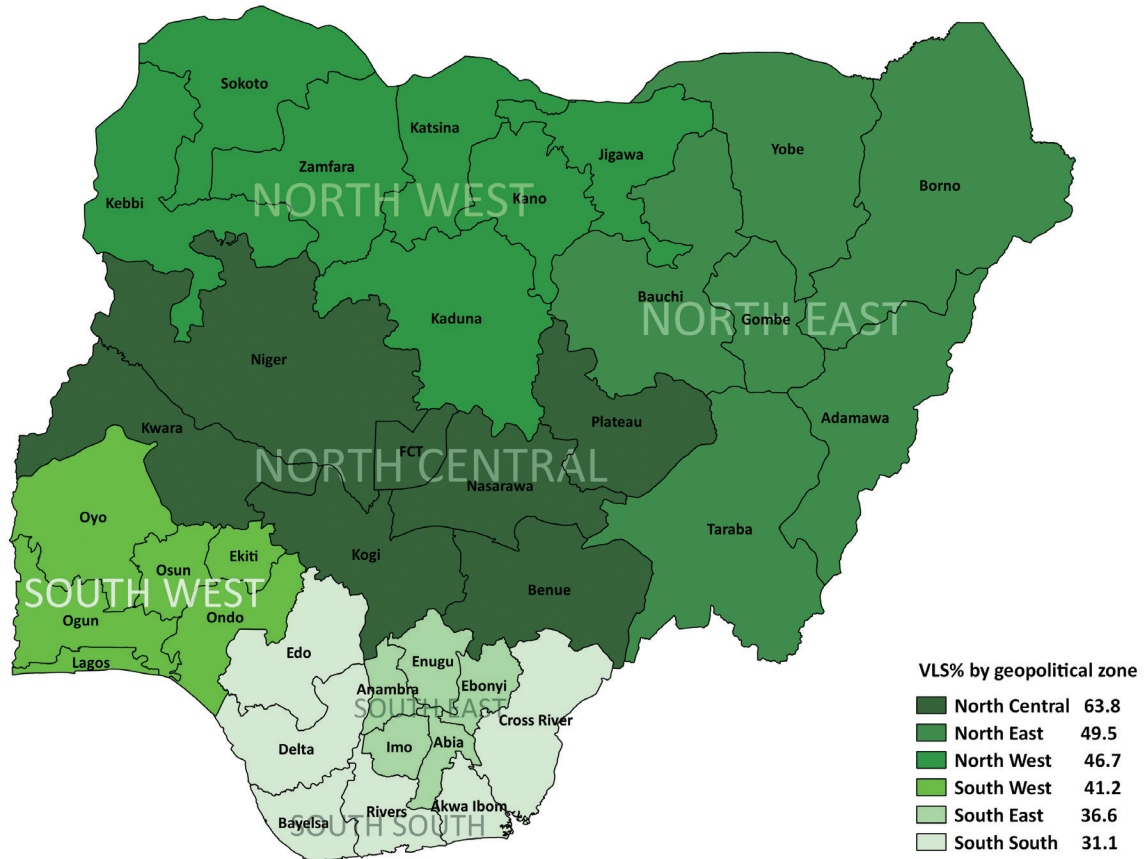


Figure 10.B Viral load suppression (VLS) (<1,000 copies/mL) among HIV-positive adults aged 15-64 years by geopolitical zone, NAIIS 2018

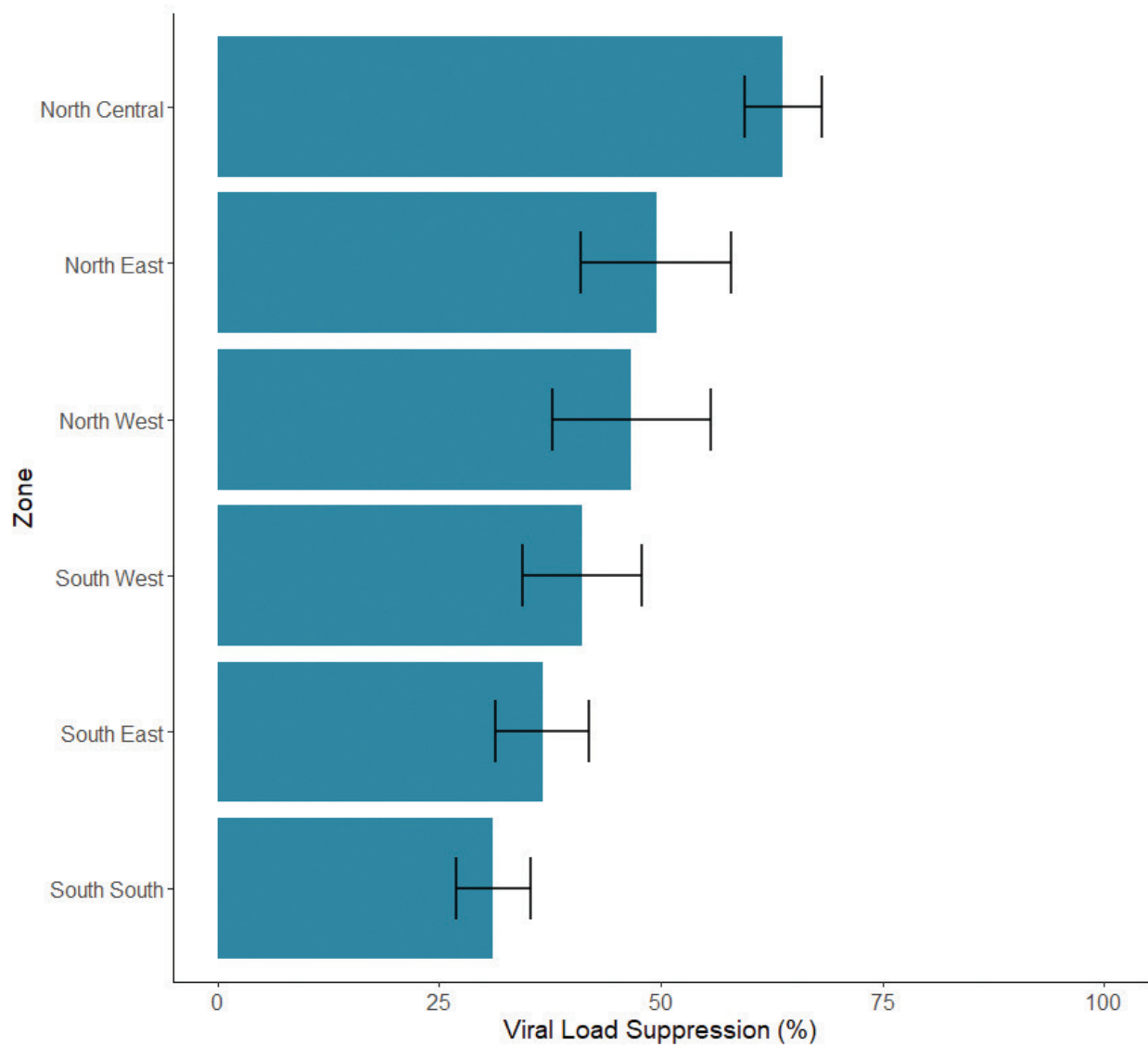


Figure 10.C Viral load suppression (<1000, copies/mL) among HIV-positive adults aged 15-64 years by geopolitical zone, NAIS 2018

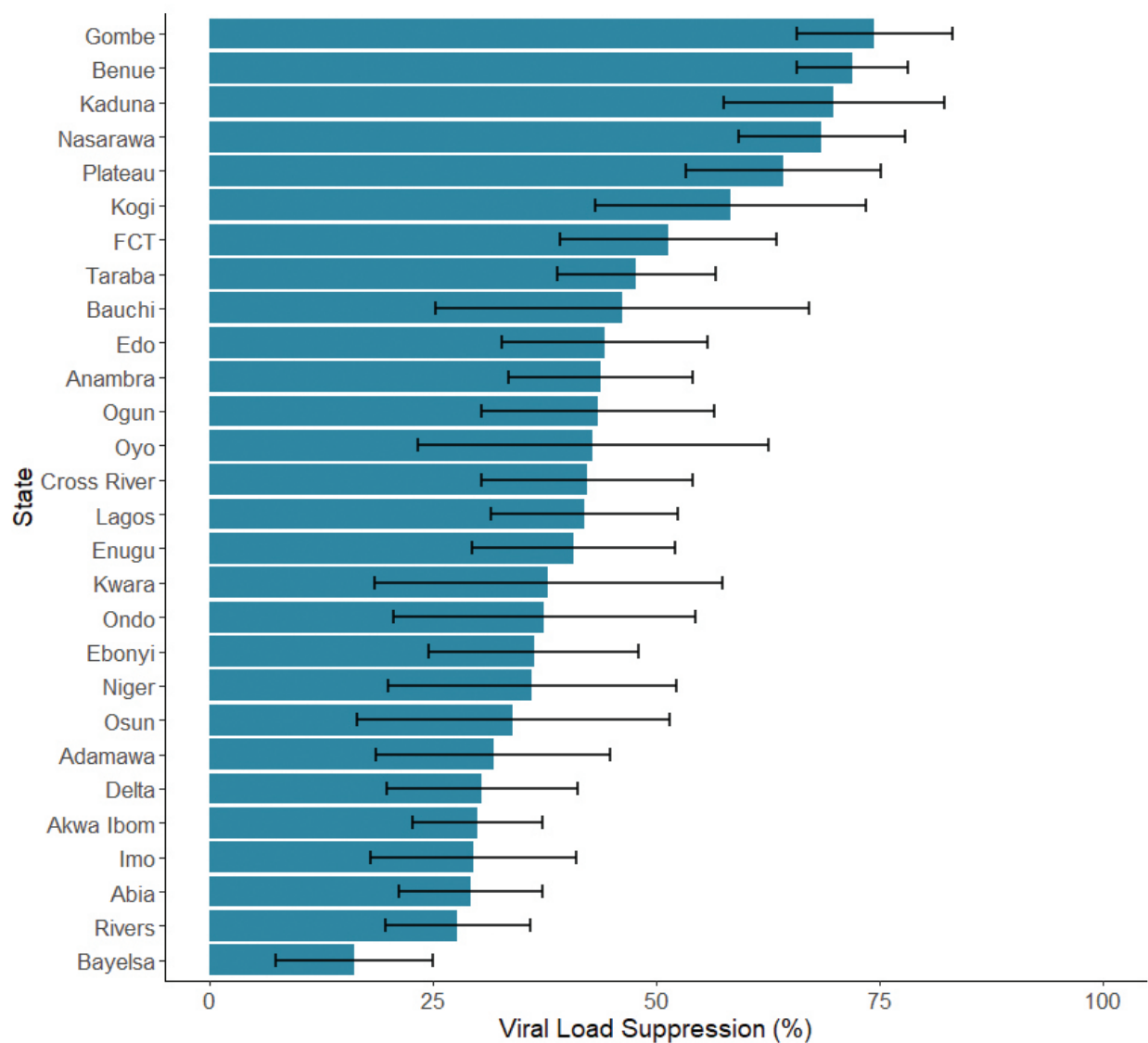


Figure 10.D Viral load suppression among HIV-positive adults aged 15-64 years by state, NAIIS 2018
 The estimates were not presented for states where the unweighted sample size was 30 or less people.

11. UNAIDS 90-90-90 TARGETS

11.1 Background

UNAIDS set ambitious targets referred to as 90-90-90 to bring the HIV epidemic under control. The 90-90-90 targets propose that by 2020, 90% of all PLHIV will know their HIV status; 90% of all persons diagnosed with HIV will receive sustained ART; and 90% of all persons receiving ART will have VLS.¹ Awareness of HIV-positive status and treatment status among PLHIV who know their HIV-positive status are indicators of access to services. VLS among individuals who know their HIV status and are on treatment provides a marker of access to and retention in care and a measure of program success. VLS of 73% (90 x 90 x 90) or greater among all PLHIV is an indication of successful testing and treatment services.

The 90-90-90 results are presented first as self-report and second as verified by ARV biomarker data. In the first case, participants were defined as 'aware' of their HIV-positive status if they self-reported knowing they were HIV positive before NAIIS HIV testing and 'on treatment' if they self-reported ART use. In the second case, self-reported 'aware' and 'on treatment' have been adjusted to include participants with ARV biomarkers detected in their blood specimen as aware' and 'on treatment' even when they did not self-report. In both sets of results, individuals who had achieved VLS but were not aware of their HIV-positive status or were not on ARVs, either by self-report or ARV biomarker data, were excluded from the numerator for the third 90.

11.2 Results

Tables 11.A to 11.C, along with Figure 11.A, show progress towards attaining the 90-90-90 targets in adults at the time of NAIIS.

11.2.1 Key Findings

- Diagnosed: Among HIV-positive adults aged 15-64 years, 46.9% self-reported knowing their HIV status or had detectable ARVs in their blood (40.9% of men and 50.3% of women) (Table 11.B).
- On Treatment: Among HIV-positive adults aged 15-64 years who knew their HIV status, 96.4% self-reported being on ART or had detectable ARVs (97.8% of men and 95.8% of women) (Table 11.B).
- Suppressed Viral Load: Among HIV-positive adults aged 15-64 years who self-reported being on ART or had detectable ARVs, 80.9% had VLS (79.2% of men and 81.7% of women) (Table 11.B).

11.3 References

1. Joint United Nations Programme on HIV/AIDS (UNAIDS). 90-90-90: An ambitious treatment target to help end the AIDS epidemic. Geneva: UNAIDS; 2014.
http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf. Accessed March 10, 2019.

Table 11.A Adult self-reported ART status: Conditional percentages							
90-90-90 targets among people living with HIV aged 15-64 years by sex and age, NAIS 2018							
Diagnosed ¹							
Males							
Females							
Total							
Age (years)	Percentage who self-reported HIV-positive diagnosis	Number	Percentage who self-reported HIV-positive diagnosis	Number	Percentage who self-reported HIV-positive diagnosis	Number	
15-24	8.9	60	16.2	244	14.4	304	
25-34	13.5	160	25.2	564	21.7	724	
35-49	29.9	368	38.4	745	35.1	1,113	
15-49	22.7	588	30.0	1,553	27.5	2,141	
15-64	27.1	828	29.9	1,832	28.9	2,660	
On Treatment, ² among those diagnosed							
Males							
Females							
Total							
Age (years)	Percentage who self-reported being on ART ²	Number	Percentage who self-reported being on ART ²	Number	Percentage who self-reported being on ART ²	Number	
15-24	*	5	68.9	42	71.6	47	
25-34	*	22	80.8	145	81.9	167	
35-49	95.3	124	90.1	284	91.8	408	
15-49	93.4	151	85.4	471	87.7	622	
15-64	93.8	251	87.7	565	89.8	816	
Virally Suppressed, ³ among those on treatment							
Males							
Females							
Total							
Age (years)	Percentage virally suppressed ³	Number	Percentage virally suppressed ³	Number	Percentage virally suppressed ³	Number	
15-24	*	4	78.3	31	80.9	35	
25-34	*	19	80.1	125	78.6	144	
35-49	77.3	117	85.2	259	82.5	376	
15-49	77.2	140	83.3	415	81.5	555	
15-64	79.5	234	84.2	509	82.5	743	
¹ Relates to Global AIDS Monitoring indicator 1.1: People living with HIV who know their HIV status and PEPFAR Indicator DIABGNOSD_NAT.							
² Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy and PEPFAR TX_CURR_NAT / SUBNAT.							
³ Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads and POEPFAR VL_SUPPRESSION_NAT.							
An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.							

Table 11.B Adult self-reported ART status or presence of laboratory antiretroviral (ARV) data: Conditional percentages

90-90-90 targets among people living with HIV aged 15-64 years by sex and age, NAIS 2018

Diagnosed ¹						
Age (years)	Males		Females		Total	
	Percentage who self-reported HIV-positive or with detectable ARVs ¹	Number	Percentage who self-reported HIV-positive or with detectable ARVs ¹	Number	Percentage who self-reported HIV-positive or with detectable ARVs ¹	Number
	15-24	28.8	60	31.7	248	31.0
25-34	19.2	161	46.9	577	38.6	738
35-49	45.3	372	57.4	762	52.8	1,134
15-49	35.8	593	49.3	1,587	44.8	2,180
15-64	40.9	835	50.3	1,870	46.9	2,705
On Treatment, ² among those diagnosed						
Age (years)	Males		Females		Total	
	Percentage with detectable ARVs or who self-reported being on ART ²	Number	Percentage with detectable ARVs or who self-reported being on ART ²	Number	Percentage with detectable ARVs or who self-reported being on ART ²	Number
	15-24	*	14	91.3	83	92.3
25-34	96.5	34	95.7	288	95.9	322
35-49	98.2	187	95.2	442	96.2	629
15-49	97.7	235	94.9	813	95.7	1,048
15-64	97.8	382	95.8	984	96.4	1,366
Virally Suppressed, ³ among those on treatment						
Age (years)	Males		Females		Total	
	Percentage virally suppressed ³	Number	Percentage virally suppressed ³	Number	Percentage virally suppressed ³	Number
	15-24	*	13	78.4	77	77.1
25-34	65.8	33	76.9	277	75.2	310
35-49	77.4	183	84.4	424	82.0	607
15-49	75.2	229	81.3	778	79.6	1,007
15-64	79.2	373	81.7	949	80.9	1,322

¹Relates to Global AIDS Monitoring indicator 1.1: People living with HIV who know their HIV status and PEPFAR Indicator DIABGNOSED_NAT.

²Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy and PEPFAR TX_CURR_NAT / SUBNAT.

³Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads and POEPFAR VL_SUPPRESSION_NAT.

An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

Table 11.C Adult self-reported ART status or presence of laboratory antiretroviral (ARV) data: Unconditional percentages							
90-90-90 targets among people living with HIV aged 15-64 years by sex and age, NAIS 2018							
Diagnosed ¹							
Males							
Females							
Total							
Age (years)	Percentage who self-reported HIV-positive diagnosis or with detectable ARVs ¹	Number	Percentage who self-reported HIV-positive diagnosis or with detectable ARVs ¹	Number	Percentage who self-reported HIV-positive diagnosis or with detectable ARVs ¹	Number	Number
15-24	28.8	60	31.7	248	31.0	308	
25-34	19.2	161	46.9	577	38.6	738	
35-49	45.3	372	57.4	762	52.8	1,134	
15-49	35.8	593	49.3	1,587	44.8	2,180	
15-64	40.9	835	50.3	1,870	46.9	2,705	
On Treatment ²							
Males							
Females							
Total							
Age (years)	Percentage with detectable ARVs or who self-reported being on ART ²	Number	Percentage with detectable ARVs or who self-reported being on ART ²	Number	Percentage with detectable ARVs or who self-reported being on ART ²	Number	Number
15-24	27.5	60	29.0	248	28.6	308	
25-34	18.5	161	44.9	577	37.0	738	
35-49	44.5	372	54.6	762	50.8	1,134	
15-49	35.0	593	46.8	1,587	42.9	2,180	
15-64	40.0	835	48.2	1,870	45.3	2,705	
Virally Suppressed ³							
Males							
Females							
Total							
Age (years)	Percentage virally suppressed ³	Number	Percentage virally suppressed ³	Number	Percentage virally suppressed ³	Number	Number
15-24	20.1	60	22.7	248	22.1	308	
25-34	12.2	161	34.5	577	27.8	738	
35-49	34.4	372	46.1	762	41.6	1,134	
15-49	26.3	593	38.0	1,587	34.1	2,180	
15-64	31.7	835	39.4	1,870	36.6	2,705	

¹Relates to Global AIDS Monitoring indicator 1.1: People living with HIV who know their HIV status and PEPFAR Indicator DIAGNOSED NAT.

²Relates to Global AIDS Monitoring indicator 1.2: People living with HIV on antiretroviral therapy and PEPFAR TX_CURR NAT / SUBNAT.

³Relates to Global AIDS Monitoring indicator 1.4: People living with HIV who have suppressed viral loads and PEPFAR VL_SUPPRESSION NAT.

An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.



Figure 11.A Adult 90-90-90: Conditional percentages (adjusted for laboratory antiretroviral data among adults aged 15-64 years), NAIIS 2018

12. CLINICAL PERSPECTIVES ON PEOPLE LIVING WITH HIV

12.1 Background

Nigeria implemented the “test and treat” policy for all in 2016. Ensuring the treatment program is people-centered and innovative to meet this policy requires diligent monitoring and responsiveness.¹ Clinical indicators such as CD4 count at diagnosis and retention on ART can provide evidence of the ability to reach vulnerable populations and quality of care. The distribution of CD4 counts also reflects population health and the potential impact of HIV on mortality.

12.2 Results

Tables 12.A to 12.E and Figure 12.A present data on clinical characteristics of PLHIV from the survey.

12.2.1 Key Findings

- Among newly diagnosed HIV-positive adults aged 15-64 years who self-reported being HIV negative and had no detectable ARVs, 9.3% had a CD4 count <200 cells/μL and 29.5% had <350 cells/μL (Table 12.B).
- Among HIV-positive adults aged 15-64 years who self-reported being on ART ≤12 months prior to the survey, 77.9% of women and 81.7% of men were virally suppressed (Table 12.E).
- Among HIV-positive adults aged 15-64 years who initiated ART ≤12 months prior to the survey, 95.2% were still receiving ART (Table 12.C).
- Among HIV-positive adults aged 15-64 years who initiated ART >12 months prior to the survey, 94.3% were still receiving ART (Table 12.D).
- Among HIV-positive adults aged 15-64 years with VLS, 28.3% reported not being on ART (30.5% among women and 24.7% among men) (Table 12.E).

12.3 References

1. World Health Organization. *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*. Geneva: World Health Organization; 2016. <http://www.who.int/hiv/pub/arv/arv-2016/en/>. Accessed March 10, 2019.

Table 12.A Median CD4 count and prevalence of immunosuppression									
Median (Q1, Q3) CD4 count of HIV-positive persons aged 15-64 years and percentage with immunosuppression (<500 cells/ μ L) by sex, self-reported diagnosis and antiretroviral therapy (ART) status and socio-demographic characteristics, NAIS 2018									
Socio-demographic characteristics	Males			Females			Total		
	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number
Self-reported diagnosis and treatment status									
Not previously diagnosed	445 (297,663)	57.6	570	517 (325,751)	46.7	1,249	495 (312,716)	50.8	1,819
Previously diagnosed, not on ART	*	*	17	579 (282,747)	39.2	56	514 (282,717)	47.6	73
Previously diagnosed, on ART	441 (311,592)	58.6	231	606 (395,799)	36.9	503	541 (351,749)	44.6	734
Place of residence									
Urban	406 (279,632)	59.4	314	553 (339,754)	42.1	753	511 (306,711)	48.3	1,067
Rural	457 (313,646)	58.2	521	533 (339,775)	45.1	1,115	502 (327,739)	49.8	1,636
Geopolitical zone									
North West	412 (297,651)	58.2	55	556 (276,737)	41.4	117	514 (289,713)	47.5	172
North East	437 (292,612)	65.1	139	560 (279,780)	44.1	257	484 (289,702)	52.5	396
North Central	446 (293,649)	55.4	185	568 (386,825)	41.1	456	533 (335,771)	45.9	641
South East	420 (281,572)	60.2	148	518 (315,754)	47.8	325	479 (311,681)	52.5	473
South South	486 (312,678)	54.0	217	547 (361,771)	42.3	484	521 (337,745)	46.5	701
South West	406 (267,637)	63.9	91	516 (329,747)	46.4	229	480 (308,686)	52.5	320
Marital status									
Never married	437 (323,638)	56.7	161	555 (357,742)	43.3	307	516 (328,707)	48.6	468
Married or living together	437 (298,647)	59.3	595	538 (349,784)	42.9	995	501 (319,724)	50.0	1,590
Divorced or separated	481 (275,577)	57.2	44	508 (263,699)	48.6	197	491 (266,671)	50.6	241
Widowed	397 (236,551)	60.2	34	547 (338,757)	44.5	364	526 (325,752)	45.9	398

Table 12.A Median CD4 count and prevalence of immunosuppression (continued)									
Median (Q1, Q3) CD4 count of HIV-positive persons aged 15-64 years and percentage with immunosuppression (<500 cells/ μ L) by sex, self-reported diagnosis and antiretroviral therapy (ART) status and socio-demographic characteristics, NAIIS 2018									
Socio-demographic characteristics	Males			Females			Total		
	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number
Type of union									
In polygynous union	430 (319,613)	62.2	90	537 (318,758)	43.2	300	507 (319,730)	48.2	390
Not in polygynous union	437 (289,646)	59.6	502	538 (353,800)	42.6	685	496 (318,727)	50.7	1,187
Not currently in union	443 (295,619)	57.2	239	543 (329,744)	44.9	868	516 (322,715)	48.1	1,107
Education²									
No education	488 (319,666)	53.1	76	565 (341,801)	43.5	367	533 (340,779)	45.4	443
Primary	433 (279,613)	65.2	198	512 (327,760)	46.8	512	485 (303,713)	52.6	710
Secondary	446 (305,662)	55.8	373	555 (357,754)	41.8	732	517 (328,711)	47.4	1,105
Tertiary	432 (325,609)	57.4	162	563 (345,784)	41.1	216	506 (328,702)	48.6	378
Others	* *	*	26	339 (134,614)	69.4	36	336 (182,588)	72.5	62
Wealth quintile									
Lowest	456 (296,642)	58.1	100	546 (337,772)	44.8	207	504 (302,726)	49.7	307
Second	428 (303,588)	64.0	144	530 (316,793)	44.2	316	489 (316,714)	51.3	460
Middle	458 (270,654)	59.7	208	539 (327,765)	44.5	499	508 (311,738)	49.4	707
Fourth	426 (316,653)	57.2	203	548 (358,745)	42.6	495	511 (340,725)	47.6	698
Highest	433 (285,647)	56.6	180	539 (336,789)	43.6	351	510 (308,708)	48.9	531

Table 12.A Median CD4 count and prevalence of immunosuppression (continued)									
Median (Q1, Q3) CD4 count of HIV-positive persons aged 15-64 years and percentage with immunosuppression (<500 cells/ μ L) by sex, self-reported diagnosis and antiretroviral therapy (ART) status and socio-demographic characteristics, NAIIS 2018									
Socio-demographic characteristics	Males			Females			Total		
	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number	Median (Q1, Q3) ¹	Percentage <500 cells/ μ L	Number
Age (years)									
15-19	*	*	23	640 (455,806)	31.4	57	639 (451,846)	29.5	80
20-24	493 (373,642)	51.5	36	617 (412,788)	34.3	193	582 (385,729)	38.0	229
25-29	455 (327,672)	56.4	72	514 (314,755)	48.6	279	494 (325,736)	50.8	351
30-34	453 (289,652)	60.0	92	527 (324,759)	44.5	302	505 (311,705)	49.4	394
35-39	434 (306,646)	59.5	115	517 (315,725)	47.0	353	490 (313,713)	51.0	468
40-44	443 (295,595)	60.4	129	589 (332,794)	41.2	244	511 (318,739)	49.0	373
45-49	403 (292,620)	63.8	126	506 (288,719)	47.3	160	443 (291,683)	54.8	286
50-54	437 (265,605)	56.9	113	538 (379,766)	44.5	144	493 (327,727)	50.8	257
55-59	328 (214,539)	71.3	63	611 (414,818)	35.2	74	506 (299,763)	49.7	137
60-64	475 (251,662)	52.7	66	432 (320,538)	63.1	62	439 (310,654)	58.1	128
Total 15-24 years	547 (385,692)	42.5	59	625 (423,804)	33.7	250	602 (392,771)	35.8	309
Total 15-49 years	446 (312,650)	58.3	593	546 (330,762)	43.7	1,588	513 (324,719)	48.5	2,181
Total 15-64 years	438 (299,640)	58.7	835	542 (339,768)	43.8	1,868	507 (320,723)	49.1	2,703
<p>¹The interquartile range (IQR) is a measure of variability, based on dividing a data set into quartiles. Quartiles divide a rank-ordered data set into four equal parts. The values that divide each part are called the first, second and third quartiles, and they are denoted by Q1, Q2 and Q3, respectively.</p> <p>²Education categories refer to the highest level of education attended, whether that level was completed.</p> <p>An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.</p>									

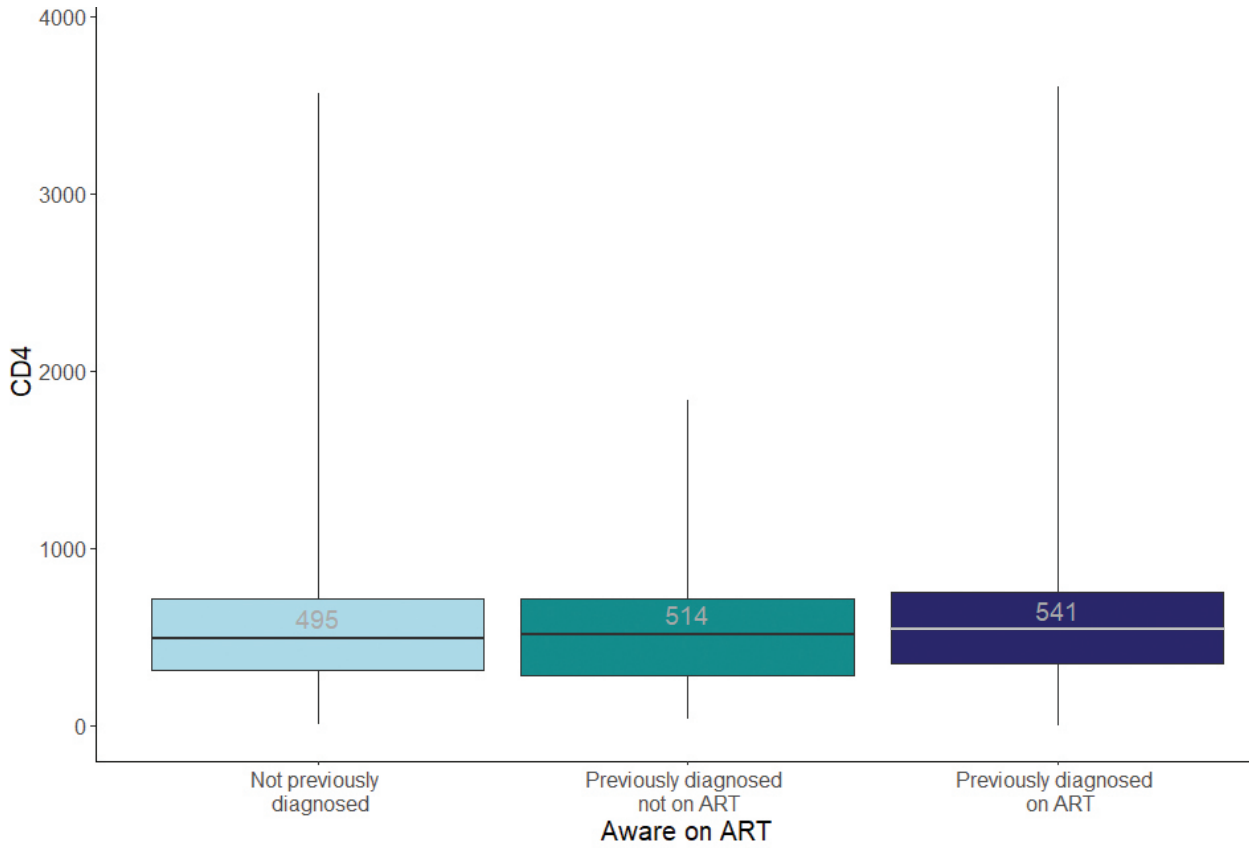


Figure 12.A CD4 count distribution among HIV-positive adults by antiretroviral therapy status (ART), NAIIS 2018

Table 12.B Late HIV diagnosis									
Percentage distribution of persons aged 15-64 years who tested HIV positive in NAIS but self-reported HIV negative, who had no detectable antiretrovirals and who had a CD4 cell count <200 cells/ μ L and < 50 cells/ μ L by sex and selected socio-demographic characteristics, NAIS 2018									
Socio-demographic characteristics	Males			Females			Total		
	Percentage <200 cells/ μ L ¹	Percentage <350 cells/ μ L ¹	Number	Percentage <200 cells/ μ L ¹	Percentage <350 cells/ μ L ¹	Number	Percentage <200 cells/ μ L ¹	Percentage <350 cells/ μ L ¹	Number
Place of residence									
Urban	12.5	33.1	60	13.3	27.8	142	13.0	29.9	202
Rural	3.9	34.4	92	7.1	25.8	181	5.9	29.1	273
Geopolitical zone									
North West	*	*	7	*	*	9	*	*	16
North East	*	*	17	*	*	27	19.9	46.5	44
North Central	*	*	23	5.0	36.7	40	9.2	46.5	63
South East	6.1	34.0	40	4.8	28.2	92	5.3	30.2	132
South South	2.7	25.1	47	6.8	18.3	103	5.3	20.8	150
South West	*	*	18	16.2	26.7	52	14.0	26.2	70
Marital status									
Never married	8.2	23.0	44	3.7	19.4	68	5.7	21.0	112
Married or living together	5.6	39.3	92	9.3	25.8	180	7.8	31.3	272
Divorced or separated	*	*	9	*	*	29	22.1	32.0	38
Widowed	*	*	6	18.1	40.5	46	18.3	40.6	52
Type of union									
In polygynous union	*	*	15	16.7	39.8	39	13.7	41.7	54
Not in polygynous union	5.6	41.6	75	6.4	21.5	137	6.1	29.6	212
Not currently in union	11.9	25.4	59	10.9	27.9	143	11.3	27.1	202
Education²									
No education	*	*	2	*	*	24	*	*	26
Primary	4.8	32.4	33	6.1	32.9	77	5.6	32.7	110
Secondary	4.5	32.0	76	11.5	25.9	165	8.9	28.2	241
Tertiary	12.1	35.7	38	11.5	21.9	55	11.8	27.8	93
Others	*	*	3	*	*	1	*	*	4

Table 12.B Late HIV diagnosis (continued)

Percentage distribution of persons aged 15-64 years who tested HIV positive in NAIS but self-reported HIV negative, who had no detectable antiretrovirals and who had a CD4 cell count <200 cells/ μ L and < 50 cells/ μ L by sex and selected socio-demographic characteristics, NAIS 2018

Socio-demographic characteristics	Males			Females			Total		
	Percentage <200 cells/ μ L ¹	Percentage <350 cells/ μ L ¹	Number	Percentage <200 cells/ μ L ¹	Percentage <350 cells/ μ L ¹	Number	Percentage <200 cells/ μ L ¹	Percentage <350 cells/ μ L ¹	Number
Wealth quintile									
Lowest	*	*	8	*	*	20	*	*	28
Second	*	*	21	12.8	30.1	31	17.1	44.7	52
Middle	4.1	30.2	33	11.6	24.3	75	8.9	26.4	108
Fourth	7.7	29.7	37	7.6	27.9	98	7.6	28.5	135
Highest	6.3	28.4	53	10.6	25.9	99	8.8	26.9	152
Age (years)									
15-19	*	*	0	*	*	9	*	*	9
20-24	*	*	14	0.0	18.9	34	0.0	15.3	48
25-29	*	*	21	8.0	30.5	72	5.7	27.8	93
30-34	7.1	39.4	31	15.9	20.9	55	11.5	30.2	86
35-39	*	*	27	8.0	28.2	66	8.7	29.7	93
40-44	*	*	11	*	*	29	11.2	28.8	40
45-49	*	*	22	*	*	29	18.1	45.4	51
50-54	*	*	15	*	*	20	4.5	24.1	35
55-59	*	*	6	*	*	5	*	*	11
60-64	*	*	5	*	*	4	*	*	9
Total 15-24 years	*	*	14	0.0	16.2	43	0.0	13.9	57
Total 15-49 years	8.1	34.2	126	9.2	26.1	294	8.8	29.0	420
Total 15-64 years	8.0	33.8	152	10.0	26.8	323	9.3	29.5	475

¹Relates to [Global AIDS Monitoring indicator 1.5: Late HIV diagnosis](#).

²Education categories refer to the highest level of education attended, whether that level was completed.

An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

Table 12.C Retention on antiretroviral therapy (ART): People initiating ART ≤12 months prior to the survey						
Percentage distribution of HIV-positive persons aged 15-64 years who self-reported still on ART after initiation ≤12 months prior to the survey by sex and selected socio-demographic characteristics, NAIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number
Presence of detectable ARVs²						
Detectable	*	11	*	22	97.4	33
Not detectable	*	6	*	15	*	21
Place of residence						
Urban	*	16	89.0	42	91.4	58
Rural	96.6	39	99.4	59	98.1	98
Geopolitical zone						
North West	*	3	*	5	*	8
North East	*	13	*	15	*	28
North Central	*	17	96.9	32	96.6	49
South East	*	8	*	13	*	21
South South	*	13	*	22	97.3	35
South West	*	1	*	14	*	15
Marital status						
Never married	*	9	*	15	*	24
Married or living together	97.3	37	91.5	48	94.1	85
Divorced or separated	*	7	*	16	*	23
Widowed	*	2	*	22	*	24
Type of union						
In polygynous union	*	5	*	16	*	21
Not in polygynous union	97.0	32	87.1	32	92.4	64
Not currently in union	*	18	96.6	53	96.5	71
Education³						
No education	*	6	*	15	*	21
Primary	*	9	*	28	95.2	37
Secondary	*	21	92.0	47	92.5	68
Tertiary	*	19	*	10	*	29
Others	*	0	*	0	*	0

Table 12.C Retention on antiretroviral therapy (ART): People initiating ART ≤12 months prior to the survey (continued)

Percentage distribution of HIV-positive persons aged 15-64 years who self-reported still on ART after initiation ≤12 months prior to the survey by sex and selected socio-demographic characteristics, NAIIS 2018

	Males		Females		Total	
Wealth quintile						
Lowest	*	6	*	9	*	15
Second	*	10	*	15	*	25
Middle	*	18	*	27	92.6	45
Fourth	*	13	92.0	33	94.6	46
Highest	*	8	*	17	*	25
Age (years)						
15-19	*	0	*	2	*	2
20-24	*	4	*	10	*	14
25-29	*	2	*	18	*	20
30-34	*	3	*	13	*	16
35-39	*	12	*	21	97.6	33
40-44	*	6	*	13	*	19
45-49	*	12	*	13	*	25
50-54	*	8	*	9	*	17
55-59	*	6	*	2	*	8
60-64	*	2	*	0	*	2
Total 15-24 years	*	4	*	12	*	16
Total 15-49 years	97.6	39	93.4	90	94.8	129
Total 15-64 years	97.0	55	94.2	101	95.2	156

¹Relates to [Global AIDS Monitoring indicator 1.3: Retention on antiretroviral therapy at 12 months](#).

²Antiretroviral detection assay included only atazanavir, efavirenz and lopinavir. Participants who reported ART use or had an undetectable viral load but had no evidence of the first three ARVs were tested for nevirapine as well.

³Education categories refer to the highest level of education attended, whether that level was completed. An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

Table 12.D Retention on antiretroviral therapy (ART): People initiating ART >12 months prior to the survey						
Percentage distribution of HIV-positive persons aged 15-64 years who self-reported still on ART after initiation >12 months prior to the survey by sex and selected socio-demographic characteristics, NAIIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number
Presence of detectable ARVs²						
Detectable	97.5	73	96.9	190	97.0	263
Not detectable	*	10	*	25	49.7	35
Place of residence						
Urban	98.2	74	92.4	213	94.2	287
Rural	94.4	107	94.2	210	94.3	317
Geopolitical zone						
North West	*	12	*	25	91.6	37
North East	*	28	100.0	64	100.0	92
North Central	97.0	74	99.1	146	98.3	220
South East	*	21	92.5	70	94.5	91
South South	89.8	31	83.6	65	85.9	96
South West	*	15	94.8	53	94.7	68
Marital status						
Never married	*	8	96.7	44	97.2	52
Married or living together	95.5	154	93.0	218	94.2	372
Divorced or separated	*	9	88.0	53	90.4	62
Widowed	*	10	94.5	108	95.1	118
Type of union						
In polygynous union	*	25	99.6	54	95.1	79
Not in polygynous union	97.2	128	90.5	161	93.9	289
Not currently in union	*	27	93.5	205	94.4	232
Education³						
No education	*	13	93.8	66	94.8	79
Primary	95.9	45	97.7	105	97.1	150
Secondary	96.9	62	93.2	174	94.3	236
Tertiary	94.4	56	94.5	67	94.4	123
Others	*	5	*	11	*	16

Table 12.D Retention on antiretroviral therapy (ART): People initiating ART >12 months prior to the survey (continued)

Percentage distribution of HIV-positive persons aged 15-64 years who self-reported still on ART after initiation >12 months prior to the survey by sex and selected socio-demographic characteristics, NAIIS 2018

Socio-demographic characteristics	Males		Females		Total	
	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number	Percentage still receiving ART ¹	Number
Wealth quintile						
Lowest	*	19	*	25	94.6	44
Second	93.0	38	98.0	81	96.2	119
Middle	95.6	44	91.3	105	92.6	149
Fourth	97.6	44	96.8	119	97.0	163
Highest	96.5	36	88.5	93	91.3	129
Age (years)						
15-19	*	0	*	6	*	6
20-24	*	0	*	19	*	19
25-29	*	5	86.9	38	89.0	43
30-34	*	10	89.4	62	88.8	72
35-39	*	19	94.3	95	94.3	114
40-44	100.0	36	91.3	76	94.6	112
45-49	97.7	33	97.2	45	97.4	78
50-54	96.1	37	100.0	47	97.9	84
55-59	*	17	*	20	100.0	37
60-64	*	24	*	15	92.6	39
Total 15-24 years	*	0	*	25	*	25
Total 15-49 years	96.8	103	91.8	341	93.1	444
Total 15-64 years	96.2	181	93.3	423	94.3	604

¹Relates to Global AIDS Monitoring indicator 1.3: Retention on antiretroviral therapy at 12 months.

²Antiretroviral detection assay included only atazanavir, efavirenz and lopinavir. Participants who reported ART use or had an undetectable viral load but had no evidence of the first three ARVs were tested for nevirapine as well.

³Education categories refer to the highest level of education attended, whether or not that level was completed.

An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

Table 12.E Viral load suppression by self-reported antiretroviral therapy (ART) status						
Percentage distribution of HIV-positive persons aged 15-64 years with viral load suppression (VLS) (<1,000 copies/mL) by self-reported ART status and selected socio-demographic characteristics, NAIIS 2018						
Socio-demographic characteristic	On ART > 12 months		On ART ≤ 12 months		Not on ART	
	With viral load suppression	Number ¹	With viral load suppression	Number ¹	With viral load suppression	Number ¹
Sex						
Male	79.2	176	81.7	52	24.7	555
Female	85.9	403	77.9	95	30.5	1,233
Residence						
Urban	84.3	277	83.0	52	29.7	665
Rural	82.8	302	76.9	95	27.3	1,123
Age (years)						
15-24	*	22	*	13	25.3	253
25-64	83.8	557	78.7	134	28.9	1,535
Total 15-64 years						
	83.6	579	79.4	147	28.3	1,788
¹ Number of HIV-positive persons who had viral load values. An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.						

13. PREVENTION OF MOTHER-TO-CHILD HIV TRANSMISSION

13.1 Background

PMTCT, also known as prevention of vertical transmission, refers to interventions to prevent transmission of HIV from an HIV-positive mother to her infant during pregnancy, labor, delivery or breastfeeding.¹

To prevent mother-to-child HIV transmission (MTCT), WHO recommends a comprehensive four-pronged approach: (1) primary prevention of HIV infection among women, especially young women; (2) prevention of unintended pregnancies among HIV-positive women; (3) provision of specific interventions to reduce HIV transmission from HIV-infected women to their infants; and (4) provision of treatment, care and support for HIV-positive mothers, their infants and family.^{2,3}

13.2 Results

Tables 13.A to 13.D present statistics on ANC attendance, breastfeeding practices, awareness of a woman's HIV status prior to or during pregnancy, use of ART during pregnancy in women who were aware of their HIV-positive status during pregnancy and infant HIV testing to confirm HIV infection through self-report by the mother and through biomarker testing during the survey.

13.2.1 Key Findings

- In the three years preceding the survey:
 - 76.3% of women aged 15-49 years who delivered in the three years preceding the survey attended at least one ANC visit, 87.1% in urban areas and 68.1% in rural areas (Table 13.A).
 - ANC attendance for women aged 15-49 years was lowest for those with no education (56.9%) and highest for those with tertiary education (97.6%) (Table 13.A).
 - ANC attendance was lowest among women aged 15-19 years (64.6%) and highest among women aged 35-39 years (80.6%) (Table 13.A).
 - 84.3% of those who knew their HIV-positive status received ARVs (Table 13.D).
- Among women aged 15-49 years who gave birth within the past 12 months, 41.5% reported knowing their status during their pregnancy (Table 13.C).

13.3 References

1. Joint United Nations Programme on HIV/AIDS (UNAIDS). Prevention of mother-to-child transmission of HIV (PMTCT). The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project. Accessed March 10, 2019.
2. De Cock KM, Fowler MG, Mercier E, et al. Prevention of mother-to-child HIV transmission in resource-poor countries: translating research into policy and practice. *JAMA*. 2000; 283:1175-1182. doi:10.1001/jama.283.9.1175.
3. World Health Organization. *Towards the elimination of mother-to-child transmission of HIV: Report of a WHO technical consultation*. Geneva: World Health Organization; 2011. http://apps.who.int/iris/bitstream/handle/10665/44638/9789241501910_eng.pdf;jsessionid=CD35DAE3C3D00349A9B149BCFF9262C4?sequence=1. Accessed March 10, 2019.

Table 13.A Antenatal care		
Percentage of women aged 15-49 years who delivered in the three years preceding the survey and who attended at least one antenatal care (ANC) visit for their most recent birth by selected socio-demographic characteristics, NAIIS 2018		
Socio-demographic characteristics	Percentage who attended at least one ANC visit	Number
Place of residence		
Urban	87.1	9,181
Rural	68.1	14,420
Geopolitical zone		
North West	67.2	4,226
North East	71.2	4,924
North Central	72.4	3,764
South East	93.9	3,546
South South	74.6	3,271
South West	86.4	3,870
State		
Abia	93.9	707
Adamawa	76.1	732
Akwa Ibom	67.5	532
Anambra	95.2	615
Bauchi	69.7	1,169
Bayelsa	49.4	620
Benue	66.0	511
Borno	80.2	248
Cross River	83.8	604
Delta	79.1	492
Ebonyi	87.5	949
Edo	87.6	530
Ekiti	86.0	500
Enugu	94.6	624
FCT ¹	89.9	432
Gombe	79.2	1,015
Imo	96.0	651
Jigawa	78.9	868
Kaduna	71.7	661
Kano	82.4	734
Katsina	54.2	564
Kebbi	37.7	539
Kogi	77.6	428

Table 13.A Antenatal care (continued)		
Percentage of women aged 15-49 years who delivered in the three years preceding the survey and who attended at least one antenatal care (ANC) visit for their most recent birth by selected socio-demographic characteristics, NAIIS 2018		
Socio-demographic characteristics	Percentage who attended at least one ANC visit	Number
Kwara	82.8	398
Lagos	88.3	1,041
Nasarawa	85.8	643
Niger	57.9	699
Ogun	89.2	548
Ondo	83.9	564
Osun	93.1	582
Oyo	78.4	635
Plateau	77.5	653
Rivers	71.9	493
Sokoto	47.0	537
Taraba	63.3	923
Yobe	57.9	837
Zamfara	44.5	323
Marital status		
Never married	72.1	1,166
Married or living together	76.5	21,641
Divorced or separated	77.2	547
Widowed	80.6	238
Type of union		
In polygynous union	68.4	6,098
Not in polygynous union	79.8	15,418
Not currently in union	74.4	1,951
Education²		
No education	56.9	6,352
Primary	78.1	4,068
Secondary	86.7	9,064
Tertiary	97.6	2,409
Others	66.0	1,677
Wealth quintile		
Lowest	55.3	5,066
Second	67.1	4,852
Middle	81.4	5,011
Fourth	88.1	4,704
Highest	93.6	3,968

Table 13.A Antenatal care (continued)		
Percentage of women aged 15-49 years who delivered in the three years preceding the survey and who attended at least one antenatal care (ANC) visit for their most recent birth by selected socio-demographic characteristics, NAIIS 2018		
Socio-demographic characteristics	Percentage who attended at least one ANC visit	Number
Age (years)		
15-19	64.6	1,682
20-24	74.2	5,309
25-29	78.2	6,929
30-34	78.4	5,171
35-39	80.6	3,132
40-44	80.3	1,120
45-49	69.3	258
Total 15-24 years	71.7	6,991
Total 15-49 years	76.3	23,601
¹ FCT – Federal Capital Territory. ² Education categories refer to the highest level of education attended, whether that level was completed.		

Table 13.B Breastfeeding status by child's age and mother's HIV status				
Percent distribution of last-born children born to women aged 15-49 years in the three years preceding the survey by breastfeeding status, child's age and mother's HIV status, NAIIS 2018				
Characteristic	Never breastfed	Ever breastfed, but not currently breastfeeding	Currently breastfeeding	Number
Child's age (months)				
0-1	0.9	52.4	46.7	1,395
2-3	2.1	55.4	42.5	1,423
4-5	1.2	59.0	39.8	1,378
6-8	1.0	59.1	39.8	2,062
9-11	0.9	57.9	41.2	1,852
12-17	1.0	71.7	27.2	4,108
18-23	1.0	90.5	8.4	2,930
24-36	0.7	97.0	2.2	5,486
Mother's NAIIS HIV test result				
HIV positive	2.2	77.4	20.4	311
HIV negative	1.0	73.3	25.7	21,357
Not tested	1.4	71.6	27.1	1,689

Table 13.C Prevention of mother-to-child HIV (PMTCT) transmission: Knowledge of HIV status					
Percentage distribution of women aged 15-49 years who gave birth within the past 12 months who were tested for HIV during antenatal care and received their results or who already knew they were HIV positive by selected socio-demographic characteristics, NAIIS 2018					
Socio-demographic characteristics	Tested for HIV and received result ¹		Percentage who already knew they tested HIV positive	Total percentage with known HIV status ¹	Number of women who gave birth within the past 12 months
	Percentage who tested HIV positive	Percentage who tested HIV negative			
Place of residence					
Urban	0.0	57.0	0.7	57.7	3,193
Rural	0.1	29.3	0.4	29.8	5,169
Geopolitical zone					
North West	0.0	27.0	0.2	27.3	1,468
North East	0.0	28.2	0.3	28.5	1,730
North Central	0.0	44.5	0.5	45.1	1,321
South East	0.1	65.1	0.6	65.8	1,393
South South	0.3	44.8	0.6	45.7	1,235
South West	0.1	51.7	0.9	52.7	1,215
Marital status					
Never married	0.0	33.9	1.5	35.4	410
Married or living together	0.1	41.5	0.4	42.0	7,746
Divorced or separated	0.0	36.1	1.3	37.4	147
Widowed	0.0	42.4	0.9	43.3	57
Type of union					
In polygynous union	0.0	27.8	0.2	27.9	2,073
Not in polygynous union	0.1	46.5	0.5	47.1	5,629
Not currently in union	0.0	35.1	1.4	36.5	614
Education²					
No education	0.0	19.0	0.1	19.2	2,162
Primary	0.0	36.7	0.6	37.3	1,359
Secondary	0.2	52.4	0.6	53.2	3,371
Tertiary	0.0	80.5	1.3	81.8	885
Others	0.0	18.7	0.0	18.7	576

Table 13.C Prevention of mother-to-child HIV (PMTCT) transmission: Knowledge of HIV status (continued)

Percentage distribution of women aged 15-49 years who gave birth within the past 12 months who were tested for HIV during antenatal care and received their results or who already knew they were HIV positive by selected socio-demographic characteristics, NAIS 2018

Socio-demographic characteristics	Tested for HIV and received result ¹		Percentage who already knew they tested HIV positive	Total percentage with known HIV status ¹	Number of women who gave birth within the past 12 months
	Percentage who tested HIV positive	Percentage who tested HIV negative			
Wealth quintile					
Lowest	0.0	16.5	0.1	16.7	1,796
Second	0.0	25.9	0.3	26.1	1,716
Middle	0.1	41.9	0.2	42.1	1,806
Fourth	0.2	52.8	0.9	53.9	1,660
Highest	0.1	74.0	1.1	75.3	1,384
Age (years)					
15-19	0.0	26.8	0.0	26.8	753
20-24	0.0	35.5	0.2	35.8	1,986
25-29	0.1	44.3	0.5	45.0	2,536
30-34	0.1	47.0	0.7	47.7	1,770
35-39	0.2	48.1	0.8	49.1	977
40-44	0.0	46.2	1.5	47.7	280
45-49	0.0	30.9	2.1	33.0	60
Total 15-24 years	0.0	32.9	0.1	33.1	2,739
Total 15-49 years	0.1	41.0	0.5	41.5	8,362

¹Relates to PEPFAR PMTCT_STAT_NAT / SUBNAT.

