

# MOZAMBIQUE CHILD WELLBEING BASELINE SURVEY 2019

## HEALTH FACILITY SURVEY

IDENTIFICATION PARTICULARS	NAME	CODE NUMBER
1. District	_____	_ _ _
2. Enumeration Area	_____	_ _ _
3. Primary Health Care Facility	_____	_ _ _
4. Facility Type	<i>1=Health centre; 2=Hospital (public); 3=Hospital (private); 4=Other (specify)</i>	_
5. GPS Coordinates	East  _ _ _  .  _ _ _ _ _ _ _ _	South  _ _ _  .  _ _ _ _ _ _ _ _
6. Interviewer's Name & Code	_____	_ _
7. Supervisor's Name & Code	_____	_ _
8. Date of Interview	_ _ _     _ _ _     _ _ _  D   D   M   M   Y   Y	

<b>0. ROSTER OF INFORMANTS</b>			
<b>ID</b>	<b>Age</b> [Years]	<b>Sex</b> 1 = Male 2 = Female	<b>For how many years have you worked in this health facility?</b> [CUMULATIVE YEARS]
1			
2			
3			
4			

## SECTION 0: INFORMED CONSENT, HEALTH FACILITY

The informed consent is administered to all key informants for the community and health facility level questionnaires—including community leaders/administrators, health facility personnel and other knowledgeable community members.

### [ENUMERATOR: READ SCRIPT BELOW]

Hello. My name is \_\_\_\_\_ from \_\_\_\_\_, based in Maputo. In collaboration with the American Institutes for Research, we are conducting a research study to understand the living conditions of vulnerable families with young children in this area focusing on households with children under the age of two years. As part of this effort, we want to understand the community (health facility) basic attributes, representing access to services for the populations which are part of the study.

The answers provided will help the Serviços Distritais de Saúde Mulher e Acção Social and the Government of Mozambique to understand the living conditions and needs of families in the community. The information will be used to improve services in your district. Approximately 2,100 families and all the communities they live in (health facilities they have access to) are participating in this study in Nampula.

I want to be clear that there is no direct benefit to your community (health facility) for participating in the survey. If you do not agree to take part in the study, it will not change any services or benefits that your community (health facility) receives now, or may receive in the future. If you agree to participate, you can stop at any time without penalty. We will not share the answers with anyone else in your community and you can choose to skip questions you do not want to answer. Only researchers leading the study will have access to the data and all data will be kept separately from the other information you provide in a private, secure place.

The questions may take from 20-30 minutes of your time. We will leave a card with information about the study and with contact information in case you would like to know more or you have questions even after our visit.

Do you agree to participate?

Signature of Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Interviewer: Sign above to witness the verbal consent of the participant. Keep one copy for the PIs records and leave the second copy with the participant.

**Who is sponsoring this study?:** This research is funded by UNICEF Mozambique (the Sponsors). This means that the research team is being paid by the Sponsors for doing the study. If you have questions about this study, you may contact \_\_\_\_\_  
\_\_\_\_\_. If you have questions about your rights you may reach out to the Comte Nacional de Bioethica Para a Saude (\_\_\_\_\_) or the American Institutes for Research Institutional Review Board (\_\_\_\_\_).



7	Does this facility have any vehicles?	1=Yes 2=No >> Q9	<input type="checkbox"/>
8	How many of each vehicle do you have in working condition? Write '0' if none in working condition.	A. Car/jeep/4WD B. Buses C. Ambulances D. Motorcycles/moped E. Bicycles F. Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9	Does this facility have the following instruments and equipment available and currently functional: (1=Yes, 2=No)	A. Blood pressure machine B. Stethoscope(s) C. Microscope D. Microscope Slides E. Weighing scale for adults F. Weighing equipment for under-five-year-olds (i.e., Salter scale or similar hanging scale) G. Height measurement equipment for under-five-year-olds H. Clinical thermometer I. Latex gloves in stock	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

### SECTION 3: SERVICES AND DRUGS

Now I would like to know about the services and drugs offered at this facility.

1. Does this facility offer.....? 1=Yes 2=No >> Next service	2. How many hours does this facility offer each service during a regular week? [Indicate number of hours each day. Round to nearest hour. Enter '0' for no service on that day.]							3. How many clients were seen in the previous month?
	SUN	MON	TUE	WED	THU	FRI	SAT	
A. Outpatient consultations								
B. Emergency services								
C. Deliveries								
D. Well baby clinics								
E. CCR (at risk child consolation, including exposure to HIV, TB, preterm babies, malnourished and growth failure)								
F. Ante-natal clinics								
G. Family Planning								
H. Mobile clinics								
I. CPP: Post-natal consultation								
J. Treatment for acute malnutrition for children								
K. HIV testing/counseling								
L. HIV treatment								
M. Gender Based Violence (GBV) services								
O. Other (Specify)								

#### SECTION 4: DRUGS AND MEDICAL SUPPLIES

1. Does this facility normally carry.....? (1=Yes; 2=No >> Next item)	2. Is [.....] in stock today? (1=Yes >> Next item; 2=No)	3. How many days has it been out of the stock?
A. Condoms		
B. Spermicides		
C. Contraceptive Pills		
D. Intra-uterine device (IUD)		
E. Injectable contraceptive (Depro-provera, etc.