²Education categories refer to the highest level of education attended, whether that level was completed.

Table 13.D Prevention of mother-to-child HIV transmission: HIV-positive pregnant women who received antiretrovirals (ARVs)				
Percent distribution of women aged 15-49 years who gave birth within the past three years and received antiretrovirals (ARVs) during pregnancy by HIV result and selected socio-demographic characteristics, NAIIS 2018				
HIV result and socio-demographic characteristics	Percentage who were already on ARVs prior to pregnancy	Percentage who were newly initiated on ARVs during pregnancy or labor and delivery	Total percentage who received ARVs ¹	Number of HIV-positive women who gave birth within the past three years
NAIIS HIV test result				
HIV positive	73.7	22.5	96.2	87
HIV negative	*	*	*	29
Not tested	*	*	*	12
Place of residence				
Urban	71.0	9.0	80.0	63
Rural	67.5	22.4	89.9	65
Geopolitical zone				
North West	*	*	*	11
North East	*	*	*	21
North Central	*	*	*	29
South East	*	*	*	25
South South	*	*	*	20
South West	*	*	*	22
Marital status				
Never married	*	*	*	10
Married or living together	74.4	16.0	90.4	102
Divorced or separated	*	*	*	13
Widowed	*	*	*	3
Type of union				
In polygynous union	*	*	*	16
Not in polygynous union	73.8	16.3	90.1	86
Not currently in union	*	*	*	26
Education²				
No education	*	*	*	15
Primary	*	*	*	24
Secondary	68.0	22.6	90.6	57
Tertiary	*	*	*	29
Others	*	*	*	3

Table 13.D Prevention of mother-to-child HIV transmission: HIV-positive pregnant women who received antiretrovirals (ARVs) (continued)				
Percent distribution of women aged 15-49 years who gave birth within the past three years and received antiretrovirals (ARVs) during pregnancy by HIV result and selected socio-demographic characteristics, NAIIS 2018				
HIV result and socio-demographic characteristics	Percentage who were already on ARVs prior to pregnancy	Percentage who were newly initiated on ARVs during pregnancy or labor and delivery	Total percentage who received ARVs ¹	Number of HIV-positive women who gave birth within the past three years
Wealth quintile				
Lowest	*	*	*	12
Second	*	*	*	15
Middle	73.6	8.6	82.2	32
Fourth	68.5	15.3	83.8	31
Highest	69.0	18.4	87.4	38
Age (years)				
15-19	*	*	*	1
20-24	*	*	*	12
25-29	71.7	13.0	84.7	32
30-34	78.9	11.4	90.3	34
35-39	75.9	15.5	91.4	36
40-44	*	*	*	12
45-49	*	*	*	1
Total 15-24 years	*	*	*	13
Total 15-49 years	69.5	14.8	84.3	128
¹ Relates to Global AIDS Monitoring indicator 2.3: Preventing the mother-to-child transmission of HIV and PEPFAR PMTCT_ARV_NAT / SUBNAT.				
² Education categories refer to the highest level of education attended, whether that level was completed.				
An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.				

14. ADOLESCENTS AND YOUNG PEOPLE

14.1 Background

A third of the sub-Saharan Africa population is made up of individuals between the ages of 10 and 24 years.¹ Young people aged 15-24 years are more likely to engage in risky sexual behaviors than older adults and less likely to visit health care facilities. Control of HIV in this population is particularly challenging but critical for long-term epidemic control.¹

14.2 Results

Table 14.A shows the prevalence of early sexual debut before 15 years among young persons aged 15-24 years. Tables 14.B to 14.D show knowledge of HIV prevention among adolescents aged 10-14 years. These knowledge data were measured by asking participants to agree or disagree with both accurate and inaccurate statements about HIV prevention.

14.2.1 Key Findings

- Among young people aged 15-24 years, 18.1% reported sexual debut before the age of 15 years (Table 14.A).
- Among young women aged 15-24 years, sexual debut before age 15 years was 24.2% in rural areas compared to 13.8% in urban areas (Table 14.A).
- Comprehensive knowledge of HIV prevention among adolescents aged 10-14 years was 1.4% (girls 1.2%, boys 1.7%) (Table 14.B, Table 14.C, Table 14.D).

14.3 References

1. Hervish A, Clifton D. *The Status Report on Adolescents and Young People in Sub-Saharan Africa: Opportunities and Challenges*. Johannesburg and Washington, DC: Population Reference Bureau; 2012.

Table 14.A Age at sexual debut												
Percentage of older adolescents and young adults aged 15-24 years who have had vaginal sex by age at sexual debut, sex and selected socio-demographic characteristics, NAIS 2018												
Socio-demographic characteristics	Males				Females				Total			
	Percentage who had sex before age of 15 years	Percentage who had sex between age of 15 and 19 years	Percentage who had sex between age of 20 and 24 years	Number	Percentage who had sex before age of 15 years	Percentage who had sex between age of 15 and 19 years	Percentage who had sex between age of 20 and 24 years	Number	Percentage who had sex before age of 15 years	Percentage who had sex between age of 15 and 19 years	Percentage who had sex between age of 20 and 24 years	Number
Place of residence												
Urban	15.9	65.0	19.1	3,457	13.8	69.8	16.4	6,533	14.7	67.8	17.5	9,990
Rural	13.9	67.6	18.4	5,088	24.2	69.2	6.6	11,963	20.7	68.7	10.7	17,051
Geopolitical zone												
North West	7.7	63.9	28.3	656	29.1	66.8	4.1	3,872	25.1	66.3	8.6	4,528
North East	10.7	63.7	25.6	1,040	24.7	70.4	4.9	3,876	21.2	68.7	10.1	4,916
North Central	11.1	68.0	21.0	1,837	14.9	72.6	12.5	3,307	13.3	70.7	16.0	5,144
South East	18.6	63.6	17.7	1,378	11.8	69.0	19.2	2,348	15.0	66.5	18.5	3,726
South South	17.9	70.7	11.5	2,020	15.9	73.8	10.3	2,898	16.8	72.3	10.9	4,918
South West	17.2	65.6	17.1	1,614	9.2	67.7	23.1	2,195	13.4	66.6	20.0	3,809
Marital status												
Never married	17.6	66.3	16.1	6,543	15.2	68.6	16.3	5,948	16.6	67.2	16.2	12,491
Married or living together	5.9	66.6	27.6	1,898	22.2	69.9	7.9	11,953	19.4	69.3	11.2	13,851
Divorced or separated	11.0	70.3	18.7	80	22.6	69.9	7.4	505	20.7	70.0	9.3	585
Widowed	*	*	*	8	18.4	68.9	12.7	69	18.4	69.6	12.1	77
Type of union												
In polygynous union	9.4	69.7	20.9	88	29.0	66.9	4.1	3,464	28.3	67.0	4.7	3,552
Not in polygynous union	5.7	66.4	27.9	1,796	19.1	71.2	9.7	8,427	16.2	70.2	13.7	10,223
Not currently in union	17.5	66.4	16.1	6,631	15.8	68.7	15.5	6,522	16.8	67.3	15.9	13,153

Table 14.A Age at sexual debut (continued)												
Percentage of older adolescents and young adults aged 15-24 years who have had vaginal sex by age at sexual debut, sex and selected socio-demographic characteristics, NAIS 2018												
Socio-demographic characteristics	Males				Females				Total			
	Percentage who had sex before age of 15 years	Percentage who had sex between age of 15 and 19 years	Percentage who had sex between age of 20 and 24 years	Number	Percentage who had sex before age of 15 years	Percentage who had sex between age of 15 and 19 years	Percentage who had sex between age of 20 and 24 years	Number	Percentage who had sex before age of 15 years	Percentage who had sex between age of 15 and 19 years	Percentage who had sex between age of 20 and 24 years	Number
Education¹												
No education	9.5	70.6	19.9	547	30.9	66.3	2.7	4,605	28.1	66.9	5.0	5,152
Primary	14.2	63.1	22.7	648	23.1	72.0	4.9	2,375	20.8	69.7	9.5	3,023
Secondary	17.2	67.3	15.5	5,691	12.3	73.9	13.8	8,625	14.6	70.8	14.6	14,316
Tertiary	10.2	62.3	27.5	1,343	3.8	56.4	39.8	1,500	7.3	59.7	33.0	2,843
Others	5.2	66.9	27.9	315	34.3	64.8	0.9	1,370	28.8	65.2	6.0	1,685
Wealth quintile												
Lowest	9.5	70.9	19.6	1,173	31.5	65.3	3.2	4,248	26.0	66.7	7.3	5,421
Second	11.4	65.5	23.0	1,486	25.1	69.9	5.0	4,095	21.1	68.6	10.2	5,581
Middle	16.3	64.7	19.0	1,959	16.9	74.1	9.1	4,051	16.6	70.6	12.8	6,010
Fourth	17.8	66.0	16.2	2,049	12.0	71.9	16.1	3,608	14.5	69.3	16.2	5,657
Highest	15.8	66.3	17.9	1,878	9.0	65.9	25.1	2,494	12.5	66.1	21.4	4,372
Age (years)												
15-19	27.1	72.9	NA	2,577	28.3	71.7	NA	6,088	27.9	72.1	NA	8,665
20-24	10.3	64.0	25.7	5,968	15.7	68.3	16.0	12,408	13.5	66.6	19.9	18,376
Total 15-24 years												
	14.9	66.4	18.7	8,545	20.1	69.5	10.5	18,496	18.1	68.3	13.5	27,041

¹Education categories refer to the highest level of education attended, whether that level was completed. An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.
NA – not applicable.

Table 14.B Adolescent knowledge about HIV prevention: Adolescent boys												
Percentage distribution of adolescent boys aged 10-14 years who correctly identify both ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission by selected socio-demographic characteristics, NAIS 2018												
Socio-demographic characteristics	Percentage who correctly answered the questions:											
	Can a person reduce their chance of getting HIV by not having sex?	Number	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	Number	Can a healthy-looking person have HIV?	Number	Can ARVs make people with HIV less likely to spread the virus?	Number	Can a mother with HIV or AIDS pass HIV to her unborn baby?	Number	All five questions	Number ¹
Place of residence												
Urban	13.5	1,532	8.4	2,387	11.8	1,532	8.3	1,532	14.9	1,532	2.7	2,388
Rural	5.6	2,251	3.6	2,982	4.2	2,251	3.0	2,251	4.5	2,251	0.8	2,982
Geopolitical zone												
North West	3.3	1,161	2.4	1,452	2.7	1,161	1.6	1,161	2.6	1,161	0.9	1,453
North East	2.1	743	1.6	848	1.3	743	1.1	743	1.5	743	0.5	848
North Central	5.1	642	3.8	785	4.4	642	2.6	642	4.6	642	1.3	785
South East	20.5	353	7.9	668	18.4	353	13.5	353	22.1	353	2.6	668
South South	25.3	380	12.7	734	19.5	380	15.5	380	22.0	380	2.9	734
South West	17.7	504	10.0	882	15.2	504	10.3	504	21.2	504	2.8	882
Education²												
No education	0.3	420	0.3	438	0.4	420	0.0	420	0.2	420	0.0	438
Primary	3.1	2,203	1.9	3,056	1.9	2,203	1.7	2,203	2.9	2,203	0.4	3,056
Secondary	27.3	982	15.1	1,678	24.1	982	16.3	982	27.6	982	4.7	1,679
Tertiary	*	1	*	1	*	1	*	1	*	1	*	1
Wealth quintile												
Lowest	2.0	924	1.5	1,038	1.3	924	0.8	924	0.8	924	0.1	1,038
Second	3.8	883	2.5	1,080	2.6	883	2.1	883	2.8	883	0.7	1,080
Middle	6.2	818	3.8	1,175	4.8	818	2.6	818	4.7	818	0.8	1,176
Fourth	12.1	681	7.0	1,113	10.4	681	8.8	681	13.1	681	2.6	1,113
Highest	30.4	477	14.6	963	26.9	477	17.9	477	35.2	477	4.3	963

Table 14.B Adolescent knowledge about HIV prevention: Adolescent boys (continued)												
Percentage distribution of adolescent boys aged 10-14 years who correctly identify both ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission by selected socio-demographic characteristics, NAIIS 2018												
Percentage who correctly answered the questions:												
Socio-demo-graphic characteristics	Can a person reduce their chance of getting HIV by not having sex?	Num-ber	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	Num-ber	Can a healthy-looking person have HIV?	Num-ber	Can ARVs make people with HIV less likely to spread the virus?	Num-ber	Can a mother with HIV or AIDS pass HIV to her unborn baby?	Num-ber	All five ques-tions	Num-ber ¹
Total 10-14 years	8.9	3,783	5.8	5,369	7.4	3,783	5.2	3,783	8.8	3,783	1.7	5,370
¹ Includes only participants who answered all five questions. ² Education categories refer to the highest level of education attended, whether that level was completed. An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.												

Table 14.C Adolescent knowledge about HIV prevention: Adolescent girls

Percentage distribution of adolescent girls aged 10-14 years who correctly identify both ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission by selected socio-demographic characteristics, NAIS 2018

Socio-demographic characteristics	Percentage who correctly answered the questions:											
	Can a person reduce their chance of getting HIV by not having sex?	Number	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	Number	Can a healthy-looking person have HIV?	Number	Can ARVs make people with HIV less likely to spread the virus?	Number	Can a mother with HIV or AIDS pass HIV to her unborn baby?	Number	All five questions	Number ¹
Place of residence												
Urban	13.2	1,397	5.9	2,379	12.6	1,397	6.9	1,396	13.7	1,396	1.8	2,379
Rural	3.9	2,118	2.6	2,880	3.9	2,118	3.0	2,118	4.3	2,118	0.7	2,880
Geopolitical zone												
North West	1.6	1,172	1.0	1,494	1.4	1,172	0.7	1,172	1.3	1,172	0.4	1,494
North East	0.9	690	0.8	828	0.9	690	0.7	690	0.8	690	0.3	828
North Central	3.3	595	2.6	741	3.5	595	2.3	595	3.6	595	1.0	741
South East	23.2	253	6.6	626	22.7	253	15.1	253	24.2	253	2.6	626
South South	19.4	354	7.6	742	18.6	354	14.1	354	20.8	354	1.8	742
South West	22.9	451	9.5	828	22.1	451	11.5	450	25.1	450	2.3	828
Education²												
No education	0.3	564	0.3	604	0.3	564	0.3	564	0.3	564	0.3	604
Primary	2.7	1,941	1.4	2,782	2.2	1,941	1.7	1,940	2.3	1,940	0.4	2,782
Secondary	24.9	874	10.3	1,725	25.1	874	14.3	874	27.4	874	2.8	1,725
Tertiary	*	0	*	1	*	0	*	0	*	0	*	1
Wealth quintile												
Lowest	0.6	895	0.5	1,026	0.6	895	0.5	895	0.7	895	0.2	1,026
Second	2.0	802	1.5	1,000	1.8	802	1.9	802	2.4	802	0.5	1,000
Middle	5.1	758	2.9	1,123	5.1	758	3.4	757	4.7	757	0.8	1,123
Fourth	11.8	629	5.3	1,131	11.8	629	7.2	629	12.8	629	2.0	1,131
Highest	30.1	431	10.3	979	28.7	431	15.5	431	32.1	431	2.5	979
Total 10-14 years	7.8	3,515	4.1	5,259	7.6	3,515	4.6	3,514	8.2	3,514	1.2	5,259

¹Includes only participants who answered all five questions.

²Education categories refer to the highest level of education attended, whether that level was completed.

An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

Table 14.D Adolescent knowledge about HIV prevention: Total¹												
Percentage distribution of adolescents aged 10-14 years who correctly identify both ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission by selected socio-demographic characteristics, NAIS 2018												
Percentage who correctly answered the questions:												
Socio-demographic characteristics	Can a person reduce their chance of getting HIV by not having sex?	Number	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	Number	Can a healthy-looking person have HIV?	Number	Can ARVs make people with HIV less likely to spread the virus?	Number	Can a mother with HIV or AIDS pass HIV to her unborn baby?	Number	All five questions	Number ¹
Place of residence												
Urban	13.3	2,929	7.2	4,766	12.2	2,929	7.6	2,928	14.3	2,929	2.3	4,767
Rural	4.8	4,369	3.1	5,862	4.0	4,369	3.0	4,369	4.4	4,369	0.7	5,862
Geopolitical zone												
North West	2.4	2,333	1.7	2,946	2.1	2,333	1.2	2,333	2.0	2,333	0.6	2,947
North East	1.6	1,433	1.2	1,676	1.1	1,433	0.9	1,433	1.2	1,433	0.4	1,676
North Central	4.3	1,237	3.2	1,526	4.0	1,237	2.4	1,237	4.1	1,237	1.1	1,526
South East	21.6	606	7.3	1,294	20.2	606	14.2	606	22.9	606	2.6	1,294
South South	22.5	734	10.2	1,476	19.0	734	14.8	734	21.5	734	2.3	1,476
South West	20.1	955	9.8	1,710	18.4	955	10.9	954	23.0	955	2.6	1,710
Education²												
No education	0.3	984	0.3	1,042	0.4	984	0.2	984	0.3	984	0.2	1,042
Primary	2.9	4,144	1.6	5,838	2.0	4,144	1.7	4,143	2.6	4,144	0.4	5,838
Secondary	26.2	1,856	12.7	3,403	24.6	1,856	15.4	1,856	27.5	1,856	3.8	3,404
Tertiary	*	1	*	2	*	1	*	1	*	1	*	2
Wealth quintile												
Lowest	1.3	1,819	1.0	2,064	1.0	1,819	0.7	1,819	0.7	1,819	0.1	2,064
Second	3.0	1,685	2.0	2,080	2.2	1,685	2.0	1,685	2.6	1,685	0.6	2,080
Middle	5.7	1,576	3.3	2,298	5.0	1,576	3.0	1,575	4.7	1,576	0.8	2,299
Fourth	12.0	1,310	6.2	2,244	11.1	1,310	8.1	1,310	13.0	1,310	2.3	2,244
Highest	30.3	908	12.5	1,942	27.7	908	16.8	908	33.7	908	3.4	1,942
Total 10-14 years												
	8.4	7,298	5.0	10,628	7.5	7,298	4.9	7,297	8.5	7,298	1.4	10,629

¹Includes only participants who answered all five questions.

²Education categories refer to the highest level of education attended, whether that level was completed.

An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

15. HIV RISK FACTORS

15.1 Background

During NAHS, participants were asked questions about high-risk behaviors, including early sexual debut, recent engagement with multiple sexual partners, condom use at last sexual intercourse, recent engagement in paid sexual intercourse and condom use at last sexual intercourse with a non-marital, non-cohabiting partner. With this information, programs can focus resources to reach individuals most at risk for HIV infection and individuals most in need of information.

In 2007, WHO and UNAIDS recommended voluntary medical male circumcision as a cost-effective strategy to reduce the spread of HIV. Therefore, men aged 15-64 years were asked if they had been medically or traditionally circumcised.

15.2 Results

Tables 15.A to 15.E illustrate NAHS data about HIV risk factors.

15.2.1 Key Findings

- Among men aged 15-64 years, HIV prevalence was 1.5% among those with no condom use during sex with a non-marital, non-cohabiting partner compared to 0.9% among those who used condoms with a non-marital, non-cohabiting partner (Table 15.A).
- Among married men who had sex with a non-marital, non-cohabiting partner in the past 12 months, 34.3% reported using a condom the last time they had sex compared to 17.3% of married women (Table 15.B, Table 15.C).
- Among men aged 15-64 years, 28.0% self-reported medical circumcision status, 56.8% reported non-medical circumcision status and 1.8% reported being uncircumcised (Table 15.E).

Table 15.A HIV prevalence by sexual behavior						
Prevalence of HIV among persons aged 15-64 years who ever had vaginal sex by sex and sexual behavior characteristics, NAIS 2018						
Sexual behavior characteristics	Males		Females		Total	
	Percentage HIV positive	Number	Percentage HIV positive	Number	Percentage HIV positive	Number
Age (years) at first sexual intercourse						
<15	0.9	3,151	1.5	10,746	1.3	13,897
15-19	1.4	19,158	2.0	44,801	1.8	63,959
20-24	1.1	19,099	2.4	17,176	1.6	36,275
≥25	1.4	12,487	2.0	5,103	1.5	17,590
Number of sexual partners in the past 12 months						
0	1.7	12,229	3.5	17,630	2.7	29,859
1	1.2	31,406	1.6	62,241	1.4	93,647
≥2	1.2	14,430	3.6	2,964	1.6	17,394
Condom use at last sexual intercourse in the past 12 months						
Used condom	1.2	6,150	4.1	4,104	2.2	10,254
Did not use condom	1.2	39,775	1.5	60,559	1.4	100,334
Condom use at last sex with a non-marital, non-cohabitating partner						
Used condom	0.9	5,632	4.0	2,366	1.7	7,998
Did not use condom	1.5	8,770	3.4	6,881	2.2	15,651
No sexual intercourse with a non-marital, non-cohabitating partner in the past 12 months	1.1	31,553	1.4	55,997	1.3	87,550
Total 15-24 years	0.4	8,451	1.1	17,805	0.9	26,256
Total 15-49 years	1.2	45,445	2.0	69,769	1.6	115,214
Total 15-64 years	1.3	58,326	2.0	83,055	1.7	141,381

Table 15.B Condom use at last sex with a non-marital, non-cohabiting partner: Men				
Percentage distribution of men aged 15-64 years who reported having sex in the past 12 months who also reported having a non-marital, non-cohabiting partner in the past 12 months and among those who reported having sex with a non-marital, non-cohabiting partner in the past 12 months, the percentage distribution who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner by selected socio-demographic characteristics, NAIS 2018				
Socio-demographic characteristics	Among men who reported having sex in the past 12 months		Among men who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner ¹	Number
Place of residence				
Urban	39.3	19,939	42.2	7,301
Rural	28.3	28,776	36.6	7,826
Geopolitical zone				
North West	5.5	8,674	37.6	361
North East	11.6	7,148	32.7	886
North Central	30.3	9,287	44.9	2,756
South East	49.1	7,216	45.7	3,065
South South	58.2	8,090	36.2	4,437
South West	49.5	8,300	38.6	3,622
Marital status				
Never married	95.0	10,507	42.5	9,942
Married or living together	11.8	37,220	34.3	4,353
Divorced or separated	86.1	720	30.8	614
Widowed	82.9	229	19.8	190
Type of union				
In polygynous union	6.1	6,897	19.1	440
Not in polygynous union	13.0	30,266	35.7	3,896
Not currently in union	94.3	11,456	41.6	10,746
Education²				
No education	8.4	5,499	25.5	435
Primary	18.8	9,181	24.9	1,677
Secondary	48.1	19,109	39.7	8,687
Tertiary	43.3	10,440	47.1	4,210
Others	2.7	4,451	7.7	114

Table 15.B Condom use at last sex with a non-marital, non-cohabiting partner: Men (continued)

Percentage distribution of men aged 15-64 years who reported having sex in the past 12 months who also reported having a non-marital, non-cohabiting partner in the past 12 months and among those who reported having sex with a non-marital, non-cohabiting partner in the past 12 months, the percentage distribution who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner by selected socio-demographic characteristics, NAIS 2018

Socio-demographic characteristics	Among men who reported having sex in the past 12 months		Among men who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner ¹	Number
Wealth quintile				
Lowest	8.7	9,025	25.6	814
Second	17.8	9,001	32.3	1,737
Middle	34.6	9,911	35.5	3,355
Fourth	44.9	10,464	40.4	4,382
Highest	51.0	10,314	44.7	4,839
Age (years)				
15-19	89.5	1,866	40.4	1,692
20-24	72.1	4,889	43.1	3,523
25-29	48.2	7,221	41.8	3,523
30-34	33.3	7,175	41.2	2,293
35-39	21.0	7,062	37.2	1,484
40-44	16.6	5,639	35.5	938
45-49	13.6	4,741	33.5	627
50-54	11.5	4,071	21.1	467
55-59	9.5	2,964	24.3	294
60-64	10.1	3,087	10.9	286
Total 15-24 years	76.4	6,755	42.4	5,215
Total 15-49 years	37.9	38,593	40.8	14,080
Total 15-64 years	33.5	48,715	39.7	15,127

¹Relates to [Global AIDS Monitoring indicator 3.18: Condom use at last high-risk sex](#).

²Education categories refer to the highest level of education attended, whether that level was completed.

Table 15.C Condom use at last sex with a non-marital, non-cohabiting partner: Women				
Percentage distribution of women aged 15-64 years who reported having sex in the past 12 months who also reported having a non-marital, non-cohabiting partner in the past 12 months and among those who reported having sex with a non-marital, non-cohabiting partner in the past 12 months, the percentage distribution who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner by selected socio-demographic characteristics, NAIIS 2018				
Socio-demographic characteristics	Among women who reported having sex in the past 12 months		Among women who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner ¹	Number
Place of residence				
Urban	17.4	28,520	29.1	4,862
Rural	11.2	41,523	22.7	4,840
Geopolitical zone				
North West	2.8	14,316	16.5	339
North East	4.4	12,134	17.0	613
North Central	9.1	12,255	34.3	1,176
South East	27.5	9,750	30.9	2,408
South South	30.5	10,415	23.6	2,998
South West	22.1	11,173	27.0	2,168
Marital status				
Never married	76.8	8,119	31.8	6,347
Married or living together	2.3	59,011	17.3	1,330
Divorced or separated	77.9	1,471	14.7	1,137
Widowed	62.1	1,397	14.4	859
Type of union				
In polygynous union	2.1	20,086	9.6	404
Not in polygynous union	2.3	38,593	20.6	882
Not currently in union	75.2	10,987	27.8	8,343
Education²				
No education	3.0	20,312	3.3	599
Primary	9.1	13,512	13.8	1,239
Secondary	25.1	23,182	28.5	5,566
Tertiary	28.1	8,177	34.7	2,217
Others	1.9	4,781	0.9	76

Table 15.C Condom use at last sex with a non-marital, non-cohabiting partner: Women (continued)				
Percentage distribution of women aged 15-64 years who reported having sex in the past 12 months who also reported having a non-marital, non-cohabiting partner in the past 12 months and among those who reported having sex with a non-marital, non-cohabiting partner in the past 12 months, the percentage distribution who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner by selected socio-demographic characteristics, NAIIS 2018				
Socio-demographic characteristics	Among women who reported having sex in the past 12 months		Among women who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner ¹	Number
Wealth quintile				
Lowest	3.7	14,306	12.4	614
Second	7.5	14,040	19.6	1,194
Middle	14.9	14,154	22.7	2,205
Fourth	20.8	14,302	27.2	2,811
Highest	23.0	13,241	31.9	2,878
Age (years)				
15-19	34.8	5,378	33.6	2,094
20-24	23.2	11,429	30.9	2,791
25-29	12.9	13,664	26.6	1,806
30-34	8.4	11,489	21.0	946
35-39	7.7	9,601	19.6	735
40-44	7.0	7,231	11.5	520
45-49	8.2	4,691	14.4	362
50-54	7.1	3,706	8.4	255
55-59	7.0	1,647	2.6	104
60-64	8.2	1,207	6.1	89
Total 15-24 years	27.1	16,807	32.1	4,885
Total 15-49 years	14.7	63,483	27.3	9,254
Total 15-64 years	14.0	70,043	26.3	9,702
¹ Relates to Global AIDS Monitoring indicator 3.18: Condom use at last high-risk sex .				
² Education categories refer to the highest level of education attended, whether that level was completed.				

Table 15.D Condom use at last sex with a non-marital, non-cohabiting partner: Total				
Percentage distribution of adults aged 15-64 years who reported having sex in the past 12 months who also reported having a non-marital, non-cohabiting partner in the past 12 months and among those who reported having sex with a non-marital, non-cohabiting partner in the past 12 months, the percentage distribution who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner by selected socio-demographic characteristics, NAIIS 2018				
Socio-demographic characteristics	Among adults who reported having sex in the past 12 months		Among adults who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner ¹	Number
Place of residence				
Urban	27.7	48,459	37.9	12,163
Rural	18.9	70,299	32.1	12,666
Geopolitical zone				
North West	3.9	22,990	28.6	700
North East	7.3	19,282	27.1	1,499
North Central	19.3	21,542	42.3	3,932
South East	38.2	16,966	40.3	5,473
South South	44.3	18,505	31.9	7,435
South West	36.0	19,473	35.1	5,790
Marital status				
Never married	88.3	18,626	39.1	16,289
Married or living together	6.4	96,231	30.8	5,683
Divorced or separated	81.0	2,191	21.1	1,751
Widowed	65.4	1,626	15.5	1,049
Type of union				
In polygynous union	3.2	26,983	14.7	844
Not in polygynous union	7.5	68,859	33.4	4,778
Not currently in union	86.4	22,443	36.6	19,089
Education²				
No education	4.3	25,811	13.7	1,034
Primary	13.5	22,693	20.8	2,916
Secondary	37.1	42,291	36.1	14,253
Tertiary	37.5	18,617	43.6	6,427
Others	2.3	9,232	4.7	190

Table 15.D Condom use at last sex with a non-marital, non-cohabiting partner: Total (continued)				
Percentage distribution of adults aged 15-64 years who reported having sex in the past 12 months who also reported having a non-marital, non-cohabiting partner in the past 12 months and among those who reported having sex with a non-marital, non-cohabiting partner in the past 12 months, the percentage distribution who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner by selected socio-demographic characteristics, NAIS 2018				
Socio-demographic characteristics	Among adults who reported having sex in the past 12 months		Among adults who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	
	Percentage who reported having sex with a non-marital, non-cohabiting partner in the past 12 months	Number	Percentage who reported using a condom the last time they had sex with a non-marital, non-cohabiting partner ¹	Number
Wealth quintile				
Lowest	5.8	23,331	20.8	1,428
Second	12.0	23,041	27.8	2,931
Middle	23.9	24,065	31.2	5,560
Fourth	32.4	24,766	36.0	7,193
Highest	37.3	23,555	40.9	7,717
Age (years)				
15-19	49.6	7,244	36.9	3,786
20-24	41.2	16,318	38.8	6,314
25-29	28.1	20,885	37.9	5,329
30-34	20.1	18,664	36.8	3,239
35-39	14.3	16,663	32.4	2,219
40-44	11.8	12,870	28.4	1,458
45-49	11.0	9,432	26.9	989
50-54	9.6	7,777	17.0	722
55-59	8.5	4,611	17.5	398
60-64	9.5	4,294	9.7	375
Total 15-24 years	43.8	23,562	38.2	10,100
Total 15-49 years	25.0	102,076	36.4	23,334
Total 15-64 years	23.0	118,758	35.3	24,829
¹ Relates to Global AIDS Monitoring indicator 3.18: Condom use at last high-risk sex .				
² Education categories refer to the highest level of education attended, whether that level was completed.				

Table 15.E Male circumcision						
Percent distribution of males aged 15-64 years by self-reported circumcision status, by NAIIS HIV test result and selected socio-demographic characteristics, NAIIS 2018						
HIV status and socio-demographic characteristics	Circumcised ¹			Uncircumcised	Unknown	Number
	Medical circumcision	Non-medical circumcision	Method not known			
NAIIS HIV test result						
HIV positive	31.0	53.7	13.3	1.1	0.8	845
HIV negative	27.8	57.1	12.1	1.7	1.2	77,125
Not tested	29.2	53.0	13.5	2.3	1.9	5,370
Place of residence						
Urban	33.8	46.4	16.6	1.6	1.7	34,635
Rural	22.6	66.5	8.1	1.9	0.9	48,705
Geopolitical zone						
North West	8.6	87.6	0.7	2.6	0.5	15,094
North East	13.9	83.2	0.5	1.9	0.4	15,563
North Central	29.2	62.4	5.8	1.7	0.9	16,916
South East	63.2	20.0	15.0	0.6	1.1	11,354
South South	38.6	41.9	16.7	1.4	1.5	12,025
South West	37.4	22.4	35.6	1.5	3.1	12,388
Marital status						
Never married	35.0	48.2	13.2	2.0	1.7	34,157
Married or living together	21.6	64.8	11.1	1.6	0.9	47,079
Divorced or separated	27.7	53.1	16.6	1.9	0.6	1,346
Widowed	24.7	57.3	15.6	1.7	0.7	619
Type of union						
In polygynous union	8.5	83.2	5.2	2.4	0.8	8,611
Not in polygynous union	24.3	61.0	12.5	1.4	0.8	38,139
Not currently in union	34.6	48.4	13.3	2.0	1.6	36,122
Education²						
No education	7.3	80.4	4.6	6.5	1.3	9,878
Primary	19.7	66.8	10.6	1.7	1.2	14,588
Secondary	35.2	47.0	15.2	1.1	1.6	36,387
Tertiary	40.1	42.4	15.5	1.1	0.9	15,976
Others	3.3	94.1	1.1	1.1	0.5	6,443
Wealth quintile						
Lowest	7.4	86.0	2.7	3.2	0.7	15,831
Second	15.7	75.6	5.5	2.2	1.1	16,154
Middle	26.8	60.6	10.1	1.5	1.0	17,529
Fourth	36.6	44.3	16.6	1.1	1.4	17,573
Highest	47.5	26.3	23.0	1.2	2.0	16,253

Table 15.E Male circumcision (continued)						
Percent distribution of males aged 15-64 years by self-reported circumcision status, by NAIS HIV test result and selected socio-demographic characteristics, NAIS 2018						
HIV status and socio-demographic characteristics	Circumcised ¹			Uncircumcised	Unknown	Number
	Medical circumcision	Non-medical circumcision	Method not known			
Age (years)						
15-19	33.3	51.3	11.2	2.0	2.2	14,323
20-24	31.0	54.3	11.9	1.5	1.3	11,111
25-29	29.8	55.7	11.8	1.6	1.1	11,322
30-34	30.0	55.0	12.0	2.0	1.0	9,680
35-39	27.8	55.9	13.4	1.9	0.9	9,187
40-44	23.3	60.2	14.0	1.6	1.0	7,380
45-49	22.9	61.8	12.8	1.4	1.0	6,166
50-54	18.2	66.0	12.8	2.1	0.9	5,432
55-59	17.7	67.9	11.5	2.0	0.9	4,011
60-64	15.0	70.9	12.0	1.4	0.7	4,728
Total 15-24 years	32.3	52.6	11.5	1.8	1.8	25,434
Total 15-49 years	29.5	55.3	12.2	1.8	1.3	69,169
Total 15-64 years	28.0	56.8	12.2	1.8	1.3	83,340
¹ Relates to <u>Global AIDS Monitoring indicator 3.16: Prevalence of male circumcision and PEPFAR VMMC</u> TOTALCIRC NAT / SUBNAT.						
² Education categories refer to the highest level of education attended, whether that level was completed.						

16. HBV AND HCV SCREENING AND TB SERVICES

16.1 Background

PLHIV are at risk for acquiring other infections, including tuberculosis (TB), hepatitis B virus (HBV) and hepatitis C virus (HCV). TB is the leading cause of death for PLHIV in Africa. HIV infection predisposes a person to TB infection and progression to active disease. Information regarding health seeking behavior, particularly for TB health services, is therefore very important.

HIV, HBV and HCV have similar transmission routes and concurrent infection with HIV and either HBV or HCV often results in more rapid progression of HBV or HCV to cirrhosis and higher liver-disease mortality. NAHS 2018 provides population-based HBV and HCV prevalence among HIV-positive individuals aged 15-64 years and a subset of HIV-negative individuals, which supports actionable policy recommendations for screening and treatment. This chapter describes the prevalence of HBV and HCV in persons aged 15 to 64, by sex, age, socio-demographic characteristics and HIV status.

16.2 Results

Tables 16.A to 16.C report NAHS findings on co-infections associated with HIV.

16.2.1 Key Findings

- The overall prevalence of HBV infection among adults aged 15-64 years was 8.1% (10.3% in men and 5.8% in women). HBV prevalence peaked at ages 35-39 years (10.2%) and was lowest at ages 55-59 years (2.5%) (Table 16.A).
- The overall prevalence of HCV infection among individuals aged 15-64 years was 1.1% (1.3% in men and 1.0% in women). HCV prevalence peaked at ages 50-54 years (3.3%) and was lowest at ages 15-19 years (0.4%) (Table 16.B).
- The prevalence of HBV infection among HIV-positive adults aged 15-64 years was 8.9% (Table 16.A).
- The prevalence of HCV among HIV-positive adults aged 15-64 years was 1.1% (Table 16.B).
- Among adults found to be HIV-positive during NAHS 2018, 9.9% had ever visited a clinic for TB evaluation.

Table 16.A Hepatitis B virus (HBV) infection prevalence by sex and demographic characteristics: Persons aged 15-64 years						
Prevalence of hepatitis B surface antigen (HBsAg+) among persons aged 15-64 years by HIV status, sex and selected socio-demographic characteristics, NAIIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percentage HBsAg positive ¹	Number	Percentage HBsAg positive ¹	Number	Percentage HBsAg positive ¹	Number
NAIIS HIV test result						
HIV positive	13.3	843	6.5	1,891	8.9	2,734
HIV negative	10.3	3,551	5.7	4,153	8.1	7,704
Place of residence						
Urban	9.8	1,812	5.5	2,640	7.6	4,452
Rural	10.8	2,582	6.0	3,404	8.5	5,986
Marital status						
Never married	10.8	1,410	5.2	1,085	8.8	2,495
Married or living together	10.0	2,785	5.6	3,893	7.7	6,678
Divorced or separated	6.2	128	8.4	352	7.8	480
Widowed	1.7	67	7.6	706	7.2	773
Education²						
No education	9.0	488	6.5	1,532	7.2	2,020
Primary	9.8	863	5.7	1,329	7.7	2,192
Secondary	10.1	1,828	5.9	2,194	8.2	4,022
Tertiary	11.6	821	3.7	675	8.6	1,496
Others	11.8	390	5.9	308	9.3	698
Wealth quintile						
Lowest	12.0	859	7.7	1,010	10.0	1,869
Second	10.7	860	6.2	1,149	8.5	2,009
Middle	10.5	911	6.0	1,414	8.2	2,325
Fourth	11.0	939	4.9	1,352	8.1	2,291
Highest	7.4	825	4.4	1,119	5.9	1,944
Pregnancy status						
Currently pregnant	NA	NA	5.9	435	NA	NA
Not currently pregnant	NA	NA	5.8	5,526	NA	NA
Number of pregnancies						
0	NA	NA	5.2	950	NA	NA
1	NA	NA	6.6	667	NA	NA
2-5	NA	NA	6.4	2,922	NA	NA
>5	NA	NA	4.9	1,478	NA	NA

Table 16.A Hepatitis B virus (HBV) infection prevalence by sex and demographic characteristics: Persons aged 15-64 years (continued)						
Prevalence of hepatitis B surface antigen (HBsAg+) among persons aged 15-64 years by HIV status, sex and selected socio-demographic characteristics, NAIS 2018						
Socio-demographic characteristics	Males		Females		Total	
	Percentage HBsAg positive ¹	Number	Percentage HBsAg positive ¹	Number	Percentage HBsAg positive ¹	Number
Male circumcision						
Circumcised	10.2	4,279	NA	NA	NA	NA
Not circumcised	11.4	77	NA	NA	NA	NA
Number of sexual partners in the past 12 months						
0	10.7	1,438	5.8	1,842	8.5	3,280
1	10.8	2,035	5.8	3,930	7.7	5,965
≥2	8.3	862	5.4	244	7.9	1,106
Age (years)						
15-19	10.3	443	5.4	604	7.9	1,047
20-24	10.7	464	6.4	815	8.6	1,279
25-29	13.7	605	5.1	988	9.5	1,593
30-34	11.2	591	7.6	857	9.5	1,448
35-39	13.1	561	7.2	825	10.2	1,386
40-44	9.2	485	6.3	633	7.7	1,118
45-49	7.7	405	4.1	406	5.9	811
50-54	6.1	344	6.6	405	6.3	749
55-59	3.9	229	1.1	227	2.5	456
60-64	5.2	267	2.5	284	3.8	551
Total 15-24 years	10.5	907	5.9	1,419	8.2	2,326
Total 15-49 years	11.1	3,554	6.1	5,128	8.6	8,682
Total 15-64 years	10.3	4,394	5.8	6,044	8.1	10,438
¹ The numerator for HBV prevalence is the number of persons who tested positive for HBV. The denominator for HBV prevalence is the number of people who were tested for HBV. ² Education categories refer to the highest level of education attended, whether that level was completed. NA – not applicable.						

Table 16.B Hepatitis C virus (HCV) infection prevalence by demographic characteristics: Persons aged 15-64 years

Prevalence of hepatitis C (HCV RNA+) among persons aged 15-64 years by HIV status, sex and selected socio-demographic characteristics, NAIS 2018

Socio-demographic characteristics	Males		Females		Total	
	Percentage HCV RNA positive ¹	Number	Percentage HCV RNA positive ¹	Number	Percentage HCV RNA positive ¹	Number
NAIS HIV test result						
HIV positive	0.8	843	1.2	1,891	1.1	2,734
HIV negative	1.3	3,552	1.0	4,153	1.1	7,705
Place of residence						
Urban	0.7	1,813	0.1	2,640	0.4	4,453
Rural	1.8	2,582	1.8	3,404	1.8	5,986
Marital status						
Never married	0.4	1,411	0.3	1,085	0.4	2,496
Married or living together	1.9	2,785	1.2	3,893	1.6	6,678
Divorced or separated	1.5	128	0.6	352	0.9	480
Widowed	3.6	67	1.6	706	1.8	773
Education²						
No education	3.1	488	2.3	1,532	2.5	2,020
Primary	2.0	863	1.7	1,329	1.8	2,192
Secondary	1.1	1,829	0.2	2,194	0.7	4,023
Tertiary	0.6	821	0.2	675	0.4	1,496
Others	0.2	390	0.3	308	0.2	698
Wealth quintile						
Lowest	2.3	859	1.5	1,010	1.9	1,869
Second	1.6	860	2.3	1,149	2.0	2,009
Middle	1.8	911	1.0	1,414	1.4	2,325
Fourth	0.7	940	0.3	1,352	0.5	2,292
Highest	0.0	825	0.2	1,119	0.1	1,944
Pregnancy status						
Currently pregnant	NA	NA	0.6	435	NA	NA
Not currently pregnant	NA	NA	1.0	5,526	NA	NA
Number of pregnancies						
0	NA	NA	0.3	950	NA	NA
1	NA	NA	0.2	667	NA	NA
2-5	NA	NA	1.4	2,922	NA	NA
>5	NA	NA	1.4	1,478	NA	NA

Table 16.B Hepatitis C virus (HCV) infection prevalence by demographic characteristics: Persons aged 15-64 years (continued)

Prevalence of hepatitis C (HCV RNA+) among persons aged 15-64 years by HIV status, sex and selected socio-demographic characteristics, NAIIS 2018

Socio-demographic characteristics	Males		Females		Total	
	Percentage HCV RNA positive ¹	Number	Percentage HCV RNA positive ¹	Number	Percentage HCV RNA positive ¹	Number
Male circumcision						
Circumcised	1.2	4,280	NA	NA	NA	NA
Not circumcised	2.4	77	NA	NA	NA	NA
Number of sexual partners in the past 12 months						
0	0.8	1,439	0.9	1,842	0.9	3,281
1	1.6	2,035	1.1	3,930	1.3	5,965
≥2	1.4	862	0.4	244	1.3	1,106
Age (years)						
15-19	0.5	443	0.3	604	0.4	1,047
20-24	0.6	465	0.4	815	0.5	1,280
25-29	0.9	605	0.7	988	0.8	1,593
30-34	1.3	591	1.7	857	1.5	1,448
35-39	1.5	561	1.2	825	1.3	1,386
40-44	1.6	485	0.1	633	0.8	1,118
45-49	1.9	405	2.1	406	2.0	811
50-54	3.1	344	3.5	405	3.3	749
55-59	3.2	229	0.7	227	2.0	456
60-64	2.4	267	2.6	284	2.5	551
Total 15-24 years	0.5	908	0.3	1,419	0.4	2,327
Total 15-49 years	1.0	3,555	0.8	5,128	0.9	8,683
Total 15-64 years	1.3	4,395	1.0	6,044	1.1	10,439

¹The numerator for HCV prevalence is the number of persons who tested positive for hepatitis C (HCV RNA+). The denominator for HCV prevalence is the number of people who were tested for HCV.

²Education categories refer to the highest level of education attended, whether that level was completed.

NA – not applicable.

Table 16.C Clinic attendance for tuberculosis (TB) evaluation and services: Total						
Percent of respondents aged 15-64 years who self-reported ever visiting a clinic for tuberculosis (TB), diagnosed with TB and treated for TB by HIV status and selected socio-demographic characteristics, NAIIS 2018						
HIV status and socio-demographic characteristics	Percentage who ever visited a clinic for TB evaluation	Number	Among those who had ever visited a clinic for TB evaluation		Among those who were diagnosed with TB	
			Percentage who were diagnosed with TB	Number	Percentage who were treated for TB	Number
NAIIS HIV test result						
HIV positive	9.9	2,714	40.4	281	98.8	114
HIV negative	1.7	169,175	26.1	2,769	89.7	746
Not tested	2.5	12,523	18.9	303	84.8	58
Place of residence						
Urban	2.3	77,899	23.7	1,752	89.1	429
Rural	1.5	106,513	30.2	1,601	91.6	489
Geopolitical zone						
North West	1.8	32,334	24.8	470	85.2	121
North East	1.5	31,524	26.8	500	89.8	142
North Central	1.4	35,986	31.4	628	91.6	187
South East	2.6	28,616	24.5	689	94.3	178
South South	1.9	27,112	27.7	529	89.3	148
South West	2.1	28,840	26.1	537	93.0	142
Marital status						
Never married	1.5	57,997	25.5	835	84.0	219
Married or living together	2.0	113,139	26.1	2,141	93.1	573
Divorced or separated	3.3	4,592	32.8	156	88.9	54
Widowed	2.7	8,459	30.4	215	93.3	71
Type of union						
In polygynous union	1.6	31,208	25.2	474	94.3	136
Not in polygynous union	2.1	81,163	26.4	1,654	92.8	434
Not currently in union	1.7	71,048	26.9	1,206	86.1	344
Education¹						
No education	1.0	36,801	28.7	357	93.4	113
Primary	1.9	34,369	31.0	624	92.9	209
Secondary	1.7	73,485	27.8	1,219	90.8	333
Tertiary	3.6	27,679	20.0	992	90.3	212
Others	1.5	11,915	31.4	158	76.3	51

Table 16.C Clinic attendance for tuberculosis (TB) evaluation and services: Total (continued)						
Percent of respondents aged 15-64 years who self-reported ever visiting a clinic for tuberculosis (TB), diagnosed with TB and treated for TB by HIV status and selected socio-demographic characteristics, NAIIS 2018						
HIV status and socio-demographic characteristics	Percentage who ever visited a clinic for TB evaluation	Number	Among those who had ever visited a clinic for TB evaluation		Among those who were diagnosed with TB	
			Percentage who were diagnosed with TB	Number	Percentage who were treated for TB	Number
Wealth quintile						
Lowest	1.2	33,633	31.3	362	91.9	126
Second	1.3	35,674	29.5	450	87.6	127
Middle	1.8	39,357	26.1	694	90.2	204
Fourth	2.1	39,585	27.0	850	91.7	233
Highest	2.7	36,163	23.1	997	89.6	228
Age (years)						
15-19	1.0	30,578	21.5	278	78.8	60
20-24	1.3	25,989	22.5	316	85.5	68
25-29	1.8	27,068	22.4	432	88.1	101
30-34	2.0	22,723	24.4	407	85.7	93
35-39	2.3	20,470	30.1	458	93.9	126
40-44	2.2	16,487	33.6	344	89.5	123
45-49	2.8	12,782	31.7	344	96.5	112
50-54	2.5	11,697	24.1	272	94.1	79
55-59	3.3	7,613	24.9	243	97.7	72
60-64	3.0	9,005	31.2	259	94.9	84
Total 15-24 years	1.2	56,567	22.0	594	82.4	128
Total 15-49 years	1.7	156,097	26.4	2,579	89.0	683
Total 15-64 years	1.9	184,412	26.3	3,353	90.3	918
¹ Education categories refer to the highest level of education attended, whether that level was completed.						

APPENDIX A SAMPLE DESIGN METHODOLOGY

Appendix A provides a high-level overview of NAIS sampling and weighting procedures. In-depth details are provided in the Sampling and Weighting Document, which may be found on the [NAIS project website](#).

A.1 Sample Design

Overview

The NAIS sample design was a stratified multistage probability sample design, with strata defined by the 37 states of the country. First-stage primary sampling units were defined as EAs created for the 2006 census. Second-stage sampling units were defined as households within EAs and, finally, eligible persons within households. Within each state, EAs were selected with probabilities proportionate to the 2018 projected number of households in the EA based on the 2006 census. The allocation of the sample EAs to the 37 states was designed to achieve specified precision levels for (1) a national estimate of HIV incidence and (2) state-level estimates of HIV prevalence and viral load suppression (VLS). The second-stage sampling units were selected from lists of dwelling units/households compiled by trained staff for each of the sampled EAs. Upon completion of the listing process, a random systematic sample of 28 dwelling units/households was selected from each EA, except for Lagos where eight dwelling units/households were selected from each EA. Within the sampled households, all eligible adults aged 15-64 years were included in the study sample for data collection. All eligible children aged 0-14 years in a subsample of the sampled households were included in the study for data collection.

Population of Inference

The population of inference for NAIS was comprised of the *de facto* household population. The *de facto* population was comprised of individuals who were present in households, i.e., slept in the household, on the night prior to the household interview. In contrast, the *de jure* population is comprised of individuals who are usual residents of the household, irrespective of whether they slept in the household on the night prior to the household interview.

Precision Specifications and Assumptions

The following specifications were used to develop the sample design for NAIS.

- The relative standard error of the national estimate of HIV incidence among persons aged 15-64 was set at ~30%.
- The 95% confidence intervals were used for the estimated VLS rate among HIV-positive persons aged 15-64 in each of the 37 strata (states) calculated at ~10%.

The following assumptions were used to develop the sample design for NAIS:

- An overall HIV prevalence rate of 3.4% that varied by state.
- An annual HIV incidence rate for adults aged 15-64 of 0.49%.
- A MDRI of 130 days, yielding an annualization rate of $365/130 = 2.8077$. Hence, the estimated HIV incidence rate for MDRI = 130 days was $Pm = 0.0060/2.8077 = 0.0021$ (0.21%).
- The VLS rate among HIV-positive adults aged 15-49 in each state h of $Pvh = 50\%$. This was a conservative assumption because it overstated the actual variance of the VLS rate.
- An intra-cluster correlation (ICC) of 0.02 for both prevalence and incidence. The ICC provided an average measure of the homogeneity of responses within the first-stage sampling units.

- An occupancy rate of 100% was used for sampled dwelling units. Note that this was not included in the calculation of the overall survey response rate but does determine the initial numbers of dwelling units to be sampled.
- An overall household response rate of 90.6% was witnessed among the occupied dwelling units.¹
- The average number of persons aged 15-64 in a household was 2.47.¹
- The percentage of persons in households who were aged 0-14 was 45.7%.¹
- The percentage of persons in households who were aged 15-64 was 48.2%.¹
- Among individuals aged 15-64 in eligible responding households, the biomarker response rate was 77.3%. This corresponded to an overall biomarker response rate of 63%. This was a conservative estimate derived from response rates in the 2012 National HIV & AIDS and Reproductive Health Survey (NARHS 2012).¹
- Among children aged 0-14 in eligible responding households, the biomarker response rate was 63%.

¹The assumed values of response rates and number of participating persons per household were based on data from the [2013-14 Nigeria Demographic and Health Survey \(DHS\)](#) and [NARHS 2012](#).

Selection of the Primary Sampling Units (PSUs)

The sampling frame consisted of 662,855 EAs containing 28,900,478 households and 140,431,798 persons. A stratified sample of 4,035 EAs was selected from the sampling frame. The 37 strata specified for sampling were the 37 states of Nigeria. The EA samples were selected systematically and with probabilities proportionate to a measure of size (MOS) equal to the 2018 projected number of households in the EA based on the 2006 census. Prior to selection, the EAs were sorted by type of EA, including urban/rural and other geographic variables in the frame. The sorting of the EAs prior to sample selection induces an implicit geographic stratification. To select the sample from an individual stratum, the cumulative MOS was determined for each EA in the ordered list of EAs and the sample selections were designated using a sampling interval equal to the total MOS of the EAs in the stratum divided by the number of EAs to be selected and a random starting point. The resulting sample has the property that the probability of selecting an EA within an individual stratum is proportional to the MOS of the EA in the stratum.

Selection of Households

For both sampling and analysis purposes, a household is defined to be a group of individuals who reside in a physical structure such as a house, apartment, compound or homestead and share in housekeeping arrangements. The physical structure in which people reside is referred to as the dwelling unit, which may contain more than one household meeting the above definition. Households are eligible for participation in the study if they are located within the sampled EA.

The selection of households for NAIIS involved the following steps: (1) listing the dwelling units/households within the sampled EAs; (2) assigning eligibility codes to the listed dwelling unit/household records; (3) selecting the samples of dwelling units/households; and (4) designating a subsample of households for data collection for children.

A description of the household listing process as well as a summary of household eligibility may be found in the Sampling and Weighting Document. Twenty-eight households were sampled from each cluster in all states except for Lagos state, where eight households were sampled per cluster.

Selection of Individuals

The selection of individuals for NAIIS involved the following steps: (1) compiling a list of all individuals

known to reside in the household or who slept in the household during the night prior to data collection; (2) identifying those rostered individuals who were eligible for data collection; and (3) selecting for the study those individuals meeting the age and residency requirements of the study. However, only those individuals who slept in the household the night before the household interview, i.e., the *de facto* population, were retained for subsequent weighting and analysis.

A.2 Weighting

Overview

In general, the purpose of weighting survey data from a complex sample design is to (1) compensate for variable probabilities of selection, (2) account for differential nonresponse rates within relevant subsets of the sample and (3) adjust for possible under-coverage of certain population groups. Weighting is accomplished by assigning an appropriate sampling weight to each responding sampled unit (e.g., a household or person) and using that weight to calculate weighted estimates from the sample. The critical component of the sampling weight is the base weight that is defined to be the reciprocal of the probability of including a household or person in the sample. The base weights are used to inflate the responses of the sampled units to population levels and are generally unbiased (or consistent) if there is no nonresponse or noncoverage in the sample. When nonresponse or noncoverage occurs in the survey, weighting adjustments are applied to the base weights to compensate for both types of sample omissions.

Nonresponse is unavoidable in virtually all surveys of human populations. For NAIIS, nonresponse could occur at different stages of data collection, including (1) before the enumeration of individuals in the household, (2) after household enumeration and selection of persons but before completion of the individual interview and (3) after completion of the interview but before collection of a viable blood sample.

Noncoverage could arise when some members of the survey population have no chance of being selected for the sample. For example, noncoverage could occur if the field operations fail to enumerate all dwelling units during the listing process or if certain household members are omitted from the household rosters. To compensate for such omissions, the post-stratification procedures are used to calibrate the weighted sample counts to available population projections.

Methods

The overall weighting approach for NAIIS included several steps. Methods and results for each of the steps below are detailed in the Sampling and Weighting Document.

Initial checks: Checks of the data files were carried out as part of the survey and data quality control and the probabilities of selection for EAs and households are calculated and checked.

Calculation of PSU base weights: The weighting process began with the calculation and checking of the sample EA base weights as the reciprocals of the overall PSU probabilities of selection.

Calculation of household weights: The next step was to calculate household weights. The household base weights were calculated as the EA weights multiplied by the reciprocal of the within-EA household selection probabilities. The household base weights were adjusted first to account for dwelling units for which it could not be determined whether the dwelling unit contained an eligible household and then the responding households had their weights adjusted to account for non-responding eligible households. This adjustment was made based on the EA the households are in and the resulting weight was the final household weight.

Calculation of person-level interview weights: Once the household weights were determined, they were used to calculate the individual base weights. The individual base weights were then adjusted for nonresponse among the eligible individuals, with a final adjustment for the individual weights to compensate for under-coverage in the sampling process by post-stratifying, i.e., weighting up, to 2018 population projections.

Calculation of person-level HIV testing weights: The individual weights adjusted for nonresponse were in turn the initial weights for the HIV testing data sample, with a further adjustment for nonresponse to HIV testing and a final post-stratification adjustment to compensate for under-coverage.

APPENDIX B LABORATORY METHODOLOGY

B.1 Field-Based Laboratory Procedures

Trained and qualified survey laboratory staff collected whole blood specimens from identified eligible and consenting participants. Specimen volume varied by age: a 14 mL venous blood specimen was collected from adults aged 15-64 years, a 6 mL venous blood specimen was collected from children aged 2-14 years and a 1 mL capillary blood specimen was collected from children aged <2 years, using a finger stick for children aged 6 to 23 months and a heel stick for infants below 6 months of age. For participants ≥ 2 years who could not provide a venous blood specimen, blood was collected from a finger stick using the 1 ml ethylene diamine tetra acetic acid (EDTA) microtube.

Blood samples were labeled with a unique pre-printed bar-coded participant identification number (PTID) and stored in temperature-controlled cooler boxes with ultra-low freezer packs which were replenished daily. At the end of each day, specimens were transported to a satellite laboratory for processing into plasma aliquots and dried blood spots (DBS) and were frozen within 24 hours of blood collection.

B.2 Household-Based Procedures

HBTC services, including HIV rapid testing and counseling, HBsAg and HCV rapid testing, point-of-care (POC) CD4 testing and return of results, were carried out in accordance with Nigeria's National HIV Testing Guidelines. HIV rapid testing was conducted in the field (Figure B.1) using a serial rapid-testing algorithm. Determine™ HIV ½ (Abbott Molecular Inc., Des Plaines, Illinois, United States) was used as a screening test. Uni-Gold™ (Trinity Biotech, plc., Wicklow, Ireland) was used as a confirmatory test. STAT PAK® HIV ½ Assay (Chembio Diagnostic Systems Inc., Medford, New York, United States) was used as a tie-breaker test for discordant screening and confirmatory tests. NAIS participants with non-reactive results on the screening test were reported as HIV negative; those with a reactive screening test underwent confirmatory testing. Participants with reactive results on both the screening and confirmatory tests were classified as HIV-positive. Participants with a reactive screening test result, followed by a non-reactive confirmatory test result, had the tie-breaker test performed to determine HIV status. Participants with reactive tie-breaker tests were classified as HIV-positive while those with non-reactive tests were classified as HIV-negative.

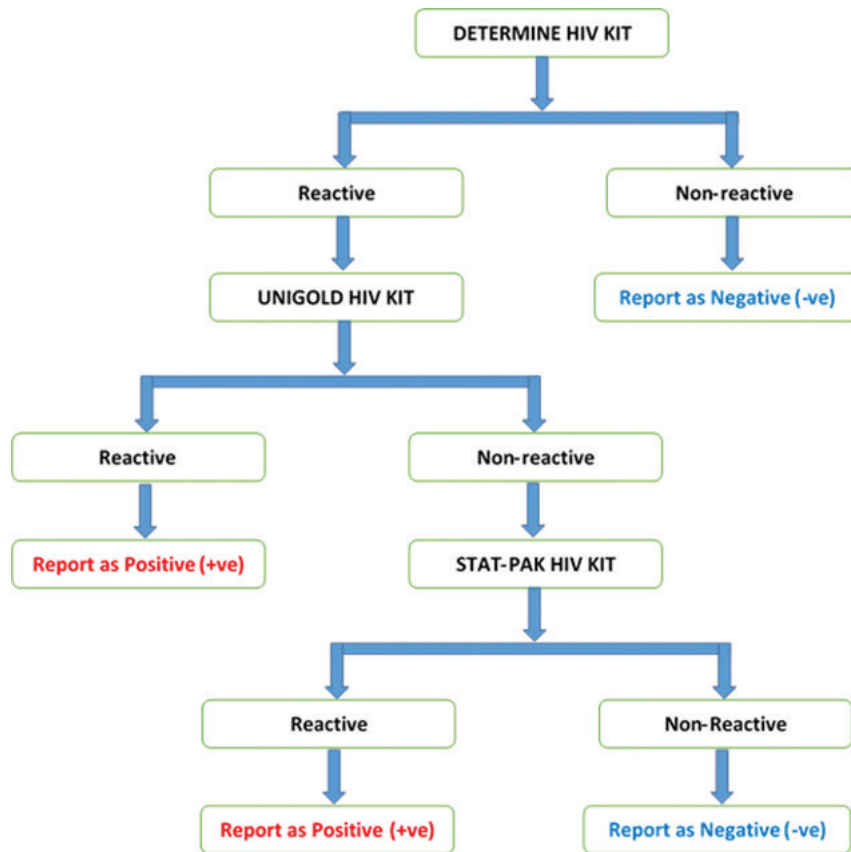


Figure B.1 Nigerian National Serial HIV Rapid Testing Algorithm, NAIS 2018

CD4 Testing

CD4 cell count was measured for all participants who tested HIV positive and a randomly selected 2% of the population who tested HIV negative. All CD4 testing was performed using the validated Pima™ CD4 Point of Care Testing (POCT) system (Abbott Molecular Inc., Chicago, IL, United States, formerly Alere).

Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) Testing

All HIV-positive participants (aged 15-64) and approximately 5,303 randomly selected HIV-negative respondents (aged 15-64) were screened for HBV using Determine™ HBsAg test kit (Abbott Inc., Chicago, Illinois, United States, formerly Alere) and for HCV using OraQuick® HCV Rapid Antibody Test (Orasure Technologies, Inc., Bethlehem, Pennsylvania, United States). Participants with a positive HCV antibody result underwent confirmatory HCV RNA quantitative PCR testing (viral load test) using Roche platform.

Quality Assurance (QA) and Quality Control (QC)

QC panels consisting of positive and negative control specimens and PT panels which contained blinded positive and negative levels of all biomarkers (HIV, HBV and HCV) were regularly distributed to both the field and satellite laboratories. To ensure that test kits and staff competencies were adequately monitored, bi-weekly QC testing and two rounds of PT panels were completed. The first 50 HIV rapid tests performed by each field laboratorian were retested at the satellite lab until concordance was 100%.

B.3 Satellite and Central Laboratory-Based Procedures

At the satellite laboratories, specimens were processed into plasma aliquots and one to two DBS cards, depending on age of the participant and volume of the specimen. For infants <2 years, who provided blood from a heel stick in a one mL microtube, one to two DBS cards were prepared. All DBS cards were prepared in the laboratory. Plasma and DBS samples were labeled with unique bar-code labels generated from the LDMS. Plasma aliquots and DBS were frozen within 24 hours of blood collection. Specimens were stored in the satellite laboratories in -20°C freezers with temperature control monitors. Within a week, specimens were transported to the central laboratory using the cooler boxes with ultra-low freezer packs. At the central laboratory, specimens were stored in -80°C freezers with temperature control monitors in a purpose-built biorepository with a secured electrical supply.

Geenius™ HIV 1/2 Testing

All HIV-positive specimens were retested at the satellite laboratory using Geenius™ HIV 1/2 Supplemental Assay (Bio-Rad, Hercules, California, United States) as the confirmatory test. Participants who had reactive results on both rapid and Geenius™ HIV 1/2 tests were classified as HIV-positive. Participant specimens with a reactive rapid test result followed by a non-reactive confirmatory test result at the satellite laboratory were subjected to further QA discrepancy resolution at the central laboratory. Specimens from participants who self-reported being HIV positive with an HIV negative test result at HBT received further testing, including additional HIV serial rapid testing and Geenius™ HIV 1/2 testing in the satellite and central laboratories as well as deoxyribonucleic acid (DNA) polymerase chain reaction (PCR) to resolve discrepancies.

HIV Viral Load Testing

VL testing of HIV-positive participants was done using the Roche solutions for molecular diagnostics (COBAS® AmpliPrep/COBAS® TaqMan® HIV-1 Test, version 2.0, Roche Molecular Diagnostics, Indianapolis, Indiana, United States).

HIV-1 VL using DBS specimens from children and adults with an insufficient volume of plasma was measured on the Roche COBAS® AmpliPrep instrument and COBAS® TaqMan® 48 analyzer using the COBAS® AmpliPrep/COBAS® TaqMan® free virus elution (FVE) protocol, HIV-1 Test version 2.0 (Roche Molecular Diagnostics, Branchburg, New Jersey, United States) and internal QC was performed according to the manufacturer's specifications.

VL results were sent to the health facilities selected by the HIV-positive participant within 8 to 10 weeks of specimen collection. The facility referral focal person contacted the HIV-positive participant via mobile phone, informing them that their VL results were available. The facility referral focal person also used the mobile phone to document that the participant enrolled into care, initiated on antiretroviral therapy (ART) and received viral load results using the Unstructured Supplementary Service Data (USSD) codes.

Classification of Final HIV Status

For participants aged 18 months-64 years, the algorithm for classification of final HIV status included results from rapid HIV testing and Geenius™ HIV 1/2 confirmatory testing on all positives. In addition, Western Blot, TNA PCR and VL RNA PCR were done on discrepant results. For participants less than 18 months, the algorithm for classification of final HIV status included results from rapid HIV testing and HIV TNA PCR. Classification of final HIV status was used to determine estimates for HIV prevalence and to inform estimates for HIV incidence.

Infant HIV Virologic Testing (IVT)/Early Infant Diagnosis (EID)

All infants <18 months were tested for HIV using the Determine™ HIV 1/2 Rapid Test. Infants who were reactive on Determine received IVT/EID testing using prepared DBS. In addition, infants born to mothers of unknown HIV status or HIV-positive mothers were screened using the Determine™ HIV 1/2 HIV Test and received IVT/EID testing using prepared DBS. HIV TNA PCR using COBAS® TaqMan® HIV-1 Qualitative Test (Roche Molecular Systems, Branchburg, NJ, USA) United States) analyzer was conducted at the central laboratory. Specimens with HIV-negative results were categorized as HIV negative while specimens with HIV-positive results were reported as HIV-positive. Results were returned to the infant's parent or guardian at the household within two weeks of specimen collection.

HIV Recent Infection Testing Algorithm

A total of 2,759 specimens were tested at the central laboratory for HIV incidence at the end of data collection. Specimens from HIV-positive participants ≥18 months old were tested for recent HIV infection using the HIV-1 Limiting Antigen (LAG) Avidity Assay Testing Algorithm (Figure B.2). This assay was based on the principle of Enzyme Immunoassay (EIA).

Two different laboratory-based testing algorithms were used to estimate incidence for PLHIV participants ≥18 months old. HIV-1 LAG Avidity plus VLVL and HIV-1 LAG Avidity plus viral load and ARV detection were used to distinguish recent from long-term infection. Incidence estimates were obtained using the formula recommended by the WHO Incidence Working Group and Consortium for Evaluation and Performance of Incidence Assays, with assay performance characteristics of an MDRI of 130 days (95% CI: 118, 142), a time cutoff (T) of 1.0 year and a residual proportion false recent (PFR) of 0.00. Each algorithm employed a combination of assays: HIV-1 LAG Avidity EIA (Sedia Biosciences Corporation, Portland, Oregon, United States) and VL (Figure B.2) and HIV-1 LAG Avidity EIA, VL and ARV detection.

Specimens with a normalized optical density (ODn) value ≤2.0 during initial testing were confirmed by further testing of the specimen in triplicate. For those HIV-positive specimens with median normalized ODn value ≤1.5, VL results were reviewed to increase the positive predictive value of true recent infections. Specimens with ODn values >1.5 were classified as long-term infections. Specimens with final ODn value <0.4 were retested by the HIV diagnostic testing algorithm to confirm HIV-1 seropositivity (Figure B.2).

Specimens identified as HIV negative based on the ODn reading were excluded from the total number of HIV-positive specimens and incorporated into the total number of HIV-negative specimens for incidence estimation. Specimens with VL <1,000 copies/mL were classified as long-term infections, while those with VL ≥1,000 copies/mL were classified as recent infections (Figure B.2). In the ARV-adjusted algorithm, specimens with VL ≥1,000 copies/mL and with detectable ARVs were classified as long-term infections, while specimens with VL ≥1,000 copies/mL and without detectable ARVs were classified as recent infections.

Incidence estimation is based on recent/long-term (LT) classification using algorithms with LAG Avidity.^{1,2,3} The first testing algorithm (i.e., HIV-1 LAG Avidity plus VL) uses VL testing to exclude specimens with low VL and limit misclassification of persons as recent infections who are elite controllers or on effective ART. The second algorithm (i.e., HIV-1 LAG Avidity plus VL and ARV detection) uses ARV detection to exclude specimens with high VL and limit misclassification as recent infections of persons who are on ART but have poor treatment adherence.

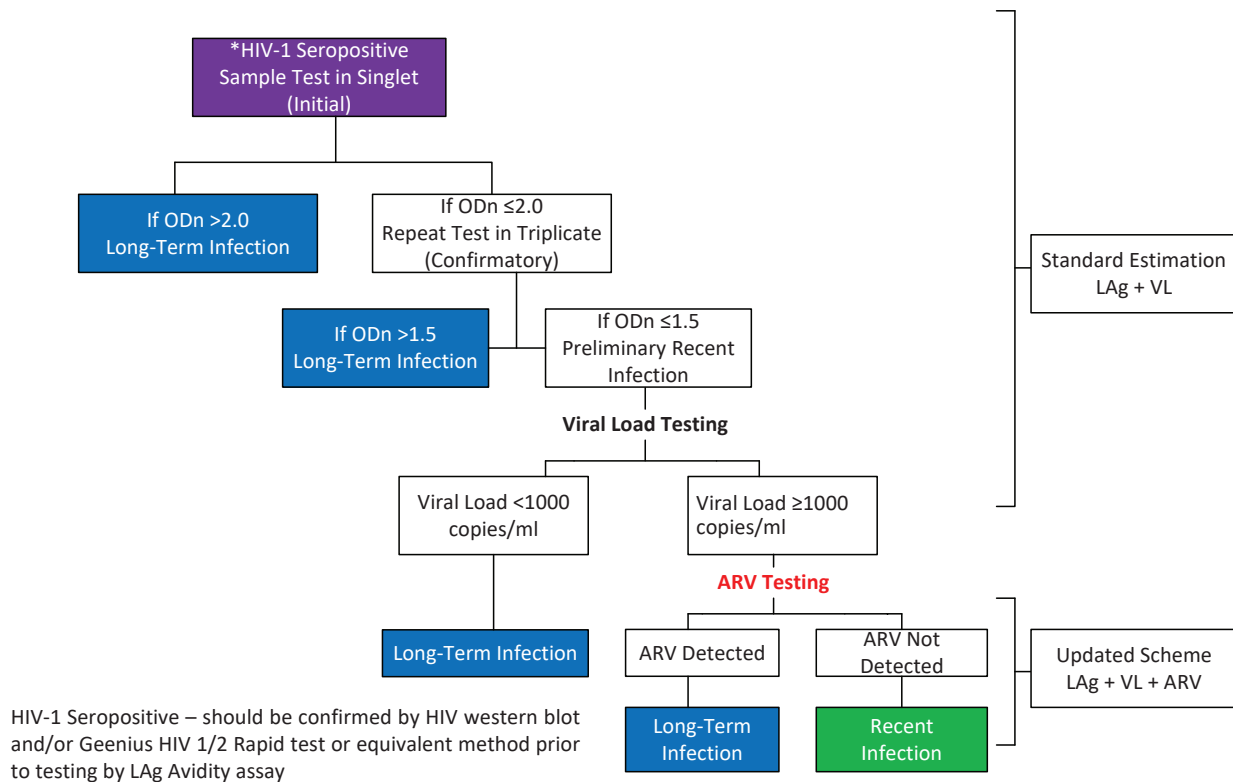


Figure B.2 Testing Algorithm for LAg Avidity Testing, NAIS 2018

Detection of Antiretrovirals

ARV detection was performed by the Division of Clinical Pharmacology of the Department of Medicine at the University of Cape Town, South Africa. Qualitative screening, for detectable concentrations of ARVs, was conducted on DBS specimens from all HIV-positive adults and children using high-resolution liquid chromatography coupled with tandem mass spectrometry (MS). Protein precipitation followed by high performance liquid chromatography with MS/MS detection using a gradient elution methodology described by Koal et al.¹ was used for the qualitative determination of four ARV drugs from DBS. This qualitative assay separates the parent compound from the fragments and is highly specific and highly sensitive, with a limit of detection of 0.02 µg/mL for each drug and a signal-to-noise ratio of at least 5:1 for all drugs. Four ARVs, efavirenz, lopinavir, atazanavir and nevirapine, were selected as markers for the most commonly prescribed first- and second-line regimens. These ARVs have relatively long half-lives, allowing for a longer period of detection following intake. Detection of ARVs indicates participant use of a given drug at the time of blood collection. Specimens from participants who were virally suppressed or self-reported being on ART but had no evidence of the first three compounds were tested for nevirapine. Results below the limit of detection among individuals who reported taking ART indicate that there was no recent exposure to the regimen and that adherence to a prescribed regimen was suboptimal, but cannot be interpreted as “not on ART.” Given the limited number of ARVs selected for detection, NAIS could not rule out the use of other ART regimens.

References

1. Koal T, Burhenne H, Römling R, Svoboda M, Resch K, Kaefer V. Quantification of antiretroviral drugs in dried blood spot samples by means of liquid chromatography/tandem mass spectrometry. *Rapid Commun Mass Spectrom.* 2005;19(21):2995-3001.

APPENDIX C ESTIMATES OF SAMPLING ERRORS

Estimates from sample surveys are affected by two types of errors: non-sampling errors and sampling errors. Non-sampling errors result from mistakes made during data collection, e.g., misinterpretation of an HIV test result and data management errors such as transcription errors during data entry. While NAHS implemented numerous quality assurance and control measures to minimize non-sampling errors, these were impossible to avoid and difficult to evaluate statistically. In contrast, sampling errors can be evaluated statistically. Sampling errors are a measure of the variability between all possible samples. The sample of respondents selected for NAHS was only one of many samples that could have been selected from the same population, using the same design and expected size. Each of these samples could yield results that differed somewhat from the results of the actual sample selected. Although the degree of variability cannot be known exactly, it can be estimated from the survey results.

The standard error, which is the square root of the variance, is the usual measurement of sampling error for a statistic (e.g., proportion, mean, rate, count). In turn, the standard error can be used to calculate confidence intervals within which the true value for the population can reasonably be assumed to fall. For example, for any given statistic calculated from a sample survey, the value of that statistic will fall within a range of approximately plus or minus two times the standard error of that statistic in 95% of all possible samples of identical size and design.

NAHS utilized a multi-stage stratified sample design, which required complex calculations to obtain sampling errors. The Taylor linearization method of variance estimation was used for survey estimates that are proportions, e.g., HIV prevalence. The Jackknife repeated replication method was used for variance estimation of more complex statistics such as rates, e.g., annual HIV incidence and counts such as the number of people living with HIV.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below, with the standard error being the square root of the variance:

$$SE^2(r) = \text{var}(r) = \frac{1-f}{x^2} \sum_{h=1}^H \left[\frac{m_h}{m_h - 1} \left(\sum_{i=1}^{m_h} z_{hi}^2 - \frac{z_h^2}{m_h} \right) \right]$$

in which

$$z_{hi} = y_{hi} - rx_{hi} \text{ and } z_h = y_h - rx_h$$

Where h represents the stratum, which varies from 1 to H ,
 m_h is the total number of clusters selected in the h^{th} stratum,
 y_{hi} is the sum of the weighted values of variable y in the i^{th} cluster in the h^{th} stratum,
 x_{hi} is the sum of the weighted number of cases in the i^{th} cluster in the h^{th} stratum and,
 f is the overall sampling fraction, which is so small that it is ignored.

In addition to the standard error, the design effect for each estimate is also calculated. The design effect is defined as the ratio of the standard error using the given sample design to the standard error that would result if a simple random sample had been used. A design effect of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of a more complex and less statistically efficient design. Confidence limits for the estimates, which are calculated as

$$r \pm t_{(0.975, K)} \sqrt{\text{var}(r)}$$

where $t_{(0.975, K)}$ is the 97.5th percentile of a t -distribution with K degrees of freedom, are also computed.

Sampling errors for selected variables from NAIIS are presented in Tables C.1 through C.9. For most variables, sampling error tables include the weighted estimate, unweighted denominator, standard error or design effect and lower- and upper-95% confidence limits.

Table C.1 Sampling errors: Annual HIV incidence LAg/VL/ARV testing algorithm by sex and age, NAIIS 2018

Age (years)	Weighted estimate (%)	Design effect	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL				
15-24	0.04	1.03	0.01	0.07
25-34	0.15	1.92	0.07	0.24
35-49	0.08	2.11	0.01	0.14
15-49	0.08	1.68	0.05	0.12
15-64	0.08	1.70	0.05	0.11
MALES				
15-24	0.03	0.99	0.00	0.07
25-34	0.10	1.44	0.01	0.19
35-49	0.05	3.11	0.00	0.15
15-49	0.06	1.70	0.02	0.10
15-64	0.05	1.79	0.02	0.09
FEMALES				
15-24	0.05	1.10	0.01	0.10
25-34	0.21	2.39	0.07	0.35
35-49	0.10	1.46	0.02	0.18
15-49	0.11	1.76	0.06	0.16
15-64	0.11	1.75	0.06	0.16

Table C.2 Sampling errors: HIV prevalence by sex and age, NAIIS 2018					
Age	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
0-17 months	0.19	2,291	0.09	0.02	0.36
18-59 months	0.11	7,634	0.04	0.04	0.19
5-9 years	0.13	12,781	0.03	0.07	0.20
10-14 years	0.16	9,788	0.05	0.07	0.25
Total 0-4 years	0.13	9,925	0.03	0.07	0.20
Total 0-14 years	0.14	32,494	0.02	0.10	0.19
15-19 years	0.23	28,897	0.03	0.16	0.29
20-24 years	0.80	24,426	0.06	0.67	0.92
25-29 years	1.22	25,470	0.09	1.05	1.38
30-34 years	1.60	21,393	0.11	1.40	1.81
35-39 years	2.23	19,328	0.14	1.96	2.49
40-44 years	2.16	15,549	0.14	1.89	2.43
45-49 years	2.45	12,023	0.17	2.12	2.77
50-54 years	2.32	10,986	0.18	1.97	2.67
55-59 years	2.02	7,112	0.21	1.61	2.43
60-64 years	1.44	8,532	0.15	1.14	1.74
Total 15-24 years	0.49	53,323	0.03	0.42	0.55
Total 15-49 years	1.27	147,086	0.04	1.19	1.35
Total 15-64 years	1.36	173,716	0.04	1.28	1.45
MALES					
0-17 months	0.08	1,159	0.08	0.00	0.25
18-59 months	0.11	3,937	0.04	0.02	0.19
5-9 years	0.12	6,505	0.04	0.03	0.21
10-14 years	0.17	4,972	0.07	0.03	0.30
Total 0-4 years	0.10	5,096	0.04	0.02	0.18
Total 0-14 years	0.13	16,573	0.03	0.07	0.19
15-19 years	0.15	13,344	0.04	0.07	0.23
20-24 years	0.33	10,368	0.06	0.21	0.46
25-29 years	0.66	10,592	0.09	0.48	0.85
30-34 years	1.00	9,067	0.13	0.74	1.26
35-39 years	1.37	8,623	0.17	1.04	1.70
40-44 years	1.72	6,904	0.18	1.37	2.06
45-49 years	2.20	5,769	0.22	1.76	2.63
50-54 years	2.32	5,053	0.26	1.81	2.84
55-59 years	1.63	3,773	0.24	1.16	2.10

Table C.2 Sampling errors: HIV prevalence by sex and age, NAIIS 2018 (continued)					
Age	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
MALES					
60-64 years	1.42	4,477	0.20	1.02	1.81
Total 15-24 years	0.23	23,712	0.04	0.16	0.30
Total 15-49 years	0.83	64,667	0.04	0.75	0.92
Total 15-64 years	0.96	77,970	0.04	0.87	1.05
FEMALES					
0-17 months	0.29	1,132	0.15	0.00	0.59
18-59 months	0.12	3,697	0.05	0.02	0.23
5-9 years	0.14	6,276	0.05	0.05	0.24
10-14 years	0.16	4,816	0.06	0.04	0.27
Total 0-4 years	0.16	4,829	0.05	0.06	0.27
Total 0-14 years	0.16	15,921	0.03	0.09	0.22
15-19 years	0.31	15,553	0.05	0.21	0.40
20-24 years	1.29	14,058	0.11	1.08	1.50
25-29 years	1.80	14,878	0.13	1.54	2.06
30-34 years	2.23	12,326	0.16	1.92	2.54
35-39 years	3.12	10,705	0.21	2.71	3.53
40-44 years	2.62	8,645	0.20	2.23	3.01
45-49 years	2.70	6,254	0.25	2.21	3.19
50-54 years	2.31	5,933	0.24	1.85	2.78
55-59 years	2.40	3,339	0.32	1.76	3.03
60-64 years	1.46	4,055	0.24	1.00	1.92
Total 15-24 years	0.75	29,611	0.06	0.64	0.87
Total 15-49 years	1.74	82,419	0.06	1.62	1.85
Total 15-64 years	1.79	95,746	0.06	1.67	1.90

Characteristic	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
Place of residence					
Urban	1.3	72,790	0.1	1.1	1.4
Rural	1.5	100,926	0.1	1.4	1.6
State					
Abia	2.0	5,767	0.2	1.6	2.4
Adamawa	1.1	5,286	0.2	0.7	1.4
Akwa Ibom	4.8	4,381	0.4	4.0	5.5
Anambra	2.2	4,653	0.3	1.6	2.8
Bauchi	0.5	6,124	0.1	0.2	0.8
Bayelsa	1.7	3,892	0.2	1.3	2.2
Benue	4.8	4,566	0.5	3.9	5.7
Borno	1.1	1,815	0.3	0.5	1.7
Cross River	1.8	4,617	0.2	1.3	2.3
Delta	1.7	3,929	0.2	1.3	2.2
Ebonyi	0.8	6,413	0.1	0.6	1.0
Edo	1.8	4,318	0.2	1.4	2.2
Ekiti	0.7	3,613	0.2	0.4	1.0
Enugu	1.8	4,756	0.2	1.3	2.2
FCT ¹	1.4	4,631	0.2	1.0	1.8
Gombe	1.2	6,539	0.2	0.7	1.6
Imo	1.7	5,443	0.2	1.2	2.1
Jigawa	0.3	5,702	0.1	0.2	0.5
Kaduna	1.0	5,253	0.2	0.6	1.4
Kano	0.6	4,387	0.2	0.3	0.9
Katsina	0.3	4,124	0.1	0.1	0.5
Kebbi	0.6	4,243	0.1	0.3	0.9
Kogi	0.8	4,191	0.2	0.5	1.2
Kwara	0.8	4,077	0.2	0.5	1.2
Lagos	1.3	7,502	0.2	1.0	1.6
Nasarawa	1.8	5,368	0.2	1.3	2.2
Niger	0.6	5,949	0.1	0.4	0.9
Ogun	1.4	3,584	0.2	1.0	1.8
Ondo	1.0	4,094	0.2	0.6	1.4
Osun	0.9	3,637	0.2	0.6	1.2
Oyo	0.9	4,118	0.2	0.6	1.2

Characteristic	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
Plateau	1.5	5,274	0.2	1.1	1.8
Rivers	3.6	3,955	0.4	2.9	4.3
Sokoto	0.4	4,036	0.1	0.2	0.6
Taraba	2.6	6,772	0.3	2.0	3.3
Yobe	0.4	4,300	0.1	0.1	0.6
Zamfara	0.4	2,407	0.2	0.1	0.7
MALES					
Place of residence					
Urban	0.9	32,172	0.1	0.8	1.0
Rural	1.0	45,798	0.1	0.9	1.2
State					
Abia	1.7	2,306	0.3	1.2	2.3
Adamawa	0.8	2,601	0.2	0.5	1.1
Akwa Ibom	2.9	1,939	0.4	2.1	3.7
Anambra	1.8	1,922	0.3	1.1	2.4
Bauchi	0.4	2,921	0.1	0.1	0.7
Bayelsa	1.4	1,722	0.3	0.9	2.0
Benue	3.5	2,156	0.4	2.6	4.3
Borno	1.0	795	0.4	0.2	1.8
Cross River	1.6	2,116	0.2	1.1	2.0
Delta	1.2	1,580	0.3	0.6	1.8
Ebonyi	0.7	2,400	0.2	0.4	1.0
Edo	1.2	1,891	0.2	0.7	1.6
Ekiti	0.3	1,606	0.1	0.1	0.6
Enugu	1.3	1,806	0.3	0.7	1.8
FCT ¹	0.8	2,271	0.2	0.4	1.1
Gombe	0.8	3,283	0.2	0.4	1.2
Imo	1.3	2,190	0.3	0.7	1.9
Jigawa	0.1	2,766	0.1	0.0	0.3
Kaduna	0.6	2,471	0.2	0.3	1.0
Kano	0.4	2,125	0.1	0.1	0.6
Katsina	0.2	1,915	0.1	0.0	0.5
Kebbi	0.4	1,975	0.1	0.1	0.7
Kogi	0.5	1,846	0.2	0.1	0.8
Kwara	0.4	1,913	0.1	0.2	0.7
Lagos	0.8	3,111	0.2	0.5	1.2

Table C.3 Sampling errors: HIV prevalence by residence and state, persons aged 15-64 years, NAIS 2018 (continued)

Characteristic	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
MALES					
Nasarawa	1.3	2,566	0.2	0.9	1.7
Niger	0.4	2,802	0.1	0.2	0.6
Ogun	0.9	1,424	0.2	0.5	1.3
Ondo	0.8	1,777	0.2	0.3	1.2
Osun	0.7	1,515	0.2	0.4	1.1
Oyo	0.8	1,822	0.2	0.4	1.3
Plateau	0.6	2,370	0.1	0.3	0.9
Rivers	2.8	1,791	0.5	1.8	3.7
Sokoto	0.4	1,956	0.2	0.1	0.7
Taraba	1.7	3,119	0.2	1.3	2.2
Yobe	0.5	2,153	0.2	0.1	0.8
Zamfara	0.3	1,048	0.2	0.0	0.7
FEMALES					
Place of residence					
Urban	1.6	40,618	0.1	1.5	1.8
Rural	1.9	55,128	0.1	1.8	2.1
State					
Abia	2.2	3,461	0.2	1.7	2.7
Adamawa	1.4	2,685	0.3	0.8	2.0
Akwa Ibom	6.7	2,442	0.6	5.5	7.8
Anambra	2.6	2,731	0.4	1.8	3.4
Bauchi	0.6	3,203	0.2	0.2	1.0
Bayelsa	2.1	2,170	0.3	1.5	2.7
Benue	6.3	2,410	0.7	5.0	7.6
Borno	1.2	1,020	0.4	0.5	1.9
Cross River	2.1	2,501	0.3	1.4	2.7
Delta	2.2	2,349	0.4	1.5	2.9
Ebonyi	0.9	4,013	0.2	0.6	1.2
Edo	2.3	2,427	0.3	1.7	3.0
Ekiti	1.1	2,007	0.2	0.6	1.6
Enugu	2.2	2,950	0.3	1.6	2.8
FCT ¹	2.2	2,360	0.4	1.5	2.9
Gombe	1.6	3,256	0.3	1.0	2.3
Imo	2.0	3,253	0.3	1.5	2.6
Jigawa	0.5	2,936	0.1	0.2	0.8
Kaduna	1.4	2,782	0.3	0.8	2.0

Table C.3 Sampling errors: HIV prevalence by residence and state, persons aged 15-64 years, NAIS 2018 (continued)

Characteristic	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
FEMLAES					
Kano	0.7	2,262	0.2	0.3	1.2
Katsina	0.4	2,209	0.2	0.0	0.7
Kebbi	0.8	2,268	0.2	0.4	1.3
Kogi	1.2	2,345	0.2	0.8	1.7
Kwara	1.3	2,164	0.3	0.8	1.8
Lagos	1.9	4,391	0.2	1.4	2.3
Nasarawa	2.4	2,802	0.3	1.7	3.0
Niger	1.0	3,147	0.2	0.6	1.3
Ogun	1.9	2,160	0.3	1.2	2.5
Ondo	1.3	2,317	0.3	0.7	1.8
Osun	1.0	2,122	0.2	0.6	1.5
Oyo	1.0	2,296	0.3	0.5	1.4
Plateau	2.3	2,904	0.3	1.7	2.9
Rivers	4.6	2,164	0.5	3.6	5.7
Sokoto	0.4	2,080	0.2	0.1	0.7
Taraba	3.6	3,653	0.5	2.6	4.6
Yobe	0.3	2,147	0.1	0.0	0.5
Zamfara	0.5	1,359	0.2	0.2	0.9

¹FCT – Federal Capital Territory.

Age (years)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
0 to 14	21.8	51	6.2	9.5	34.0
15 to 24	32.6	316	3.4	26.0	39.2
25 to 34	33.9	748	2.2	29.7	38.2
35 to 44	47.1	855	2.1	43.0	51.3
45 to 54	52.3	552	2.6	47.2	57.4
55 to 64	49.9	268	3.8	42.4	57.3
Total 15-24 years	32.6	316	3.4	26.0	39.2
Total 15-49 years	40.9	2,208	1.4	38.2	43.6
Total 15-64 years	43.1	2,739	1.3	40.6	45.6
MALES					
0 to 14	*	23	7.2	0.0	24.6
15 to 24	33.6	61	8.0	18.0	49.3
25 to 34	20.4	164	3.6	13.3	27.6
35 to 44	37.8	248	4.0	30.0	45.5
45 to 54	50.7	242	3.9	43.1	58.4
55 to 64	52.3	130	5.3	41.9	62.6
Total 15-24 years	33.6	61	8.0	18.0	49.3
Total 15-49 years	33.5	601	2.4	28.7	38.2
Total 15-64 years	38.8	845	2.1	34.7	42.9
FEMALES					
0 to 14	*	28	9.3	13.4	50.1
15 to 24	32.2	255	3.5	25.4	39.1
25 to 34	39.7	584	2.5	34.9	44.6
35 to 44	52.3	607	2.4	47.6	57.0
45 to 54	53.7	310	3.3	47.2	60.2
55 to 64	48.1	138	5.1	38.0	58.2
Total 15-24 years	32.2	255	3.5	25.4	39.1
Total 15-49 years	44.7	1,607	1.5	41.8	47.6
Total 15-64 years	45.5	1,894	1.4	42.7	48.3
An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.					

Table C.5 Sampling errors: Viral load suppression by residence and zone, persons aged 15-64 years, NAIS 2018					
Characteristics	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
Place of residence					
Urban	46.7	1,078	2.0	42.7	50.7
Rural	40.3	1,661	1.6	37.1	43.5
Geopolitical zone					
North West	46.7	175	4.6	37.7	55.6
North East	49.5	403	4.3	41.0	57.9
North Central	63.8	651	2.2	59.4	68.2
South East	36.6	477	2.7	31.4	41.9
South South	31.1	712	2.1	26.9	35.3
South West	41.2	321	3.4	34.5	47.9
MALES					
Place of residence					
Urban	38.9	319	3.4	32.2	45.6
Rural	38.7	526	2.6	33.5	43.9
Geopolitical zone					
North West	52.1	55	7.9	36.6	67.5
North East	46.4	141	5.6	35.5	57.3
North Central	60.0	189	4.3	51.6	68.4
South East	35.2	148	4.5	26.4	44.1
South South	27.2	221	3.4	20.6	33.8
South West	26.9	91	5.3	16.5	37.3
FEMALES					
Place of residence					
Urban	51.1	759	2.3	46.6	55.5
Rural	41.2	1,135	1.8	37.6	44.7
Geopolitical zone					
North West	43.7	120	5.4	33.1	54.3
North East	51.5	262	4.9	41.8	61.2
North Central	65.7	462	2.4	61.0	70.4
South East	37.5	329	3.0	31.5	43.4
South South	33.3	491	2.5	28.3	38.2
South West	48.8	230	3.8	41.3	56.2

Age (years)	Diagnosed			On Treatment					Virally Suppressed						
	Weighted estimate (%)	Un-weighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)	Weighted estimate (%)	Un-weighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)	Weighted estimate (%)	Un-weighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL															
15-24	14.4	304	2.4	9.7	19.0	71.6	47	7.6	56.6	86.6	80.9	35	7.7	65.8	96.0
25-34	21.7	724	1.9	17.9	25.4	81.9	167	4.1	73.9	90.0	78.6	144	4.0	70.7	86.5
35-49	35.1	1,113	1.8	31.6	38.6	91.8	408	1.6	88.8	94.9	82.5	376	2.4	77.8	87.2
15-49	27.5	2,141	1.3	25.0	30.0	87.7	622	1.7	84.4	91.0	81.5	555	1.9	77.7	85.2
15-64	28.9	2,660	1.2	26.6	31.2	89.8	816	1.3	87.1	92.4	82.5	743	1.6	79.4	85.7
MALES															
15-24	8.9	60	5.0	0.0	18.7	*	5	14.3	57.9	100.0	*	4	8.7	75.2	100.0
25-34	13.5	160	3.3	7.1	19.9	*	22	7.2	72.7	100.0	*	19	11.9	49.3	96.0
35-49	29.9	368	2.9	24.3	35.5	95.3	124	1.8	91.8	98.8	77.3	117	5.2	67.0	87.6
15-49	22.7	588	2.1	18.5	26.8	93.4	151	2.0	89.5	97.3	77.2	140	4.7	68.0	86.3
15-64	27.1	828	1.9	23.5	30.8	93.8	251	1.6	90.7	97.0	79.5	234	3.5	72.6	86.4
FEMALES															
15-24	16.2	244	2.7	10.9	21.4	68.9	42	8.3	52.5	85.3	78.3	31	8.8	61.1	95.5
25-34	25.2	564	2.2	20.8	29.6	80.8	145	4.6	71.8	89.8	80.1	125	4.0	72.2	88.0
35-49	38.4	745	2.2	34.2	42.6	90.1	284	2.1	85.9	94.3	85.2	259	2.3	80.6	89.7
15-49	30.0	1,553	1.4	27.2	32.8	85.4	471	2.1	81.3	89.6	83.3	415	1.9	79.5	87.0
15-64	29.9	1,832	1.3	27.3	32.5	87.7	565	1.8	84.1	91.2	84.2	509	1.7	80.9	87.5

An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

Age (years)	Diagnosed					On Treatment					Virally Suppressed				
	Weighted estimate (%)	Un-weighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)	Weighted estimate (%)	Un-weighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)	Weighted estimate (%)	Un-weighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL															
15-24	31.0	308	3.4	24.3	37.7	92.3	97	2.9	86.5	98.1	77.1	90	5.3	66.7	87.4
25-34	38.6	738	2.3	34.1	43.1	95.9	322	1.3	93.3	98.4	75.2	310	3.2	68.9	81.5
35-49	52.8	1,134	1.8	49.2	56.3	96.2	629	1.0	94.3	98.0	82.0	607	1.9	78.3	85.7
15-49	44.8	2,180	1.4	42.0	47.6	95.7	1,048	0.8	94.1	97.2	79.6	1,007	1.5	76.6	82.6
15-64	46.9	2,705	1.3	44.4	49.5	96.4	1,366	0.6	95.2	97.6	80.9	1,322	1.3	78.3	83.5
MALES															
15-24	28.8	60	8.1	13.0	44.6	*	14	4.4	87.1	100.0	*	13	13.7	46.0	99.8
25-34	19.2	161	3.6	12.1	26.2	96.5	34	3.4	89.8	100.0	65.8	33	9.8	46.6	85.0
35-49	45.3	372	3.1	39.2	51.4	98.2	187	1.0	96.2	100.0	77.4	183	4.1	69.4	85.3
15-49	35.8	593	2.4	31.1	40.6	97.7	235	1.0	95.7	99.7	75.2	229	3.6	68.0	82.3
15-64	40.9	835	2.1	36.8	45.1	97.8	382	0.8	96.1	99.4	79.2	373	2.7	73.8	84.6
FEMALES															
15-24	31.7	248	3.6	24.7	38.8	91.3	83	3.6	84.3	98.3	78.4	77	5.4	67.7	89.0
25-34	46.9	577	2.5	42.0	51.8	95.7	288	1.4	93.0	98.5	76.9	277	3.3	70.4	83.3
35-49	57.4	762	2.1	53.3	61.5	95.2	442	1.3	92.6	97.8	84.4	424	1.9	80.7	88.0
15-49	49.3	1,587	1.5	46.3	52.3	94.9	813	1.0	93.0	96.8	81.3	778	1.6	78.1	84.4
15-64	50.3	1,870	1.4	47.5	53.1	95.8	984	0.8	94.2	97.3	81.7	949	1.5	78.8	84.6

An asterisk indicates that an estimate is based on a very small number (30 or less) of unweighted cases and has been suppressed.

Age (years)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
15-19	7.9	1,047	1.0	5.9	9.9
20-24	8.6	1,279	1.1	6.3	10.8
25-29	9.5	1,593	1.0	7.5	11.5
30-34	9.5	1,448	1.2	7.2	11.7
35-39	10.2	1,386	1.2	7.9	12.6
40-44	7.7	1,118	1.1	5.5	9.9
45-49	5.9	811	1.2	3.6	8.3
50-54	6.3	749	1.4	3.5	9.2
55-59	2.5	456	0.8	0.9	4.1
60-64	3.8	551	1.1	1.7	5.9
Total 15-24 years	8.2	2,326	0.8	6.7	9.7
Total 15-49 years	8.6	8,682	0.4	7.8	9.5
Total 15-64 years	8.1	10,438	0.4	7.3	8.9
MALES					
15-19	10.3	443	1.7	7.0	13.5
20-24	10.7	464	2.0	6.8	14.6
25-29	13.7	605	1.8	10.2	17.2
30-34	11.2	591	1.9	7.5	14.9
35-39	13.1	561	1.9	9.5	16.8
40-44	9.2	485	1.7	5.8	12.5
45-49	7.7	405	1.7	4.3	11.1
50-54	6.1	344	1.7	2.8	9.5
55-59	3.9	229	1.5	1.0	6.8
60-64	5.2	267	1.9	1.5	8.8
Total 15-24 years	10.5	907	1.3	7.9	13.0
Total 15-49 years	11.1	3,554	0.7	9.6	12.5
Total 15-64 years	10.3	4,394	0.7	9.0	11.6
FEMALES					
15-19	5.4	604	1.1	3.2	7.6
20-24	6.4	815	1.1	4.3	8.5
25-29	5.1	988	0.9	3.4	6.8
30-34	7.6	857	1.3	5.1	10.2
35-39	7.2	825	1.4	4.5	10.0
40-44	6.3	633	1.4	3.5	9.1
45-49	4.1	406	1.7	0.8	7.4
50-54	6.6	405	2.3	2.0	11.1

Table C.8 Sampling errors: HBV prevalence by age, NAIIS 2018 (continued)					
Age (years)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
FEMALES					
55-59	1.1	227	0.7	0.0	2.5
60-64	2.5	284	1.1	0.3	4.7
Total 15-24 years	5.9	1,419	0.8	4.4	7.4
Total 15-49 years	6.1	5,128	0.5	5.1	7.0
Total 15-64 years	5.8	6,044	0.4	4.9	6.6

Age (years)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
TOTAL					
15-19	0.4	1,047	0.2	0.0	0.9
20-24	0.5	1,280	0.2	0.1	0.9
25-29	0.8	1,593	0.2	0.3	1.3
30-34	1.5	1,448	0.5	0.6	2.4
35-39	1.3	1,386	0.4	0.6	2.1
40-44	0.8	1,118	0.4	0.1	1.6
45-49	2.0	811	0.6	0.8	3.2
50-54	3.3	749	0.9	1.6	5.0
55-59	2.0	456	0.8	0.4	3.6
60-64	2.5	551	0.8	0.8	4.2
Total 15-24 years	0.4	2,327	0.2	0.1	0.8
Total 15-49 years	0.9	8,683	0.1	0.6	1.2
Total 15-64 years	1.1	10,439	0.1	0.9	1.4
MALES					
15-19	0.5	443	0.4	0.0	1.2
20-24	0.6	465	0.4	0.0	1.3
25-29	0.9	605	0.3	0.2	1.6
30-34	1.3	591	0.5	0.3	2.4
35-39	1.5	561	0.5	0.5	2.5
40-44	1.6	485	0.7	0.2	3.0
45-49	1.9	405	0.7	0.4	3.3
50-54	3.1	344	1.1	1.0	5.1
55-59	3.2	229	1.5	0.2	6.3
60-64	2.4	267	1.1	0.2	4.7
Total 15-24 years	0.5	908	0.3	0.0	1.0
Total 15-49 years	1.0	3,555	0.2	0.6	1.4
Total 15-64 years	1.3	4,395	0.2	0.9	1.6
FEMALES					
15-19	0.3	604	0.3	0.0	1.0
20-24	0.4	815	0.2	0.0	0.7
25-29	0.7	988	0.3	0.1	1.3
30-34	1.7	857	0.7	0.3	3.0
35-39	1.2	825	0.6	0.1	2.3
40-44	0.1	633	0.0	0.0	0.1
45-49	2.1	406	0.9	0.3	3.9
50-54	3.5	405	1.4	0.8	6.2

Table C.9 Sampling errors: HCV prevalence by age, NAIIS 2018 (continued)					
Age (years)	Weighted estimate (%)	Unweighted number	Standard error (%)	Lower confidence limit (%)	Upper confidence limit (%)
FEMALES					
55-59	0.7	227	0.5	0.0	1.8
60-64	2.6	284	1.3	0.1	5.0
Total 15-24 years	0.3	1,419	0.2	0.0	0.7
Total 15-49 years	0.8	5,128	0.2	0.5	1.1
Total 15-64 years	1.0	6,044	0.2	0.7	1.3

APPENDIX D

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 Ofoedu Judith Tochukwu, Interviewer
 Anusionwu Bernardine, Counsellor
 Onyibe Chukwuemeka, Counsellor
 Ezieke Michael Ogbu, Field Laboratorian
 Udu Leonard, Field Laboratorian
 Igbani Uchendu Charles, Team Lead
 Okafor Ebele Victoria, Interviewer
 Nwachukwu Osinachi Mark, Interviewer
 Ikeagwulonu Chidinma Jennier, Counsellor
 Ozoemena Vitalian Amobi, Counsellor
 Ude Ugomma, Field Laboratorian
 Chiekezie Kingsley, Field Laboratorian
 Nwawkwo Solomon F, Team Lead
 Ezeogo JulianaU, Interviewer
 Ezugwu Boniface Nwachukwu, Interviewer
 Amalaha Stanley, Counsellor
 Ibemesi Hilary Emeka, Counsellor
 Ofokansi Chinenye Helen, Field Laboratorian
 Okorie Cheche Kalu, Field Laboratorian
 Archi Chinweoke Doris, Team Lead
 Ebegbulam Mercy Eberechi, Interviewer
 Obiora Michael Uche, Interviewer
 Kalu Kelechi Arua, Counsellor
 Chukukere Nneoma U, Counsellor
 Isielu Rufina Chidiebere, Field Laboratorian
 Obika Patrick Chukwunonso Kingsley, Field Laboratorian
 Ifeoma Onye Kachi-Umah, Team Lead
 Chimezie Jennifer Chinaza, Interviewer
 Anikwe Chinedu, Interviewer
 Alaribe Chidinma Uloma, Counsellor
 Atuchukwu Chisom Ikenna, Counsellor
 Ben-Anioke Blessing, Field Laboratorian
 Nkwuda Theophilus, Field Laboratorian
 Orih Ndidi Blessing, Team Lead
 Odume Henry Chijioke, Interviewer
 Elo Peter Ikenna, Interviewer
 Alabson Ikunna Ngozi, Counsellor
 Emeonye Odochi Peace, Counsellor
 Nweke Uchechukwu, Field Laboratorian
 Egbeaso Amarachi, Field Laboratorian
 Nweke Victor Onyedikchi, Team Lead
 Chukwuemeka Maryann Uchechi, Interviewer
 Ejidike Ngozi Jane, Interviewer
 Akwolu Chinenye Cynthia, Counsellor
 Awujobi Evelyn Oluchi, Counsellor
 Chukwumaeke Victor C, Field Laboratorian
 Ibe Chinwe, Field Laboratorian
 Chimezie Nwodo Christopher, Team Lead
 Nwapakpa Elijah, Interviewer
 Ezeibe Maureen, Interviewer
 Aneke Nnenna Sylvia, Counsellor

Ebere Rita Chikwelu, Counsellor
 Okafor Ifeanyi Darlington Austin, Field Laboratorian
 Abugu Chisom Blessing, Field Laboratorian
 Okafor Chioma Clare, Team Lead
 Nwanna Charity Ekeoma, Interviewer
 Ugbor Emeka Godwin, Interviewer
 Onyia Chisom Maureen, Counsellor
 Onuigbo Kenechi Mercy, Counsellor
 Osuoha Chinyere Beatrice, Field Laboratorian
 Ndubuisi Nonso Thankgod, Field Laboratorian
 Uzodike Celestine Nkem, Team Lead
 Nwaokoro Maureen Njideka, Interviewer
 Ohuabunwa James, Interviewer
 Eziekwe Miracle Oluchukwu, Counsellor
 Nduka Agwu Chinyere, Counsellor
 Mba Blessing Uma, Field Laboratorian
 Manuba Chukwuka Michael, Field Laboratorian
 Uzowuru Adaku Glory, Team Lead
 Okonkwo Chika Ndubuisi, Interviewer
 Obaji Modesta Chinasa, Interviewer
 Ihekanandu Ure Onyinye, Counsellor
 Egbo Chidinma Peace, Counsellor
 Nwaebonyi BenjaminC., Field Laboratorian
 Opara Chinwendu Jane, Field Laboratorian
 Anyikire Mercy Chinyere, Team Lead
 Maduako Emmanuel U, Interviewer
 Urom Anuri Joy, Interviewer
 Mbah Chidinma, Counsellor
 Igwenagu Manfred O, Counsellor
 Nnamchi Onyebuchi Innocent, Field Laboratorian
 Eziana Sandra, Field Laboratorian
 Ibeme Chinenye Miriam, Team Lead
 Nwofia Ukamaka Jessica, Interviewer
 Orji Genevieve Ann, Interviewer
 Onyedilefu GideonChijindu, Counsellor
 Onyiriuka Michael C, Counsellor
 Obani Kenneth Onyedikachi, Field Laboratorian
 Okorie Ruth Noni-Daniel, Field Laboratorian
 Uzim Elochukwu Ernest, Team Lead
 Chizoba Obidigbo-Egbo, Interviewer
 Nwankwo Chisom Lilian, Interviewer
 Unachukwu Uchenna David, Counsellor
 Iro Chinedu, Counsellor
 Ohara Anthony Nduejuafo, Field Laboratorian
 Okoye Ifeoma Marycynthia, Field Laboratorian
 Adindu Chizaram Constance, Team Lead
 Ngaji Chijioke Christian, Interviewer
 Iroegbu Obinna Charles, Interviewer
 Okpara Anthonia, Counsellor
 Omake Nkechi Oji, Counsellor
 Eze Osmond Obinna, Field Laboratorian
 Agu Grace Jane, Field Laboratorian
 Akabuike Nkiruka Maria, Team Lead
 Elebe Chidinma Prisca, Interviewer
 Okafor Uchenna Ckukwuma, Interviewer
 Nwabuisi Bolanle Oluwakemi, Counsellor
 Chime Chinyere Cecilia, Counsellor
 Adighogu Obioma Oluchi, Field Laboratorian
 Nwankwo Onyinye Akpa, Field Laboratorian
 Nnaji Henry Chinedu, Team Lead

Nwali Chukwuemeka E., Interviewer
 Abia-Onyike Jane Chinecherem, Interviewer
 Onyebueke Goodluck Chiemela, Counsellor
 Ogbonnaya Betty Ogechi, Counsellor
 Egbe Ogechukwu Blessing, Field Laboratorian
 Eziakor Olisa Eloka, Field Laboratorian

South West Zone

Sunday Babajide Opeyemi, Team Lead
 Isedowo Oluwaseyi Olabimpe, Interviewer 1
 Ogunjimi Olayemi Babatunji, Interviewer 2
 Acholonu Gloria Chinonso, Counsellor 1
 Oguntuberu Femi, Counsellor 2
 Folorunso Boluwatife, Field Laboratorian 1
 AwedaAminat, Field Laboratorian 2
 Adeola-Musa Oluwatoyin Omolara, Team Lead
 Otulana Olugbenga Adeniyi, Interviewer 1
 Tairu Adewale Bamidele, Interviewer 2
 Ogundola Oluwadunsin Ore, Counsellor 1
 Akinfemisoye Omokunle Olufemi, Counsellor 2
 Popoola Rasheedah, Field Laboratorian 1
 Omoloye Olawale Tolulope, Field Laboratorian 2
 Ojo Oreoluwa Oluwafunke, Team Lead
 Bello Fausat Adenike, Interviewer 1
 Sodipo Olalekan, Interviewer 2
 Olowookere Josephine Olu, Counsellor 1
 Olatuja Dayo Moses, Counsellor 2
 Effiong Chizuroke Deborah, Field Laboratorian 1
 Dada John Olusegun, Field Laboratorian 2
 Onifade Oluwaseun Samuel, Team Lead
 Ajayi Oluwabusayo Omolade, Interviewer 1
 Owadokun Babatope Akintayo, Interviewer 2
 Nwogwugwu Ugochukwu, Counsellor 1
 Mayungbe Temidayo Saidat, Counsellor 2
 Olasunkanmi Abe Joseph, Field Laboratorian 1
 Segun-Oladoye Moromake, Field Laboratorian 2
 Ezeani Esu Uleator, Team Lead
 Adeyemo Omolara Tinuade, Interviewer 1
 Tairu Oluwaseyi Adams, Interviewer 2
 Ajibola Omolola Florence, Counsellor 1
 Babalola Gbenga Jacob, Counsellor 2
 Adegbeye Adesola Folakemi, Field Laboratorian 1
 Ajileye Ayodeji Blessing, Field Laboratorian 2
 Maduekwe Emmanuel Chidozie, Team Lead
 Iseyemi Olajumoke Folasade, Interviewer 1
 Olanipekun Seyi Olalekan, Interviewer 2
 Imonitie Oluwafunmilayo Elizabeth, Counsellor 1
 Anjorin Oluwatoyin Esther, Counsellor 2
 Akindele Damilola, Field Laboratorian 1
 Inaolaji Temitope, Field Laboratorian 2
 Oluseesin Mobolaji Joshua, Team Lead
 Sobakin Adedoyin Justina, Interviewer 1
 Bakare Olufemi Rasaq, Interviewer 2
 OladipupoBusturat Idowu, Counsellor 1
 Oluwawole Blessing Phebe, Counsellor 2
 Igbinosa Adesua, Field Laboratorian 1
 Omisore Abiodun Margaret, Field Laboratorian 2
 Adeyiga Adeyemi Mofolorunso, Team Lead
 Okunade Temitope Opeyemi, Interviewer 1
 Akiode Peter Oluwasegun, Interviewer 2
 Osulale Bolatito Tundun, Counsellor 1

Fatokun Anthonia Ayoola, Counsellor 2
 Onakade Adewale, Field Laboratorian 1
 Anunwa Uzoamaka, Field Laboratorian 2
 Aderibigbe Adedayo Ayodele, Team Lead
 Ojo Christiana Oluwagbemisola, Interviewer 1
 Akande Sunday Olalekan, Interviewer 2
 Nwanerih Magdalene, Counsellor 1
 Adegoke Adewale Gabriel, Counsellor 2
 Okafor Omotunde, Field Laboratorian 1
 Adeyanju Motolani, Field Laboratorian 2
 Ogunniyi Olasunkanmi Olamide, Team Lead
 Ulanmo Caroline Chinelo, Interviewer 1
 Aregbesola Oluwaseun Modupe, Interviewer 1
 Olusoga Omolade Olubusayo, Counsellor 1
 Oviawe Kenneth Osaro, Counsellor 2
 Osuntade Abiodun Abiola, Field Laboratorian 1
 Adekunle OlalekanZainab, Field Laboratorian 2
 Ojogbade AdewaleKayode, Team Lead
 Faloye Tolulope Olabisi, Interviewer 1
 Sotanwa Rotimi Adeshina, Interviewer 2
 Olukayode Oluwaseun Ige, Counsellor 1
 Gbadebo Oluwatosin Esther, Counsellor 2
 Atinsola Ayodeji, Field Laboratorian 1
 Aparo Mary O, Field Laboratorian 2
 Akinsoji Olatinwo Ishola, Team Lead
 Olalekan Omolayo Mary, Interviewer 1
 Adewole Felix Bamidele, Interviewer 2
 Siyanbola Oludotun Olubukola, Counsellor 1
 Odusilu Abdulateef Adeyinka, Counsellor 2
 Lawal Olukayode, Field Laboratorian 1
 Nwaokolo Christiana, Field Laboratorian 2
 Olorunsogo Ayodeji Opeyemi, Team Lead
 Emmanuel Oluwadamilare, Interviewer 1
 Omobomi Michael Favour, Interviewer 2
 AfolabiAfolasade Mary, Counsellor 1
 Emenyonu Vanessa Onyinye, Counsellor 2
 Agbadaola Akinola, Field Laboratorian 1
 Amoo Adebayo Aminat, Field Laboratorian 2
 Ajao Sheriff Olanrewaju, Team Lead
 Abimbola Abisayo Samuel, Interviewer 2
 Dare Temitope Hannah, Interviewer 2
 Olutayo Motunrayo Ayomide, Counsellor 1
 Akinmameji Folusho Omolade, Counsellor 2
 Agboola Tolulope O, Field Laboratorian 1
 Olayi Joy, Field Laboratorian 2
 Falana OlamideJuliana, Team Lead
 Oladunjoye Oluwadamilola Mary, Interviewer 1
 Olarinmoye Abayomi Tolu, Interviewer 2
 Olatunde-Ajagbe Yemisi Olayinka, Counsellor 1
 Adekunle Adeolu Joseph, Counsellor 2
 Kareem Aishat, Field Laboratorian 1
 Adeeso Joy Funmi, Field Laboratorian
 Onanubi Kehinde Abisoye, Team Lead
 Akintan Temitope Olanrewaju, Interviewer 1
 Oyedele Gbolabowale Adesanya, Interviewer 2
 Larunsi Abiodun Elizabeth, Counsellor 1
 Jaiyeola Ayomide Faith, Counsellor 2
 Adelodun Mary Olajumoke, Field Laboratorian 1
 Olufemi Olusola, Field Laboratorian 2
 Fagbohun Azizat Tolani, Team Lead

Achodor Cynthia, Interviewer 1
 AjayiSamuel Temitope, Interviewer 2
 Oladejo Ajoke Misturat, Counsellor 1
 Adedeji Adelanke Tope, Counsellor 2
 Olowoyeye Adenike, Field Laboratorian 1
 Ajuebor Donald, Field Laboratorian 2
 Bisiriyu Adeniyi Hakeem, Team Lead
 Taiwo Mary Kehinde, Interviewer 1
 Kazeem Tajudeen Adebayo, Interviewer 2
 Daramola Tosin Rachael, Counsellor 1
 Omidiji Christiannah Bolanle, Counsellor 1
 Olaniyan Olawale, Field Laboratorian 1
 Omotola Ayodele Akeju, Field Laboratorian 2
 Ologun Augustine Omodele, Team Lead
 Akintola Oluwafisayomi, Interviewer 1
 Olajide Kolawole James, Interviewer 2
 Fadare Tolani Sadiat, Counsellor 1
 Ilawole Abayomi Ayomikun, Counsellor 2
 Aminat Olasumbo Agboola, Field Laboratorian 1
 Clement Timothy Alukwu, Field Laboratorian 2
 Hassan Fatima Alake, Team Lead
 Bamigboye Folasade Adejonwo, Interviewer 1
 Aderinko Opeyemi Michael, Interviewer 2
 Jenrola Mojisola Morenikeji, Counsellor 1
 Adesina Olusegun Oloyede, Counsellor 2
 Sunmola OlufunkeOluwaremi, Field Laboratorian 1
 Chukwuemeka Andrew, Field Laboratorian 2
 Folajimi-Senjobi Omowunmi Folake, Team Lead
 Oyebamiji Deborah Oyewumi, Interviewer 1
 Ojo Oladele Fagbamila, Interviewer 2
 Ayejusunle Esther Titi, Counsellor 1
 Fakeye Anthony Olutope, Counsellor 2
 Ogbonna Leona-Mary, Field Laboratorian 1
 Ayeni Olarenwaju, Field Laboratorian 2
 Martins Motunrayo Olayinka, Team Lead
 Adaraniwon Titilayo Oluwaseun, Interviewer 1
 Babawale Olusegun Ayotunde, Interviewer 2
 Daniel Oluwatoyin Christiana, Counsellor 1
 Fasusijimoh Olaoluwa, Counsellor 2
 Olowosile Bolaji, Field Laboratorian 1
 Okosun Peter, Field Laboratorian 2
 Babasola Oluwafolakemi Mary, Team Lead
 Fadipe Adenike Elizabeth, Interviewer 1
 Yahaya Musbau Adekunle, Interviewer 2
 Balogun Victoria Ifeola, Counsellor 1
 Fajemisin Adegboji Joseph, Counsellor 2
 Mark Chinelo Prisca, Field Laboratorian 1
 Oyewole Oluwafemi, Field Laboratorian 1
 Oladepo Adeola Ayodotun, Team Lead
 Adebumiti Oluwatosin O, Interviewer 1
 Kehinde Seye Temitayo, Interviewer 2
 Bosede Olanrewaju Isreal, Counsellor 1
 AsiriwuwaEsther Omorogiuwa, Counsellor 2
 Igbinoba Amenaghamwon Maltida, Field Laboratorian 1
 Ogundero Oluwabunmi, Field Laboratorian 2
 Adewuyi Folashade Olutokunbo, Team Lead
 Olaleye Titilope Bolaji, Interviewer 1
 Denning Abakah, Interviewer 2
 Obi Amaka Jacinta, Counsellor 1
 Kazeem Olalekan Taoreed, Counsellor 2
 Ajayi Folake, Field Laboratorian 1
 Oyah Kingsley Moses, Field Laboratorian 2
 Balogun Ayodeji Joseph, Team Lead
 Muhammed Muftiat Oluwadamilola, Interviewer 1
 Aregbesola Kunle Samson, Interviewer 2
 Arowolo Bukayo Olatunji, Counsellor 1
 Adeyemi Florence Biola, Counsellor 2
 Musa Sarah, Field Laboratorian 1
 Adegbenro Adebukola, Field Laboratorian 2
 Akinwunmi-Omidiji Ayo, Team Lead
 Adelaja Bolanle Aboyede, Interviewer 1
 TimothySamuel Ibukun, Interviewer 2
 Adeleke Dorcas Olatundun, Counsellor 1
 Okeke Samuel Chikwuebuka, Counsellor 2
 Jibulu Folashade, Field Laboratorian 1
 Oriowo Oluwabunmi, Field Laboratorian 2
 AjayiOlusola Hassan, Team Lead
 Oyetoro Ganiyat Gbemisola, Interviewer 2
 Fadipe Adeniyi Jordan, Interviewer 2
 Omodare Oluwatosin, Counsellor 2
 Nwakaego Nwakaego Frances, Counsellor 2
 Jolaosho BeulahOdunayo, Field Laboratorian 1
 Odelotan Blessing, Field Laboratorian 2
 Olagunoye Ajibola Olatunji, Team Lead
 Afolabi Oluseyi Omotola, Interviewer 1
 Da-Costa Titilade Timileyin, Interviewer 2
 Oguntade Olusolape Adebimpe, Counsellor 1
 Adediji Peter Olaoluwa, Counsellor 2
 Fayoyiwa Grace, Field Laboratorian 1
 Oladele Bosede Bunmi, Field Laboratorian 2
 Adepoju Funmilade Olasunmbo, Team Lead
 Adeleke Taiwo Ademola, Interviewer 1
 Abubakar Joy Oge, Interviewer 1
 Obe Olufunsho Abayomi, Counsellor 1
 Adefolayiga Adebukola Moroukola, Counsellor 2
 Osinaya Oluwatobi, Field Laboratorian 1
 Adeyeye Elizabeth Oluwabukola, Field Laboratorian 2
 Faniku Ayokunle Iseoluwa, Team Lead
 AwakanAbiola Ibukunola, Interviewer 1
 Ulagba Elizabeth Ene, Interviewer
 Balogun Oluwadamilola Ayomide, Counsellor 1
 Deinde Becky Olubunmi, Counsellor 2
 AjimudaBabatunde, Field Laboratorian 1
 Akinsuroju Adedolapo, Field Laboratorian 2
 Suara-Ogunfolaji Khadijah Olawumi, Team Lead
 Ajimuda Morayo Felicia, Interviewer 1
 Akerele Babatope Hayford, Interviewer 2
 Babatunde Sammie Pelumi, Counsellor 1
 Falana Adeola Janet, Counsellor 2
 Ologunaye Stephen, Field Laboratorian 1
 Oduola Tolulope, Field Laboratorian 2
 Akinbowale Saheed Olalekan, Team Lead
 Oyedokun Joy Oyetoke, Interviewer 1
 Akinrogunde Olamigoke, Interviewer 2
 Ilesanmi Taiwo Julianah, Counsellor 1
 Ashfor Sylvester Zamije, Counsellor 2
 Omojola Olawale, Field Laboratorian 1
 Oni Ibukunoluwa, Field Laboratorian 2
 Ige Monsuru Mabayomije, Team Lead
 Adeoye Rachael Olajumoke, Interviewer 1

Aremu Damilare Adeniyi, Interviewer 2
 AkomoledeAnthonia Iyabode, Counsellor 1
 Ewuola Christopher Afolabi, Counsellor 2
 Ogunjobi KemisolaMary, Field Laboratorian 1
 Adepoju Tosin, Field Laboratorian 2
 Bamgbade Bunmi Omotunde, Team Lead
 Olufemi Olajumoke Adeola, Interviewer 1
 Bamiteko Olugbenga Adebajo, Interviewer 2
 Gbadamosi Oluwaseun Taibat, Counsellor 1
 Babalola Sunday Ezekiel, Counsellor 2
 Iyanda Tolulope, Field Laboratorian 1
 Nwosu Ifeanyi Joseph, Field Laboratorian 2

North East Zone

Igawe Philip Bobu, Team Lead
 Grace Yila Maikano, Interviewer
 Adamu Shehu Timta, Interviewer
 Salisu Hafsat, Counsellor
 Awu Monica A, Counsellor
 Musa Mamman, Field Laboratorian
 MuhammedAdama, Field Laboratorian
 Ali Joy, Team Lead
 Aliyu Ja’afar Jafar, Interviewer
 Alkali Aisha, Interviewer
 Davo Blessing, Counsellor
 Danazumi Samaila, Counsellor
 Ismail Ali Yerima, Field Laboratorian
 Babaja Rashida, Field Laboratorian
 Abraham Zirra, Team Lead
 Mohammed Awwal, Interviewer
 DavidRuby Gana, Interviewer
 Lumba Nelson, Counsellor
 Sani Sylvia, Counsellor
 Musa Muhammed Sabo, Field Laboratorian
 Paul Hopson Mbi, Field Laboratorian
 Chiroma Ali Umar, Team Lead
 Dauda Ummi Bagari, Interviewer
 Muhammad Imran Barkindo, Interviewer
 Danladi Hammari, Counsellor
 Idris Bashir, Counsellor
 Audu Umar, Field Laboratorian
 Peter Dorathy Simon, Field Laboratorian
 Vahyalla Musa, Team Lead
 Mohammed Amaturrahman, Interviewer
 Musa Philip Butu, Interviewer
 Kauna Daniel, Counsellor
 Inuwa Amina, Counsellor
 Abdullahi Bala, Field Laboratorian
 Jacob Peter, Field Laboratorian
 Abdulrahman Faiza, Team Lead
 Aliyu Ruqayya, Interviewer
 Ibrahim Mustapha Abdulrazak, Interviewer
 Maikano Malate, Counsellor
 Gidado Ishaqa A, Counsellor
 Abubakar Bura Muhammed, Field Laboratorian
 Danjuma Haruna Bello, Field Laboratorian
 Dauda Saraya, Team Lead
 Suleiman Aishatu, Interviewer
 AhmadZakari Abdullahi, Interviewer
 Muhammed Abdullahi Magaji, Counsellor
 Johnson Abraham, Counsellor

Nggada Hyelhare Paul, Field Laboratorian
 Abdullahi Rabi, Field Laboratorian
 Lawal Sulaiman, Team Lead
 Umar Maimuna Sule, Interviewer
 Mohammed Ismail, Interviewer
 Ijato Monica Odudu, Counsellor
 Danbade Aliyu Isah, Counsellor
 Musa Elizabeth Peleba, Field Laboratorian
 Abubakar Muhammed, Field Laboratorian
 Magaji Solomon Ezekiel, Team Lead
 Haruna Mohammed Bose, Interviewer
 Iliya Zira Sallah, Interviewer
 Raymond Yoila S, Counsellor
 Garba Hadiza Ammani, Counsellor
 Yahaya Alpha, Field Laboratorian
 Adamu Muhammed, Field Laboratorian
 Salihu Isa Idris, Team Lead
 Sunday Benjamin, Interviewer
 Danfulani Elizabeth Bulus, Interviewer
 Simon Evelyn, Counsellor
 Bukar Umar Farouk, Counsellor
 Abubakar Idris Matinja, Field Laboratorian
 Sani Ammar, Field Laboratorian
 Akandiya Job Yarakawa, Team Lead
 Bello Maryam D, Interviewer
 Ahmad Baba Mustapha, Interviewer
 Ibrahim Laraba, Counsellor
 WaziriBlessing C, Counsellor
 Abubakar Adamu, Field Laboratorian
 Abdu Ayuba, Field Laboratorian
 Yusuf Abdullahi Aliyu, Team Lead
 Ibrahim Nafisat Kuru, Interviewer
 Muhammad Tasiu, Interviewer
 Solomon Sarah Hezekiah, Counsellor
 Salihu Asiya, Counsellor
 Ya’u Buhari, Field Laboratorian
 Usman Abubakar, Field Laboratorian
 Halima Ahmed, Team Lead
 Mangey Jarumi, Interviewer
 Yusuf Zainab, Interviewer
 Yakubu Amsa Ibrahim, Counsellor
 Eric Anita, Counsellor
 Enock Suleiman Bauchi, Field Laboratorian
 Abba Muh’d Tar, Field Laboratorian
 Mohammed Maru Mustapha, Team Lead
 Idi Junaidu, Interviewer
 Salihu Maryam, Interviewer
 Abdullahi Aisha, Counsellor
 Chama Abigail Jessey, Counsellor
 Muhammed Nafiu Wada, Field Laboratorian
 Reuben Barkahyel, Field Laboratorian
 Dauda Shalangwa, Team Lead
 Salihu Rukayya Sabiya, Interviewer
 Cletus Tari, Interviewer
 Sule Ahmed Adaya, Counsellor
 Suleiman Fanta, Counsellor
 Sani Ibrahim, Field Laboratorian
 Maidugu Yusuf Musa, Field Laboratorian
 Joseph Musa Gurati, Team Lead
 Tukur Auwal, Interviewer

Adamu Mairo, Interviewer
 Bathon Tidari Ati, Counsellor
 Garba Martha Tani, Counsellor
 Ibrahim Adeh, Field Laboratorian
 Daniel Dauda, Field Laboratorian
 Shehu Mohammed Hashidu, Team Lead
 Sa'idu Azimatu, Interviewer
 Baba Alikime, Interviewer
 Barguma Chafari Isa, Counsellor
 Aliyu Umar, Counsellor
 Alhamdu Daniel, Field Laboratorian
 Isayah Ezekiel Madina, Field Laboratorian
 Abdulkarim Mohammed A, Team Lead
 Muhammad Ismail Yahuza, Interviewer
 Muhammad Maryam Aliyu, Interviewer
 George Aggrey Lama, Counsellor
 Yusuf Umar, Counsellor
 Agnes Audu, Field Laboratorian
 Habila Soba, Field Laboratorian
 Garba Grace Kati, Team Lead
 Usman Hadiza Mohammed, Interviewer
 Hassan Munirah Muhammad, Interviewer
 Obonyilo Sunday Johnson, Counsellor
 Lukman Aliyu Baba, Counsellor
 Alh Babagana Modu, Field Laboratorian
 Abdullahi Shehu, Field Laboratorian
 Saidu Sarkinyamma Bello, Team Lead
 Dominic Solomon, Interviewer
 Muhammed Maryam, Interviewer
 Yakubu Elizabeth, Counsellor
 Adamu Muhammad Itas, Counsellor
 Mamza Munakur, Field Laboratorian
 Makwai Hassan Umar, Field Laboratorian
 Ahmed Maimuna, Team Lead
 Garba Amina Muhammed, Interviewer
 Nemtai Vakkai, Interviewer
 Yahaya Balarabe, Counsellor
 Goni Amma Muazu, Counsellor
 Keren Sajel, Field Laboratorian
 Sali Benjamin Luka, Field Laboratorian
 Yakubu Wilfred Hwankhi, Team Lead
 Abdullahi Mohammed Angula, Interviewer
 Kish Pemale, Interviewer
 UmarAli, Counsellor
 Ali Maria, Counsellor
 Salifa Jedi, Field Laboratorian
 Gambo Ndzuressa, Field Laboratorian
 Tulari Tine, Team Lead
 Abdulmutalebi Aisha A, Interviewer
 Goni Dzarma Hamman, Interviewer
 Ibrahim Yusuf Muhammed, Counsellor
 Mijah Limem, Counsellor
 Alyasau Zakari, Field Laboratorian
 Solomon Rimamndeyati, Field Laboratorian
 Samuel Tari, Team Lead
 Mukhtar Safiya, Interviewer
 Mohammed Muazu Danburam, Interviewer
 Abubakar Aisha, Counsellor
 Abubakar Aliyu Idris, Counsellor
 AlhassanSani Adamu, Field Laboratorian

Muhammed Sani Usman, Field Laboratorian
 Sallau Yusha'u, Team Lead
 Musa Sarah, Interviewer
 Peter Emmanuel Vandu, Interviewer
 Garba Kati, Counsellor
 Umar Hajja Aida, Counsellor
 Isa Hyalade Sabo, Field Laboratorian
 Jonathan Akyaras Mamman, Field Laboratorian
 Jibrin Nawukari, Team Lead
 Abdullahi Isah, Interviewer
 Muhammed Hadiza, Interviewer
 Ginasha Joy, Counsellor
 Bashir Ado Hassan, Counsellor
 Faratu Saleh Adeh, Field Laboratorian
 Idiemise David, Field Laboratorian
 Idris Halimat, Team Lead
 Joshua Asimiya, Interviewer
 Dame Judith, Interviewer
 Anjili Peter, Counsellor
 Suleiman Safiya, Counsellor
 Audu Nana Guh, Field Laboratorian
 Hamidu Tijjani Usman, Field Laboratorian
 Ahmed Muktar Abubakar, Team Lead
 Ibrahim Umar, Interviewer
 Muhammad Maijidda, Interviewer
 Jonah Yacheson, Counsellor
 Dinshiya Joda Gabriel, Counsellor
 Ismail Musa Muhammed, Field Laboratorian
 Yakubu Musa Zakshi, Field Laboratorian
 Musa Sarki, Team Lead
 Muhammad Saudatu, Interviewer
 Salihu Bako Apake, Interviewer
 Ali Fatima Alhaji, Counsellor
 Lumni Sunsuwa Deborah, Counsellor
 Jafa'aru Hadiza, Field Laboratorian
 Kyari Shettima, Field Laboratorian
 Ibrahim Bunu, Team Lead
 Aliyu Abubakar Garba, Interviewer
 Sogi Caroline, Interviewer
 Danladi Saraya, Counsellor
 Muhammad Nuru Zakari, Counsellor
 Hamma'adama Sumaiyatu, Field Laboratorian
 Ibrahim Abbas Muhammad, Field Laboratorian
North Central Zone
 Balogun Bunmi Dorathy, Team Lead
 Adamu Usman, Interviewer
 Umar Hannatu Sulaiman, Interviewer
 Nkom Michael, Counsellor
 Ahmed Bilkisu Adamu, Counsellor
 Salaudeen HaleematSadiat, Field Laboratorian
 UsmanMahmud, Field Laboratorian
 Lekwat Anastasia, Team Lead
 Hassan Ibrahim, Interviewer
 Ishaq Aisha, Interviewer
 AlkaliPromise, Counsellor
 Tijjani Bilkisu, Counsellor
 Okpanachi Mary, Field Laboratorian
 DanielGish, Field Laboratorian
 Emmanuel Ofana, Team Lead
 Shaba Abdulkadir, Interviewer

Samke Kursiyya, Interviewer
 BabaRabi Asabe, Counsellor
 Abdullahi Ramatu, Counsellor
 Edache Onyeche, Field Laboratorian
 Lohor Iliya Petlong, Field Laboratorian
 Ajiboye Motunrayo, Team Lead
 Tijjani Sekinat, Interviewer
 Adah Erik Ojonugwa, Interviewer
 MohammadKolo Chekpa, Counsellor
 Fakunle Itunu, Counsellor
 AdajiOtafu Joseph, Field Laboratorian
 Daniel Nenbammun, Field Laboratorian
 Oyedeji Olufemi Solomon, Team Lead
 Nafiu Abdulwahab, Interviewer
 Mohammed Safiya Adamu, Interviewer
 Pyop SharonAndrew, Counsellor
 Shaibu Josephine H., Counsellor
 Adeleye Bolanle Enitan, Field Laboratorian
 Nimmak Samuel, Field Laboratorian
 AdogaRoselineOgenyo, Team Lead
 Garba Bashir Tahir, Interviewer
 Ndanusa Halima, Interviewer
 Michael Victoria, Counsellor
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 Bognet VirginiaPhilip, Field Laboratorian
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 Ochende John Femi, Counsellor
 Okpe Rita Ochanya, Field Laboratorian
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 Akue Theophilus, Counsellor
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 Alhassan Yusuf, Field Laboratorian
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 Gofwen Morgan, Interviewer
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 Ibrahim Saratu Tunau, Field Laboratorian
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 Bello Umar Kasarawa, Interviewer
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 Magaji Juma'are Makarfi, Counsellor
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 Lawal Naziru, Counsellor
 Lawal Nazir Habib, Field Laboratorian
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 Barau Hassan, Counsellor
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 Buhari Abbatti, Interviewer
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 Muhammad Umar, Field Laboratorian
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 Muazu Aminu, Counsellor
 Ibrahim Inusa, Interviewer
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 Yusuf Hajara, Field Laboratorian
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 Dalhat Maryam Muazu, Counsellor
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 Lawal Shamsiya, Interviewer
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 Okechukwu Chisom Emmanuel, Field Laboratorian
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 Ibrahim Zainab Danladi, Counsellor
 Sa'ad Fatima Abubakar, Interviewer
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 Saminu Shamsiya Usman, Counsellor
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 Sadiq Abubakar Saidu, Interviewer

Usman Hafsat, Interviewer
 Godwin Emmanuel, Counsellor
 Jibril Suwaiba, Counsellor
 Mohammed Abdurrahman, Field Laboratorian
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South South Zone

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 Egeni Godspower Ken Anselem, State Based Mobilizer
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 Hopelyn Ifeoma, Community Mobilizer
 Jim David, Community Mobilizer
 Ifeanyi Ogbonda, Community Mobilizer
 Godspower Mgba, Community Mobilizer
 Eke Bethel Ikedi, Community Mobilizer
 Kiikpoye Mark, Community Mobilizer
 Tenegheni Linus, Community Mobilizer
 Okorogba Godspower, Community Mobilizer
 Kaliwana Ali, Community Mobilizer
 Sogbeye Briggs, Community Mobilizer
 Clifford Emmanuel, Community Mobilizer
 Ibiang Efayohobase Ekpo, Community Mobilizer
 Gold Amachree, Community Mobilizer
 Adairi Tolofari, Community Mobilizer
 Dokubo Sogbeba, Community Mobilizer
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 Titi Sunday Goya, Community Mobilizer
 Llyod Ebenezer, Community Mobilizer
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 Tenalo Stephen Bariduanen, Community Mobilizer
 Acheola Mgbede, Community Mobilizer
 Barisi-Letam Chibor, Community Mobilizer
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 Otobo Dennis, Community Mobilizer
 Ezechimere Royal Chinedum, Community Mobilizer
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 Ananwudi Chukwuma Cyril, Community Mobilizer
 Manikpo Gibson Epbabari, Community Mobilizer
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 Emediong D Udon, State Based Mobilizer
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 Wasinfereke Udoessien, Community Mobilizer
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 Otu Josiah Gebriel, Community Mobilizer
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 Blessing Edet Samuel, Community Mobilizer
 Blessing Ekwere, Community Mobilizer
 Udofia Itoro Akpan, Community Mobilizer

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 Utomobong Peter, Community Mobilizer
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 Ozeigbe Ighodaro, Community Mobilizer
 Itua Osasunmhen, Community Mobilizer
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 Friday Udo Isong, Community Guide
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 Christian Faith Mission, Community Guide
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 Udesi Udung Okpo, Community Guide
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 Sunday John Uwe, Community Guide
 Peter Okon Ekwere, Community Guide
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 Oduok, Community Guide
 Engr Sunday Inyang, Community Guide
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 Monday Sammy Jacob, Community Guide
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 Akpan Dickson Attat, Community Guide
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 Chife Anthony Ekpe, Community Guide
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 Solomon Joshua, Community Guide
 Justine Edet Jimmy, Community Guide
 Akpan Job Udobong, Community Guide
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 Edem Esa, Community Guide
 Akpan Umoibe, Community Guide
 Essiet Umoh, Community Guide
 Ikot Ekpato, Community Guide
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 Patrick Dick, Community Guide
 Dominic Johnson, Community Guide
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 Monday Dick Ntoto, Community Guide
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 Okon Asuquo Okon, Community Guide

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 Obo Effiom, Community Guide
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 Victor Eyibio Nteri, Community Guide
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 Osinachi Dim, Zonal Mobilizer
 Onwuka Edith Nkechi, Zonal Mobilizer & State Based Mobilizer
 Okeke Johnbosco Nkemdilim, State Based Mobilizer
 Rejoice Oluchi U, State Based Mobilizer
 Okafor Nkiruka Juliana, Community Mobilizer
 Ementa Edmond Emeka, Community Mobilizer
 Obiekwe Stella Ngozi, Community Mobilizer
 Ikenna Onyekachukwu Awgu, Community Mobilizer
 Aduba Njideka Amalachukwu, Community Mobilizer
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 Obeche Ifeanyi, Community Mobilizer
 Onwuka Chiamaka Stella, Community Mobilizer
 Okeke Charles Obinna, Community Mobilizer
 Peter Chukwuweike Okolie, Community Mobilizer
 Christiana Ozuah Obiageli, Community Mobilizer
 Nwaboh Mirian Azuka, Community Mobilizer
 Chiezie N G Chiezie, Community Mobilizer
 Okoye Nkiru, Community Mobilizer
 Ogu Caroline Nkechi, Community Mobilizer
 Nweke Justina Chinyere, Community Mobilizer
 Ewuzie Jennifer Chinelo, Community Mobilizer
 Umegbolu Gladys Onyemaechi, Community Mobilizer
 Onwujobi Andrew Ekenedirichukwu, Community Mobilizer
 Ikeh Alphonsus Uwamezezie, Community Mobilizer
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 Nnubia Vero Oluchi, Community Mobilizer
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 Smart V.O., Community Mobilizer
 Awe F. D., Community Mobilizer
 Dr. Adegeye Solomon A, Community Mobilizer
 Olowo F. O., Community Mobilizer
 Kehinde Victoria, Community Mobilizer
 Salami Lateef, Community Mobilizer
 Alo M O, Community Mobilizer
 Faleyeoluwakemi C, Community Mobilizer
 Adekunle Ademola, Community Mobilizer
 Oride Olusola, Community Mobilizer
 Adelusi Olayinka, Community Mobilizer
 Letimisobijo, Community Mobilizer
 Metbemudi-Olu E., Community Mobilizer
 Adenuoye G. O., Community Mobilizer
 Ademoyegun M.M, Community Mobilizer
 Adewole O. F., Community Mobilizer
 Oluwadarefemisola, Community Mobilizer
 Dunapo C. S., Community Mobilizer
 Edema Omowaire Victoria, Community Mobilizer
 Omotehinseifeniye R, Community Mobilizer
 Adegbite G. A., Community Mobilizer
 Akinniranyekintade, Community Mobilizer
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 Jinjiri, State Based Mobilizer
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 Auwal Ibrahim, Community Mobilizer
 Abba Tata, Community Mobilizer
 Musa Abba Aliyu, Community Mobilizer
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 Adamu Inuwa Ibrahim, Community Mobilizer
 Samaila Galli, Community Mobilizer
 Mohammed Ali Sani, Community Mobilizer
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 Adamu Abdullahi, Community Mobilizer
 Sulaiman Umar, Community Mobilizer
 Rali Lawan, Community Mobilizer
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 Mallam Alhaji Ali, Community Mobilizer
 Bukar Mallam Shehu, Community Mobilizer
 Umar Ali, Community Mobilizer
 G Mohammed Alhassan, Community Mobilizer
 Sagiru Mohamed, Community Mobilizer
 Auwalu Abba Hussein, Community Mobilizer
 Alhaji Baba Sadiq, Community Mobilizer
 Mutari Aliyu, Community Mobilizer
 Muhammad Adamu, Community Mobilizer
 Adamu Ali Yerima, Community Mobilizer
 Alhaji Lumo Tagali, Community Mobilizer
 Umar Baba Zarami, Community Mobilizer
 Mohammed Isa, Community Mobilizer
 Mohammed Audu, Community Mobilizer
 Jambaima Wakkil, Community Mobilizer
 Mahmoud Aliyu El-Nafaty, State Based Mobilizer
 Fatima Maisamari, State Based Mobilizer
 Alh. Ahmed Yusuf, State Based Mobilizer
 Dauda Mohammed, Community Mobilizer
 Hassan Ibrahim Y, Community Mobilizer

Abdulkadir Mohd Kwairanga, Community Mobilizer
 Ahmed Bello Maikano, Community Mobilizer
 Usman Mohammed Bello, Community Mobilizer
 Sanusi M Ahmad, Community Mobilizer
 Aminu Mohd Gidado, Community Mobilizer
 Epsom Sokka, Community Mobilizer
 Joshua Mistaki, Community Mobilizer
 Mariam Timza, Community Mobilizer
 Luraiuwa Williams, Community Mobilizer
 Ibrahim Sulaiman, Community Mobilizer
 Nanatu Naphtali, Community Mobilizer
 Abdulrahman Isah, Community Mobilizer
 Usman Umar Yari, Community Mobilizer
 Mohammed Kabiru, Community Mobilizer
 Abdulrazaq Abubakar Ahmad, Community Mobilizer
 Abdulqadir Mohammad, Community Mobilizer
 Mohammed Ajiya, Community Mobilizer
 Usman Salisu, Community Mobilizer
 Tanko Abe Aji, State Based Mobilizer
 Sayiya Aliyu Gassol, State Based Mobilizer
 Anthony Garba Dorofi, State Based Mobilizer
 Joseph K Garba, Community Mobilizer
 Emilia Zaphaniah, Community Mobilizer
 Misah Jidda, Community Mobilizer
 Faiza M Nuhu, Community Mobilizer
 Adenyong M Kusho, Community Mobilizer
 Dominic William, Community Mobilizer
 Joel Zando, Community Mobilizer
 Angyu A Kindama, Community Mobilizer
 Felicity Andokari, Community Mobilizer
 Joseph Luka, Community Mobilizer
 Abdullahi Garba, Community Mobilizer
 Abubakar Umar, Community Mobilizer
 Sallau Isa, Community Mobilizer
 Zakarya B Nantsirde, Community Mobilizer
 Johnson Hussaini, Community Mobilizer
 Karimu Maman Ali, Community Mobilizer
 Davidson Amos Dulums, Community Mobilizer
 Saidu Hassan, Community Mobilizer
 Naomi Joshuas, Community Mobilizer
 Tanko M Nawa, Community Mobilizer
 Dangari A Aminu, Community Mobilizer
 Dahiru A Musa, Community Mobilizer
 Umar A Lawal, Community Mobilizer
 Saraya Bello, Community Mobilizer
 Emmanuel Yakubu, Community Mobilizer
 Sa'ad M Isa, Community Mobilizer
 Danboyi Rimamtari, Community Mobilizer
 Isa I Jika, Community Mobilizer
 Bitrus Bello, Community Mobilizer
 Nami Musa, Community Mobilizer
 Farah N. James, State Based Mobilizer
 Mahmuda Inuwa, State Based Mobilizer
 Yahaya Adamu, State Based Mobilizer
 Mohammed Mahmud, State Based Mobilizer
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 Yakubu Vandii, Community Mobilizer
 Tuwanga Peter Maijama'a, Community Mobilizer
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 Halilu Abubakar, Community Mobilizer
 Joice Takoba, Community Mobilizer
 Abraham Gabs, Community Mobilizer
 Bala Mohammad, Community Mobilizer
 Ismail Mohammed, Community Mobilizer
 Philip Agabus, Community Mobilizer
 Kauli Jarayala, Community Mobilizer
 Mitkoko Elam, Community Mobilizer
 Yahya Abba, Community Mobilizer
 Moh'd K. Bala, Community Mobilizer
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 Zamnan Hamidu Audu, Community Mobilizer
 Aliyu Umar, Community Mobilizer
 Aishatu Bamanga, Community Mobilizer
 Bello Bamanga, Community Mobilizer
 Bello Bako, Community Mobilizer
 Hayatu Zabairu, Community Mobilizer
 Yahya Kabiru Moh, Community Mobilizer
 Bala Angelo, Community Mobilizer
 Tanimu Nasiru, Community Mobilizer
 Polycarp Levi Jediel, Community Mobilizer
 Ladabi Daniel, Community Mobilizer
 Umar Abubakar, Community Mobilizer
 Solomon John, Community Mobilizer
 Bashir Mohammed Modibbo, Community Mobilizer
 Samuel Pulyso Sambo, Community Mobilizer
 M Isa Mohammed, Zonal Mobilizer
 Naomi Titus Dauda, Zonal Mobilizer
 Abubaka Musa, Zonal Mobilizer
 Adamu Abdu Balbayo, Community Mobilizer
 Baba Gana Adam, Community Mobilizer
 Umara Abukar, Community Mobilizer
 Zara Ma'aji, Community Mobilizer
 Yagana Grema, Community Mobilizer
 Yagana Bukar, Community Mobilizer
 Mustapha Sambo, Community Mobilizer
 Tijani Alh. Nasir, Community Mobilizer
 Tumfana Amon Mamza, Community Mobilizer
 Usman Adamu Yamta, Community Mobilizer
 Racheal Dauda, Community Mobilizer
 Audu M. Yerima, Community Mobilizer
 Matilda James Mshelia, Community Mobilizer
 Shettima Yahaya, Community Mobilizer
 Hadiza Ibrahim, Community Mobilizer
 Lukman Mohammed, Community Mobilizer
 Bukar Usman Yarda, Community Mobilizer
 Alhaji Sale Abdullahi, Community Mobilizer
 Tanko Apagu, Community Mobilizer
 Usman Mohammed, Community Mobilizer
 Baba Grema Usman, Community Mobilizer
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Wakili Abdu, Community Guide
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 Bello J Manu, Community Guide
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 Jauro Bode Adamu, Community Guide
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 Abigail Usman, Community Guide
 Ayuba Yopo, Community Guide
 Abubakar Usman Njidda, Community Guide
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 Dennis Wundeng, Community Guide
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 Yabkwawa Rimande, Community Guide
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 Mustapher Adamu, Community Guide
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 Tobious Kllah, Community Guide
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 Saidu Adamu Barde, Community Guide
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 Abdulraheed Ibrahim, Community Guide
 Monday Eli, Community Guide
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 Rahima Isa, Community Guide
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 Friday Stephen, Community Guide
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 Ezra Samson Audu, Community Guide
 Abubakar Bello, Community Guide
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 Suleiman Abubakar, Community Guide
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 Faisal Gidado, Community Guide
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 Luka Sajo, Community Guide
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 Ladipwety Enderly, Community Guide
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 Saidu Mohammed, Community Guide
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 Ishaku Bulum, Community Guide
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 Shatima Isa, Community Guide
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 Ibrahim Mohammed, Community Guide
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 Ishaku Mai Kaji, Community Guide
 Usman Ali, Community Guide
 Mai Anguwa Haruna, Community Guide
 Ezikel Samaila, Community Guide
 Danladi Inusa, Community Guide
 Bulama Musa, Community Guide
North Central Zone
 Nakoto Esther Useni, Zonal Mobilizer
 Zubairu Kudirat Bolanle, State Based Mobilizer
 Gbadeyan Olawale James, State Based Mobilizer
 Alabi Ibrahim, State Based Mobilizer
 Alabi Aminat Titilayo, Community Mobilizer
 Allasoka Lisala Elkana, Community Mobilizer
 Abdulraman Fatimoh, Community Mobilizer
 Oke Comfort, Community Mobilizer
 Suleiman Ajape, Community Mobilizer
 Woli Bilkisu Adejimi, Community Mobilizer
 Yusuf O. Rasheedat, Community Mobilizer
 Giwa Idowu Muhibat, Community Mobilizer
 Mohammed Amdalat Toyin, Community Mobilizer
 Ajiboye Taibat Arinola, Community Mobilizer
 Rafiu Alhassan, Community Mobilizer

Bashirat Hassan, Community Mobilizer
 Ishola Fatai (Laca), Community Mobilizer
 Olaitan Jimoh (Laca), Community Mobilizer

Akanbi Ibrahim Abiodun, Community Mobilizer
 Owolabi Titilayo, Community Mobilizer
 Afolayan Idowu, Community Mobilizer
 Wale Raphael Ajibaye, Community Mobilizer
 Raji Modupe, Community Mobilizer
 Agbede Obafemi, Community Mobilizer
 Omotosho Felicia Funke, Community Mobilizer
 Odofin MonisolaAdijat, Community Mobilizer
 Afolabi Ajape, Community Mobilizer
 Suleiman Yoniki Ahmed, Community Mobilizer
 Saidu Lawal, Community Mobilizer
 Mohammed Mudi, Community Mobilizer
 Usman Zikki Nasir, Community Mobilizer
 Bayo Apata, Community Mobilizer
 Haruna Adamu, Community Mobilizer
 Adam Aliyu, Community Mobilizer
 Fatimoh Abubakar, Community Mobilizer
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 Ahmad, Muhammad Adamu, Community Mobilizer
 Usman Alhaji Muhammed, Community Mobilizer
 Garba Aishatu Paiko, Community Mobilizer
 Tani Shagabe, Community Mobilizer
 Yaro Martha Otsahel, Community Mobilizer
 Sabina Chinchana, Community Mobilizer
 Adie Josiah Ashue, Community Mobilizer
 Idris Abdulmalik Musa, Community Mobilizer
 Ibrahim Ishaku Dodo, Community Mobilizer
 Samaila Garba, Community Mobilizer
 Shuaibu Faruna, Community Mobilizer
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 Abubakar Abdul-Hamid, Community Mobilizer
 Umar Abdulkarim Y., Community Mobilizer
 Yakubu Abdulakeem, Community Mobilizer
 Hassan Wachiko, Community Mobilizer
 Synthia Faithful Kpetu, Community Mobilizer
 Markus, Grace Nemah, Community Mobilizer
 Hajara Bala, Community Mobilizer
 Waziri Yakubu Bagudu, Community Mobilizer
 Ibrahim Mohammed, Community Mobilizer
 Mohammed Ibrahim Sanusi, Community Mobilizer
 Mohammed Abdullahi Ndana, Community Mobilizer
 Abdulmalik Mustapha, Community Mobilizer
 Tsado Rachel Kaka, Community Mobilizer
 Mairiga Alhaji Aliyu, Community Mobilizer
 Sule Aminu A., Community Mobilizer
 Nmadu Solomon Ndagi, Community Mobilizer
 Acheku Yusuf Kemso, State Based Mobilizer
 Hamza Aliyu, State Based Mobilizer
 Mathias A. Okpanachi, State Based Mobilizer
 Mamudu Sadiq Akaba, Community Mobilizer

Muhammed Eneze Habibat, Community Mobilizer
 Esther Oluwaninshola Kayode, Community Mobilizer
 Bako Helen, Community Mobilizer
 Sylvester Atabor, Community Mobilizer
 Florence M. Adomu, Community Mobilizer
 Omolaiye Edisha, Community Mobilizer
 Osho John Torunleke, Community Mobilizer
 Taiye Arojoye David, Community Mobilizer
 Joseph Sesan, Community Mobilizer
 Badaki Emily Bosede, Community Mobilizer
 Ibinaiye Joseph Kehinde, Community Mobilizer
 Ekunrin Folashade M., Community Mobilizer
 Bosede Toyin Micah, Community Mobilizer
 Yakubu Rekiyat, Community Mobilizer
 Ojo Emmanuel O., Community Mobilizer
 Alao O Williams, Community Mobilizer
 Abdulraheem Sefinat, Community Mobilizer
 Abdulhakim Bello Mayaki, Community Mobilizer
 Akor Sani, Community Mobilizer
 Peter Ejigbo Ibrahim, Community Mobilizer
 Shedrack Ojochegbe Mathias, Community Mobilizer
 Yakubu Mohammed, Community Mobilizer
 David Mary Lade, Community Mobilizer
 Abaniwo Nathaniel, Community Mobilizer
 Mohammed M. Ndagi, Community Mobilizer
 Onuh Sunday, Community Mobilizer
 Rakiya J. Shuaibu, Community Mobilizer
 Mohammed Lawal, Community Mobilizer
 Shittu Jibrin, Community Mobilizer
 Adama Patience Ojone, Community Mobilizer
 Yunusa Abdullahi, Community Mobilizer
 Muhammed Yusuf Awal, Community Mobilizer
 Achimugu Paul Odoma, Community Mobilizer
 Egbunu Abigail, Community Mobilizer
 Idoko Rebecca, State Based Mobilizer
 Dooshima Alpha Iorzua, State Based Mobilizer
 Utume Josephine M, State Based Mobilizer
 Aaver Japhet Aondowase, Community Mobilizer
 Abaya Comfort Msurshima, Community Mobilizer
 Enger Terdoo Jerome, Community Mobilizer
 Achigili Florence, Community Mobilizer
 Musa Sediq Achadu, Community Mobilizer
 Agor Odeh Godwin, Community Mobilizer
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 Agum Kuma Naga, Community Mobilizer
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 Ambe Cletus Atakpa, Community Mobilizer
 Abdullahi Bala Giwa, Community Mobilizer
 Anza Grace Teraver, Community Mobilizer
 Helen Ashaver, Community Mobilizer
 Cletus O. Honn, Community Mobilizer
 Edeh Ocheje Amos, Community Mobilizer
 Elizabeth Onuh, Community Mobilizer
 Martha Ichapi, Community Mobilizer
 Gwaza Mwuese, Community Mobilizer
 Member Rachel Hanior, Community Mobilizer
 Vincent Anza, Community Mobilizer
 Inalegwu John Freeman, Community Mobilizer
 Isah Yahaya, Community Mobilizer
 Ivarave Fanen Martins, Community Mobilizer
 Jeiyol Salome Nguveren, Community Mobilizer

Lilian Otugbo, Community Mobilizer
 Ahire Mercy, Community Mobilizer
 Adi Charles Ordain, Community Mobilizer
 Gudu Mrumun Ubur, Community Mobilizer
 Nelson Emmanuel Ogor, Community Mobilizer
 Oko Lazarus Idankpa, Community Mobilizer
 Veronica Idoko, Community Mobilizer
 Omaiye Fredrick Sunday, Community Mobilizer
 Emmanuel Elaigwu, Community Mobilizer
 Ishimayina Christopher, Community Mobilizer
 Sugh Emmenuel, Community Mobilizer
 Anyam Serumun Solomon, Community Mobilizer
 James K Wattan, State Based Mobilizer
 Garos M Bature, State Based Mobilizer
 Umar Farouk Musa, State Based Mobilizer
 Micah Luka, Community Mobilizer
 Bemgba G Martins, Community Mobilizer
 Adams Kabir Moh, Community Mobilizer
 Cecilia Mike Omonaiyer, Community Mobilizer
 Grace C. Job, Community Mobilizer
 Miriam Gish, Community Mobilizer
 Esther Umukoro, Community Mobilizer
 Almagani Emmanuel, Community Mobilizer
 Alfred Nakoto, Community Mobilizer
 Kachollom Abdul, Community Mobilizer
 Dung Chundung Bulus, Community Mobilizer
 Hannatu Zang Samuel, Community Mobilizer
 Chuwang Joseph Fom, Community Mobilizer
 Francis Kargwak Zitta, Community Mobilizer
 Nanji Fazing, Community Mobilizer
 Grace N. John, Community Mobilizer
 Elizabeth T. Panyim, Community Mobilizer
 Dinatu G. Nuhu, Community Mobilizer
 Musa Ataki, Community Mobilizer
 Tahdok Domye Raymond, Community Mobilizer
 Joshua Dajen, Community Mobilizer
 Arung Charity Chatbenet, Community Mobilizer
 Thomas Ngwim, Community Mobilizer
 Christiana Sabo Watson, Community Mobilizer
 Benjamin Musa Dung, Community Mobilizer
 Bashir Abdulhamid, Community Mobilizer
 Simdul S Nimyel, Community Mobilizer
 Yankuka Mary Gerji, Community Mobilizer
 Kangyang John, Community Mobilizer
 Mwanret Longkum, Community Mobilizer
 Fati Bello, Community Mobilizer
 Elisha Andebutop, State Based Mobilizer
 Umbugus Mercy, State Based Mobilizer
 Sattong Patience Augustine, State Based Mobilizer
 Lilian A Gonji, Community Mobilizer
 Igwe Casmir, Community Mobilizer
 Agenyi U. E. Abel, Community Mobilizer
 Yakubu Yahaya, Community Mobilizer
 Christiana Luka Gish, Community Mobilizer
 Abigail Maji, Community Mobilizer
 Inkab Majimris Jatau, Community Mobilizer
 Alice Adamu, Community Mobilizer
 Simon Tyolumun Blessing, Community Mobilizer
 Nwachukwu Amaechi, Community Mobilizer
 Edward Luka, Community Mobilizer
 Peter Onuh, Community Mobilizer

Hafsat Mohammed, Community Mobilizer
 Tukura Nana, Community Mobilizer
 Inuwa Bawa, Community Mobilizer
 Musa Mohammed, Community Mobilizer
 Francis Ochefije, Community Mobilizer
 Ochika Joshua Okakpunoli, Community Mobilizer
 Azie Emenike, Community Mobilizer
 Toluwalope Ajisegiri, Community Mobilizer
 Garba Mohammed Salisu, State Based Mobilizer
 Yusuf Muhammad, State Based Mobilizer
 Aminu Waziri Lamino, State Based Mobilizer
 Yahaya Abubakar Ishagye, State Based Mobilizer
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 Hassan Awe Ibrahim, Community Mobilizer
 Suleiman Alh Mahmud, Community Mobilizer
 Osude Danlami Samson, Community Mobilizer
 Abubakar O. Mamman, Community Mobilizer
 Illah Obadiah, Community Mobilizer
 Dauda Omeri, Community Mobilizer
 Ahmed Ogoshi Adamu, Community Mobilizer
 Gandu Gideon Akpazi, Community Mobilizer
 Ismaila Ogande Umar, Community Mobilizer
 Aminu Waziri Lamino, Community Mobilizer
 Ahmadu Kaduna Joseph, Community Mobilizer
 Nicodemus Joseph Shari, Community Mobilizer
 Aliyu Isa Abba, Community Mobilizer
 Obed Ishaya Shade, Community Mobilizer
 Yakubu Abdullahi Yakubu, Community Mobilizer
 Abdullahi Mohammed Tanko, Community Mobilizer
 Tella Patience Samson, Community Mobilizer
 Garba Muhammed Salisu, Community Mobilizer
 Dogara Danjuma, Community Mobilizer
 Mustapha Abubakar, Community Mobilizer
 Abubakar Isa, Community Mobilizer
 Muhammed Sani Kasimu, Community Mobilizer
 Haruna Danladi, Community Mobilizer
 Lauya Muhammed Gali, Community Mobilizer
 Yusuf Muhammed, Community Mobilizer
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 Adeyemi Jonathan Olusegun, Community Guide
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 Haruna Sheu, Community Guide
 Augustine Maji, Community Guide
 Ahmed Ndagi Hassan, Community Guide
 Zakariyah Habibullah, Community Guide
 Suleiman Alhaji Musa, Community Guide
 Yushau Iliyasu, Community Guide
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 Godwin Onminyi, Community Guide
 Eyikwaje Oga, Community Guide
 Abdullahi Yunusa, Community Guide
 Ocheje Oche, Community Guide
 Ude Victoria, Community Guide
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 Akaaza Christopher, Community Guide

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 Jame Mandu, Community Guide
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 Dagang Tengwang Pam, Community Guide
 Gyang Davou, Community Guide
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 Musa Saleh, Community Guide
 Joseph Shedrack, Community Guide
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 Davou Ayuba Dangyang, Community Guide
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 Alkasim Haruna Mallam, Community Guide
 Zakari Mwangung, Community Guide
 Lukman M. Muhammed, Community Guide
 Muhammed Maigari, Community Guide
 Ezra Adamu, Community Guide
 Muhammed Hudu, Community Guide
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 Pyenkikwam Jngnap, Community Guide
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 Joseph Longmyap, Community Guide
 Mathias Lepse, Community Guide

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 Anthony Davou, Community Guide
 Victor Dung Pam, Community Guide
 Samuel Temitope Ojiti, Community Guide
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 Godwin Kelvin Unabor, Community Guide
 Gabriel Moses Timias, Community Guide
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 Lep Ngyang Sambo, Community Guide
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 Nimyel Bala, Community Guide
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 Binven Vennim, Community Guide
 Timothy Sudubam, Community Guide
 Napdul Salven Durven, Community Guide
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 Danjuma Dajan, Community Guide
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 Dabiet Cletus Koppian, Community Guide
 Bature Mantoe Twotkwai, Community Guide
 Dandladi Ezra Chinmang, Community Guide
 Ayuba Dakwot, Community Guide
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 Naannan Longwan, Community Guide
 Danladi Dasvereng, Community Guide
 Bogolnaan Kaatnaan, Community Guide
 Sylvanus Danjuma Shekarau, Community Guide
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 Meimuna Usman, Community Guide
 Salisu Ibrahim, Community Guide
 Udele Juliana Amarachi, Community Guide
 Lucky Asemota, Community Guide
 Afinki John Sotaya, Community Guide
 Daniel Anold, Community Guide
 Ibrahim Emmanuel, Community Guide
 Kaura Isaac, Community Guide
 Odimara Azu Obinna, Community Guide
 Buachie Jerry, Community Guide
 Onongaya Joy Uju, Community Guide
 Abubakar Isah, Community Guide
 Jonah Asuquo Etim, Community Guide

Abraham Asuquo, Community Guide
 Dauda Abuhuraira Igashi, Community Guide
 Isreal Nsikea Okon, Community Guide
 Olayemi Yetunde Esther, Community Guide
 Francis Yakubu Papa, Community Guide
 Ukpanwanne Ifeanyi, Community Guide
 Ukwuije Onyinyechi Precious, Community Guide
 Muhammad Zainab Ibrahim, Community Guide
 Mary Alidu, Community Guide
 Ukpanwanne Kelvin, Community Guide
 Charity Amike, Community Guide
 Yusuf Ibrahim, Community Guide
 David Douglas, Community Guide
 Isaac Monday, Community Guide
 Gideon Dauda, Community Guide
 Victor Kelechi John, Community Guide
 Salihu Bashiru Barde, Community Guide
 Michael Deborah, Community Guide
 Elijah Emmanuel, Community Guide
 Hulera Bashiru, Community Guide
 Sule Jemila Idris, Community Guide
 Nancy Biyama Jesmiel, Community Guide
 Onuh Oche, Community Guide
 Solomon Baba Jagaba, Community Guide
North West Zone
 Shuaibu Musa Kafingana, Zonal Mobilizer
 Mohammed A.S. Muhammadu, State Based Mobilizer
 Sani Yusuf, State Based Mobilizer
 Yusuf Hamza, State Based Mobilizer
 Saleh Garba, Community Mobilizer
 Ado Ya'u, Community Mobilizer
 Nafisa Mudi, Community Mobilizer
 Rukayya Muhd Iliya, Community Mobilizer
 Maryam Aliyu, Community Mobilizer
 Furera Muhd Usman, Community Mobilizer
 Daso Garba, Community Mobilizer
 Basira Yahaya, Community Mobilizer
 Biniya Aliyu, Community Mobilizer
 Ayuba Muhammad, Community Mobilizer
 Mansur Salisu, Community Mobilizer
 Faruku Isah, Community Mobilizer
 Usman A. Musa, Community Mobilizer
 Farouk Musa, Community Mobilizer
 Hadiza Ibrahim, Community Mobilizer
 Jabir Usman Muhd, Community Mobilizer
 Lawan Alasan, Community Mobilizer
 Haruna Abdullahi, Community Mobilizer
 Ismail Ishak, Community Mobilizer
 Abdulmalik Muhd Adamu, Community Mobilizer
 Aliyu Salisu, Community Mobilizer
 Salisu Idris Karshi, Community Mobilizer
 Sadiq Haruna, Community Mobilizer
 Muzammil Sani Musa, Community Mobilizer
 Muhammad Danaro Yusuf, Community Mobilizer
 Sunusi Aliyu, Community Mobilizer
 Abubakar Garba Ibrahim, Community Mobilizer
 Auwalu Abba Hussein, Community Mobilizer
 Salisu Ado, Community Mobilizer
 Umar Sani Yahaya, Community Mobilizer
 Bala Malam, Community Mobilizer
 Musa Lawal Roni, Community Mobilizer

Nasiru Sa'id Nasidi, State Based Mobilizer
 Adam Abdullahi Ado, State Based Mobilizer
 Binta Umar Abdullahi, State Based Mobilizer
 Aliyu Musa Shehu, State Based Mobilizer
 Sani Gali, Community Mobilizer
 Hadiza Ghali, Community Mobilizer
 Bello Ali Sadik, Community Mobilizer
 Salisu Abdulwahab, Community Mobilizer
 Shehu A Ilu, Community Mobilizer
 Fatima Nasiru, Community Mobilizer
 Shamsiyya Tijjani, Community Mobilizer
 Abdulrahman Abdulhamid, Community Mobilizer
 Mukhtar Sani K/Mata, Community Mobilizer
 Nura Musa Sulaiman, Community Mobilizer
 Isa Lawan Ibrahim, Community Mobilizer
 Hafizu Aliyu, Community Mobilizer
 Zainab Rabe Abdullahi, Community Mobilizer
 Maryam Aliyu Abdullahi, Community Mobilizer
 Rabiua Sarari, Community Mobilizer
 Yahaya Abdullahi Yargwanda, Community Mobilizer
 Rakiya Bala, Community Mobilizer
 Hassan Muhammad Tukur, Community Mobilizer
 Yusuf Kabir Yusuf, Community Mobilizer
 Bashir Sulaiman, Community Mobilizer
 Khalil Ibrahim, Community Mobilizer
 Fatima Ibrahim Muhd, Community Mobilizer
 Rukayya Abdulrahman, Community Mobilizer
 Hannatu Kabir Sulaiman, Community Mobilizer
 Umar Muhammad, Community Mobilizer
 Abubakar Abdullahi Ado, Community Mobilizer
 Fatima Nasir Mu'azu, Community Mobilizer
 Ahamad Abdullahi Ado, Community Mobilizer
 AuwalSani Muhd, Community Mobilizer
 Auwal Abba Hussaini, Community Mobilizer
 Abdurrazak Umar, Community Mobilizer
 Amina Umar Abdullahi, Community Mobilizer
 Sunusi Ali Sadig, Community Mobilizer
 Ruqayya Ibrahim, Community Mobilizer
 Maryam Ibrahim, Community Mobilizer
 Ibrahim Nasidi, Community Mobilizer
 Fatima Habib Sadauki, Community Mobilizer
 Yahanasu Bello Bashir, Community Mobilizer
 Zainab Nasidi Abdullahi, Community Mobilizer
 Aliyu Yunusa Bare, Community Mobilizer
 Sani Abdu Garko, Community Mobilizer
 Aisha Umar Abdullahi, Community Mobilizer
 Jibril Abdullahi Bello, Community Mobilizer
 Mustapha Muhammad Idris, Community Mobilizer
 Umar Haliru Muhd, Community Mobilizer
 Aliyu Salisu, Community Mobilizer
 Maryam Isa, Community Mobilizer
 Maryam Abdullahi, Community Mobilizer
 Mansur Wada, Community Mobilizer
 Aliyu Yusuf Gano, Community Mobilizer
 Auwalu Uba, Community Mobilizer
 Shehu Abdulwahab, Community Mobilizer
 Jibril Umar, Community Mobilizer
 Ali Shehu, Community Mobilizer
 Nafisa Muhammad, Community Mobilizer
 Mika'ilu Musa Zango, Community Mobilizer
 Fadimatu Muhammadu Nasidi, Community Mobilizer

Hussaini Muhammad Gwarzo, Community Mobilizer
 Nura Garba, Community Mobilizer
 Usaina Magaji, Community Mobilizer
 Gwaggoliya Auwalu, Community Mobilizer
 Aisha Bello, Community Mobilizer
 Safiya Muhd Lawal, Community Mobilizer
 Muhsin Sa'id Salihu, Community Mobilizer
 Ibrahim Suleiman Baba, Community Mobilizer
 Hajara Umar, Community Mobilizer
 Sulaiman Hashim Ibrahim, Community Mobilizer
 Usman Dauda, Community Mobilizer
 Idris Rabiu, Community Mobilizer
 Abubakar Umar, Community Mobilizer
 Aisha Sani Musa, Community Mobilizer
 Abubakar Yahaya, Community Mobilizer
 Sulaiman Auwal, Community Mobilizer
 Habibu Ya'u Shu'aibu, Community Mobilizer
 Dalhatu Salisu Galadanchi, Community Mobilizer
 Abdullahi Nura, Community Mobilizer
 Zainab Auwal Umar, Community Mobilizer
 Ibrahim Bala, Community Mobilizer
 Balarabe Muhd K/Naisa, Community Mobilizer
 Abdurra'uf Sulaiman, Community Mobilizer
 Aminu Halliru Muhammad, Community Mobilizer
 Sagir Umar Aliyu, Community Mobilizer
 Jibril Sule Adamu, Community Mobilizer
 Abdu Alfindi, Community Mobilizer
 Mujahid Sa'id Salihu, Community Mobilizer
 Garba Balarabe, Community Mobilizer
 Saminu Idris, Community Mobilizer
 Sadi Musa, Community Mobilizer
 Salihu Muhammad Yusuf, State Based Mobilizer
 Bashiru Abubakar Moriki, State Based Mobilizer
 Sanusi Lawali, State Based Mobilizer
 Muhammad Shamsu, Community Mobilizer
 Murtala Abubakar, Community Mobilizer
 Garba Bello, Community Mobilizer
 Aminu Lawali, Community Mobilizer
 Suleiman Abdullahi, Community Mobilizer
 Nura Bello, Community Mobilizer
 Aminu Abubakar, Community Mobilizer
 Yahaya Usman, Community Mobilizer
 Surajo Abubakar, Community Mobilizer
 Jamilu Musa, Community Mobilizer
 Ibrahim Kabir, Community Mobilizer
 Jamilu Bello, Community Mobilizer
 Umar Badamasi, Community Mobilizer
 Muhammad Tukur Adamu, Community Mobilizer
 Yusuf Ibrahim, Community Mobilizer
 Abdullahi Adamu Sidi, Community Mobilizer
 Jamilu Sale, Community Mobilizer
 Abdullahi Samaila, Community Mobilizer
 Addau Halilu, Community Mobilizer
 Abdurrashe Balarabe, Community Mobilizer
 Umar Aliyu Zurmi, Community Mobilizer
 Sani Usman Akko, Community Mobilizer
 Shafi'u Lawali, Community Mobilizer
 Lawali Ibrahim, Community Mobilizer
 Lawali Musa, Community Mobilizer
 Mustapha Abubakar, Community Mobilizer
 Mansur Abubakar, Community Mobilizer

Muaze Dinah Balqis, State Based Mobilizer
 Musaddiq Bala Usman, State Based Mobilizer
 SanusiSani Zamgo, State Based Mobilizer
 Ayman Yusuf Sani, Community Mobilizer
 Ubale Ibrahim Maigari, Community Mobilizer
 Muhammed Junaidu, Community Mobilizer
 Sagir Yusuf, Community Mobilizer
 Ibrahim Dahiru, Community Mobilizer
 Hassan Salmanu, Community Mobilizer
 Yakubu Bala, Community Mobilizer
 Aminu Ismaila, Community Mobilizer
 Ya'u Abubakar, Community Mobilizer
 Murtala Waziri, Community Mobilizer
 Halima Abubakar, Community Mobilizer
 Amina Abubakar, Community Mobilizer
 Rukayya Abdullahi, Community Mobilizer
 Hindatu Ghali, Community Mobilizer
 Khadija Aliyu, Community Mobilizer
 Abdullahi Ahmad Salele, Community Mobilizer
 Auwal Ibrahim, Community Mobilizer
 Sada Muhammad, Community Mobilizer
 Abdulmudalib Muhammad, Community Mobilizer
 Umar Buhari, Community Mobilizer
 Suleiman Hamza, Community Mobilizer
 Auwal Bukar, Community Mobilizer
 Yusuf Buhari, Community Mobilizer
 Abubakar Aliyu, Community Mobilizer
 Nasif Ahmad, Community Mobilizer
 Murja Mu'azu, Community Mobilizer
 Muhammad Suleiman, Community Mobilizer
 Rufa'i Hussaini, Community Mobilizer
 Lawal Usman, Community Mobilizer
 Ibrahim Hussaini, Community Mobilizer
 Abdulrasheed Salisu, Community Mobilizer
 Nasir Usman Karofi, Community Mobilizer
 Auwal Yakubu, Community Mobilizer
 Shamsudeen Idris, Community Mobilizer
 Abdulmajeed Kabir, Community Mobilizer
 Mustapha Haliru Gwarzo, Community Mobilizer
 Muhammed Hassan Goronyo, State Based Mobilizer
 Abdulhamid Buhari, State Based Mobilizer
 Abubakar Aliyu Danmafara, State Based Mobilizer
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 Badamasi Garba, Community Mobilizer
 Sirajo Yusuf, Community Mobilizer
 Malami Attahiru A, Community Mobilizer
 Nasiru Abubakar, Community Mobilizer
 Chika Mahe, Community Mobilizer
 Asma'u Muhd, Community Mobilizer
 Bello Shehu Gwadabawa, Community Mobilizer
 Aliyu Muazu, Community Mobilizer
 Idris Y. Idris, Community Mobilizer
 Murtala Abdullahi, Community Mobilizer
 Bala Oroji, Community Mobilizer
 Nasiru Abubakar, Community Mobilizer
 Iliyasu Marafa Balle, Community Mobilizer
 Hamza Ibrahim Turaki, Community Mobilizer
 Muslim Umar, Community Mobilizer
 Balkisu Yusuf, Community Mobilizer
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 Ishaka Mainasara, Community Mobilizer
 Yahaya Halilu, Community Mobilizer
 Abubakar M. Abubakar, Community Mobilizer
 Abubakar Buhari, Community Mobilizer
 Farida Ibrahim Turaki, Community Mobilizer
 Nasiru Maiturare, Community Mobilizer
 Rufai Halilu, Community Mobilizer
 Bashir A. Ib Nideen, Community Mobilizer
 Abubakar Galadima, Community Mobilizer
 Zainab Nasidi, Community Mobilizer
 Hauwa A. Aminu, Community Mobilizer
 Shamsudeen Haruna, Community Mobilizer
 Bello Sambo, Community Mobilizer
 Abdullahi Nb Aliyu, Community Mobilizer
 Umar Abdullahi Marnona, Community Mobilizer
 Jidda Binta Danladi, Community Mobilizer
 Jabiru Abubakar, Community Mobilizer
 Abdulkarim Idris Abubakar, Community Mobilizer
 Aliyu Musa, State Based Mobilizer
 Bilal Nabiye Gloria, State Based Mobilizer
 Umar Ibrahim, State Based Mobilizer
 Muktar A. Mustapha, Community Mobilizer
 Usman Abubakar, Community Mobilizer
 Auwalu Abba Hussein, Community Mobilizer
 Lawal Mohammed, Community Mobilizer
 Mohammed Rukaiyat Adam, Community Mobilizer
 Umar Ibrahim, Community Mobilizer
 Mohammad Haruna, Community Mobilizer
 Joseph Audu, Community Mobilizer
 Benjamine Maigari, Community Mobilizer
 Atuke Ganga Meshach, Community Mobilizer
 Uhuami Anataku Sumaila, Community Mobilizer
 Obanewo Fibi Sandra, Community Mobilizer
 Linda Daura, Community Mobilizer
 Anthony Lord Thaddeys, Community Mobilizer
 Hassan Ahmed, Community Mobilizer
 Evelyn N Rohbam, Community Mobilizer
 Chinazo Anthonia Umenwobi, Community Mobilizer
 Aminu Babangida, Community Mobilizer
 Yashim Hilda Zwahu, Community Mobilizer
 Kure Imam Habila, Community Mobilizer
 Jibril Isa, Community Mobilizer
 Mishael Yakubu, Community Mobilizer
 Isa Bawa, Community Mobilizer
 Halima Mohammed Sani, Community Mobilizer
 Bakut Joel Kaboshio, Community Mobilizer
 Haruna Aaron Sunday, Community Mobilizer
 Hajara Aliyu, Community Mobilizer
 Daha Mohammad, Community Mobilizer
 Ismaila Aliyu, Community Mobilizer
 Abdulamid Ahmad, Community Mobilizer
 Hafsat Idris, Community Mobilizer
 Sulaiman Idris, Community Mobilizer
 Felicia Boman, Community Mobilizer
 Rakiya Ado Shehu, Community Mobilizer
 Umar Garba, Community Guide
 Muhd Auta Maiwaunguwa, Community Guide
 Maigari Zubaru Shehu, Community Guide
 Abdullahi Iliyas Fago, Community Guide
 Muhd Isa Dagali, Community Guide
 Salisu Dayyabu, Community Guide
 Maiunguwa Manniru, Community Guide

Maiunguwa Abdullahi Abu, Community Guide
 Sunusu Maiunguwa, Community Guide
 Mal. Lawal Yankwashi, Community Guide
 Salisu Usman, Community Guide
 Zahairu Sale, Community Guide
 Maigari Usman, Community Guide
 Maiunguwa Rabiu Kanya, Community Guide
 Muhd Aminu, Community Guide
 Maigatari Maiunguwa, Community Guide
 Kaya Maiunguwa, Community Guide
 Bulama Muazu, Community Guide
 Bulama Hannun Giwa, Community Guide
 Bulama Mait samiya, Community Guide
 Idris Alasan, Community Guide
 Bula Haru Sani, Community Guide
 Salisu Rawai, Community Guide
 Tata Inakili, Community Guide
 Musa Alili, Community Guide
 Maigari Abdu, Community Guide
 Kawu Sule, Community Guide
 Gambo Alhaji Saidu, Community Guide
 Maigari Yanono, Community Guide
 Muhd Ibrahim, Community Guide
 Muhammad Abubakar, Community Guide
 Alh. Adam Bayero, Community Guide
 Dauda Adamu, Community Guide
 Maigari Muhd, Community Guide
 Musa Suleiman, Community Guide
 Rabiu Haruna, Community Guide
 Malam Ali, Community Guide
 Hussaini Muhd, Community Guide
 Abdullahi Hamza, Community Guide
 Musa Muhammad Zugo, Community Guide
 Muhd Zanki Haruna, Community Guide
 Musa Najabo, Community Guide
 Abuabakar Muhd Maigari, Community Guide
 Umar Muhd, Community Guide
 Balama Amadu, Community Guide
 Garba Dahiru, Community Guide
 Aliyu Sale, Community Guide
 Madubbo Garbou, Community Guide
 Ya'u Maiuguwa, Community Guide
 Alhassan Umar, Community Guide
 Muktar Abdullahi, Community Guide
 Abdmuddalib Abdulrashid, Community Guide
 Bala Aliyu Maiunguwa, Community Guide
 Jirbrin Madaki, Community Guide
 Adamu Abubakar Wakilin, Community Guide
 Ibrahim Hudu Maiunguwa, Community Guide
 Sarki Ibrahim S. Daral, Community Guide
 Yunusa Dalhatu Kodoma, Community Guide
 Adamu Da'u Sadau, Community Guide
 Hamza Maiunguwa Tokai, Community Guide
 Abdullahi Muhd Tuje, Community Guide
 Usman Usaini, Community Guide
 Maiunguwa Babannan Manzo, Community Guide
 Yakubu Usman, Community Guide
 Isa Alhaji Yusuf, Community Guide
 Musa Gandu, Community Guide
 Yusuf A. Ali, Community Guide
 Alhaji Salisu Maiunguwa, Community Guide

Hamisu Yusuf, Community Guide
 Maiunguwa Uzairu, Community Guide
 Musbahu Abdullahi, Community Guide
 Shukuranu Harisu, Community Guide
 Mainuguwa Bala Ibrahim, Community Guide
 Hamisu Yahuza Isa, Community Guide
 Maiunguwa Lafiya, Community Guide
 Abba Gwadayi, Community Guide
 Usaini Maruta, Community Guide
 Abubakar Saleh, Community Guide
 Ahmadu Usaini, Community Guide
 Mallam Yusuf, Community Guide
 Kabiru Kafinata, Community Guide
 Abubakar Muhd, Community Guide
 Sama'ila Abdulsalam, Community Guide
 Ibrahim Galadima, Community Guide
 Usman Sa'idu, Community Guide
 Abubakar Sabiu, Community Guide
 Surajo Kabiru, Community Guide
 Murtala Ibrahim, Community Guide
 Mansur Sule, Community Guide
 Bello Rabiu, Community Guide
 Sani Ahmad, Community Guide
 Mukhtar Abdullahi, Community Guide
 Abubakar Abdu, Community Guide
 Kabiru Bello, Community Guide
 Kabiru Bala, Community Guide
 Malam Habu Shanono, Community Guide
 Garba Galadima, Community Guide
 Majidadi Ibrahim, Community Guide
 Tukur Babba, Community Guide
 Habibu Mukhtar, Community Guide
 Saidu Musa, Community Guide
 Rabiu Muhammad, Community Guide
 Saminu Aliyu, Community Guide
 Malan Sani, Community Guide
 Dahiru Hamza, Community Guide
 Dini Abubakar, Community Guide
 Haruna Uba, Community Guide
 Shamsu Adamu, Community Guide
 Yazid Hassan, Community Guide
 Idris Ya'u, Community Guide
 Muhammad Zaharadden, Community Guide
 Usman Muhammad, Community Guide
 Abdulhamid, Community Guide
 Salisu Maifada, Community Guide
 Garzali Maifada, Community Guide
 Labaran Abdullahi Me Ung, Community Guide
 Hamisu Aminu Indabawa, Community Guide
 Abba Lawan Daneji, Community Guide
 Abbas Abdulkadir, Community Guide
 Abdullahi Mai Kano, Community Guide
 Saddiku Kuka, Community Guide
 Shehu Ilyasu, Community Guide
 Usaini Ibrahim, Community Guide
 Muhammad Musa, Community Guide
 Usaini Abba, Community Guide
 Ahmad Magaji, Community Guide
 Sule Abdulkadir, Community Guide
 Bashir Muhammad, Community Guide
 Ahmad Hunainu, Community Guide

Adamu Mukaddas, Community Guide
 Sani Lawan, Community Guide
 Sama'ila Abdulsalam, Community Guide
 Adamu Sulaiman, Community Guide
 Sa'idu Garba, Community Guide
 Muhammad Lawal, Community Guide
 Ibrahim Gora, Community Guide
 Musa Ibrahim, Community Guide
 Haruna Sule, Community Guide
 M. Unguwa Malan Garba, Community Guide
 Alh. Abubakar Usman, Community Guide
 Halilu Umar, Community Guide
 Malan Sani Tela, Community Guide
 Malan Abdullahi Lawan, Community Guide
 Mika Ilu Zangina Me Ung, Community Guide
 Shehu Abdussalam, Community Guide
 Ismaila Magaji, Community Guide
 Bala Danjuma, Community Guide
 Bala Me Unguwa, Community Guide
 Amadu Zakari, Community Guide
 Ado Garba, Community Guide
 Shehu Umar, Community Guide
 Datti Umar, Community Guide
 Mal Ahmadu Bala, Community Guide
 Bala Hamza, Community Guide
 Hamisu Yusheu, Community Guide
 Shitumuhd, Community Guide
 Adamu Ibrahim, Community Guide
 Haruna Abdulhamid, Community Guide
 Abdllahi Abdulmalik, Community Guide
 Yakubu Abdullahi, Community Guide
 Kabiru Many, Community Guide
 Idris Garba, Community Guide
 Shitu Dauda, Community Guide
 Musa Mansur, Community Guide
 Abubakar Rafi, Community Guide
 Bala Roka, Community Guide
 Mohammed Dutsi, Community Guide
 Umaru Kura, Community Guide
 Muhammad Dan Bukkuyum, Community Guide
 Nasiru Abubakar Mazaje, Community Guide
 Dan Amo Magaji Nasarawa, Community Guide
 Abubakar Shugaba, Community Guide
 Sabon Gari Aliyu, Community Guide
 Adamu Abdullahi, Community Guide
 Abu S/Malami, Community Guide
 Mansur Salisu, Community Guide
 Sabiu Salisu, Community Guide
 Murtala Abdullahi, Community Guide
 Magaji Aliyu, Community Guide
 Murtala Tukur, Community Guide
 Sani Maccido, Community Guide
 Sani Galadima, Community Guide
 Ibrahim Abdullahi, Community Guide
 Sani Usman Dan Ajawo, Community Guide
 Abubakar Nabuba, Community Guide
 Ashiru Ibrahim, Community Guide
 Malam Umar Waziri, Community Guide
 Malam Lawali, Community Guide
 Beelo Saidu Gura-Guri, Community Guide
 Maisallah Muhammad, Community Guide
 Bilyaminu Murtala, Community Guide
 Lawali Dangaladima, Community Guide
 Murtala Yellow, Community Guide
 Mamman Dandutsi, Community Guide
 Jamilu Bakwai, Community Guide
 Kabiru Bala, Community Guide
 Yusuf Baburde, Community Guide
 Aliyu Bawa, Community Guide
 Aliyu Buhari, Community Guide
 Daudu Galadima, Community Guide
 Sanusi Ibrahim, Community Guide
 Audu Dogari, Community Guide
 Malam Dahiru, Community Guide
 Ibrahim Rafi, Community Guide
 Muhammadu S. Fada, Community Guide
 Mustapha Madaro, Community Guide
 Abubakar Mustapha, Community Guide
 Ibahim Abdullahi, Community Guide
 Hamza Isa, Community Guide
 Abdullahi Salmanu, Community Guide
 Muhammed Bature, Community Guide
 Samaila Aliyu, Community Guide
 Nasiru Muhammad, Community Guide
 Anas Magaji, Community Guide
 Umaru Muhammad, Community Guide
 Maiunguwa Adamu, Community Guide
 Aminu Maiunguwa, Community Guide
 Sani Marafa, Community Guide
 Hameed Abdullahi, Community Guide
 Bello Umar, Community Guide
 Ibrahim Adamu, Community Guide
 Muhammad Wike, Community Guide
 Salisu Abubakar, Community Guide
 Shafiu Umar, Community Guide
 Sarkin Dogarai, Community Guide
 Magajin Gari, Community Guide
 Nura Muhammad, Community Guide
 Sufiyanu Shuaibu, Community Guide
 Shehu Idris, Community Guide
 Sani Isah, Community Guide
 Sani Ibrahim, Community Guide
 Usman Lawal Danladi, Community Guide
 Muazu Jaafar, Community Guide
 Maiunguwa Tijjani Abdullahi, Community Guide
 Dalha Rabe, Community Guide
 Zaharaddeen Abbas, Community Guide
 Dayyabu Idris, Community Guide
 Magaji Abdulrahman, Community Guide
 Danmulki Sawani, Community Guide
 Husaini Abubakar Tsamiya, Community Guide
 Nasiru Musa, Community Guide
 Aminu Dageji, Community Guide
 Maiunguwa Yankuku, Community Guide
 Hamisu Abdullahi (Babangida), Community Guide
 Salisu Tukur, Community Guide
 Maiunguwa Bala, Community Guide
 Tasiu Abdu, Community Guide
 Hon. Alhasan Abdullahi, Community Guide
 Abdulrahman Mohd, Community Guide
 Maryam Muhammed, Community Guide
 Maigari Amadu, Community Guide

Musa Maigari, Community Guide
 Maiunguwa Radi, Community Guide
 Abu Damaga, Community Guide
 Hayatu Ashiru, Community Guide
 Maiunguwa Buhari, Community Guide
 Mal Umar Mustafa, Community Guide
 Usman Badamasi, Community Guide
 Salisu Musa, Community Guide
 Maiunguwa Muhammad Saadu, Community Guide
 Murtala Umar, Community Guide
 Maiunguwa Sadi Abdu, Community Guide
 Abdu Mamman, Community Guide
 Ayuba Abdullahi, Community Guide
 Muhammadu Sani Ibrahim, Community Guide
 Kabiru Rabi, Community Guide
 Atiku, Community Guide
 Maiunguwa Musa Kyauta, Community Guide
 Yahya Gulbi, Community Guide
 Alhaji Sale Mamman, Community Guide
 Zayyana Ishaq, Community Guide
 Maiunguwa Adamu, Community Guide
 Muhammad Mustapha, Community Guide
 Maiunguwa Dawa, Community Guide
 Aminu Saidu, Community Guide
 Sani Abba, Community Guide
 Kabir Umar, Community Guide
 Bawa Na Wakili Maiunguwa, Community Guide
 Alhaji Hamza Maiunguwa, Community Guide
 Bukadi Tamawa, Community Guide
 Mal Ibrahim Sarkin Tasha, Community Guide
 Jaridu Tsuge, Community Guide
 Maigari Unguwar Gobir, Community Guide
 Lawal Yau, Community Guide
 Audu Yau, Community Guide
 Babangida Lawai, Community Guide
 Maiunguwa Lawai Salisu, Community Guide
 Shamsuddeen Abdullahi, Community Guide
 Haruna Usman, Community Guide
 Zakari Iliyasu, Community Guide
 Abubakar Lawal, Community Guide
 Sule Maiunguwa, Community Guide
 Maiunguwa Sani, Community Guide
 Maiunguwa Salisu, Community Guide
 Sadiu Unguwar Ganye, Community Guide
 Ahmad Danladi, Community Guide
 Abdulhadi Nasiru, Community Guide
 Maoungwa Aminu, Community Guide
 Maiunguwa Halilu, Community Guide
 Rabi Saadu, Community Guide
 Sadam Yusuf, Community Guide
 Nazifi Usman, Community Guide
 Aminu Ibrahim, Community Guide
 Ibrahim Sani, Community Guide
 Murtala Abdulrazak, Community Guide
 Maiunguwa Sabiu, Community Guide
 Muhammad Dayyabu, Community Guide
 Maigari Sani, Community Guide
 Musbahu Yusuf, Community Guide
 Jamilu Fararu, Community Guide
 Abu Dandare, Community Guide
 Jafaru Abbas, Community Guide
 Dan Isa Hakimi, Community Guide
 Garba Manuga Dan Auta, Community Guide
 Ibrahim Magaji, Community Guide
 Muhammadu Maiyaki, Community Guide
 Amadu Buda Hakimi, Community Guide
 Zayyanu Muhammad, Community Guide
 Nasiru Garba, Community Guide
 Garba Mai Katuru, Community Guide
 Rabi Sarkin Fada, Community Guide
 Usman Garba, Community Guide
 Alh Salihu, Community Guide
 Samaila Illo, Community Guide
 Salihu Tudu, Community Guide
 Abdullahi Jima, Community Guide
 Ishaka Ibrahim Gada, Community Guide
 Dadi Dangaladima, Community Guide
 Salihu Aliyu Sarkin Yaki, Community Guide
 Bashiru Dan Jummai, Community Guide
 Sani Anguwa, Community Guide
 Mamuda Aliyu (Mudi), Community Guide
 Muhammadu Yahaya, Community Guide
 Haruna Alhassan, Community Guide
 Abdullahi Shawaki, Community Guide
 Ibrahim Yakubu, Community Guide
 Yahaya Turaku, Community Guide
 Abdullahi Ibrahim, Community Guide
 Junaidu Abdullahi, Community Guide
 Sukeiman Abubakar Milo, Community Guide
 Gado Hashimu, Community Guide
 Kasimu Ahmed, Community Guide
 Uwaisu Adamu, Community Guide
 Garba Hakimi, Community Guide
 Umar Abdu, Community Guide
 Abubakar Maigari Zayyara, Community Guide
 Chika Wakilin Maigari, Community Guide
 Gidado Maigari, Community Guide
 Alh. Adu Gada, Community Guide
 Dogari Shamaki Yar Tsakuwa, Community Guide
 Yusuf Abubakar Kware, Community Guide
 Ismaila Muhammad, Community Guide
 Sarkin Rafin Dungguji, Community Guide
 Halilu Mamman, Community Guide
 Bashir Alkali, Community Guide
 Mallam Kabiru Abdullahi, Community Guide
 Ibrahim Danzaria, Community Guide
 Umaru Maishanu, Community Guide
 Muktari Aliyu, Community Guide
 Malami Bello Mai Karfi, Community Guide
 Bello Shehu, Community Guide
 Muhammad, Community Guide
 Kasimu Muhammad, Community Guide
 Yusuf S. Gandu, Community Guide
 Mubarak Mubi, Community Guide
 Muhammad Ronon Hakimi, Community Guide
 Bello Isa, Community Guide
 Abdullahi Maigari, Community Guide
 Dandare Taru, Community Guide
 Babangida Garba, Community Guide
 Dan Yaya Barmando, Community Guide
 Dogo Maidawa Sankira, Community Guide
 Umaru Mode, Community Guide

Musa Bello, Community Guide
 Abubakar Magani Mai Dange, Community Guide
 Yusuf Ibrahim, Community Guide
 Umaru Muhammadu, Community Guide
 Suleiman Aliyu, Community Guide
 Muhamadu Rafi, Community Guide
 Mallam Hassan, Community Guide
 Hamisu Aliyu, Community Guide
 Umaru Magaji, Community Guide
 Nura Umar, Community Guide
 Sulaiman Abubakar Dikko Dan Dauda, Community Guide
 Ali Maikifi, Community Guide
 Shehu Dangara, Community Guide
 Abubakar Sahabi, Community Guide
 Bello Maigari Tudu, Community Guide
 Shehu Garba, Community Guide
 Nasiru Dodo, Community Guide
 Haliru Sarki/Hali Kwardo, Community Guide
 Mustapha Bunu, Community Guide
 Magaji Bazai, Community Guide
 Hamidu, Community Guide
 Kaka Hakimi, Community Guide
 Livinus Timothy, Community Guide
 Bisi, Community Guide
 Bawa Kaduna, Community Guide
 Ezekiel, Community Guide
 Pius Kazah, Community Guide
 Jeffrey Ashu, Community Guide
 Nuhu Bako, Community Guide
 Irimiya Nuhu, Community Guide
 Lucious Emmanuel, Community Guide
 Banbaki James, Community Guide
 Sunday Peter, Community Guide
 Joshua Dandoka, Community Guide
 Caleb Danjuma, Community Guide
 Simon, Community Guide
 Isa Abdullahi, Community Guide
 Caleb, Community Guide
 Mai Angwa Bala Ango, Community Guide
 Ishaku Tanko, Community Guide
 Sani Yahaya, Community Guide
 Shehu Abdullahi, Community Guide
 Rayyanu, Community Guide
 Muhammed Mugatakarda, Community Guide
 Rabiu, Community Guide
 Genesis Yakubu, Community Guide
 Mr. John, Community Guide
 Alh. Yahaya, Community Guide
 Yahaya John, Community Guide
 Bakariya Sagir, Community Guide
 Mai Ungwa Nura Wata, Community Guide
 Yusuf Bawa, Community Guide
 Hassan Umar, Community Guide
 Baban Audi, Community Guide
 Ahmed Aliyu, Community Guide
 Usman Abdullahi, Community Guide
 Mai Ugwa Abubakar Muhammed, Community Guide
 Muhammed Auwal Adamu, Community Guide
 Aliyu Bello Zuata, Community Guide
 Idris Tahir, Community Guide
 Mai Ungwa Ayuba, Community Guide

Annas Zubairu, Community Guide
 Dalhatu Saidu Sarki, Community Guide
 Emmanuel Ogbole, Community Guide
 Haruna Hussaini D/Wai, Community Guide
 Ungwan Idi, Community Guide
 Zulyadani Alkasim, Community Guide
 Elisha Lawal, Community Guide
 Mai Angwa Shehu Samaidi, Community Guide
 Abubakar Abbas, Community Guide
 Mai Angwan Danjume, Community Guide
 Sa'adu Garba, Community Guide
 Munkaila Adamu, Community Guide
 Aliyu Audu, Community Guide
 Abubakar Yusuf, Community Guide
 Suleiman Abdullahi, Community Guide
 Mukkaila Adamu (Omo), Community Guide
 Jude Mayira, Community Guide
 Rabiu Inwura, Community Guide
 Shuaibu Tanimu, Community Guide
 Mallam Ibrahim Abdulkadir, Community Guide
 Musa Idris Ibrahim, Community Guide
 Murtala Adamu, Community Guide
 Ibrahim Chairman, Community Guide
 Saidu Abdulkarim, Community Guide
 Rabui Mohammed Taj, Community Guide
 Saidu Abdulkarim, Community Guide
 Silas Samaila, Community Guide
 Rabo Sarki, Community Guide
 Sarki Abdulhamid, Community Guide
 Abdul Ibada, Community Guide
 Daniel Danjuma, Community Guide
 Charlse, Community Guide
 Josiah Gwara, Community Guide
 Elisha Abba, Community Guide
 John Akawu, Community Guide
 Yahuza Aliyu Kakangi, Community Guide
 Hakim Adamu, Community Guide
 Christopher Sale, Community Guide
 Lawal Umar, Community Guide
 Michael Kunama, Community Guide
 Daniel Dudu Audu, Community Guide

Laboratory Management

Alash'le Abimiku, Director of Lab Management
 Julius Manjengwa, Senior Lab Technical Advisor
 Brian Asiimwe, Senior Lab Technical Advisor
 Wessen Nega, Senior Lab Technical Advisor
 Isiramen Olajide, Lab Technical Advisor
 Moses Njoku, Lab Technical Advisor
 Augustine Onyeaghala, Lab Technical Advisor
 Aliyu Daneji, Lab Technical Advisor
 Christopher Ifeanyi Chime, Program Manager, Central Lab
 Omotsefe Tessy Aluyi, Program Officer, Lab
 Geoffrey Azi Yusuf, Program Officer, Lab
 Onyema Nwalegu, Program Officer, Lab
 Nididi Agala, Senior Program Officer, Biorepository Lab
 Michael Ajigo, Lab Officer, Biorepository Lab
 Oyebanjo Akin, Lab Officer, Biorepository Lab
 Egbenoma Andrew Agboeghian, Lab Officer, Biorepository Lab
 Chinwe Offorka, Lab Officer, Biorepository Lab
 Martha Tonga, Lab Officer, Biorepository Lab

Onokevbagbe Edewede, Lab Support HQ Staff
Egbulefu Isaac, Lab Support HQ Staff

North Central Zone

Chidi Ihesiaba, Zonal Lab Coordinator
Emily Meshack, Sub-zonal Coordinator

North East Zone

Musa Akusuk, Zonal Lab Coordinator
Rita Wakili, Sub-zonal Coordinator

North West Zone

Mikhail Abubakar, Zonal Lab Coordinator
Abubakar Y. Koki, Sub-zonal Coordinator

South East Zone

Sylvester Ojuigo, Zonal Lab Coordinator
Immaculata Okoechya, Sub-zonal Coordinator

South South Zone

Ogboi Sonny Johnbull, Zonal Lab Coordinator
Promise Eneze, Sub-zonal Coordinator

South West Zone

Jenrola Olarewaju Idris, Zonal Lab Coordinator
Shafiu Gumel, Sub-zonal Coordinator

Satellite Lab Specialists

Tinja Bukar, Satellite Lab Specialist
Babagana Mohammed Aji, Satellite Lab Specialist
Ukwen Riyebande Riken, Satellite Lab Specialist
David Elija, Satellite Lab Specialist
Natty Gilber, Satellite Lab Specialist
Lynn Maori, Satellite Lab Specialist
Usman Sadiu, Satellite Lab Specialist
Obedi Tibi, Satellite Lab Specialist
Muhammed Musa, Satellite Lab Specialist
Lubabaty A. Yusuf, Satellite Lab Specialist
Ayuba Haruna Mallah, Satellite Lab Specialist
Florence Ezekiel Pwana, Satellite Lab Specialist
Tima Chida Male, Satellite Lab Specialist
Christopher Rimamnyang M., Satellite Lab Specialist
Mohammed Nuhu, Satellite Lab Specialist
Sunday Liman Irmiya, Satellite Lab Specialist
Fatima Alhaji Ajiya, Satellite Lab Specialist
Zara Alkali Mustapha, Satellite Lab Specialist
Glory Didam, Satellite Lab Specialist
Mohammed Yahaya, Satellite Lab Specialist
Aminu Minjibir Ibrahim, Satellite Lab Specialist
Nasiru Tijjani Zubbairu, Satellite Lab Specialist
Mansur Aminu, Satellite Lab Specialist
Hajia Amina Ibrahim, Satellite Lab Specialist
Amos Tonak, Satellite Lab Specialist
Abubakar Babangida Usman, Satellite Lab Specialist
Ibrahim Muhammad Kamilu, Satellite Lab Specialist
Yahaya Ayuba, Satellite Lab Specialist
Mohammed Kabir, Satellite Lab Specialist
Badamasi Musa, Satellite Lab Specialist
Nasiru Magaji Sadiq, Satellite Lab Specialist
Bala Auna Isah, Satellite Lab Specialist
Ahmed Habibu Badawi, Satellite Lab Specialist
Ibrahim Muhammed Hassan, Satellite Lab Specialist
Fatima Baba Suye, Satellite Lab Specialist
Abdulrazak Dabjuma, Satellite Lab Specialist
Veronica Umoh, Satellite Lab Specialist
Kufreabasi Isaac, Satellite Lab Specialist
Idongesit Udoh, Satellite Lab Specialist

Thomas Odey Jeremiah, Satellite Lab Specialist
Thompson Ejuba, Satellite Lab Specialist
Eseoghenamaro Jarikre, Satellite Lab Specialist
Onuwa Ushiadi, Satellite Lab Specialist
Henry Ugbor, Satellite Lab Specialist
Ernest Igbinovia, Satellite Lab Specialist
Valentine Ikalumhe, Satellite Lab Specialist
Loveday Zeebdee, Satellite Lab Specialist
Brown Princewill Emmanuel, Satellite Lab Specialist
Andy-Nwokocha Mary, Satellite Lab Specialist
Goodness Omu, Satellite Lab Specialist
Kelechi Uzoma, Satellite Lab Specialist
Lorine Daniel Ogheneke, Satellite Lab Specialist
Chidera Florence Eke, Satellite Lab Specialist
Elendu Kalu Eke, Satellite Lab Specialist
Blessing Okezie, Satellite Lab Specialist
Ikeliowu John, Satellite Lab Specialist
Queenet Okeke, Satellite Lab Specialist
Thomas Mbam, Satellite Lab Specialist
Ikechukwu Ukeni, Satellite Lab Specialist
Chima P. Chima, Satellite Lab Specialist
Nkechi Umeh, Satellite Lab Specialist
Ijeoma Assumpta Onyinbo, Satellite Lab Specialist
Adaeze Ikeru, Satellite Lab Specialist
Sabastine Chigozie Nwafor, Satellite Lab Specialist
Victor Oma, Satellite Lab Specialist
Joy Agu, Satellite Lab Specialist
Ezeike Ogbu Michael, Satellite Lab Specialist
Nri-Ezedi Chukwuebuka C., Satellite Lab Specialist
Ejiofor Agbo, Satellite Lab Specialist
Are Olawaremi, Satellite Lab Specialist
Egwumah Christian, Satellite Lab Specialist
John Atizi, Satellite Lab Specialist
Grace Adachi, Satellite Lab Specialist
Regina Aluku, Satellite Lab Specialist
Princess Young, Satellite Lab Specialist
Orji Chiamaka Chisolyle, Satellite Lab Specialist
Onyinye Joe Alago, Satellite Lab Specialist
Stephen Anawo, Satellite Lab Specialist
Gabriel Bolaji, Satellite Lab Specialist
Stephen Davou, Satellite Lab Specialist
Aniobi Frances Chinelo, Satellite Lab Specialist
Elizabeth Duile, Satellite Lab Specialist
Florence Roland, Satellite Lab Specialist
Nwaiwu Chioma, Satellite Lab Specialist
Iyke Adebisi, Satellite Lab Specialist
Izegbe Chukwunoso, Satellite Lab Specialist
Muyiwa Olaiya, Satellite Lab Specialist
Kelechi Uzoma Ibezim, Satellite Lab Specialist
Yinka Akinfenwa, Satellite Lab Specialist
Olusegun Ayinla Fasina, Satellite Lab Specialist
Faderera Ogunoye, Satellite Lab Specialist
Peter Olowoniyi, Satellite Lab Specialist
Oluwaseyi Bamisaye, Satellite Lab Specialist
Julius Ademoyegan, Satellite Lab Specialist
Adetunji Alao, Satellite Lab Specialist
Samuel Olalere Obadire, Satellite Lab Specialist
Afeez Rasheed, Satellite Lab Specialist
Olarinde Olaide, Satellite Lab Specialist
Folake Abiodun, Satellite Lab Specialist
Oluwafemi Omokayode, Satellite Lab Specialist

Bamidele Fatade, Satellite Lab Specialist
 Opeyemi Laluwoye, Satellite Lab Specialist
 Opeyemi Ojo, Satellite Lab Specialist
 Roseline Anerunoye, Satellite Lab Specialist
 Emmanuel Olawale Ogunmola, Satellite Lab Specialist
 Ojokuku Hammed, Satellite Lab Specialist
 Adeyeye Adetunji Tam, Satellite Lab Specialist
 Similoluwa Afolabi, Satellite Lab Specialist
 Shande Thomas, Lab Focal Person
 Eikojonwa Jibrin Alabila, Lab Focal Person
 Enokela Moses Omene, Lab Focal Person
 Ahaneku Anthony I. Osuji, Lab Focal Person
 Alao Oluwasina Ezekiel, Lab Focal Person
 Mrs. Mbah Nwando, Lab Focal Person
 Yusuf Paul Omolori, Lab Focal Person
 Iduh Jeremiah Adama, Lab Focal Person
 Baba Abraham Ajoru, Lab Focal Person
 Alamu Abimbola Rukayat, Lab Focal Person
 Ishaq Zainab Nosu, Lab Focal Person
 Loyede Bidemi Terasar, Lab Focal Person
 Etosu Ogoh Stephen, Lab Focal Person
 Kelechi Ibezim, Lab Focal Person
 Maga Ishaya Ayuba, Lab Focal Person
 Mohammed Kudu Shehu, Lab Focal Person
 Major Khanu, Lab Focal Person
 Aliyu Alhassan, Lab Focal Person
 Rindap NimzeJohn, Lab Focal Person
 Timothy Nuhu Pam, Lab Focal Person
 AjalaEse, Lab Focal Person
 Nayingi Kefas, Lab Focal Person
 Chris Lawrence, Lab Focal Person
 Pwakutti Theodore, Lab Focal Person
 Denis Wayagoron, Lab Focal Person
 Yusuf Abdul, Lab Focal Person
 Abubakar Sarafa, Lab Focal Person
 Wo Kadala Reuben/Kevin Ajayi, Lab Focal Person
 Manu Abubakar Dauda, Lab Focal Person
 Dibal Arhyel Wandali, Lab Focal Person
 Luka Joseph, Lab Focal Person
 Famoriyo Lateef, Lab Focal Person
 Godwin Nwep, Lab Focal Person
 UsmanAdbdulrasheed, Lab Focal Person
 Stephen Funam, Lab Focal Person
 Modu Aji Kolo, Lab Focal Person
 Mohammed Yasidi, Lab Focal Person
 Ado Mohammed Salisu, Lab Focal Person
 Sulaiman Abdulkadir Saeed, Lab Focal Person
 Mohammed Tukur Abubakar, Lab Focal Person
 Bayei Kezaih D.J., Lab Focal Person
 Sadiya H. Umar, Lab Focal Person
 Haruna Abdullahi Dauda, Lab Focal Person
 Samuel Onyekwere, Lab Focal Person
 Iro Mamman Kkr, Lab Focal Person
 Babangida Samuel, Lab Focal Person
 Kabiru Haruna Yeldu, Lab Focal Person
 Ene Martina Onyilo, Lab Focal Person
 Nura Altine, Lab Focal Person
 Sani Y. Mohammed, Lab Focal Person
 Muhammad Alto Abubakar, Lab Focal Person
 Usman Aliyu Turaki, Lab Focal Person

Sulaiman Ahmad, Lab Focal Person
 Aminu Shehu, Lab Focal Person
 Frederick Okosun, Lab Focal Person
 Yarima Aliyu Ibrahim, Lab Focal Person
 David Chioma Blessing, Lab Focal Person
 Ulu Okechukwu, Lab Focal Person
 Onyekonwu Vivian, Lab Focal Person
 Chioma Opara, Lab Focal Person
 Elder Dr. Dan Onyia, Lab Focal Person
 Idam Frederick, Lab Focal Person
 Onwuka Kalu Chima, Lab Focal Person
 Emmanuel Ngwu, Lab Focal Person
 Ohanaka Juliana Chinyere, Lab Focal Person
 Nsonwu Cajetan Chibuike, Lab Focal Person
 Mr. Ederi Aginaye Solomon, Lab Focal Person
 Mrs. Ebasi Nneka Nwokorie, Lab Focal Person
 Mr. Amang Richard, Lab Focal Person
 Mr. Wilson Omang, Lab Focal Person
 Ogban Ibor Eni, Lab Focal Person
 Ukwamedua Henry, Lab Focal Person
 Nze Ikechukwu Francis, Lab Focal Person
 Mr. Francis Omuera, Lab Focal Person
 Mrs. Evelyn Okorie, Lab Focal Person
 John-Wuzuigwe Roseline, Lab Focal Person
 Mr. John Alwell, Lab Focal Person
 Dr. Friday Ido, Lab Focal Person
 Mrs. UmohBenedict Christiana, Lab Focal Person
 Mrs. Tolu Fafure Benson, Lab Focal Person
 Idowu Adenike Adebimpe, Lab Focal Person
 Yusuf Rafiu Adekunle, Lab Focal Person
 Peter Mauton, Lab Focal Person
 Ibikunle Margaret Olufemi, Lab Focal Person
 Mrs. Oke A.O., Lab Focal Person
 Akintaju Felix, Lab Focal Person
 Mrs. Adesola Alawode, Lab Focal Person
 Mrs. Ogunbiyi M.A., Lab Focal Person
 Mr. Ajayi Olalekan, Lab Focal Person
 Mr. Esan Olubunmi E., Lab Focal Person
 Mrs. Kolawole Lydia Iyabo, Lab Focal Person
 Mrs. Onayade Temitope, Lab Focal Person
 Mr. Niyi Raheem, Lab Focal Person
 Mr. Adetona Atiba, Lab Focal Person
 Major Abidoeye Yetunde, Lab Focal Person

APPENDIX E HOUSEHOLD QUESTIONNAIRE

NIGERIA AIDS INDICATOR AND IMPACT SURVEY (NAIS) HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION (1)																					
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																				
NAME OF HOUSEHOLD HEAD _____																					
ENUMERATION AREA 																					
HOUSEHOLD NUMBER																					
PEDIATRIC HOUSEHOLD (1=YES, 2=NO)																					

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
INTERVIEWER NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
NEXT VISIT: DATE	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
TIME	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
TOTAL NUMBER OF VISITS				<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(SPECIFY)</div>				TOTAL ELIGIBLE MEN (ADULTS AND MATURE MINORS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
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				TOTAL ELIGIBLE CHILDREN (6 TO 14 YEARS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								
				TOTAL CHILDREN (0 MONTHS TO 5 YEARS) <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								

NAME AND ID OF SUPERVISOR				
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				

MODULE 0: HEAD OF HOUSEHOLD ELIGIBILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
H1A	IS [NAME] AGED 18 YEARS OR OLDER? HOUSEHOLD HEAD MUST BE 18 YEARS OF OLDER, OR MUST BE AN EMANCIPATED MINOR AGE 15-17 YEARS.	YES 1 NO 2	→ H2
H1B	IS [NAME] AGED 15 YEARS OR OLDER?	YES 1 NO 2	INELIGIBLE → END INT.
H1C	IS [NAME] AN EMANCIPATED MINOR? AN EMANCIPATED MINOR IS 15-17 YEARS OF AGE WHO IS MARRIED, OR PREGNANT, OR A PARENT, OR HEAD OF THE HOUSEHOLD.	YES 1 NO 2	INELIGIBLE → END INT.
H2	DOES [NAME] HAVE A HEARING DISABILITY? OBSERVE IF THE PARTICIPANT HAS DIFFICULTY ENGAGING IN CONVERSATIONS.	YES 1 NO 2	→ H4
H3	CAN THE SURVEY TEAM ACCOMMODATE HEARING DISABILITY OF [NAME]?	YES 1 NO 2	INELIGIBLE → END INT.
H4	CAN SURVEY BE CONDUCTED IN A LANGUAGE [NAME] SPEAKS?	YES 1 NO 2	INELIGIBLE → END INT.
H5	DOES [NAME] HAVE A VISUAL IMPAIRMENT?	YES 1 NO 2	→ H8
H6	ASK [NAME] TO READ THE TEXT BELOW. Purpose of Survey: This survey will help us know how many people in Nigeria are at risk for getting HIV, have HIV and need health services. Your taking part will help the Federal Ministry of Health make health services better in Nigeria.		
H7	WAS [NAME] ABLE TO READ THE TEXT WITHOUT MUCH PROBLEM?	YES 1 NO 2	→ H9
H8	IS [NAME] ABLE TO IDENTIFY A WITNESS?	YES 1 NO 2	INELIGIBLE → END INT.
H9	IS [NAME] COGNITIVELY ABLE TO CONSENT? DOES THE RESPONDENT UNDERSTAND THE TEXT HE/SHE HAS READ?	YES 1 NO 2	→ H10 INELIGIBLE → END INT.
H10	PROCEED TO ASK THE INFORMED CONSENT FOR THE HOUSEHOLD SURVEY.		

HOUSEHOLD SCHEDULE

IF AGE 0-17 YEARS

IF AGE 14-17 YEARS

IF RESPONDENT IS MALE AND 18 YEARS OR OLDER, OR MATURE MINOR (SEE COLUMN 7)

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE	AGE	ORPHAN STATUS/PARENT OR GUARDIAN										FOR ALL HOUSE-MEMBER S	WIVES AND CO-HABITATING PARTNERS								
						MATURE MINOR STATUS, IF AGE IS 15-17 YEARS	Is (NAME) a natural mother?	Does (NAME) usually live in this household with the guest?	Does (NAME) have a female guardian?	Does (NAME) usually live in this household or was she a guest last night?	Is (NAME)'s natural father alive?	Does (NAME) usually live in this household or was she a guest last night?	Does (NAME) usually live in this household or was she a guest last night?	Does (NAME) usually live in this household or was she a guest last night?	Does (NAME) usually live in this household or was she a guest last night?		Does (NAME) usually live in this household or was she a guest last night?	Does (NAME) usually live in this household or was she a guest last night?	Does (NAME) usually live in this household or was she a guest last night?	Does (NAME) usually live in this household or was she a guest last night?	Does (NAME) usually live in this household or was she a guest last night?				
1	2	3	4	5	6	7	8	9	10	10a	11	11a	12	12a	13	13a	14	15	16	16a	16b	16c	16d		

CODES FOR Q. 3 RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) List to make sure that I have a complete listing: are there any other persons such as small children or infants that we have not listed?
 YES ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
 YES ADD TO TABLE NO

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?
 YES ADD TO TABLE NO

01 = HEAD
 02 = WIFE OR HUSBAND OR PARTNER
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = NIECE OR NEPHEW
 11 = CO-WIFE
 12 = OTHER RELATIVE
 13 = ADOPTED OR FOSTER OR STEPCHILD
 14 = NOT RELATED
 98 = DONT KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MATURE MINOR STATUS, IF AGE IS 15-17 YEARS	ORPHAN STATUS/PARENT OR GUARDIAN													IF AGE 6-14 YEARS	FOR ALL HOUSE-MEMBER S	IF RESPONDENT IS MALE AND 14 YEARS OR OLDER, OR MATURE MINOR (SEE COLUMN 7)			
				5	6			9	10	10a	11	11a	12	12a	13	13a	14	15	16	16a			16b	16c	16d	
1	Please give me the first names of the persons who usually live in your household or guests of the household who stayed here last night, starting with the head of the household. A person who usually lives in your household is someone who regularly consumes or contributes to food and other shared household resources. SEE CODES BELOW. CIRCLE "1" FOR AGE IN YEARS; OR MORE, 17 YEARS 95 OR MORE, 17 YEARS 95 OR AGE OF AGE MARRIED OR AGE MARRIED REGANANT OR HAS CHILDREN, OR IS NO LONGER UNDER THE CARE OF A PARENT/ A GUARDIAN 2 = MONTH	What is the relationship of (NAME) to the head of the household?	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	Is (NAME) a mature minor?	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?	Does (NAME) have a female guardian?	Does (NAME)'s natural father usually live in this household or was she a guest last night?	Does (NAME)'s natural father usually live in this household or was he a guest last night?	Does (NAME) have a male guardian or was he a guest last night?	Does (NAME)'s male guardian usually live in this household or was he a guest last night?	RECORD LINE NUMBER OF PARENT/ GUARDIAN WHO WILL FILL OUT CHILDREN'S SCHEDULE FOR (NAME)	CHECK IF (NAME) ELIGIBLE FOR SURVEY?	Does (NAME) have a wife or co-habiting partner who usually lives in this household or was a guest last night?	Please give me the name of (NAME)'s wife/partner.	Does (NAME) have any other wife or co-habiting partner who usually lives in this household or was a guest last night?	Does (NAME) have any other wife or co-habiting partner who usually lives in this household or was a guest last night?	Does (NAME) have any other wife or co-habiting partner who usually lives in this household or was a guest last night?					
11	AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP TO EACH PERSON, ASK Q5, 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-16D FOR EACH PERSON.		M F	Y N	Y N	1 2	Y N DK	Y N DK	GO TO 11	GO TO 11	GO TO 13	GO TO 13	GO TO 14	GO TO 14	IF YES, RECORD FATHERS' LINE NUMBER, SMP TO 14. IF NO, RECORD '00' IF NATURAL FATHER NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
12			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD MALE GUARDIAN'S LINE NUMBER. IF NO, RECORD '00' IF MALE GUARDIAN NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
13			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD FATHERS' LINE NUMBER, SMP TO 14. IF NO, RECORD '00' IF NATURAL FATHER NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
14			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD MALE GUARDIAN'S LINE NUMBER. IF NO, RECORD '00' IF MALE GUARDIAN NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
15			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD MALE GUARDIAN'S LINE NUMBER. IF NO, RECORD '00' IF MALE GUARDIAN NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
16			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD MALE GUARDIAN'S LINE NUMBER. IF NO, RECORD '00' IF MALE GUARDIAN NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
17			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD MALE GUARDIAN'S LINE NUMBER. IF NO, RECORD '00' IF MALE GUARDIAN NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
18			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD MALE GUARDIAN'S LINE NUMBER. IF NO, RECORD '00' IF MALE GUARDIAN NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
19			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD MALE GUARDIAN'S LINE NUMBER. IF NO, RECORD '00' IF MALE GUARDIAN NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					
20			1 2	1 2	1 2	1 2	1 2 3	1 2	GO TO 11	GO TO 12	GO TO 13	GO TO 14	GO TO 14	GO TO 14	IF YES, RECORD MALE GUARDIAN'S LINE NUMBER. IF NO, RECORD '00' IF MALE GUARDIAN NOT IN HOUSEHOLD	1 2	1 2	GO TO NEXT	GO TO NEXT	GO TO NEXT	GO TO NEXT					

2A) Just to make sure that I have a complete listing, are there any other persons such as small children or infants that we have not listed?
 YES ADD TO TABLE NO

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?
 YES ADD TO TABLE NO

2C) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here, but who stayed there last night, who have not been listed?
 YES ADD TO TABLE NO

CODES FOR Q. 3. RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
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 05 = GRANDCHILD
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 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = NIECE OR NEPHEW
 10 = CO-WIFE
 11 = OTHER RELATIVE
 12 = ADOPTED OR FOSTER OR STEPCHILD
 13 = ADOPTED OR FOSTER OR STEPCHILD
 14 = AUNT, UNCLE, Nephew, Niece, or other relative
 15 = BORN IN-LAW

HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	What is the main source of drinking water for members of your household?	<p>PIPED WATER</p> <p>PIPED INTO DWELLING 11</p> <p>PIPED TO YARD/PLOT 12</p> <p>PUBLIC TAP/STANDPIPE 13</p> <p>PIPED TO NEIGHBOR 14</p> <p>TUBE WELL OR BOREHOLE 21</p> <p>DUG WELL</p> <p>PROTECTED WELL 31</p> <p>UNPROTECTED WELL 32</p> <p>WATER FROM SPRING</p> <p>PROTECTED SPRING 41</p> <p>UNPROTECTED SPRING 42</p> <p>RAINWATER 51</p> <p>TANKER TRUCK 61</p> <p>CART WITH SMALL TANK/JERRY CAN/CARTLESS VENDOR 71</p> <p>SURFACE WATER (RIVER/DAM/ LAKE/POND/STREAM/CANAL/ IRRIGATION CHANNEL) 81</p> <p>BOTTLED WATER/DISPENSER WATER 91</p> <p>SACHET (PURE) WATER 92</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	<p>→ 101B</p>
101A	Where is the water source located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	
101B	Do you do anything to the water to make it safer to drink?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	<p>→ 103</p>
102	<p>What do you usually do to make the water safer to drink?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED</p>	<p>BOIL A</p> <p>USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC) B</p> <p>SEDIMENTATION (LET IT STAND AND SETTLE) C</p> <p>DISINFECTION (WATERGUARD, BLEACH, CHLORINE) D</p> <p>STRAIN THROUGH A CLOTH E</p> <p>ALUM F</p> <p>SOLAR DISINFECTION G</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Y</p> <p>REFUSED Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																						
103	What kind of toilet facility do members of your household usually use?	<p>FLUSH OR POUR FLUSH TOILET</p> <p>FLUSH TO PIPED SEWER SYSTEM 11</p> <p>FLUSH TO SEPTIC TANK 12</p> <p>FLUSH TO PIT LATRINE 13</p> <p>FLUSH TO SOMEWHERE ELSE ... 14</p> <p>FLUSH, DON'T KNOW WHERE 15</p> <p>PIT LATRINE</p> <p>VENTILATED IMPROVED</p> <p>PIT LATRINE (VIP)..... 21</p> <p>PIT LATRINE WITH SLAB 22</p> <p>PIT LATRINE WITHOUT SLAB/ OPEN PIT 23</p> <p>COMPOSTING TOILET 31</p> <p>BUCKET TOILET 41</p> <p>HANGING TOILET/HANGING LATRINE .. 51</p> <p>NO FACILITY/BUSH/FIELD 61</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>	→ 105																						
104	Do you share this toilet facility with other households?	<p>YES 1</p> <p>NO 2</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>REFUSED 9</p>	→ 104B																						
104A	Including your own household, how many households use this toilet facility?	<p>NO. OF HOUSEHOLDS IF LESS THAN 10 <input type="text"/> <input type="text"/></p> <p>10 OR MORE HOUSEHOLDS 95</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p>																							
104B	Where is this toilet facility located?	<p>IN OWN DWELLING 1</p> <p>IN OWN YARD/PLOT 2</p> <p>ELSEWHERE 3</p>																							
105	Does your household have:	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> <th>R</th> </tr> </thead> <tbody> <tr><td>a) ELECTRICITY 1 2 8 9</td></tr> <tr><td>b) NATIONAL GRID 1 2 8 9</td></tr> <tr><td>c) SOLAR OR INVERTER 1 2 8 9</td></tr> <tr><td>d) RADIO 1 2 8 9</td></tr> <tr><td>e) TELEVISION 1 2 8 9</td></tr> <tr><td>f) NON-MOBILE PHONE 1 2 8 9</td></tr> <tr><td>g) COMPUTER 1 2 8 9</td></tr> <tr><td>h) REFRIGERATOR 1 2 8 9</td></tr> <tr><td>i) TABLE 1 2 8 9</td></tr> <tr><td>j) CHAIR 1 2 8 9</td></tr> <tr><td>k) BED 1 2 8 9</td></tr> <tr><td>l) SOFA 1 2 8 9</td></tr> <tr><td>m) CUPBOARD 1 2 8 9</td></tr> <tr><td>n) AIR CONDITIONER ... 1 2 8 9</td></tr> <tr><td>o) ELECTRIC IRON 1 2 8 9</td></tr> <tr><td>p) GENERATOR 1 2 8 9</td></tr> <tr><td>q) FAN 1 2 8 9</td></tr> </tbody> </table>		Y	N	DK	R	a) ELECTRICITY 1 2 8 9	b) NATIONAL GRID 1 2 8 9	c) SOLAR OR INVERTER 1 2 8 9	d) RADIO 1 2 8 9	e) TELEVISION 1 2 8 9	f) NON-MOBILE PHONE 1 2 8 9	g) COMPUTER 1 2 8 9	h) REFRIGERATOR 1 2 8 9	i) TABLE 1 2 8 9	j) CHAIR 1 2 8 9	k) BED 1 2 8 9	l) SOFA 1 2 8 9	m) CUPBOARD 1 2 8 9	n) AIR CONDITIONER ... 1 2 8 9	o) ELECTRIC IRON 1 2 8 9	p) GENERATOR 1 2 8 9	q) FAN 1 2 8 9	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LIQUID PROPANE GAS 02 NATURAL GAS 03 BIOGAS 04 PARAFFIN/KEROSENE 05 COAL, LIGNITE 06 CHARCOAL FROM WOOD 07 FIREWOOD 08 STRAW/SHRUBS/GRASS 09 ANIMAL DUNG 10 NO FOOD COOKED IN THE HOUSEHOLD 95 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
FOR QUESTIONS 107-109, OBSERVE, DO NOT ASK.			
107	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 DUNG 12 RUDIMENTARY FLOOR WOOD PLANKS 21 BAMBOO SLATS 22 FINISHED FLOOR PARQUET OR POLISHED WOOD ... 31 VINYL OR ASPHALT STRIPS 32 CERAMIC TILES 33 CEMENT 34 CARPET/RUG 35 TERAZZO 36 OTHER _____ 96 (SPECIFY)	
108	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NO ROOF 11 NATURAL ROOFING THATCH/PALM LEAF(CIYAWA) 12 MUD 13 RUDIMENTARY ROOFING WOOD PLANKS 21 CARDBOARD 22 FINISHED ROOFING METAL/ZINC 32 WOOD 33 CALAMINE/CEMENT FIBER 34 CERAMIC TILES 35 CEMENT/CONCRETE 36 ROOFING SHINGLES 37 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																		
109	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	NO WALLS 11 NATURAL WALLS DIRT 12 CANE/PALM/TREE TRUNKS 13 BAMBOO WITH MUD 14 STONE WITH MUD 15 MUD 16 RUDIMENTARY WALLS CARDBOARD 21 REUSED WOOD 22 PLYWOOD 23 UNBAKED BRICKS 24 CARTON 25 FINISHED WALLS WOOD PLANKS/SHINGLES 31 UNBAKED BRICKS COVERED 32 WITH PLASTER 33 BRICKS 34 CEMENT BLOCKS 35 CEMENT 36 STONE WITH LIME/CEMENT 37 OTHER _____ 96 (SPECIFY)																																																			
110	How many rooms in this household are used for sleeping?	ROOMS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99																																																			
111	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER _____ 6 (SPECIFY)	} → 113																																																		
112	Do you have a separate room which is used as a kitchen?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9																																																			
113	Does any member of this household own: a) A watch? b) A mobile phone? c) A bicycle? d) A motorcycle or motor scooter? e) An animal-drawn cart? f) A car or truck? g) A boat with a motor? h) A canoe? i) A Keke Napep?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> <th>R</th> </tr> </thead> <tbody> <tr> <td>a) WATCH</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>b) MOBILE PHONE</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>c) BICYCLE</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>d) M-CYCLE/SCOOTER</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>e) ANIMAL-DRAWN CART</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>f) CAR/TRUCK</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>g) BOAT WITH MOTOR</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>h) CANOE</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> <tr> <td>i) KEKE - NAPEP</td> <td>1</td> <td>2</td> <td>8</td> <td>9</td> </tr> </tbody> </table>		Y	N	DK	R	a) WATCH	1	2	8	9	b) MOBILE PHONE	1	2	8	9	c) BICYCLE	1	2	8	9	d) M-CYCLE/SCOOTER	1	2	8	9	e) ANIMAL-DRAWN CART	1	2	8	9	f) CAR/TRUCK	1	2	8	9	g) BOAT WITH MOTOR	1	2	8	9	h) CANOE	1	2	8	9	i) KEKE - NAPEP	1	2	8	9	
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i) KEKE - NAPEP	1	2	8	9																																																	
114	Does any member of this household have a bank account?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9																																																			
115	Does this household own any livestock, herds, other farm animals, camels, or poultry?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} → 117																																																		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	<p>How many of the following animals does this household own? IF NONE, RECORD '00'. IF 95 OR MORE, RECORD '95'. IF UNKNOWN, RECORD '98'.</p> <p>a) Milk cows or bulls? b) Other cattle? c) Horses, donkeys, or mules? d) Goats? e) Sheep? f) Chicken or other poultry such as ducks? g) Pigs? h) Camels? i) Dogs? j) Other? SPECIFY: _____</p>	<p>a) COWS/BULLS <input type="text"/> <input type="text"/></p> <p>b) OTHER CATTLE <input type="text"/> <input type="text"/></p> <p>c) HORSES/DONKEYS/MULES <input type="text"/> <input type="text"/></p> <p>d) GOATS <input type="text"/> <input type="text"/></p> <p>e) SHEEP <input type="text"/> <input type="text"/></p> <p>f) CHICKENS/POULTRY <input type="text"/> <input type="text"/></p> <p>g) PIGS <input type="text"/> <input type="text"/></p> <p>h) CAMELS <input type="text"/> <input type="text"/></p> <p>i) DOGS <input type="text"/> <input type="text"/></p> <p>j) OTHER <input type="text"/> <input type="text"/></p>	
117	<p>Does any member of this household own any agricultural land?</p>	<p>YES 1 NO 2 DON'T KNOW 8 REFUSED 9</p>	<p>→ 119</p>
118	<p>How many plot/acres/hectares of agricultural land do members of this household own?</p>	<p>PLOT 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ACRES 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>HECTARES 3 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>95 OR MORE UNITS 9995 DON'T KNOW 9998 REFUSED 9999</p>	
119	<p>Does your household have any mosquito nets that can be used while sleeping?</p>	<p>YES 1 NO 2 DON'T KNOW 8 REFUSED 9</p>	<p>→ END MODULE</p>
120	<p>How many mosquito nets does your household have?</p> <p>ASK TO OBSERVE ALL NETS. COUNT AND RECORD NUMBER.</p>	<p>NUMBER OF NETS <input type="text"/></p> <p>IF MORE THAN 7, RECORD 7.</p>	

APPENDIX F ADULT QUESTIONNAIRE

MODULE 0: ADULT RESPONDENT ELIGIBILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M1A	IS [NAME] AGED 18 YEARS OR OLDER? ADULT RESPONDENT MUST BE 18 YEARS OF OLDER, OR MUST BE AN EMANCIPATED MINOR AGE 15-17 YEARS.	YES 1 NO 2	→ M2
M1B	IS [NAME] AGED 15 YEARS OR OLDER?	YES 1 NO 2	INELIGIBLE → END INT.
M1C	IS [NAME] AN EMANCIPATED MINOR? AN EMANCIPATED MINOR IS 15-17 YEARS OF AGE WHO IS MARRIED, OR PREGNANT, OR A PARENT, OR HEAD OF THE HOUSEHOLD.	YES 1 NO 2	→ PARENT ELIGIBILITY /CONSENT.
M2	DOES [NAME] HAVE A HEARING DISABILITY? OBSERVE IF THE PARTICIPANT HAS DIFFICULTY ENGAGING IN CONVERSATIONS.	YES 1 NO 2	→ M4
M3	CAN THE SURVEY TEAM ACCOMMODATE HEARING DISABILITY OF [NAME]?	YES 1 NO 2	INELIGIBLE → END INT.
M4	CAN SURVEY BE CONDUCTED IN A LANGUAGE [NAME] SPEAKS?	YES 1 NO 2	INELIGIBLE → END INT.
M5	DOES [NAME] HAVE A VISUAL IMPAIRMENT?	YES 1 NO 2	→ M8
M6	ASK [NAME] TO READ THE TEXT BELOW. Purpose of Survey: This survey will help us know how many people in Nigeria are at risk for getting HIV, have HIV and need health services. Your taking part will help the Federal Ministry of Health make health services better in Nigeria.		
M7	WAS [NAME] ABLE TO READ THE TEXT WITHOUT MUCH PROBLEM?	YES 1 NO 2	→ M9
M8	IS [NAME] ABLE TO IDENTIFY A WITNESS?	YES 1 NO 2	INELIGIBLE → END INT.
M9	IS [NAME] COGNITIVELY ABLE TO CONSENT? DOES THE RESPONDENT UNDERSTAND THE TEXT HE/SHE HAS READ?	YES 1 NO 2	→ M10 INELIGIBLE → END INT.
M10	PROCEED TO ASK THE INFORMED CONSENT FOR THE ADULT QUESTIONNAIRE.		

MODULE 1: RESPONDENT CONSENT AND BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100A	ENTER LINE NUMBER OF THE RESPONDENT FROM THE HOUSEHOLD SCHEDULE:	<input type="text"/> <input type="text"/>	
100B	ENTER NAME OF RESPONDENT: (RESPONDENT'S NAME)		
C1	OBTAIN CONSENT. DOES [NAME] AGREE TO PARTICIPATE IN THE SURVEY?	YES 1 NO 2	→ END INTERVIEW
L1	ENTER LANGUAGE OF THE QUESTIONNAIRE	ENGLISH 1 HAUSA 2 YORUBA 3 IGBO 4	
L2	ENTER LANGUAGE OF THE INTERVIEW	ENGLISH 1 HAUSA 2 YORUBA 3 IGBO 4 OTHER _____ 6 (SPECIFY)	
L3	ENTER NATIVE LANGUAGE OF THE RESPONDENT	ENGLISH 1 HAUSA 2 YORUBA 3 IGBO 4 OTHER _____ 6 (SPECIFY)	
L4	WAS A TRANSLATOR USED?	YES 1 NO 2	
100	Thank you for agreeing to participate in this survey. Now, I would like to ask you some general questions about yourself, your education, and work.		
101	CHECK: IS RESPONDENT MALE OR FEMALE?	MALE 1 FEMALE 2	
102	How old were you on your last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	
103	What is your religion?	ISLAM 1 CHRISTIANITY 2 TRADITIONAL 3 NO RELIGION 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 REFUSED 9	
104	Have you ever attended school?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} → 108
105	Are you currently enrolled in school?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What is the highest level of school you have attended? Is it primary, secondary or higher?	PRIMARY 01 JUNIOR SECONDARY 02 SECONDARY 03 A-LEVEL 04 UNIVERSITY OR ABOVE 05 TECHNICAL OR VOCATIONAL 06 ADULT LITERACY ONLY (NO FORMAL EDUCATION) 07 KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) 08 DON'T KNOW 98 REFUSED 99	
107	What is the highest [CLASS/YEAR] you completed at that level?	NONE 00 YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	
108	Have you done any work in the last 12 months for which you received cash or goods as payment?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	<input type="checkbox"/> → END MODULE
109	Have you done any work in the last seven days for which you received cash or goods as payment?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

MODULE 2: MARRIAGE

200 Now I would like to ask you about your current and previous relationships and/or marriages.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP										
201	Have you ever been married or lived together with a [man/woman] as if married?	YES	01	NO	02	DON'T KNOW	98	REFUSED	99	→ END MODULE						
202	How old were you the first time you married or started living with a [man/woman] as if married?	YEARS	<input type="text"/>	AGE AT MARRIAGE OR FIRST TIME LIVED TOGETHER	95	DON'T KNOW	98	REFUSED	99							
203	What is your marital status now? Are you married, living together with someone as if married, widowed, divorced, or separated?	MARRIED	1	LIVING TOGETHER	2	WIDOWED	3	DIVORCED	4	SEPARATED	5	DON'T KNOW	8	REFUSED	9	→ END MODULE
203A	CHECK: IS RESPONDENT MALE OR FEMALE?	MALE	1	FEMALE	2						→ 212					
204	Altogether, how many wives or live-in partners do you have?	NUMBER	<input type="text"/>	DON'T KNOW	98	REFUSED	99				→ END MODULE					
205	CHECK 16a-16d: IF NO WIVES/PARTNERS RECORDED, SKIP TO 208. The household information shows that you have [NUMBER] household members as your wives or partners. VERIFY AND READ THE NAMES OF WIVES AND PARTNERS LISTED IN THE HOUSEHOLD SCHEDULE.															
205a	CHECK 16a-16d. RECORD NAMES OF WIVES AND PARTNERS FROM HOUSEHOLD.	<u> </u> (NAME)	<u> </u> (NAME)	<u> </u> (NAME)	<u> </u> (NAME)											
206	Is [NAME] your wife or partner?	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2			
207	Does [NAME] live in the household?	YES	1	NO	2	YES	1	NO	2	YES	1	NO	2	→ 208		
207a	DOES THE RESPONDENT HAVE ANOTHER WIFE OR PARTNER?	YES	1	GO TO NEXT WIFE/PARTNER (205a)	←	NO	2	→ 208	YES	1	GO TO NEXT WIFE/PARTNER (205a)	←	NO	2	→ 208	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
208	Do you have additional spouse(s) or partner(s) that live with you?	YES 1 NO 2	→ 211								
209	How many additional spouse(s) or partners(s) live with you?	NUMBER <input type="text"/> <input type="text"/>									
210	ENTER THE NAME OF [RESPONDENT'S] SPOUSE OR PARTNER THAT LIVE IN HOUSEHOLD.	<table border="1"> <tr> <td>_____ (NAME)</td> <td>_____ (NAME)</td> <td>_____ (NAME)</td> <td>_____ (NAME)</td> </tr> <tr> <td>DON'T KNOW .. 8 REFUSED 9</td> <td>DON'T KNOW .. 8 REFUSED 9</td> <td>DON'T KNOW .. 8 REFUSED 9</td> <td>DON'T KNOW .. 8 REFUSED 9</td> </tr> </table>	_____ (NAME)	_____ (NAME)	_____ (NAME)	_____ (NAME)	DON'T KNOW .. 8 REFUSED 9	DON'T KNOW .. 8 REFUSED 9	DON'T KNOW .. 8 REFUSED 9	DON'T KNOW .. 8 REFUSED 9	
_____ (NAME)	_____ (NAME)	_____ (NAME)	_____ (NAME)								
DON'T KNOW .. 8 REFUSED 9	DON'T KNOW .. 8 REFUSED 9	DON'T KNOW .. 8 REFUSED 9	DON'T KNOW .. 8 REFUSED 9								
211	How many other wives or live-in partners do you have who live elsewhere?	NUMBER OF ADDITIONAL SPOUSES OR PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	→ END MODULE								
211A	CHECK: IS RESPONDENT MALE OR FEMALE?	MALE 1 FEMALE 2	→ END MODULE								
212	Is your husband or partner living with you now or is he staying elsewhere?	LIVING TOGETHER 1 STAYING ELSEWHERE 2 DON'T KNOW 8 REFUSED 9	→ 216								
212A	CHECK Q.212: IS THE RESPONDENT STAYING ELSEWHERE (CODED '2') AND THERE IS NO PARTNER LISTED IN THE HOUSEHOLD ROSTER		→ 216								
213	The household information shows that [NAME OF HUSBAND OR PARTNER] as your [husband or partner] who lives with you in this household. Is that correct?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 216 → 216								
214	FROM THE HOUSEHOLD SCHEDULE SELECT THE SPOUSE OR PARTNER THAT LIVES WITH THE RESPONDENT	_____ (NAME OF SPOUSE OR PARTNER) NOT LISTED IN THE HOUSEHOLD 00	→ 216								
215	Please tell me the name of your spouse/partner that lives with you?	_____ (NAME OF SPOUSE OR PARTNER) DON'T KNOW 8 REFUSED 9									
216	Does your husband or partner have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ END MODULE								
217	Including yourself, in total, how many wives or live-in partners does your husband or partner have?	NUMBER OF WIVES OR LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99									

MODULE 3: REPRODUCTION

300 Now I would like to ask you some questions about pregnancies and children.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
300A	CHECK: IS RESPONDENT MALE OR FEMALE?	MALE	1		→ 335A
		FEMALE	2		
301	How many times have you been pregnant including a current pregnancy?	NUMBER OF TIMES	<input type="text"/>	<input type="text"/>	
		NEVER	00		→ 335A
		DON'T KNOW	98		→ 334
		REFUSED	99		
302	Have you ever had a pregnancy that resulted in a live birth? A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement.	YES	1		
		NO	2		→ 334
		DON'T KNOW	8		
		REFUSED	9		
303	How many live births have you had since the 1st of January 2015? ENTER '00' IF NONE.	NONE	00		→ 334
		NUMBER OF CHILDREN	<input type="text"/>	<input type="text"/>	
		DON'T KNOW	98		
		REFUSED	99		
303a	Now I would like to ask you some questions about the last pregnancy that resulted in a live birth since the 1st of January, 2015.				
304	Did your last pregnancy result in birth to twins or more?	YES	1		
		NO	2		→ 306
		DON'T KNOW	8		
		REFUSED	9		
305	What is the name of the [INSERT ORDER OF BIRTH] born child from your last pregnancy that resulted in a live birth? A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement. IF THE CHILD WAS NOT NAMED BEFORE DEATH, ENTER 'BIRTH 1'.	<hr/> (NAME)	<hr/> (NAME)	<hr/> (NAME)	
305a	DID THE RESPONDENT HAVE ANOTHER CHILD BORN FROM THE LAST PREGNANCY?	YES..... 1 GO TO THE ← NEXT CHILD	YES..... 1 GO TO THE ← NEXT CHILD	YES..... 1 GO TO THE ← NEXT CHILD	
		NO 2 306 ←	NO 2 306 ←	NO 2 306 ←	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
306	<p>What is the name of the child from your last pregnancy that resulted in a live birth?</p> <p>A live birth is when the baby shows signs of life, such as breathing, beating of the heart or movement.</p> <p>IF THE CHILD WAS NOT NAMED BEFORE DEATH, ENTER 'BIRTH 1'.</p>	<p>_____</p> <p>(NAME OF CHILD)</p>	
307	When you were pregnant with [NAME], did you visit a health facility for antenatal care?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 308A → 318
308	What is the main reason you did not visit a clinic for antenatal care when you were pregnant with [NAME]?	CLINIC WAS TOO FAR AWAY 01 COULD NOT TAKE TIME OFF WORK/TOO BUSY 02 COULD NOT AFFORD TO PAY FOR THE VISIT 03 DID NOT TRUST THE CLINIC STAFF ... 04 RECEIVED CARE AT HOME 05 DID NOT WANT AN HIV TEST DONE ... 06 HUSBAND/FAMILY WOULD NOT LET ME GO 07 USED TRADITIONAL BIRTH ATTENDANT/HEALER 08 COST OF TRANSPORT 09 RELIGIOUS REASONS 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	→ 318
308a	Now, I will ask you some questions about HIV testing. Please remember that your responses will be kept confidential and will not be shared with anyone else.		
309	Were you ever tested for HIV before your pregnancy with [NAME]?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 312
310	Did you test positive for HIV before your pregnancy with [NAME]?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 312
311	At the time of your first antenatal care visit when you were pregnant with [NAME], were you taking ARVs, that is, antiretroviral medications to treat HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 318 → 316
312	During any of your visits to the antenatal care clinic when you were pregnant with [NAME], were you <u>offered</u> an HIV test?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
313	Were you <u>tested</u> for HIV during any of your antenatal care clinic visits when you were pregnant with [NAME]?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 315 → 318

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	What is the main reason you were not tested for HIV during antenatal care with [NAME]?	DID NOT WANT AN HIV TEST DONE/DID NOT WANT TO KNOW MY STATUS 1 DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY 2 AFRAID OTHERS WOULD KNOW ABOUT TEST RESULT! 3 DID NOT NEED TEST/LOW RISK 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 REFUSED 9	→ 318 → 318
315	What was the result of your last HIV test during your pregnancy with [NAME]?	POSITIVE 1 NEGATIVE 2 UNKNOWN/INDETERMINANTE 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW 8 REFUSED 9	→ 318 → 318
316	Did you take ARVs during your pregnancy with [NAME] to stop [NAME] from getting HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 318 → 318
317	What was the main reason you did not take ARVs while you were pregnant with [NAME]?	NOT PRESCRIBED 01 FELT HEALTHY/NOT SICK 02 COST OF MEDICATIONS 03 COST OF TRANSPORT 04 RELIGIOUS REASONS 05 TAKING TRADITIONAL MEDICATIONS 06 DID NOT WANT PEOPLE TO KNOW HIV STATUS 07 DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
318	Where did you give birth to [NAME]?	AT HOME 1 AT A HEALTH FACILITY 2 IN TRANSIT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 REFUSED 9	→ 325 → 325
319	Were you offered an HIV test during labor (at time of delivery)?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320a	CHECK 310: WAS RESPONDENT HIV POSITIVE BEFORE PREGNANCY WITH [NAME]?	YES 1 NO 2	→ 322
320b	CHECK 315: DID RESPONDENT GET A POSITIVE TEST RESULT DURING PREGNANCY WITH [NAME]?	YES 1 NO 2	→ 322
320	Were you tested for HIV during labor?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 325
321	What was the result of the HIV test?	POSITIVE 1 NEGATIVE 2 UNKNOWN/INDETERMINANT 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW 8 REFUSED 9	→ 325
322a	CHECK 311: WAS RESPONDENT ON ARVS AT TIME OF FIRST ANTENATAL CARE VISIT WHEN PREGNANT WITH [NAME]?	YES 1 NO 2	→ 325
322b	CHECK 316: DID RESPONDENT TAKE ARVS DURING PREGNANCY WITH [NAME]?	YES 1 NO 2	→ 325
322	During labor, were you offered ARVs to protect [NAME] against HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
323	During labor, did you take ARVs to protect [NAME] against HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 325
324	Did you continue to take the ARVs after delivery?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
325	When did you give birth to [NAME]? IF THE RESPONDENT DOES NOT KNOW, PROBE USING LOCAL EVENT CALENDAR	DAY <input type="text"/> <input type="text"/> DON'T KNOW DAY 98 REFUSED 99 MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 REFUSED 9999	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
326	Is [NAME] still alive?	YES 1 (SKIP TO 329) ← NO 2 DON'T KNOW... 8 REFUSED 9 (SKIP TO 329) ←	YES 1 (SKIP TO 329) ← NO 2 DON'T KNOW... 8 REFUSED 9 (SKIP TO 329) ←	YES 1 (SKIP TO 329) ← NO 2 DON'T KNOW... 8 REFUSED 9 (SKIP TO 329) ←	
327	How old was [NAME] in years when he/she died? ENTER '00' IF CHILD WAS LESS THAN ONE YEAR OLD.	LESS THAN 1 YR 00 AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED ... 99 (SKIP TO 331) ←	LESS THAN 1 YR 00 AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED ... 99 (SKIP TO 331) ←	LESS THAN 1 YR 00 AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED ... 99 (SKIP TO 331) ←	
328	How old was [NAME] in months when he/she died? ENTER '00' IF CHILD WAS LESS THAN ONE MONTH OLD.	LESS THAN 1 MO. 00 AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED ... 99 (SKIP TO 331) ←	LESS THAN 1 MO. 00 AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED ... 99 (SKIP TO 331) ←	LESS THAN 1 MO... 00 AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED ... 99 (SKIP TO 331) ←	
329	Is [NAME] living with you?	YES 1 NO 2 DON'T KNOW... 8 REFUSED 9	YES 1 NO 2 DON'T KNOW... 8 REFUSED 9	YES 1 NO 2 DON'T KNOW... 8 REFUSED 9	
330	ENTER THE LINE NUMBER AND NAME OF CHILD FROM THE HOUSEHOLD SCHEDULE	_____ (NAME) LINE NO. <input type="text"/> <input type="text"/> NOT LISTED IN HOUSEHOLD 96	_____ (NAME) LINE NO. <input type="text"/> <input type="text"/> NOT LISTED IN HOUSEHOLD 96	_____ (NAME) LINE NO. <input type="text"/> <input type="text"/> NOT LISTED IN HOUSEHOLD 96	
331	Did you ever breastfeed [NAME]?	YES 1 NO, NEVER BREASTFED .. 2 NO, CHILD NOT ALIVE ... 3 DON'T KNOW . 8 REFUSED 9 (SKIP TO 334) ←	YES 1 NO, NEVER BREASTFED .. 2 NO, CHILD NOT ALIVE ... 3 DON'T KNOW . 8 REFUSED 9 (SKIP TO 334) ←	YES 1 NO, NEVER BREASTFED 2 NO, CHILD NOT ALIVE ... 3 DON'T KNOW ... 8 REFUSED 9 (SKIP TO 334) ←	
332	For how long did you breastfeed [NAME]? RECORD ANSWER ONLY IN WEEKS OR IN MONTHS. CODE '00' IF LESS THAN 1 WEEK.	WEEKS..... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> STILL BREASTFEEDING 996 DON'T KNOW.....998 REFUSED..... 999	WEEKS..... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> STILL BREASTFEEDING 996 DON'T KNOW.....998 REFUSED..... 999	WEEKS..... 1 <input type="text"/> <input type="text"/> MONTHS... 2 <input type="text"/> <input type="text"/> STILL BREASTFEEDING 996 DON'T KNOW..... 998 REFUSED..... 999	
333	Thank you for the information regarding [NAME]. CHECK 305: DID THE LAST BIRTH HAVE MORE THAN ONE CHILD (I.E., TWINS, TRIPLETS)?	YES 1 (SKIP TO NEXT 326) ← NO 2	YES 1 (SKIP TO NEXT 326) ← NO 2	YES 1 (SKIP TO NEXT 326) ← NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
334a	Now, I will ask about your current pregnancies.		
334	Are you pregnant now?	YES 1 NO 2 DONT KNOW/UNSURE 8 REFUSED 9	→ END MODULE
335a	Now, I will ask you some questions about methods that are used to avoid getting pregnant.		
335	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2 DONT KNOW 8 REFUSED 9	→ END MODULE
336	Which method are you or your partner using? SELECT ALL THAT APPLY.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD/COIL D INJECTIONS E IMPLANT F CONDOM G FEMALE CONDOM H RHYTHM/NATURAL METHOD I WITHDRAWAL J NOT HAVING SEX K OTHER _____ X (SPECIFY) DONT KNOW Y REFUSED Z	

FOOTNOTE:
For Q.305, Q.326 to Q.333 - additional form(s) is/are required for multiple births.

MODULE 4: CHILDREN

400 THE HOUSEHOLD SCHEDULE NOTED THAT [NAME OF PARTICIPANT] WILL FILL OUT THE CHILDREN'S MODULE FOR [NUMBER OF CHILDREN].

I am going to ask you a number of questions about your child/children regarding their health and where they get their health services. We will ask you about these children:

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
401A	ENTER THE NAME AND LINE NUMBER OF [CHILD]. Now, I am going to ask you about [CHILD NAME].	_____ (NAME) LINE NO. <input type="text"/> <input type="text"/>	_____ (NAME) LINE NO. <input type="text"/> <input type="text"/>	_____ (NAME) LINE NO. <input type="text"/> <input type="text"/>
401	How old was [CHILD] in years at his/her last birthday? ENTER '00' IF CHILD IS LESS THAN ONE YEAR OLD.	LESS THAN 1 YR... 00 AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 (SKIP TO 403) ←	LESS THAN 1 YR... 00 AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 (SKIP TO 403) ←	LESS THAN 1 YR... 00 AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 (SKIP TO 403) ←
402	How old is [CHILD] in months? ENTER '00' IF CHILD IS LESS THAN ONE MONTH OLD.	AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED 99	AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED 99	AGE IN MONTHS <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED 99
403	Is [CHILD] a boy or girl?	BOY 1 GIRL 2 DON'T KNOW .. 8 REFUSED 9	BOY 1 GIRL 2 DON'T KNOW .. 8 REFUSED 9	BOY 1 GIRL 2 DON'T KNOW .. 8 REFUSED 9
404	Is [CHILD] enrolled in school?	YES 1 NO, NOT CURRENTLY IN SCHOOL .. 2 (SKIP TO 407) ← NO, TOO YOUNG TO BE IN SCHOOL 3 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 408a) ←	YES 1 NO, NOT CURRENTLY IN SCHOOL .. 2 (SKIP TO 407) ← NO, TOO YOUNG TO BE IN SCHOOL 3 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 408a) ←	YES 1 NO, NOT CURRENTLY IN SCHOOL .. 2 (SKIP TO 407) ← NO, TOO YOUNG TO BE IN SCHOOL 3 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 408a) ←
405	What is the highest level of school [CHILD] has attended: nursery, primary or secondary?	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←
406	What grade/form/year is [CHILD] in now?	GRADE/FORM /YEAR ... <input type="text"/> DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←	GRADE/FORM /YEAR ... <input type="text"/> DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←	GRADE/FORM /YEAR ... <input type="text"/> DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
407	Was [CHILD] enrolled in school during the previous school year?	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 408a) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 408a) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 408a) ←
407a	What level of school was [CHILD] attending during the previous school year: nursery, primary or secondary?	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←	NURSERY 1 PRIMARY 2 JR. SECONDARY 3 SR. SECONDARY 4 DON'T KNOW .. 98 REFUSED 99 (SKIP TO 408a) ←
408	What grade/form/year was [CHILD] enrolled in during the previous school year?	GRADE/FORM /YEAR ... <input type="text"/> DON'T KNOW .. 98 REFUSED 99	GRADE/FORM /YEAR ... <input type="text"/> DON'T KNOW .. 98 REFUSED 99	GRADE/FORM /YEAR ... <input type="text"/> DON'T KNOW .. 98 REFUSED 99
408A	CHECK: IS [CHILD] A GIRL?	YES 1 (SKIP TO 411) ← NO 2	YES 1 (SKIP TO 411) ← NO 2	YES 1 (SKIP TO 411) ← NO 2
409	Is [CHILD] circumcised? Circumcision is the complete removal of the foreskin from the penis.	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 411) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 411) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 411) ←
410	Who circumcised [CHILD]?	DOCTOR/NURSE/ CLINICAL OFFICER 1 TRADITIONAL PRACTITIONER/ CIRCUMCIZER 2 MIDWIFE 3 OTHER _____ 6 (SPECIFY) DON'T KNOW .. 8 REFUSED 9	DOCTOR/NURSE/ CLINICAL OFFICER 1 TRADITIONAL PRACTITIONER/ CIRCUMCIZER 2 MIDWIFE 3 OTHER _____ 6 (SPECIFY) DON'T KNOW .. 8 REFUSED 9	DOCTOR/NURSE/ CLINICAL OFFICER 1 TRADITIONAL PRACTITIONER/ CIRCUMCIZER 2 MIDWIFE 3 OTHER _____ 6 (SPECIFY) DON'T KNOW .. 8 REFUSED 9

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
411	Has [CHILD] ever been tested for HIV?	YES 1 (SKIP TO 413) ← NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 430) ←	YES 1 (SKIP TO 413) ← NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 430) ←	YES 1 (SKIP TO 413) ← NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 430) ←
412	Why has [CHILD] never been tested for HIV? SELECT ALL THAT APPLY.	DON'T KNOW WHERE TO TEST A TEST COSTS TOO MUCH .. B TRANSPORT COSTS TOO MUCH C TOO FAR AWAY D AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS E DON'T NEED TEST/ LOW RISK F DID NOT RECEIVE PERMISSION FROM SPOUSE/ FAMILY G AFRAID SPOUSE/ PARTNER/ FAMILY WILL KNOW RESULTS H DON'T WANT TO KNOW CHILD HAS HIV I CANNOT GET TREATMENT FOR HIV J TEST KITS NOT AVAILABLE .. K RELIGIOUS REASONS .. L OTHER X (SPECIFY) DON'T KNOW .. Y REFUSED Z (SKIP TO 430) ←	DON'T KNOW WHERE TO TEST A TEST COSTS TOO MUCH .. B TRANSPORT COSTS TOO MUCH C TOO FAR AWAY D AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS E DON'T NEED TEST/ LOW RISK F DID NOT RECEIVE PERMISSION FROM SPOUSE/ FAMILY G AFRAID SPOUSE/ PARTNER/ FAMILY WILL KNOW RESULTS H DON'T WANT TO KNOW CHILD HAS HIV I CANNOT GET TREATMENT FOR HIV J TEST KITS NOT AVAILABLE .. K RELIGIOUS REASONS .. L OTHER X (SPECIFY) DON'T KNOW .. Y REFUSED Z (SKIP TO 430) ←	DON'T KNOW WHERE TO TEST A TEST COSTS TOO MUCH .. B TRANSPORT COSTS TOO MUCH C TOO FAR AWAY D AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS E DON'T NEED TEST/ LOW RISK F DID NOT RECEIVE PERMISSION FROM SPOUSE/ FAMILY G AFRAID SPOUSE/ PARTNER/ FAMILY WILL KNOW RESULTS H DON'T WANT TO KNOW CHILD HAS HIV I CANNOT GET TREATMENT FOR HIV J TEST KITS NOT AVAILABLE .. K RELIGIOUS REASONS .. L OTHER X (SPECIFY) DON'T KNOW .. Y REFUSED Z (SKIP TO 430) ←
413	What month and year was [CHILD]'s last HIV test done?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED9999	MONTH <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED9999	MONTH <input type="text"/> <input type="text"/> DON'T KNOW .. 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED9999
414	What was [CHILD]'s last HIV test result?	POSITIVE 1 NEGATIVE 2 UNKNOWN/ INDETERMINATE . 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW .. 8 REFUSED 9 (SKIP to 430) ←	POSITIVE 1 NEGATIVE 2 UNKNOWN/ INDETERMINATE . 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW .. 8 REFUSED 9 (SKIP to 430) ←	POSITIVE 1 NEGATIVE 2 UNKNOWN/ INDETERMINATE . 3 DID NOT RECEIVE RESULTS 4 DON'T KNOW .. 8 REFUSED 9 (SKIP to 430) ←

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
415	<p>What was the month and year of [CHILD]'s first HIV positive test result? Please give your best guess.</p> <p>This will be the very first HIV positive test result that you have received.</p> <p>PROBE TO VERIFY DATE.</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99</p> <p>YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED 9999</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99</p> <p>YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED 9999</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99</p> <p>YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED 9999</p>
416	<p>Has [CHILD] ever received HIV medical care from a doctor, clinical officer, nurse or any health worker?</p>	<p>YES 1]</p> <p>(SKIP TO 418) ←</p> <p>NO 2</p> <p>DON'T KNOW .. 8]</p> <p>REFUSED 9]</p> <p>(SKIP TO 421) ←</p>	<p>YES 1]</p> <p>(SKIP TO 418) ←</p> <p>NO 2</p> <p>DON'T KNOW .. 8]</p> <p>REFUSED 9]</p> <p>(SKIP TO 421) ←</p>	<p>YES 1]</p> <p>(SKIP TO 418) ←</p> <p>NO 2</p> <p>DON'T KNOW .. 8]</p> <p>REFUSED 9]</p> <p>(SKIP TO 421) ←</p>
417	<p>What is the main reason why [CHILD] has never seen a doctor, clinical officer, or nurse for HIV medical care?</p> <p>READ RESPONSES ALOUD</p>	<p>FACILITY TOO FAR AWAY .. 01]</p> <p>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02</p> <p>COST OF CARE COST OF TRANSPORT 03 04</p> <p>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05</p> <p>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06</p> <p>RELIGIOUS REASONS .. 07</p> <p>CHILD IS TAKING TRAD. MED. 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>(SKIP TO 421) ←</p>	<p>FACILITY TOO FAR AWAY .. 01]</p> <p>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02</p> <p>COST OF CARE COST OF TRANSPORT 03 04</p> <p>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05</p> <p>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06</p> <p>RELIGIOUS REASONS .. 07</p> <p>CHILD IS TAKING TRAD. MED. 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>(SKIP TO 421) ←</p>	<p>FACILITY TOO FAR AWAY .. 01]</p> <p>DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02</p> <p>COST OF CARE COST OF TRANSPORT 03 04</p> <p>DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05</p> <p>FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06</p> <p>RELIGIOUS REASONS .. 07</p> <p>CHILD IS TAKING TRAD. MED. 08</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>(SKIP TO 421) ←</p>
418	<p>What month and year did [CHILD] first see a doctor, clinical officer or nurse for HIV medical care?</p> <p>PROBE TO VERIFY DATE.</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED ... 9999</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED ... 9999</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> <p>REFUSED 99</p> <p>YEAR</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 9998</p> <p>REFUSED ... 9999</p>

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
419	What month and year did [CHILD] last see a doctor, clinical officer or nurse for HIV medical care?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 (SKIP TO 421) ← YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999 (SKIP TO 421) ←	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 (SKIP TO 421) ← YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999 (SKIP TO 421) ←	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 (SKIP TO 421) ← YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999 (SKIP TO 421) ←
419A	CHECK 419: WAS LAST VISIT LESS THAN 7 MONTHS AGO?	YES 1 (SKIP TO 421) ← NO 2	YES 1 (SKIP TO 421) ← NO 2	YES 1 (SKIP TO 421) ← NO 2
420	What is the main reason for [CHILD] not seeing a doctor, clinical officer or nurse for HIV medical care for more than 6 months? READ RESPONSES ALOUD	FACILITY TOO FAR AWAY .. 01 DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02 COST OF CARE 03 COST OF TRANSPORT 04 DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05 FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06 RELIGIOUS REASONS .. 07 CHILD IS TAKING TRAD. MED. 08 NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT. 09 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	FACILITY TOO FAR AWAY .. 01 DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02 COST OF CARE 03 COST OF TRANSPORT 04 DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05 FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06 RELIGIOUS REASONS .. 07 CHILD IS TAKING TRAD. MED. 08 NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT. 09 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	FACILITY TOO FAR AWAY .. 01 DON'T KNOW WHERE TO GET HIV MED. CARE FOR CHILD 02 COST OF CARE 03 COST OF TRANSPORT 04 DON'T THINK CHILD NEEDS IT/CHILD IS NOT SICK 05 FEAR THAT OTHERS WILL KNOW CHILD HAS HIV IF I TAKE HIM/HER TO CLINIC 06 RELIGIOUS REASONS .. 07 CHILD IS TAKING TRAD. MED. 08 NO APPT. SCHEDULED/ DID NOT MISS MOST RECENT APPT. 09 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99
421	Has [CHILD] ever had a CD4 count test? The CD4 count tells you how sick you are with HIV and if you need to take ARVs or other HIV medications.	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 423) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 423) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 423) ←

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
422	What month and year was [CHILD] last tested for his/her CD4 count?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999
423	Has [CHILD] ever taken ARVs, that is, antiretroviral medications to treat his/her HIV infection?	YES 1 (SKIP TO 425) ← NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 429) ←	YES 1 (SKIP TO 425) ← NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 429) ←	YES 1 (SKIP TO 425) ← NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 429) ←
424	What is the main reason [CHILD] has never taken ARVs?	CHILD NOT ELIGIBLE 01 PROVIDER DIDN'T PRESCRIBE .. 02 HIV MED. NOT AVAILABLE .. 03 DO NOT THINK HE/SHE NEEDS IT/NOT SICK .. 04 COST OF MED. .. 05 COST OF TRANSPORT 06 RELIGIOUS REASONS .. 07 CHILD TAKING TRAD. MED. .. 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99 (SKIP TO 429) ←	CHILD NOT ELIGIBLE 01 PROVIDER DIDN'T PRESCRIBE .. 02 HIV MED. NOT AVAILABLE .. 03 DO NOT THINK HE/SHE NEEDS IT/NOT SICK .. 04 COST OF MED. .. 05 COST OF TRANSPORT 06 RELIGIOUS REASONS .. 07 CHILD TAKING TRAD. MED. .. 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99 (SKIP TO 429) ←	CHILD NOT ELIGIBLE 01 PROVIDER DIDN'T PRESCRIBE .. 02 HIV MED. NOT AVAILABLE .. 03 DO NOT THINK HE/SHE NEEDS IT/NOT SICK .. 04 COST OF MED. .. 05 COST OF TRANSPORT 06 RELIGIOUS REASONS .. 07 CHILD TAKING TRAD. MED. .. 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99 (SKIP TO 429) ←
425	What month and year did [CHILD] first start taking ARVs? PROBE TO VERIFY DATE.	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED ... 9999

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
426	<p>Is [CHILD] currently taking ARVs, that is, antiretroviral medications?</p> <p>By currently, I mean that [CHILD] may have missed some doses but [CHILD] is still taking ARVs.</p>	<p>YES 1 (SKIP TO 428) ←</p> <p>NO 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED 9 (SKIP TO 429) ←</p>	<p>YES 1 (SKIP TO 428) ←</p> <p>NO 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED 9 (SKIP TO 429) ←</p>	<p>YES 1 (SKIP TO 428) ←</p> <p>NO 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED 9 (SKIP TO 429) ←</p>
427	<p>Can you tell me the main reason why [CHILD] is not currently taking ARVs?</p> <p>-----</p>	<p>HAVE TROUBLE GIVING CHILD TABLET EVERYDAY .. 01</p> <p>CHILD HAS SIDE EFFECTS/ RASH 02</p> <p>FACILITY/PHARM. TOO FAR TO GET MED. REG 03</p> <p>COST OF MED. .. 04</p> <p>COST OF TRANSPORT 05</p> <p>CHILD IS HEALTH/NOT SICK 06</p> <p>FACILITY/PHARM. OUT OF STOCK 07</p> <p>RELIGIOUS REASONS .. 08</p> <p>CHILD TAKING TRAD. MED. .. 09</p> <p>OTHER (SPECIFY) 96</p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99 (SKIP TO 429) ←</p>	<p>HAVE TROUBLE GIVING CHILD TABLET EVERYDAY .. 01</p> <p>CHILD HAS SIDE EFFECTS/ RASH 02</p> <p>FACILITY/PHARM. TOO FAR TO GET MED. REG 03</p> <p>COST OF MED. .. 04</p> <p>COST OF TRANSPORT 05</p> <p>CHILD IS HEALTH/NOT SICK 06</p> <p>FACILITY/PHARM. OUT OF STOCK 07</p> <p>RELIGIOUS REASONS .. 08</p> <p>CHILD TAKING TRAD. MED. .. 09</p> <p>OTHER (SPECIFY) 96</p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99 (SKIP TO 429) ←</p>	<p>HAVE TROUBLE GIVING CHILD TABLET EVERYDAY .. 01</p> <p>CHILD HAS SIDE EFFECTS/ RASH 02</p> <p>FACILITY/PHARM. TOO FAR TO GET MED. REG 03</p> <p>COST OF MED. .. 04</p> <p>COST OF TRANSPORT 05</p> <p>CHILD IS HEALTH/NOT SICK 06</p> <p>FACILITY/PHARM. OUT OF STOCK 07</p> <p>RELIGIOUS REASONS .. 08</p> <p>CHILD TAKING TRAD. MED. .. 09</p> <p>OTHER (SPECIFY) 96</p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99 (SKIP TO 429) ←</p>
428	<p>People sometimes forget to take all their ARVs every day. In the last 30 days, how many days has [CHILD] missed taking any ARV pills?</p> <p>CODE '00' IF NONE.</p>	<p>DAYS MISSED <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99</p>	<p>DAYS MISSED <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99</p>	<p>DAYS MISSED <input type="text"/> <input type="text"/></p> <p>DON'T KNOW .. 98</p> <p>REFUSED 99</p>
429	<p>Is [CHILD] currently taking Septrin or Cotrimoxazole for his/her HIV treatment?</p> <p>Septin or Cotrimoxazole is a medicine recommended for people with HIV, even if they have not started treatment for HIV. It helps prevent certain infections but it is not treatment for HIV.</p> <p>By currently, I mean that [CHILD] may have missed some doses but is still taking Septrin or Cotrimoxazole.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED 9</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW .. 8</p> <p>REFUSED 9</p>

NO.	QUESTIONS	CHILD 1	CHILD 2	CHILD 3
430	Has [CHILD] ever visited a clinic for tuberculosis for TB diagnosis or treatment?	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←
431	Have you ever been told by a doctor, clinical officer, nurse or health worker that [CHILD] had TB?	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←
432	Was [CHILD] ever treated for TB?	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←
433	Is [CHILD] currently on treatment for TB?	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9 (SKIP TO 435) ←
434	The last time [CHILD] was treated for TB, did [CHILD] complete at least 6 months of treatment?	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9	YES 1 NO 2 DON'T KNOW .. 8 REFUSED 9
435	Thank you for the information about [CHILD]. DOES THE RESPONDENT HAVE ANOTHER CHILD AGED 0-14 YEARS?	YES 1 GO TO THE NEXT CHILD ← NO 2 (END MODULE) ←	YES 1 GO TO THE NEXT CHILD ← NO 2 (END MODULE) ←	YES 1 GO TO THE NEXT CHILD ← NO 2 (END MODULE) ←

MODULE 5: MALE CIRCUMCISION

500 I will be asking a few questions about circumcision. Circumcision is the complete removal of the foreskin from the penis.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
500A	CHECK: IS RESPONDENT MALE OR FEMALE?	MALE 1 FEMALE 2	→ END → MODULE		
501	Some men are uncomfortable talking about circumcision but it is important for us to have this information. Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 503] → END] → MODULE		
502	Are you planning to get circumcised?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9] → END] → MODULE		
503	How old were you when you were circumcised? Please give your best guess. IF LESS THAN ONE YEAR, CODE '00'	LESS THAN ONE YEAR 00 AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 98 REFUSED 99			
504	Who did the circumcision?	DOCTOR, CLINICAL OFFICER, NURSE 1 TRADITIONAL PRACTITIONER/ CIRCUMCISER 2 MIDWIFE 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 REFUSED 9			

MODULE 6: SEXUAL ACTIVITY

600 In this part of the interview, I will be asking questions about your sexual relationships and practices. These questions will help us have a better understanding of how they may affect your life and risk for HIV.

Let me assure you again that your answers are completely confidential and will not be shared with anyone. If there are questions that you do not want to answer, we can go to the next question.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you ever had vaginal sex before? Vaginal sex is when a penis enters a vagina.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	END MODULE
602	How old were you when you had vaginal sex for the very first time?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	
603	People often have sex with different people over their lifetime. In total, with how many different people have you had sex in the last 12 months? IF NONE, ENTER '000'. IF NUMBER OF PARTNERS IS GREATER THAN 100, ENTER '100'.	NO PARTNERS IN LAST 12 MONTHS 000 NUMBER OF SEXUAL PARTNERS IN LAST 12 MONTHS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 REFUSED 999	END MODULE
604a	Now I would like to ask you some questions about the people you have had sex with in the last 12 months. Let me assure you again that your answers are completely confidential and will not be told to anyone. I will first ask you about the most recent person you had sex with. ASK ONLY ABOUT THE LAST 3 PERSONS THE RESPONDENT HAS HAD SEX WITH.		

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
604	Does the person you had sex with live in this household?	YES 1 NO 2 (SKIP TO 606) ←	YES 1 NO 2 (SKIP TO 606) ←	YES 1 NO 2 (SKIP TO 606) ←
605	Please identify the person you had sex with. SELECT THE NAME FROM THE HOUSEHOLD SCHEDULE.	_____ (NAME) IF LISTED IN THE HOUSEHOLD ... (SKIP TO 607) ← NOT LISTED IN THE HOUSEHOLD ... 96	_____ (NAME) IF LISTED IN THE HOUSEHOLD ... (SKIP TO 607) ← NOT LISTED IN THE HOUSEHOLD ... 96	_____ (NAME) IF LISTED IN THE HOUSEHOLD ... (SKIP TO 607) ← NOT LISTED IN THE HOUSEHOLD ... 96

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
606	I would like to ask you for the initials of this person so I can keep track. They do not have to be the actual initials of this person.	_____ [INITIALS]	_____ [INITIALS]	_____ [INITIALS]
607	What is your relationship with [INITIALS]?	HUSBAND/ WIFE 01 LIVE-IN PARTNER 02 PARTNER, NOT LIVING WITH RESPONDENT. 03 EX-SPOUSE/ EX-PARTNER .. 04 FRIEND / ACQUAINTANCE 05 SEX WORKER .. 06 SEX WORKER CLIENT 07 STRANGER ... 08 OTHER 96 (SPECIFY) DON'T KNOW . 98 REFUSED 99	HUSBAND/ WIFE 01 LIVE-IN PARTNER 02 PARTNER, NOT LIVING WITH RESPONDENT. 03 EX-SPOUSE/ EX-PARTNER .. 04 FRIEND / ACQUAINTANCE 05 SEX WORKER .. 06 SEX WORKER CLIENT 07 STRANGER ... 08 OTHER 96 (SPECIFY) DON'T KNOW . 98 REFUSED 99	HUSBAND/ WIFE 01 LIVE-IN PARTNER 02 PARTNER, NOT LIVING WITH RESPONDENT. 03 EX-SPOUSE/ EX-PARTNER .. 04 FRIEND / ACQUAINTANCE 05 SEX WORKER .. 06 SEX WORKER CLIENT 07 STRANGER ... 08 OTHER 96 (SPECIFY) DON'T KNOW ... 98 REFUSED 99
608	Is [INITIALS] male or female?	MALE 1 FEMALE 2 DON'T KNOW . 8 REFUSED 9	MALE 1 FEMALE 2 DON'T KNOW . 8 REFUSED 9	MALE 1 FEMALE 2 DON'T KNOW ... 8 REFUSED 9
609	How old is [INITIALS]? Please give your best guess.	AGE IN <input type="text"/> <input type="text"/> YEARS DON'T KNOW ... 98 REFUSED 99	AGE IN <input type="text"/> <input type="text"/> YEARS DON'T KNOW ... 98 REFUSED 99	AGE IN <input type="text"/> <input type="text"/> YEARS DON'T KNOW ... 98 REFUSED 99
610	The last time you had sex with [INITIALS] was a condom used?	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9	YES 1 NO 2 DON'T KNOW ... 8 REFUSED 9
611a	CHECK 607: WAS [INITIALS] A SEX WORKER OR SEX WORKER CLIENT?	YES 1 NO 2 (SKIP TO 613) ←	YES 1 NO 2 (SKIP TO 613) ←	YES 1 NO 2 (SKIP TO 613) ←
611	Did you enter into a sexual relationship with [INITIALS] because [INITIALS] provided you with or you expected that [INITIALS] would provide you gifts, help you to pay for things, or help you in other ways?	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9 (SKIP TO 613) ←	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9 (SKIP TO 613) ←	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9 (SKIP TO 613) ←
612a	CHECK 607: WAS [INITIALS] THE RESPONDENT'S SPOUSE OR LIVE-IN PARTNER?	YES 1 NO 2 (SKIP TO 613) ←	YES 1 NO 2 (SKIP TO 613) ←	YES 1 NO 2 (SKIP TO 613) ←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
612	In the last 12 months, what have you received from (INITIALS)? Did you receive... Money? Food? School fees? Employment? Gifts or favors? Transport? Shelter or rent? Protection? SELECT ALL THAT APPLY.	DID NOT RECEIVE ANYTHING ... A MONEY B FOOD C SCHOOL FEES .. D EMPLOYMENT .. E GIFTS/FAVORS F TRANSPORT ... G SHELTER/RENT.. H PROTECTION... I OTHER _____ X (SPECIFY) DON'T KNOW . Y REFUSED Z	DID NOT RECEIVE ANYTHING ... A MONEY B FOOD C SCHOOL FEES .. D EMPLOYMENT .. E GIFTS/FAVORS F TRANSPORT ... G SHELTER/RENT.. H PROTECTION... I OTHER _____ X (SPECIFY) DON'T KNOW . Y REFUSED Z	DID NOT RECEIVE ANYTHING ... A MONEY B FOOD C SCHOOL FEES .. D EMPLOYMENT .. E GIFTS/FAVORS F TRANSPORT ... G SHELTER/RENT.. H PROTECTION... I OTHER _____ X (SPECIFY) DON'T KNOW . Y REFUSED Z
613	Do you expect to have sex with (INITIALS) again?	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9
614	Does (INITIALS) know your HIV status? HIV status could mean you are HIV negative or HIV positive.	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9	YES 1 NO 2 DON'T KNOW . 8 REFUSED 9
615	What is the HIV status of (INITIALS)? READ THE RESPONSES ALOUD.	I THINK [INITIALS] IS POSITIVE . 1 [INITIALS] TOLD ME HE/SHE IS POSITIVE . 2 [INITIALS] IS POSITIVE, TESTED TOGETHER . 3 I THINK [INITIALS] IS NEGATIVE . 4 [INITIALS] TOLD ME HE/SHE IS NEGATIVE ... 5 [INITIALS] IS NEGATIVE, TESTED TOGETHER . 6 DON'T KNOW STATUS 8 REFUSED 9	I THINK [INITIALS] IS POSITIVE . 1 [INITIALS] TOLD ME HE/SHE IS POSITIVE . 2 [INITIALS] IS POSITIVE, TESTED TOGETHER . 3 I THINK [INITIALS] IS NEGATIVE . 4 [INITIALS] TOLD ME HE/SHE IS NEGATIVE ... 5 [INITIALS] IS NEGATIVE, TESTED TOGETHER . 6 DON'T KNOW STATUS 8 REFUSED 9	I THINK [INITIALS] IS POSITIVE . 1 [INITIALS] TOLD ME HE/SHE IS POSITIVE . 2 [INITIALS] IS POSITIVE, TESTED TOGETHER . 3 I THINK [INITIALS] IS NEGATIVE . 4 [INITIALS] TOLD ME HE/SHE IS NEGATIVE ... 5 [INITIALS] IS NEGATIVE, TESTED TOGETHER . 6 DON'T KNOW STATUS 8 REFUSED 9
616	CHECK 603: HAS RESPONDENT HAD ANOTHER PARTNER IN THE LAST 12 MONTHS? I will now ask you about the person you have had sex with prior to (INITIALS).	YES 1 } (GO BACK ← TO 604 IN NEXT COLUMN) NO 2 } (END MODULE) ←	YES 1 } (GO BACK ← TO 604 IN NEXT COLUMN) NO 2 } (END MODULE) ←	

MODULE 7: HIV TESTING

700 Now I would like to ask you some questions about HIV testing.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Have you <u>ever</u> been tested for HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 703 → 901
702	Why have you never been tested for HIV? SELECT ALL THAT APPLY.	DON'T KNOW WHERE TO TEST A TEST COSTS TOO MUCH B TRANSPORT COSTS TOO MUCH C TOO FAR AWAY D AFRAID OTHERS WILL KNOW ABOUT TEST RESULTS E DON'T NEED TEST/LOW RISK F DID NOT RECEIVE PERMISSION FROM SPOUSE/FAMILY G AFRAID SPOUSE/PARTNER/ FAMILY WILL KNOW RESULTS H DON'T WANT TO KNOW I HAVE HIV ... I CANNOT GET TREATMENT FOR HIV ... J TEST KITS NOT AVAILABLE K RELIGIOUS REASONS L OTHER _____ X (SPECIFY) DON'T KNOW Y REFUSED Z	→ 901
703	What month and year was your last HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED 9999	
704	Where was the last test done?	VCT FACILITY 01 MOBILE VCT 02 AT HOME 03 HEALTH CLINIC / FACILITY 04 HOSPITAL OUTPATIENT CLINIC 05 TB CLINIC 06 STI CLINIC 07 HOSPITAL INPATIENT WARDS 08 BLOOD DONATING CENTER 09 ANC CLINIC 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
705	What was the result of that HIV test?	POSITIVE 1 NEGATIVE 2 UNKNOWN/INDETERMINANTE 3 DID NOT RECEIVE THE RESULT 4 DON'T KNOW 8 REFUSED 9	END OF MODULE
706	What was the month and year of your first HIV positive test result? Please give your best guess. This will be the very first HIV positive test result that you have received. PROBE TO VERIFY DATE.	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED 9999	
707	Of the following people, who have you told that you are HIV positive? CHECK ALL THAT APPLY.	NO ONE A SPOUSE/SEX PARTNER B DOCTOR C FRIEND D FAMILY MEMBER E OTHER _____ X (SPECIFY) DON'T KNOW Y REFUSED Z	
708a	Now I would like to ask you questions about your experiences with health care providers.		
708	In the last 12 months, when you sought health care in a facility where your HIV status is not known, did you feel you needed to hide your HIV status?	YES 1 NO, NO NEED TO HIDE 2 NO, NO NEED TO ATTEND HEALTH FACILITY IN LAST 12 MONTHS 3 DON'T KNOW 8 REFUSED 9	
709	In the last 12 months, have you been denied health services including dental care, because of your HIV status?	YES 1 NO 2 NO ONE KNOWS MY STATUS 3 DON'T KNOW 8 REFUSED 9	

MODULE 8: HIV STATUS, CARE AND TREATMENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
800a	CHECK 705: IS THE RESPONDENT HIV POSITIVE?	YES 1 NO 2	→ END MODULE
800	Now I am going to ask you more about your experience with HIV support, care and treatment.		
801	After learning you had HIV, have you ever received HIV medical care from a doctor, clinical officer or nurse?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ 803 → 806
802	What is the main reason why you have never received HIV medical care from a doctor, clinical officer, or nurse?	FACILITY IS TOO FAR AWAY 01 I DON'T KNOW WHERE TO GET HIV MEDICAL CARE 02 COST OF CARE 03 COST OF TRANSPORT 04 I DO NOT NEED IT / I FEEL HEALTHY / NOT SICK 05 I FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC 06 RELIGIOUS REASONS 07 I'M TAKING TRADITIONAL MEDICINE ... 08 DO NOT TRUST THE STAFF / QUALITY OF CARE 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	→ 806
803	What month and year did you first see a doctor, clinical officer or nurse for HIV medical care? PROBE TO VERIFY DATE.	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED 9999	
804	What month and year did you last see a doctor, clinical officer or nurse for HIV medical care?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 REFUSED 9999	
805A	CHECK 804: WAS MONTH AND YEAR LESS THAN 7 MONTHS FROM DATE OF INTERVIEW OR DID RESPONDENT ANSWER DON'T KNOW?	YES 1 NO 2	→ 806
805	What is the main reason for not seeing a doctor, clinical officer or nurse for HIV medical care for more than 6 months?	FACILITY IS TOO FAR AWAY 01 DON'T KNOW WHERE TO GET HIV MEDICAL CARE 02 COST OF CARE 03 COST OF TRANSPORT 04 DO NOT NEED IT / I FEEL HEALTHY / NOT SICK 05 FEAR PEOPLE WILL KNOW THAT I HAVE HIV IF I GO TO A CLINIC 06 RELIGIOUS REASONS 07 TAKING TRADITIONAL MEDICINE 08 DO NOT TRUST THE STAFF / QUALITY OF CARE 09 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
806	Have you ever had a CD4 count test? The CD4 count tells you how sick you are with HIV and if you need to take ARVs or other HIV medications.	YES 1 NO 2 DONT KNOW 8 REFUSED 9	→ 808A
807	What month and year were you last tested for your CD4 count?	MONTH <input type="text"/> <input type="text"/> DONT KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 9998 REFUSED 9999	
808	Have you ever taken ARVs, that is, antiretroviral medications to treat HIV infection?	YES 1 NO 2 DONT KNOW 8 REFUSED 9	→ 810 → END MODULE
809	What is the main reason you have never taken ARVs?	NOT ELIGIBLE FOR TREATMENT 01 HEALTH CARE PROVIDER DID NOT PRESCRIBE 02 HIV MEDICINES NOT AVAILABLE 03 FEEL HEALTHY/NOT SICK 04 COST OF MEDICATIONS 05 COST OF TRANSPORT 06 RELIGIOUS REASONS 07 TAKING TRADITIONAL MEDICATIONS 08 OTHER _____ 96 (SPECIFY) DONT KNOW 98 REFUSED 99	→ END MODULE
810	What month and year did you first start taking ARVs? PROBE TO VERIFY DATE.	MONTH <input type="text"/> <input type="text"/> DONT KNOW 98 REFUSED 99 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 9998 REFUSED 9999	
811	Are you currently taking ARVs, that is, antiretroviral medications? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DONT KNOW 8 REFUSED 9	→ 813 → END MODULE
812	Can you tell me the main reason why you are not currently taking ARVs?	TROUBLE TAKING IT EVERYDAY 01 SIDE EFFECTS 02 FACILITY TOO FAR 03 COST OF MEDICATIONS 04 COST OF TRANSPORT 05 FEEL HEALTHY/NOT SICK 06 FACILITY WAS OUT OF STOCK 07 RELIGIOUS REASONS 08 TAKING TRADITIONAL MEDICINES 09 OTHER _____ 96 (SPECIFY) DONT KNOW 98 REFUSED 99	→ END MODULE
813	People sometimes forget to take all of their ARVs every day. In the last 30 days, how many days have you missed taking any of your ARV pills? CODE '00' IF NONE.	NUMBER OF DAYS <input type="text"/> <input type="text"/> DONT KNOW 98 REFUSED 99	

MODULE 9: TUBERCULOSIS AND OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
900	Now I will ask you about tuberculosis, or TB.		
901	Have you ever visited clinic for TB diagnosis or treatment?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9] → END MODULE
902	Have you ever been told by a doctor, clinical officer or nurse that you had TB?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9] → END MODULE
903	Were you ever treated for TB?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9] → END MODULE
904	Are you currently on treatment for TB?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	→ END MODULE] → END MODULE
905	The last time you were treated for TB, did you complete at least 6 months of treatment?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

MODULE 10: GENDER NORMS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to ask you some questions on attitudes and decision-making in your home.		
1001A	CHECK 203: IS THE RESPONDENT MARRIED OR LIVING TOGETHER WITH A [MAN/WOMAN] AS IF MARRIED?	YES 1 NO 2	→ END MODULE
1001	Who usually makes decisions about health care for yourself: you, your (spouse/partner), you and your (spouse/partner) together, or someone else?	SELF 1 SPOUSE/PARTNER 2 JOINTLY 3 SOMEONE ELSE 4 DON'T KNOW 8 REFUSED 9	
1002	Who generally decides about how the money you receive/make is spent: you, your (spouse/partner), you and your (spouse/partner) together, or someone else?	SELF 1 SPOUSE/PARTNER 2 JOINTLY 3 SOMEONE ELSE 4 DON'T KNOW 8 REFUSED 9	
1003A	CHECK Q.607: DID RESPONDENT EVER SELL SEX, ANSWER CODED '7'?	YES 1 NO 2	→ END MODULE
1003B	CHECK Q.7 FROM HOUSEHOLD ROSTER: IS RESPONDENT 18 YEARS OR OLDER?	YES 1 NO 2	→ END MODULE
1003	<p>You mentioned earlier that you have sold sex for money. Thank you for sharing your personal experiences with me. If you want to talk further about these experiences, I can refer you to a place that can provide you with help.</p> <p>FILL OUT REFERRAL FORM FOR CHILDREN IDENTIFIED AS TRAFFICKED MINORS. FILL OUT SUMMARY OF REFERRED TRAFFICKED MINORS. PROVIDE PARTICIPANT WITH LIST OF ORGANIZATIONS, IF NOT ALREADY GIVEN.</p>		

APPENDIX G ADOLESCENT QUESTIONNAIRE

EARLY ADOLESCENT QUESTIONNAIRE (10-14 YEARS)

THIS QUESTIONNAIRE IS ADMINISTERED TO ELIGIBLE CHILDREN AGED BETWEEN 10-14 YEARS AFTER INFORMED PARENTAL/GUARDIAN CONSENT AND MINOR ASSENT.

100A	ENTER LINE NUMBER OF THE CHILD FROM THE HOUSEHOLD SCHEDULE:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
100B	ENTER NAME OF CHILD: _____ (CHILD'S NAME)	

MODULE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS

100C Now I will be asking you some general questions about yourself and education.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	CHECK THE HOUSEHOLD SCHEDULE: IS THE RESPONDENT MALE OR FEMALE?	MALE 1 FEMALE 2	
102	How old were you at your last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98 REFUSED 99	
103	Are you enrolled in school?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} 109
104	During the last school week, did you miss any school days for any reason?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} 106
105	Why did you miss school?	HAVE BEEN SICK 01 DON'T FEEL SAFE TRAVELING TO SCHOOL 02 DON'T FEEL SAFE WHILE IN SCHOOL 03 HAVE TO LOOK AFTER MY FAMILY 04 THERE'S NOT ENOUGH MONEY TO SEND ME TO SCHOOL 05 SCHOOL IS TOO FAR AWAY 06 HAVE TO WORK 07 HAVE A CHILD OR I AM PREGNANT (GIRLS ONLY) 08 MISSED TOO MUCH SCHOOL BECAUSE OF MY PERIOD (MENSTRUATION) (GIRLS ONLY) 09 OTHER 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
106	What is the highest level of school you have attended?	PRIMARY 01 JUNIOR SECONDARY 02 SENIOR SECONDARY 03 A-LEVEL 04 KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) 05 DON'T KNOW 98 REFUSED 99	
107	What grade/form/year are you in now, at that level?	NONE 00 YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98 REFUSED 99	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	What grade/form/year were you in last year?	NONE 00 YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	<input type="checkbox"/> END <input type="checkbox"/> MODULE
109	Why are you not enrolled in school?	I HAVE BEEN SICK 01 I DON'T FEEL SAFE TRAVELING TO SCHOOL 02 I DON'T FEEL SAFE WHILE IN SCHOOL IN SCHOOL 03 I DON'T LIKE SCHOOL 04 I HAVE TO LOOK AFTER MY FAMILY 05 THERE'S NOT ENOUGH MONEY TO SEND ME TO SCHOOL 06 SCHOOL IS TOO FAR AWAY 07 I HAVE TO WORK 08 I HAVE A CHILD OR IS PREGNANT (GIRLS ONLY) 09 MISSED TOO MUCH SCHOOL BECAUSE OF MY PERIOD (MENSTRUATION) (GIRLS ONLY) . 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
110	Have you ever attended school?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	<input type="checkbox"/> END <input type="checkbox"/> MODULE
111	When was the last time you regularly attended school? Would you say it was less than a year ago or more than a year ago?	LESS THAN 1 YEAR AGO 1 1 YEAR OR LONGER 2 DON'T KNOW 8 REFUSED 9	
112a	What is the highest level of school you have attended?	PRIMARY 01 JUNIOR SECONDARY 02 SENIOR SECONDARY 03 A-LEVEL 04 KORANIC/RELIGIOUS ONLY (NO FORMAL EDUCATION) 05 DON'T KNOW 98 REFUSED 99	<input type="checkbox"/> END <input type="checkbox"/> MODULE
112	What is the highest [CLASS/YEAR] you completed at that level?	NONE 00 CLASS/YEAR <input type="text"/> <input type="text"/> DON'T KNOW 98 REFUSED 99	

MODULE 2: PARENTAL SUPPORT

200 Now I will ask you about your parents. For each question, you can answer 'Always', 'Most of the time', 'Sometimes', 'Rarely', 'Never' or 'Don't know', or you can refuse to answer.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Do your parents/guardians understand your problems and worries?	ALWAYS 1 MOST OF THE TIME 2 SOMETIMES 3 RARELY 4 NEVER 5 DON'T KNOW 8 REFUSED 9	
202	Do your parents/guardians really know what you were doing with your free time when you were not at school or work?	ALWAYS 1 MOST OF THE TIME 2 SOMETIMES 3 RARELY 4 NEVER 5 DON'T KNOW 8 REFUSED 9	

MODULE 5: SEXUAL BEHAVIOR

500 The next questions ask about sexual behavior. There is no right or wrong answer. Your responses will not be linked to you in any way or shared with anyone, including your parents. For each question, you can always tell me you 'don't know' or you can refuse to answer any question.

PLEASE LOOK OUT FOR SIGNS OF DISTRESS IN CHILD WHEN ASKING THE FOLLOWING SEXUAL BEHAVIOR QUESTIONS. IF THE CHILD SEEMS DISTRESSED, ASK CHILD IF HE/SHE WANTS TO STOP THE INTERVIEW.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Do you know what sex is?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} → 600
501A	Have you ever had sex?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} → 600
502	Have you ever had vaginal, anal or oral sex? Vaginal sex is when a penis enters a vagina. Anal sex is when a penis enters an anus. Oral sex is when a person puts his/her mouth on the penis or vagina of another person. SELECT ALL THAT APPLY.	VAGINAL A ANAL B ORAL C DON'T KNOW Y REFUSED Z	} → 600
503	How old were you when you had sex for the first time?	AGE IN YEARS <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DON'T KNOW 98 REFUSED 99	
504	The first time you had sex, was it because you wanted to or because you were forced?	WANTED TO 1 FORCED 2 DON'T KNOW 8 REFUSED 9	} → 506 } → 506
505	The first time you had sex, were you physically forced or were you pressured into having sex through harassment, threats or tricks?	PHYSICALLY FORCED 1 PRESSURED 2 DON'T KNOW 8 REFUSED 9	} → 507
506	What was the main reason that you had sex for the first time?	JUST HAPPENED 01 FRIENDS PRESSURED ME TO HAVE SEX 02 TO SHOW MY LOVE/FEEL LOVED 03 WANTED TO HAVE SEX 04 BOYFRIEND/GIRLFRIEND WANTED TO HAVE SEX 05 FOR MONEY/GIFTS 06 WANTED TO HAVE A BABY 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	
507	How old was the person you first had sex with? Please give your best guess.	AGE IN YEARS <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DON'T KNOW 98 REFUSED 99	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508A	CHECK Qs. 401 AND 504: DOES RESPONDENT KNOW WHAT A CONDOM IS, IF THE CODED ANSWER IS '2'	YES 1 NO 2	→ 509
508B	CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX?	YES 1 NO 2	→ 509
508	The first time you had sex, was a condom used?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
509	In total, how many different people have you had sex with? Please give your best guess.	NUMBER OF PARTNERS ... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW998 REFUSED999	
510A	CHECK 401: DOES RESPONDENT KNOW WHAT A CONDOM IS?	YES 1 NO 2	→ 512A
510B	CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX (CODE '2')?	YES 1 NO 2	→ 510
510C	CHECK 509: DID THE RESPONDENT ANSWER '001', ONLY ONE PARTNER?	YES 1 NO 2	→ 512A
510	The last time you had sex was a condom used?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
511	How often do you use a condom during sex? Would you say, Always? Sometimes? or, Never?	ALWAYS 1 SOMETIMES 2 NEVER 3 DON'T KNOW 8 REFUSED 9	
512A	CHECK 504: WAS THE RESPONDENT FORCED TO HAVE SEX (CODE '2')?	YES 1 NO 2	→ 512
512B	CHECK 509: DID THE RESPONDENT ANSWER '001', ONLY ONE PARTNER?	YES 1 NO 2	→ 513A
512	Have you ever had sex with someone because he/she provided you with, or you expected that he/she would provide you with gifts, help you to pay for thing or help you in other ways such as giving you food or paying for school fees?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
513A	CHECK: IS RESPONDENT A GIRL?	YES 1 NO 2	→ 514
513	Have you ever been pregnant?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
514	Have you ever talked with a parent or guardian about sex?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

MODULE 6: HIV KNOWLEDGE

600 Now I would like to ask you some questions about what you know about some things related to HIV. For each question, you can answer 'Yes', 'No', or 'Don't know' or you can refuse to answer.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you ever heard of HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} 700
602	From where have you heard about HIV? PROBE: Anywhere else? RECORD ALL MENTIONED	SCHOOLS/TEACHERS A PARENTS/GUARDIANS/FAMILY B FRIENDS C RELIGIOUS LEADERS D INTERNET E MOBILE PHONE F HEALTH PROVIDERS/DOCTORS/ NURSES/CLINICAL OFFICIERS G TELEVISION/FILM H RADIO I COMMUNITY HEALTH WORKERS J OTHER _____ X (SPECIFY) DON'T KNOW Y REFUSED Z	
603	Have you ever discussed HIV with your parents or guardian?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
604	Have you taken part in any of the HIV prevention programs? For example: a) Family, life, and health education (FLHE) b) Sex and sexuality training (a part of the FHLE, but sometimes offered on its own) c) In-school youth program? d) Out of school youth program? e) HIV awareness training or peer education sessions? f) Training on abstinence and being faithful? g) HIV testing services (HTS)? SELECT ALL THAT APPLY PROBE: Any other prevention programs? SHOW CHILD THE LOGO FOR EACH PROGRAM	FAMILY, LIFE, & HEALTH EDUCATION A SEX AND SEXUALITY TRAINING B IN-SCHOOL YOUTH PROGRAM C OUT OF SCHOOL YOUTH PROGRAM . D HIV AWARENESS TRAINING OR PEER EDUCATION SESSIONS E TRAINING ON ABSTINENCE AND BEING FAITHFUL F HIV TESTING SERVICES (HTS) G NO, NOT TAKEN PART W OTHER _____ X (SPECIFY) DON'T KNOW Y REFUSED Z	
605	Can a person reduce their chance of getting HIV by not having sex?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
605A	CHECK 401: DOES RESPONDENT KNOW WHAT A CONDOM IS?	YES 1 NO 2	→ 607
605B	CHECK 501: DOES RESPONDENT KNOW WHAT SEX IS?	YES 1 NO 2	→ 607
606	Can a person reduce their chance of getting HIV by using condoms when having sex?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
607	Can a healthy-looking person have HIV or AIDS?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
608	Can a mother with HIV or AIDS pass HIV to her unborn baby?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
609	Are there medicines that people with HIV or AIDS can take to help them live longer?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
610	Can male circumcision help prevent HIV infection? Circumcision is the removal of the foreskin from a penis.	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
611	Can ARVs make people with HIV less likely to spread the virus?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
612	Can ARVs rid HIV from an HIV-positive person's body?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

MODULE 7: HIV RISK PERCEPTION

700 One can get HIV through various ways. Now I will ask you some questions on what you know about your risks of getting HIV.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701A	CHECK 601: HAS THE RESPONDENT EVER HEARD OF HIV?	YES 1 NO 2	→ 800
701	How likely do you think it is for you to get HIV? Would you say, it is ... Very likely? Somewhat likely? Not likely? Or, You already know you have HIV?	VERY LIKELY 1 SOMEWHAT LIKELY 2 NOT LIKELY 3 ALREADY HAVE HIV 4 DON'T KNOW 8 REFUSED 9	→ 703 → 800 END MODULE
702	What is the main reason you think you are likely to get HIV?	HAD SEX WITHOUT A CONDOM 01 HAVE OR HAD MANY BOY/GIRL FRIENDS 02 HAVE HAD BLOOD TRANSFUSIONS 03 MY MOTHER/FATHER/CLOSE RELATIVE HAS HIV 04 DON'T TRUST MY BOY/GIRLFRIEND 05 SELF SICK 06 BOY/GIRLFRIEND IS SICK OR HAS DIED 07 DESERVE IT/ I AM A BAD PERSON 08 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	END MODULE
703	What is the main reason you think you are not likely to get HIV?	ABSTINENT 01 WILL WAIT UNTIL MARRIAGE TO HAVE SEX 02 ALWAYS USE CONDOMS 03 TRUST MY PARTNER 04 HAVE ONLY ONE PARTNER 05 GO TO CHURCH/RELIGIOUS HOUSE 06 AM A GOOD PERSON 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98 REFUSED 99	

MODULE 8: HIV TESTING

800 HIV testing is the best way to confirm that someone has HIV. I will like to ask you some questions about HIV testing. Your answers will not be told to anyone, even your parents. For each question, you can tell me you 'don't know' or you can refuse to answer any question.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801a	CHECK 601: HAS THE RESPONDENT EVER HEARD OF HIV?	YES 1 NO 2	→ 900
801	To what extent do you agree with the following statement: Everyone should get tested for HIV. Do you strongly agree, agree, disagree, or strongly disagree?	STRONGLY AGREE 1 AGREE 2 DISAGREE 3 STRONGLY DISAGREE 4 DON'T KNOW 8 REFUSED 9	
802	To what extent do you agree with the following statement: Only persons who think they might have HIV should get an HIV test. Do you strongly agree, agree, disagree, or strongly disagree?	STRONGLY AGREE 1 AGREE 2 DISAGREE 3 STRONGLY DISAGREE 4 DON'T KNOW 8 REFUSED 9	
803	Have you ever been tested for HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} END MODULE
804	Did you receive the results of any of your HIV tests?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	} END MODULE
805	What was the result of that HIV test? SOME PARTICIPANTS MAY REPORT BEING TESTED MORE THAN ONCE. IF THEY REPORT GETTING A POSITIVE RESULT AND ANOTHER RESULT (I.E. A PREVIOUS NEGATIVE RESULT), SELECT POSITIVE.	HIV POSITIVE 1 HIV NEGATIVE 2 UNKNOWN/DON'T KNOW 8 REFUSED 9	} END MODULE
806	Are you currently on treatment for HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

MODULE 9: HIV STIGMA

900 Now I would like to ask you some more questions about your attitude towards people living with HIV.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901a	CHECK 601: HAS THE RESPONDENT EVER HEARD OF HIV?	YES 1 NO 2	END →MODULE
901b	CHECK 701: DOES RESPONDENT ALREADY HAVE HIV (CODE 4)?	YES 1 NO 2	→ END MODULE
901c	CHECK 805: IS RESPONDENT HIV POSITIVE?	YES 1 NO 2	→ END MODULE
901	Would you be willing to share food with someone who has HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
902	Would you be friends with someone who has HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
903	Would you be comfortable to have a teacher who has HIV?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	

MODULE 10: SOCIAL NORMS, INTENTION TO ABSTAIN, SELF-EFFICACY AND ASSERTIVENESS

1000 Now I would like to ask you some questions about social norms, your belief and your confidence. This is to get a better understanding of you and your peers attitudes towards sex.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000a	CHECK 501: DOES RESPONDENT KNOW WHAT SEX IS?	YES 1 NO 2	→ 1005
1001	Do you think all, many, some, a few or none of your friends are having sex?	ALL 1 MOST 2 SOME 3 A FEW 4 NONE 5 DON'T KNOW 8 REFUSED 9	
1002	Do you feel pressured by your boyfriend/girlfriend to have sex?	YES 1 NO 2 DON'T HAVE BOYFRIEND/GIRLFRIEND . 3 DON'T KNOW 8 REFUSED 9	
1003	Do you feel pressured by your friends to have sex?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
1004	If you did not want to have sex with someone, could you tell them that you do not want to have sex with them?	YES 1 NO 2 DON'T KNOW 8 REFUSED 9	
1005	This is the end of survey. Thank you very much for your time and your responses. Your responses will be useful to HIV programming and services among adolescents in Nigeria.		

APPENDIX H SURVEY CONSENT FORMS

Appendix H1: Survey Consent for Household Interview

Interviewer reads:

What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey

Hello. My name is _____. I would like to invite you to take part in this survey about HIV in Nigeria. The Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) are leading this survey. They are carrying out the survey with the United States Centers for Disease Control and Prevention (CDC).

Purpose of survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to invite about 98,207 households to take part in this survey. If you take part, you will help the Government of Nigeria make health services better in the country.

Survey Procedures

If you agree to take part in this survey, you will be invited to take part in two interviews: a household interview and a single person interview. In the household interview, we will ask you questions about persons living in your household and the things you have. This interview will last for about 30 minutes.

After the household interview, we will invite you and persons living in your household to take part in single person interviews. The single person interview will take about 40 minutes. We will also offer HIV testing after the interview. We may also offer Hepatitis B and Hepatitis C testing. We will ask each person to give permission to take part before joining the survey.

Potential Risks/Discomfort

Some of the questions may make you feel uncomfortable. You are free to skip a question and continue. The information you provided will be protected in a secure place. Access to the information will be minimized and limited to persons carrying out this survey.

Potential Benefits

You may or may not benefit by taking part in this study. If you take part, you and your household members will get free testing for HIV in your home. In addition, some people may also get free Hepatitis B or Hepatitis C testing. The answers you give will help Government to improve the health services of Nigerians and to develop more effective programs to fight HIV and other diseases.

Alternative to Taking Part

Your alternative is not to take part. If you choose not to take part, the services you or any member of your household receive will not be affected.

Costs to Person Taking Part in the Survey

It will not cost you anything to take part in this study other than your time.

Payment to Person Taking Part in the Survey

You will not receive any payment for taking part in this survey

Confidentiality and Access to Records

Efforts will be made to protect your household information and your answers to the interview questions. A number will be used instead of your name to identify the answers you give. Any answers included in the final report will not have your name or household on it. The information we collect from you will not be released outside of the study partners listed below unless there is an issue of safety.

{DO NOT READ ALOUD}

The following individuals and/or agencies may look at your household records to make sure that we are protecting your rights as someone who takes part in research:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA)
- The United States Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your child’s rights as a person who takes part in this survey
- Study staff and study monitors

[READ FROM HERE]

Everyone using the survey information will work to keep your personal information secret. Your personal information will not be given out. If you have any questions or concerns about your household rights, or if you believe those rights were violated due to our negligence, you can contact the National Health Research Ethics Committee (NHREC) at

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Refusal to Take Part and Right to Withdraw

Your taking part in this survey is voluntary. You do not have to take part in this survey. You are free to change your mind at any time and stop taking part. Refusal to take part or stopping to take part will not affect the health services you or any member of your household receive. If you decide not to take part or stop taking part, we will ask your permission to give us the reasons and the information you gave will not be included in analysis. If you have any questions about the survey, or feel that you have been harmed by taking part, you should contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: USCDC Nigeria Country Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Removal from Survey

The person in charge of the survey can remove your household from the survey without your consent. We will notify you if this happens. You will have a chance to ask questions.

Do you want to ask me anything about the survey?

Consent Statement

I have read this form and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had have been answered satisfactorily. I agree to take part in the household interview. I know that after choosing to be in the interview, I may withdraw at any time. My taking part is voluntary. I have been offered a copy of this consent form.

Do you agree to do the household interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.

_____Yes _____No

Head of household signature or mark _____ Date: __/__/__

Printed name of head of household _____

Household ID number _____

[For illiterate participants]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining consent _____ Date: __/__/__

Printed name of person obtaining consent _____

Survey staff ID number _____

**Appendix H2: Survey Consent for Individual Adult Interview and Blood Draw
(Age 18 – 64 years)**

Nigeria AIDS Indicator and Impact Survey (NAIS)

[IF PARTICIPANT HAS NOT BEEN THROUGH HOUSEHOLD CONSENT]

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Hello. My name is _____. I would like to invite you to take part in this survey about HIV in Nigeria. The Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) are leading this survey. They are doing it with the United States Centers for Disease Control and Prevention (CDC). You are invited to take part in this survey because you are a member of a household. Taking part in this survey is voluntary.

Purpose of survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people’s risk for getting HIV.

We plan to invite about 137,289 members of households like you to take part in this survey. If you take part, you will help the Government of Nigeria make health services better in the country.

→ **GO TO SURVEY PROCEDURES**

[IF PARTICIPANT HAS BEEN THROUGH HOUSEHOLD CONSENT]

Hello, my name is _____.

Survey Procedures

If you take part in this survey, you will be invited to take part in a single person interview. We will ask you questions about yourself, your sexual and social life, and your awareness of HIV services. We will also ask for your permission to do a free HIV test on you. The interview will take about 40 minutes.

The information is collected on this tablet. The information is stored securely and can only be accessed by selected survey staff. The interview will take place in private here in your house or an area around your house.

After the interview, we will offer you HIV testing and may also offer Hepatitis B and Hepatitis C testing. We will also ask your permission to use your leftover blood later in the laboratory for future testing.

Blood draw and HIV testing procedures

If you agree to take the HIV, test trained laboratory personnel will take a small amount, about 14 mL or about one tablespoon of blood from your arm. If it is not possible to take blood from your arm, then we will try to take a few drops of blood from your finger. We will give you the HIV results today and offer you counselling services . The testing and counselling session will take about 40 minutes.

If we find HIV in your blood, you will get a Hepatitis B and C test here at home. If we dont find HIV in your blood, you may or may not be selected for Hepatitis B and C testing. We will also test your blood for CD4 cells here at home. The

number of CD4 cells shows how well your body can fight HIV infection and other diseases. We will also test the CD4 cells of some people who do not have HIV in their blood. We will also send your blood to a laboratory to find out your viral load, which is the amount of HIV in your blood. We will send your viral load results to a health facility in about 8-10 weeks from now. We will give you a referral form and information so that you can consult a nurse or doctor to learn more about your HIV, CD4 cells, viral load test results, and your health.

We will also do other additional tests related to HIV.

If we have test results that might help your care or treatment, we will contact you to tell you how you and your doctor or nurse may get these results.

Storage of specimens

We would also like your permission to keep your leftover blood sample for future research tests. These tests may be about HIV or other health issues important for the health of the Nigerian people, such as nutrition or immunization. This will help the Federal Ministry of Health improve the health of the people of Nigeria. This sample will be kept for at least five years and your information will be linked to the stored sample for the 5-year period and delinked afterward. We will attempt to tell you about any test results that are important to your health during the five-year period. Your leftover blood will not be sold or used for profit making. If you do not agree for us to keep your blood sample, we will destroy your blood sample after all tests for this survey are completed.

Potential Risks/Discomfort

Some of the questions may make you feel uncomfortable. You are free to skip a question and continue. The information you provided will be protected in a secure place.

The risks in drawing blood are very small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. If you have any discomfort, bleeding or swelling at the site, please let us know.

You may learn that you are infected with HIV. Learning that you have HIV may cause some emotional discomfort. You will receive advice on how to cope with learning that you have HIV.

If you are selected for Hepatitis B and C testing, you will learn your Hepatitis B and C status. This may cause some emotional discomfort. You will receive advice on how to cope and where to go for treatment.

We will do everything we can to keep the information on your HIV status a secret. Access to the information will be minimized and limited to persons carrying out this survey.

Potential Benefits

You may or may not benefit by taking part in this study. The answers you give will help Government to improve the health services of Nigerians and to develop more effective programs to fight HIV and reduce its spread in the community. The main benefit for you to take part in this survey is the chance to learn more about your health today. If we do not find HIV in your blood, you will learn about what you can do to prevent becoming infected by HIV. If we find HIV in your blood, the benefit is that you will know your HIV status and where to go for life-saving treatment that is provided by the Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) at no cost to you. If you already know that you are HIV positive and are on HIV treatment, the CD4 and viral load tests will help your nurse or doctor know how well your treatment is working.

Alternative to Taking Part in the Survey

Your alternative is not to take part. If you choose not to take part, the services you or any member of your household receive will not be affected.

Costs to Person Taking Part in the Survey

It will not cost you anything to take part in this study other than your time.

Payment to Person Taking Part in the Survey

You will not receive any payment for taking part in this survey

Confidentiality and Access to your Health Information

Efforts will be made to protect your personal information and your answers to the interview questions. A number will be used instead of your name to identify the answers you give. Any answers included in the final report will not have your name on it. The information we collect during the survey will not be released outside of the survey groups unless there is an issue of safety. Everyone using the survey information will work to keep your personal information confidential.

[INTERVIEWER: DO NOT READ ALOUD]

The following individuals and/or agencies may look at your research records to make sure that we are protecting your rights as someone taking part in research:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA).
- The United States Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your child’s rights as a person who takes part in this survey.
- Study staff and study monitors.

[INTERVIEWER: READ FROM HERE]

Your permission to allow us to use and share your name and contact information with the groups above will expire two years after the end of the survey. If you want to leave the study, have any questions about the survey, or feel that you have been harmed by taking part, you should contact NHREC at:

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

[READ FROM HERE]

Refusal to Take Part and Right to Withdraw

Your taking part in this survey is voluntary. You are free to withdraw the permission to use your information and leftover blood at any time. Refusal to take part or withdrawal from the survey will not affect the health services you or any member of your household receive. You do not have to take part in giving your blood samples. Even after you agree to give the blood samples you are free to change your mind and stop taking part. You may agree to let us test your blood for HIV and CD4 counts and other HIV tests. If you do not want to give blood, please tell us. If you decide to stop taking part, there will be no adverse physical, social, economic, legal or psychological consequences for your decision to withdraw from the survey. If you have questions or concerns or complaints or if you need to report a medical injury related to the survey, please contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about the survey?

Consent Statement

I have read this form and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had, have been answered satisfactorily. I agree to take part. I know that after choosing to take part, I may withdraw at any time. My taking part is voluntary. I have been offered a copy of this consent form.

1. Do you agree to do the individual interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.
 _____Yes _____No

2. Do you agree to give blood for HIV, Hepatitis B and C testing and related testing? 'YES' means that you agree to give blood for HIV testing and related testing. 'NO' means that you will NOT give blood for HIV testing, Hepatitis B, and related testing.
 _____Yes _____No

3. Do you agree to have your leftover blood stored for future research? 'YES' means that you agree to have these blood samples stored for future testing. 'NO' means that these blood samples will NOT be stored for future research.
 _____Yes _____No

4. Do you agree to be contacted should these future studies have clinically actionable results that are related to your health? 'YES' means that you agree to be contacted. 'NO' means that you don't agree to be contacted.
 _____Yes _____No

Participant signature or mark _____ Date: __/__/__

Printed name of participant _____

Participant ID number _____

[For illiterate participants]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining consent _____ Date: __/__/__

Printed name of person obtaining consent _____

Survey staff ID number _____

Appendix H3: Parent/Guardian Permission for Children, ages 0-9 years

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Now I would like to ask permission for your son/daughter to take part in the survey. Your child's taking part will help the Federal Ministry of Health and National Agency for the Control of AIDS (NACA) to plan well to fight HIV.

[IF PARENT/GUARDIAN HAS BEEN THROUGH CONSENT PROCESS FOR INTERVIEW/BLOOD DRAW]

Survey Procedures

If you give permission for your child to take part, we will go ahead as mentioned in your consent as follows:

- **[IF CHILD IS 2-9 YEARS OLD]** To do the HIV test in your home, a trained laboratory personnel will take about 6 mL or about 1 teaspoon of blood from your child's arm or a few drops of blood from your child's finger.
- **[IF CHILD IS <2 YEARS OLD]** A trained laboratory person will take a few drops (about 1 mL) from your child's finger or heel for the HIV test.
- We will discuss the results with you and your child, if you want to discuss them with him/her
- If your child has HIV, he/she will get a CD4 test and receive the results today.
- If your child is HIV positive, his/her blood will be sent to a laboratory to determine the viral load. The results will be returned to the clinic or hospital you would like in 8-10 weeks.
- We will give you a referral form so you and your child can consult with a doctor regarding his/her HIV test, and viral load results.
- We will ask for your permission to store your child's leftover blood for future research tests

[FOR CHILDREN ≤18 months ONLY]

The body makes antibodies to fight HIV. Antibodies from a mother with HIV can enter the baby's blood during pregnancy. The test we perform on your child today will let us know if your child has the antibodies that fight HIV. If we find the antibodies, it does not mean your child has the virus in his/her blood. It just shows that he/she has the antibodies to HIV and that the mother is positive. We will need to send your child's blood to a lab for a special test to know if he/she has the HIV virus. If you give us the name of a clinic or hospital, we can send the result there in about 8 to 10 weeks from now. If you give us your contact information, we will also contact you to tell you that the results have been sent to the clinic or hospital you chose. You will be able to talk to a doctor or nurse at the clinic or hospital about the test result. With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving the health of Nigerian children

→ GO TO POTENTIAL STORAGE OF SPECIMENS

[IF PARENT/GUARDIAN HAS NOT BEEN THROUGH CONSENT PROCESS FOR INTERVIEW/BLOOD DRAW]

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Purpose of survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to invite about 31,000 children to take part in this survey. If you give permission for your child to take part, you will help the Government of Nigeria make health services better in the country.

Survey Procedures

[FOR CHILDREN 2-9 YEARS OLD] If you agree to allow your child to take part in the survey, a trained laboratory person will take a small amount or about 6 mL of blood or about 1 teaspoon from your child's arm to perform an HIV test here in your home. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger.

[FOR CHILDREN <2 YEAR OLD] If your child is less than 2 years, we will take a few drops (about 1 mL) from your child's finger or heel for the HIV test.

We will give you the results today and counsel you about the results and how to share the results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and counselling session will take about 40 minutes.

If your child tests positive for HIV, We will test his/her blood for C4 cells here and also send his/her blood to a laboratory to test the amount viral load in his/her blood. CD4 cells are the part of your immune system that fights HIV infection and other diseases while viral load is the amount of HIV in the blood. We will also test the CD4 level of some children without HIV. If you provide us with the name of a health facility, we can send your child's viral load results there about 8 to 10 weeks from now.

We will give you a referral form and information so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count, and viral load. If we have test results that might guide your child's care or treatment, we will contact you to tell you how you and your child's doctor or nurse may get these results.

[For children ages 0-<18 months only]

The body makes antibodies to fight HIV. Antibodies from a mother with HIV can enter the baby's blood during pregnancy. The test we perform on your child today will let us know if your child has antibodies to HIV and if the mother is HIV positive. If we find the antibodies, it does not mean your child has the HIV virus in his/her blood. It just tells us that he/she has antibodies to HIV. We will need to send your child's blood sample to a lab for a special test to know if he/she truly has the HIV virus. If you give us the name of a clinic or hospital you would like to send the result to, we can send the result there in about 8 - 10 weeks from now. If you give us your contact information, we will also contact you to tell you that the results have been sent to the clinic or hospital,. You will be able to talk to a doctor or nurse at the clinic or hospital about the test result.

Storage of specimens

We would like to ask for your permission to store your child's leftover blood sample for future research tests. These tests may be about HIV or other health issues important for the health of about 170 million Nigerians, such as nutrition or immunization. This sample will be stored for at least five years, but your child's name will be linked to the sample for only five years. We will attempt to tell you about any test results during the five-year period that are important for your child's health. Your child's leftover blood sample will not be sold or used for profit making. If you do not agree to long-term storage of your child's blood samples, we will destroy your child's blood samples after all tests for this survey are completed.

Potential Risks

The risks to being in the survey and drawing blood are small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. We will do everything we can to minimize these risks and keep your child's information private.

Potential Benefits

The main benefit for your child to be in the survey is the chance to learn more about his/her health today. Some children who take part will have HIV virus found in their blood. If this happens to your child, the benefit is that you will learn his/her HIV and will learn where to take your child for life-saving treatment for HIV that is provided by the Federal Ministry of Health at no cost to you. If you already know that your child has HIV and he/she is taking treatment, the CD4 and viral load tests can help your child's doctor or nurse to find out how well the treatment is working. Your child's taking part in this research could help us learn more about children and HIV in Nigeria and how HIV prevention and treatment programs are working.

Alternative to Taking Part in the Survey

Your alternative is not to let your child take part in the survey. If you choose not to let him/her takes part, the services you and your child receive will not be affected in any way.

Costs to Person Taking Part in the Survey

There is no cost to you for your child being in the survey. All the tests are given at no cost to you.

Payment to Person Taking Part in the Survey

You should also know that you and your child will not be paid for taking part in the survey.

Confidentiality and Access to Your Health Information

We will do everything we can to keep your child’s taking part in the survey private. The information we collect from your child will be identified by a number and not by your name or your child’s name. Your name and your child’s name will not appear when we share survey results. The information we collect from your child will not be released outside of the survey groups listed below unless there is an issue of safety.

[INTERVIEWER: DO NOT READ ALOUD]

The following individuals and/or agencies will be able to look at your child’s research records to help oversee the conduct of this survey:

- Staff members from the Institutional Review Boards or Ethics Committees overseeing the conduct of this survey to ensure that we are protecting your child’s rights as he/she takes part in the survey. These include the National Health Research Ethics Committee (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA),
- The United States Office of Human Research Protections and other government agencies that oversee the safety of human subjects to ensure we are protecting your child’s rights as he/she takes part in this survey
- Study staff and study monitors

[INTERVIEWER: READ FROM HERE]

Your permission to allow us to use and share your child’s name and contact information with the groups above will expire two years after the end of the survey. If you want your child to leave the study, have any questions about the survey, or feel that your child has been harmed by taking part, you should contact NHREC at:

[INDICATE ADDRESS OF POC]

Address:

Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Refusal to Take Part and Right to Withdraw

It is your decision whether you will allow your child to join the survey. Your child may stop taking part at any time. If your child does not take part, it will not affect your child’s health care in any way. Even after you agree to give your child’s blood samples, you are free to change your mind and stop taking part. You may agree to let us test your child’s blood for HIV and CD4 counts and other HIV testing and not agree to have his/her blood be kept for future research tests. If you do not want to give your child’s blood, please tell us. If you decide to stop taking part, we will request you to complete a refusal/withdrawal form and the samples you gave will not be included in analysis. Your permission to allow us to use and share your child’s information with the groups above will expire two years after the end of the survey. If you want to leave the survey, or have the leftover specimen destroyed, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the responsible investigator: ...

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige

Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about your child’s taking part in the survey?

Consent Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions I had have been answered satisfactorily. I agree for my child to take part in this survey. I know that after allowing my child to take part, I may change my mind and withdraw him/her from taking part in this survey at any time. I have been offered a copy of this consent form.

1. Do you agree that your child give blood for HIV testing and related testing? ‘YES’ means that you give your permission to have the nurse collect a sample of your child’s blood for HIV testing and related testing. ‘NO’ means that your child will NOT give blood for HIV testing and related testing.

_____Yes _____No
 (if “Yes” proceed to the next question)

2. Do you agree to have your child’s leftover blood stored for future research? ‘YES’ means that you give permission for your child’s leftover blood samples to be stored for future research. ‘NO’ means that your child’s blood samples will NOT be stored for future research.

_____Yes _____No

3. Do you agree to be contacted should these future studies have clinically actionable results that are related to your child’s health? ‘YES’ means that you agree to be contacted. ‘NO’ means that you don’t agree to be contacted.

_____Yes _____No

Parent/guardian signature or mark _____ Date: ___/___/___

Printed name of parent/guardian _____

Parent/guardian ID number _____ (If applicable. If not applicable check here ___)

[For illiterate participants]

Signature of witness _____ Date: ___/___/___

Printed name of witness _____

Signature of person obtaining consent _____ Date: ___/___/___

Printed name of person obtaining consent _____

Survey staff ID number _____

Child’s name (print) _____

Child’s participant ID number _____

**Appendix H4: Parent/Guardian Permission for Child Interview and Blood Draw
[ages 10-17 years]**

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Now I would like to ask you to give us permission to invite your son/daughter to take part in the survey. Your child's taking part will help the Federal Ministry of Health and the National Agency for the Control of AIDS make HIV services better.

[IF PARENT/GUARDIAN HAS BEEN THROUGH CONSENT PROCESS FOR INTERVIEW/BLOOD DRAW]

Survey Procedures

If you and your child agree, the following will happen, as described in your own consent:

- We will ask questions on HIV and your child's behaviors (about 40 minutes) in private. Your child's answers will not be shared with you.
- To do the HIV test in your home.

[IF 10-14 YEARS]:

- A trained lab technician will take about 6 mL (about 1 teaspoon) of blood from your child's arm or a few drops of blood from your child's finger.
- We will discuss the results with you. We can discuss the results with you and your child together, if you so choose.
- If your child is HIV positive, we will test his/her blood for CD4 cells count here at home. We will send his/her blood to a laboratory to determine the viral load. The results will be returned to the clinic or hospital you would like in 8 – 10 weeks. We will give you a referral form so you and your child can consult with a doctor regarding his/her HIV test, CD4 count and viral load results
- With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving health of Nigerian children.

[IF 15-17 YEARS]:

- A trained lab technician will take about 14 mL (about one tablespoon) of blood from your child's arm or a few drops of blood from your child's finger.
- We will discuss the results with you. We can discuss the results with you and your child together, if you so choose.
- If your child is HIV positive, we will test his/her blood for CD4 cells count here at home. We will send his/her blood to a laboratory to determine the viral load. The results will be returned to the clinic or hospital you would like in 10-12 weeks. We will give you a referral form so you and your child can consult with a doctor regarding his/her HIV test, CD4 count and viral load results
- If your child is HIV positive, he/she will also get a Hepatitis B and C test. If you child tests positive for Hepatitis B or C, we will give you a referral form so you and your child can consult with a doctor regarding his/her test results.
- If your child is HIV negative, he/she may be randomly selected for CD4 testing and for Hepatitis B and C testing. If we have test results that might guide your child's care or treatment, we will give you a referral form so you and your child can consult with a doctor regarding his/her test results.
- With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving health of Nigerian children.

→ GO TO STORAGE OF SPECIMENS

[IF PARENT/GUARDIAN HAS NOT BEEN THROUGH CONSENT PROCESS FOR INTERVIEW/BLOOD DRAW]

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Purpose of survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to invite about 31,000 children to take part in this survey. If you give permission for your child to take part, you will help the Government of Nigeria make health services better in the country.

Survey Procedures

If you agree to allow us to invite your child to take part in the survey, we will ask your child to do an interview with us in private to learn what your child knows about HIV and about your child's behaviors that may put him or her at risk for HIV. The interview will take about 40 minutes. We will not share your child's answers to the interview questions with you. The interview will take place in private here in your house or an area around your house.

[IF 10-14 YEARS]: If you and your child agree, a trained laboratory person will take a small amount or about 6 mL (about 1 teaspoon) of blood from your child's arm to perform an HIV test here in your home. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger. We will give you the results today and discuss with you how to share the results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and advice session will take about 40 minutes.

If your child tests positive for HIV, we will test his/her blood for CD4 cells count here at home and send his/her blood to a laboratory to test the viral load in his/her blood. CD4 cells are the part of your immune system that fights HIV infection and other diseases while viral load is the amount of HIV in the blood. We will also test the CD4 level of some children without HIV. If you provide us with the name of a health facility, we can send your child's viral load results there about 8 to 10 weeks from now. We will give you a referral form and information so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count, viral load, and health.

We will also do other additional tests related to HIV. If we have test results that might help your child's care or treatment, we will contact you to tell you how you and your child's doctor or nurse may get these results.

With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving health of Nigerian children.

[IF 15-17 YEARS]: If you and your child agree, a trained laboratory personnel will take a small amount or about 14 mL (about one tablespoon) of blood from your child's arm to perform an HIV test here in your home. If it is not possible to take blood from your child's arm, then we will try to take a few drops of blood from your child's finger. We will give you the results today and discuss with you how to share the results with your child if you decide to share them with him/her. If you would like, we can discuss the test results together with your child. The entire testing and advice session will take about 40 minutes.

If your child tests positive for HIV, we will test his/her blood for CD4 cells count here at home and send his/her blood to a laboratory to test the viral load in his/her blood. CD4 cells are the part of your immune system that fights HIV infection and other diseases while viral load is the amount of HIV in the blood. We will also test the CD4 level of some children without HIV. If you provide us with the name of a health facility, we can send your child's viral load results there about 8 to 10 weeks from now. We will give you a referral form and information so that you and your child can consult with a doctor or nurse to learn more about his/her HIV test, CD4 count, viral load, and health.

If your child tests positive for HIV, we will test his/her blood for Hepatitis B and C. If your child test positive for Hepatitis B and/or C, we will give you a referral form and information so that you and your child can consult with a

doctor or nurse to learn more about his/her Hepatitis and health.

If your child is HIV negative, he/she may be randomly selected for CD4 testing and for Hepatitis B and C testing. If we have test results that might guide your child's care or treatment, we will give you a referral form so you and your child can consult with a doctor regarding his/her test results.

We will also do other additional tests related to HIV. If we have test results that might help your child's care or treatment, we will contact you to tell you how you and your child's doctor or nurse may get these results.

With your permission, the Federal Ministry of Health will use your child's leftover blood sample for future unspecified test results that may be important towards improving health of Nigerian children.

Storage of specimens

We would like to ask for your permission to store your child's leftover blood for future tests. These tests may be about HIV or other health issues important for the health of Nigerian people such as nutrition or immunization. This sample can be stored for at least five years, but your child's name will be linked to the sample for five years. We will attempt to tell you about any test results during the five-year period that are important for your child's health. Your child's leftover blood will not be sold or used for profit making. If you do not agree to long-term storage of your child's blood samples, we will destroy your child's blood samples after all tests for this survey are completed.

Potential Risks

Your child may feel uncomfortable answering some of the questions. Your child does not need to answer any question(s) if they feel the question(s) makes them feel uncomfortable.

The risks to being in the survey and drawing blood are small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. We will do everything we can to minimize these risks and keep your child's information private.

Potential Benefits

There may be no direct benefit to your child for taking part in the interview. The main benefit for your child is the chance to learn more about his/her health today. Some children who take part will be found to have HIV. If this happens to your child, the benefit is that you will learn his/her HIV status and will learn where to take your child for free HIV treatment that is given by the Federal Ministry of Health. If you already know that your child has HIV and he/she is taking drugs for HIV, the CD4 and viral load tests can help your child's doctor or nurse to know how well the drugs are working. Your child's taking part in this research could help us learn more about children and HIV in Nigeria and how HIV prevention and treatment programs are working.

Alternative to Taking Part in the Survey

Your alternative is not to let your child take part in this survey. If you choose not to let him/her take part, the services you all receive will not be affected in any way.

Costs to Person Taking Part in the Survey

There is no cost to you for your child being in the survey.

Payment to Person Taking Part in the Survey

You should also know that you and your child will not be paid for your child to be in the survey.

Confidentiality and Access to Your Child's Health Information

We will do everything we can to keep information about your child's secret. The information we collect from your child will be identified by a number and not by your name or your child's name. Your name and your child's name will not appear when we share survey results. The information we collect from your child will not be released outside of the study partners listed below unless there is an issue of safety.

[INTERVIEWER: DO NOT READ ALOUD]

The following individuals and/or agencies may look at your child's research records to make sure that we are protecting your child's rights as he/she takes part in the survey:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA)
- The United States Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your child's rights as a person who takes part in this survey
- Study staff and study monitors

[INTERVIEWER: READ FROM HERE]

Your permission to allow us to use and share your child's name and contact information with the groups above will expire two years after the end of the survey. If you want your child to leave the study, have any questions about the survey, or feel that your child has been harmed by taking part, you should contact NHREC at:

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Refusal to Take Part and Right to Withdraw

It is your decision about whether you will allow us to invite your child to take part in the survey. Your child may stop taking part at any time. [ONLY IF CONDUCTING ADOLESCENT QUESTIONNAIRE] If your child does not want to answer some of the questions, she/he may skip them and move to the next question. If you agree to allow us to invite your child to take part, you will have the option for your child to test for HIV and CD4 counts and the option to have his/her blood stored for future research. If your child does not take part, it will not affect your child's health care in any way. If you decide to take your child out of the survey, we will request you to complete a refusal/withdrawal form and the samples you gave will not be included in analysis. If you have any questions about the survey, or feel that your child has been harmed by taking part, you should contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about your child's participation in the survey?

Permission Statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask

questions. Any questions I had have been answered satisfactorily. I agree for my child to take part in this survey. I know that after allowing my child to take part, I may change my mind and withdraw him/her from taking part in this survey at any time.

I agree to allow you to ask my child to be in this survey. I know that after allowing my child to decide whether he/she wants to be in this survey, he/she may withdraw at any time. His/her taking part is voluntary. I have been offered a copy of this permission form.

1. Do you agree for us to ask your child to do the interview? 'YES' means that you give your permission to have the survey staff ask your child to do the interview. 'NO' means that you do NOT give permission for us to ask your child to be interviewed.

_____ Yes _____ No

2. Do you agree for us to ask your child to give blood for HIV testing, Hepatitis B and C and related testing? 'YES' means that you give your permission for us to ask your child to have the laboratorian collect a sample of your child's blood for HIV testing and related testing. 'NO' means that we will NOT ask your child to give blood for HIV testing and related testing.

_____ Yes _____ No

(if "Yes" proceed to the next question)

3. Do you agree for us to ask your child to have your child's leftover blood stored for future research? 'YES' means that you give permission for us to ask your child to store your child's blood samples for future research. 'NO' means that you do NOT give us permission to ask your child to store his/her blood samples for future research.

_____ Yes _____ No

4. Do you agree to be contacted should these future studies have clinically actionable results that are related to your child's health? 'YES' means that you agree to be contacted. 'NO' means that you don't agree to be contacted.

_____ Yes _____ No

Parent/guardian signature or mark _____ Date: ___/___/___

Printed name of parent/guardian _____

Parent/guardian ID number _____ (If applicable. If not applicable check here ___)

[For illiterate participants]

Signature of witness _____ Date: ___/___/___

Printed name of witness _____

Signature of person obtaining permission _____ Date: ___/___/___

Printed name of person obtaining permission _____

Survey staff ID number _____

Child's name (print) _____

Child's participant ID number _____

**Appendix H5: Survey Assent for Interview and Blood Draw
[Ages 15-17 years]**

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Hello. My name is _____. I would like to invite you to take part in a survey of Nigerians to learn more about HIV in the country. The Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) are leading this survey. They are doing it with the United States Centers for Disease Control and Prevention (CDC). You are invited to take part in this survey because you are a member of a household. Taking part in this survey is voluntary.

Purpose of the survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to ask over 31,000 young persons some of them aged 15-17 years like you and live in a household to join this survey. A survey is a way to learn new information about something by asking questions and testing many people.

We would like to invite you to join this survey. Your parent/guardian said it was okay for us to ask you to join the survey. This form might have some words in it that are not familiar to you. Please ask us to explain anything that you do not understand.

Survey Procedures

If you take part in this survey, you will be invited to take part in a single person interview. We will ask you questions about yourself, your sexual and social life and your awareness of HIV services. We will also ask for your permission to do a free HIV test on you. The interview will take about 40 minutes.

The information is collected on this tablet. The information is stored securely and can only be accessed by selected survey staff. The interview will take place in private here in your house or an area around your house.

After the interview, we will offer you HIV testing and may also offer Hepatitis B and Hepatitis C testing. We will also ask your permission to use your blood later in the laboratory for future testing.

Blood draw and HIV testing procedures

If you agree to take the HIV test, trained laboratory personnel will take a small amount, about 14 mL or one tablespoon of blood from your arm. If it is not possible to take blood from your arm, then we will try to take a few drops of blood from your finger. We will give your parent or guardian the HIV results today and offer counselling services. The testing and counselling session will take about 40 minutes.

If we find HIV in your blood, you will get a Hepatitis B and C test here at home. We will also test your blood for CD4 cells here at home. CD4 cells shows how well your body can fight HIV infection and other diseases. We will also test the CD4 cells of some people who do not have HIV in their blood. We will also send your blood to a laboratory to find out your viral load which is the amount of HIV in your blood. We will send your viral load results to a health facility in about 8-10 weeks from now. We will give your parent or guardian a referral form and information so that you and

your parent or guardian can consult a nurse or doctor to learn more about your HIV, CD4 cells, viral load test results, and your health.

We will also do other additional tests related to HIV. Some HIV-negative people may also be randomly selected for Hepatitis B and Hepatitis C testing.

If we have test results that might help your care or treatment, we will contact your parent or guardian to tell you how you and your doctor or nurse may get these results.

Storage of specimens

We would also like your permission to keep your leftover blood sample for future research tests. These tests may be about HIV or other health issues important for the health of Nigerian people, such as nutrition or immunization. This will help the Federal Ministry of Health improve the health of the people of Nigeria. This sample can be kept for at least five years and your name will be linked to the sample for the five years. We will attempt to tell you about any test results during the five-year period that are important to your health. Your leftover blood will not be sold or used for profit making. If you do not agree for us to keep your blood sample, we will destroy your blood sample after all tests for this survey are completed.

Potential Risks/Discomfort

Some of the questions may make you feel uncomfortable. You are free to skip a question and continue. The information you provided will be protected in a secure place.

The risks in drawing blood are very small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. If you have any discomfort, bleeding or swelling at the site, please let us know.

You may learn that you are infected with HIV. Learning that you have HIV may cause some emotional discomfort. You will receive advice on how to cope with learning that you have HIV.

If you are selected for Hepatitis B and C testing, you will learn your Hepatitis B and C status. This may cause some emotional discomfort. You will receive advice on how to cope and where to go for treatment.

We will do everything we can to keep the information on your HIV status a secret. Access to the information will be minimized and limited to persons carrying out this survey.

Potential Benefits

You may or may not benefit by taking part in this study. The answers you give will help Government to improve the health services of Nigerians and to develop more effective programs to fight HIV and reduce its spread in the community. The main benefit for you to take part in this survey is the chance to learn more about your health today. If we do not find HIV in your blood, you will learn about what you can do to stay away from HIV. If we find HIV in your blood the benefit is that you will know your HIV status and where to go for free life-saving treatment that is provided by the Federal Ministry of Health and the National Agency for the Control of AIDS (NACA). If you already know that you are HIV-positive and are on HIV treatment, the CD4 and viral load tests will help your nurse or doctor know how well your treatment is working.

Alternative to Taking Part in the Survey

Your alternative is to not take part. If you choose not to take part, the services you or any member of your household receive will not be affected.

Costs to Person Taking Part in the Survey

There is no cost to you or to your parent/guardian if you take part in this survey.

Payment to Person Taking Part in the Survey

You should also know that you and your parent/guardian will not be paid to be in the survey.

Confidentiality and Access to Your Health Information

What we talk about will be kept secret and will not be shown to anyone outside of the survey team. Your answers to the questions will be identified only by a number. Your name will not appear when we share survey results. You can choose to tell your parent/guardian about the interview. However, we will not tell your answers to your parent or guardian. The information we collect during the survey will not be released outside of the survey groups listed below unless there is an issue of safety.

[INTERVIEWER: DO NOT READ ALOUD]

The following persons and/or agencies may look at your research records to make sure that we are protecting your rights as he/she takes part in the survey:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA).
- The United States Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your rights as a person who takes part in this survey.
- Study staff and study monitors.

[INTERVIEWER: READ FROM HERE]

If you want to leave the study, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the NHREC at:

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

[READ FROM HERE]

Refusal to Take Part and Right to Withdraw

You do not have to take part in the survey. Even If you choose to join the survey, you may change your mind at any time and stop taking part. If you decide not to take part, it will not affect your health care in any way. Your permission to allow us to use and share your information with the groups above will expire two years after the end of the survey. If you want to leave the survey, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about the survey?

Assent statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had were answered satisfactorily. I agree to be in this survey. I know that after choosing to be in this survey, I may withdraw at any time. My taking part is voluntary. I have been offered a copy of this assent form.

1. Do you agree to do the interview? 'YES' means that you agree to do the interview. 'NO' means that you will NOT do the interview.
 Yes No

2. Do you agree to have your blood tested for HIV Testing, Hepatitis B and C, and other related testing during this survey? 'YES' means that you agree to give blood for Hepatitis B and Hepatitis C testing. 'NO' means that you will NOT give blood for HIV and other related testing
 Yes No

3. Do you agree to have your leftover blood stored for future research? 'YES' means that you agree to have these blood samples stored for future testing. 'NO' means that these blood samples will NOT be stored for future research.
 Yes No

4. Do you agree to be contacted should these future studies have clinically actionable results that are related to your health? 'YES' means that you agree to be contacted. 'NO' means that you don't agree to be contacted.
 Yes No

Participant signature or mark _____ Date: __/__/__
 Printed name of participant _____
 Participant ID number _____
 Printed name of parent/guardian _____

[For illiterate child]

Signature of witness _____ Date: __/__/__
 Printed name of witness _____

Signature of person obtaining assent _____ Date: __/__/__
 Printed name of person obtaining assent _____
 Survey staff ID number _____

Appendix H6: Survey Assent for Adolescent Interview and Blood Draw
[Ages 10-14 years]

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Hello. My name is _____. I would like to invite you to take part in a survey of Nigerians to learn more about HIV in the country. The Federal Ministry of Health and the National Agency for the Control of AIDS (NACA) are leading this survey. They are doing it with the United States Centers for Disease Control and Prevention (CDC). You are invited to take part in this survey because you are a member of a household. Taking part in this survey is voluntary.

Purpose of the survey

This survey will help us know how many people in Nigeria have HIV and need health services. It will also tell us about people's risk for getting HIV.

We plan to ask over 31,000 young persons, some of them aged 10-14 years like you and live in a household, to join this survey. A survey is a way to learn new information about something by asking questions and testing many people.

We would like to invite you to join this survey. Your parent/guardian said it was okay for us to ask you to join the survey. This form might have some words in it that are not familiar to you. Please ask us to explain anything that you do not understand.

Survey Procedures

If you take part in this survey, you will be invited to take part in a single person interview. We will ask you questions about yourself, your sexual and social life and your awareness of HIV. We will also ask for your permission to do free HIV test on you. The interview will take about 40 minutes.

The information is collected on this tablet. The information is stored securely and can only be accessed by selected survey staff. The interview will take place in private here in your house or an area around your house.

Blood draw and HIV testing procedures

If you agree to take the HIV test, trained laboratory personnel will take a small amount, about 6 mL or 1 teaspoons of blood from your arm. If it is not possible to take blood from your arm, then we will try to take a few drops of blood from your finger. We will give your parent or guardian the HIV results today and offer counselling services. The testing and counselling session will take about 40 minutes.

If we find HIV in your blood, will also test your blood for CD4 cells count here at home. CD4 cells shows how well your body can fight HIV infection and other diseases. We will also test the CD4 of some people who do not have HIV in their blood. We will also send your blood to a laboratory to find out your viral load which is the amount of HIV in your blood. We will send your viral load results to a health facility in about 10-12 weeks from now. We will give your parent or guradian a referral form and information so that they can consult a nurse or doctor to learn more about your HIV, CD4 cells, viral load test results, and your health.

If we have test results that might help your care or treatment, we will contact your parent or guardian to tell them how to get the results.

Storage of specimens

We would also like your permission to keep your leftover blood sample for future research tests. These tests may be about HIV or other health issues important for the health of Nigerian people, such as nutrition or immunization. This will help the Ministry of Health improve the health of the people of Nigeria. This sample can be kept for at least five years and your name will be linked to the sample for the five years. We will attempt to tell you about any test results during the five-year period that are important to your health. Your leftover blood will not be sold or used for profit making. If you do not agree for us to keep your blood sample, we will destroy your blood sample after all tests for this survey are completed.

Potential Risks and benefits

Some of the questions may make you feel uncomfortable. You are free to skip a question and continue. The information you provided will be protected in a secure place.

The risks in drawing blood are very small. They include brief pain from the needle stick, bruising, lightheadedness, bleeding, and rarely, infection where the needle enters the skin. If you have any discomfort, bleeding or swelling at the site, please let us know.

We will do everything we can to keep the information on your HIV status a secret. Access to the information will be minimized and limited to persons carrying out this survey.

Alternative to Taking Part in the Survey

Your alternative is to not take part. If you choose not to take part, the services you or any member of your household receive will not be affected.

Costs to Person Taking Part in the Survey

There is no cost to you or to your parent/guardian if you take part in this survey.

Payment to Person Taking Part in the Survey

You should also know that you and your parent/guardian would not be paid to be in the survey.

Confidentiality and Access to Your Health Information

What we talk about will be kept secret and will not be shown to anyone outside of the survey team. Your answers to the questions will be identified only by a number. Your name will not appear when we share survey results. You can choose to tell your parent/guardian about the interview. However, we will not tell your answers to your parent or guardian. The information we collect during the survey will not be released outside of the survey groups listed below unless there is an issue of safety.

[INTERVIEWER: DO NOT READ ALOUD]

The following persons and/or agencies may look at your research records to make sure that we are protecting your rights as he/she takes part in the survey:

- Staff members from the Nigerian National Health Research Ethics Committees (NHREC) and the Institutional Review Boards at the Centers for Disease Control and Prevention (CDC; Atlanta, USA).
- The U.S. Office of Human Research Protections and other government agencies that look at the safety of persons taking part in research to ensure we are protecting your rights as a person who takes part in this survey.
- Study staff and study monitors.

[INTERVIEWER: READ FROM HERE]

If you want to leave the study, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the NHREC at:

[INDICATE ADDRESS OF POC]

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

[READ FROM HERE]

Refusal to Take Part and Right to Withdraw

You do not have to take part in the survey. Even If you choose to join the survey, you may change your mind at any time and stop taking part. If you decide not to take part, it will not affect your healthcare in any way. Your permission to allow us to use and share your information with the groups above will expire two years after the end of the survey. If you want to leave the survey, have any questions about the survey, or feel that you have been harmed by taking part, you should contact the responsible investigator:

[INDICATE ADDRESS OF POC]

Dr. Evelyn Ngige
 Address: Federal Ministry of Health
 Phone: +234-803-303-8090
 Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
 Address: US CDC Nigeria Office
 Phone: +234-806-051-0525
 Email: idalhatu@cdc.gov

Do you want to ask me anything about the survey?

Assent statement

I have read this form, and/or someone has read it to me. I was encouraged to ask questions and given time to ask questions. Any questions that I had were answered satisfactorily. I agree to be in this survey. I know that after choosing to be in this survey, I may withdraw at any time. My participation is voluntary. I have been offered a copy of this assent form.

1. Do you agree to do the interview? ‘YES’ means that you agree to do the interview. ‘NO’ means that you will NOT do the interview.
 _____ Yes _____ No
2. Do you agree to have your blood tested for HIV Testing and other related testing during this survey? ‘YES’ means that you agree to give blood for HIV testing. ‘NO’ means that you will NOT give blood for HIV testing
 _____ Yes _____ No
3. Do you agree to have your leftover blood stored for future research? ‘YES’ means that you agree to have these blood samples stored for future testing. ‘NO’ means that these blood samples will NOT be stored for future research.
 _____ Yes _____ No

4. Do you agree to be contacted should these future studies have clinically actionable results that are related to your health? 'YES' means that you agree to be contacted. 'NO' means that you don't agree to be contacted.

_____ Yes _____ No

Participant signature or mark _____ Date: __/__/__

Printed name of participant _____

Participant ID number _____

Printed name of parent/guardian _____

[For illiterate child]

Signature of witness _____ Date: __/__/__

Printed name of witness _____

Signature of person obtaining assent _____ Date: __/__/__

Printed name of person obtaining assent _____

Survey staff ID number _____

Appendix H7: Consent to Share Contact Information for Active Linkage to Care of Participants and Parents of Minors 0-14 years

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIS)

Purpose of consent

Your child had a positive HIV test today. We have provided you with a referral form that you and your child can take to a health clinic to seek HIV treatment and care. We would like to help you and your child in accessing the health care that your child needs. If you agree, we will provide your contact information and your child's HIV results to health workers or counselors from a trained social service organization. This counselor will contact you to talk to you and your child about HIV and help you and your child go for HIV care. Anyone who is provided with you and your child's details will be experienced in providing support to people living with HIV and will be trained in maintaining confidentiality.

What do you have to do if you agree to take part?

If you agree for your child's information to be shared, and to be contacted, we will provide your name, phone number (if you provided it to us) and your address to those counselors to provide you with support. The counselor can contact you by short message service (SMS), by phone, or in person.

What are the potential risks?

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

A counselor will assist you in accessing the health care needed by your child.

What about confidentiality?

Your child's HIV test results and your child's contact information will not be shared with any other parties aside from what was specified in the other consent forms, and with this support organization. They will also do their utmost to maintain your child's confidentiality. However, we cannot guarantee complete confidentiality.

Who should you contact if you have questions?

If you change your mind or have any questions or feel that your child has been harmed by taking part, you should contact the Investigator listed below:

Dr. Evelyn Ngige
Address: Federal Ministry of Health
Phone: +234-803-303-8090
Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
Address: US CDC Nigeria Office
Phone: +234-806-051-0525
Email: idalhatu@cdc.gov

If you decide your child should leave the study, no more information will be collected from you. However, we will not be able to take back the information that has already been collected and shared.

If you have any questions about your child’s rights as a person in this survey, you can contact:

National Health Research Ethics Committee of Nigeria
 Address: Federal Ministry of Health, Federal Secretariat Complex, Abuja
 Tel: +234-803-586-8293

Do you want to ask me anything about the survey?

Consent Statement

Any questions that I had were answered satisfactorily. I have been offered a copy of this consent form.

1. Do you agree to allow us to share your contact information with the State Ministry of Health or a partner that Ministry of Health works with, who may contact you to assist and support you and your child in seeking HIV care? ‘YES’ means that you agree for your information to be shared. ‘NO’ means that you do not agree for your information to be shared.

_____Yes _____No

2. If yes, do you agree to be contacted by?

SMS _____Yes _____No

Phone call _____Yes _____No

In person _____Yes _____No

Parent/guardian signature or mark _____ Date: __/__/__

Printed name of parent/guardian _____

Participant ID number _____

Signature of person obtaining consent _____ Date: __/__/__

Printed name of person obtaining consent _____

Survey staff ID number _____

**Appendix H8: Consent to Share Contact Information for Active Linkage to Care
(Participants 18-64 Years)**

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Purpose of consent

You had a positive HIV and/or Hepatitis B or Hepatitis C test today. We have provided you with a referral form to bring to a health clinic and seek HIV treatment and/or Hepatitis B or Hepatitis C care. We would like to help you in accessing the health care that you need. If you agree, we may be able to provide your contact information and HIV and or Hepatitis B or C test results to healthcare workers from the State Ministry of Health (SMOH) or to a partner that the SMOH work with. This healthcare worker will contact you to talk to you about HIV and or Hepatitis B or C and help you go for appropriate treatment and care. Anyone who is provided with your details will be experienced in providing support to people living with HIV and or Hepatitis B or Hepatitis C infection and will be trained in maintaining confidentiality.

What do you have to do if you agree to take part?

If you agree for your information to be shared and to be contacted, we will provide your name, phone number (if you provided it to us) and your address to those health care providers to provide you with support. The health care worker can contact you by short message service (SMS), by phone or in person based on your preference.

What about confidentiality?

Your HIV and or Hepatitis B or C test results and your contact information will not be shared with any other parties aside from what was specified in the other consent forms, and with this support organization. They will also do their utmost to maintain your confidentiality. However, we cannot guarantee complete confidentiality.

What are the potential risks?

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

A healthcare worker will assist you in accessing the health care that you need.

Who should you contact if you have questions?

If you change your mind or have any questions or feel that you have been harmed by taking part, you should contact any of the Principal Investigators listed below:

Dr. Evelyn Ngige
Address: Federal Ministry of Health
Phone: +234-803-303-8090
Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
Address: US CDC Nigeria Office
Phone: +234-806-051-0525
Email: idalhatu@cdc.gov

You may also wish to contact the Nigerian National Health Research Ethics Committee (NHREC) if you feel your rights have been violated in this study:

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Consent Statement

Any questions that I had were answered satisfactorily. I have been offered a copy of this consent form.

If you agree to allow us to share your contact information with the SMOH or a partner that the SMOH works with who can help you go to a clinic to receive HIV treatment, care and support, please state the following:

“I agree to allow my contact information to be shared with the SMOH or a partner that the SMOH/ works with, to help me go to a clinic to receive HIV treatment and/or HBV, HCV, care and support”

 Check this box if participant AGREES to have their contact information shared with SMOH or their partner

If you DO NOT agree to allow us to share your contact information with SMOH or a partner that SMOH works with who can help you go to a clinic to receive treatment, care and support, please state the following:

“I DO NOT agree to allow my contact information to be shared with the SMOH or a partner that the SMOH works with, to help me go to a clinic to receive HIV treatment, and/or Hepatitis B or Hepatitis C infection care and support”

 Check this box if participant DOES NOT AGREE to have their contact information shared with SMOH or their partner

1. If yes, do you agree to be contacted by?

SMS Yes No

Phone call Yes No

In person Yes No

Participant ID number _____

Signature of person obtaining consent _____ Date: ___/___/___

Printed name of person obtaining consent _____

Survey staff ID number _____

**Appendix H9: Parent/Guardian Consent to Share Contact Information for Active Linkage
(Children 15-17 years)**

Interviewer reads: What language do you prefer for our discussion today?

- English
- Hausa
- Igbo
- Yoruba

Nigeria AIDS Indicator and Impact Survey (NAIIS)

Purpose of consent

Your child had a positive HIV and/or Hepatitis B or Hepatitis C test today. We have provided you with a referral form so that you and your child can take to a health clinic and seek HIV treatment and care or Hepatitis B or C care. We would like to help you and your child in accessing the health care that your child needs. If you agree, we might be able to provide your contact information and your child's HIV results and/or Hepatitis B or C to healthcare workers from the State Ministry of Health (SMOH) or a partner that the SMOH works with. This counselor will contact you to talk to you and your child about HIV and help you and your child go for HIV care. Anyone who is provided with you and your child's details will be experienced in providing support to people living with HIV and or Hepatitis B or Hepatitis C infection and will be trained in maintaining confidentiality.

What do you have to do if you agree to take part?

If you agree for your child's information to be shared, and to be contacted, we will provide your name, phone number (if you provided it to us) and your address to those health care workers to provide you with support. The health care worker can contact you by short message service (SMS), by phone or in person based on your preference.

What about confidentiality?

Your HIV, Hepatitis B, or Hepatitis C test results and your contact information will not be shared with any other parties aside from what was specified in the other consent forms, and with this support organization. They will also do their utmost to maintain your confidentiality. However, we cannot guarantee complete confidentiality.

What are the potential risks?

As with all surveys, there is a chance that confidentiality could be compromised. We are doing everything we can to minimize this risk.

What are the potential benefits?

A healthcare worker will assist you in accessing the health care needed by your child.

Who should you contact if you have questions?

If you change your mind or have any questions or feel that you have been harmed by taking part, you should contact any of the Principal Investigators listed below:

Dr. Evelyn Ngige
Address: Federal Ministry of Health
Phone: +234-803-303-8090
Email: nkadingige@yahoo.com

Dr. Ibrahim Dalhatu
Address: US CDC Nigeria Office
Phone: +234-806-051-0525
Email: idalhatu@cdc.gov

You may also wish to contact the Nigerian National Health Research Ethics Committee (NHREC) if you feel your rights have been violated in this study:

Address:
 Federal Ministry of Health,
 Federal Secretariat Complex Shehu
 Shagari Way,
 Garki, Abuja
 P.M.B. 083 Garki Abuja
 Tel: +234-803-586-8293
 E-mail: info@nhrec.net

Consent Statement

Any questions that I had were answered satisfactorily. I have been offered a copy of this consent form.

If you agree to allow us to share your child's contact information with SMOH or a partner that SMOH work with who can help you and your child go to a clinic to receive HIV treatment, and or Hepatitis B or Hepatitis C infection care and support, please state the following:

"I agree to allow my child's contact information to be shared with the staff of SMOH or a partner that the SMOH work with, to help me and my child go to a clinic to receive HIV treatment, and/or Hepatitis B or C care and support"

 Check this box if participant AGREES to have their child's contact information shared with SMOH or their partner

If you DO NOT agree to allow us to share your child's contact information with SMOH a partner that the SMOH works with who can help you and your child go to a clinic to receive treatment, care and support, please state the following:

"I DO NOT agree to allow my child's contact information to be shared with the SMOH or a partner that the SMOH works with, to help me and my child go to a clinic to receive HIV treatment, and/or Hepatitis B or Hepatitis C infection care and support"

 Check this box if participant DOES NOT AGREE to have their child's contact information shared with MOH/ the MOHCGEC or their partner

1. If yes, do you agree to be contacted by?

SMS Yes No

Phone call Yes No

In person Yes No

Parent/guardian's Participant ID number _____

Child's Participant ID number _____

Signature of person obtaining consent _____ Date: ___/___/___

Printed name of person obtaining consent _____

Survey staff ID number _____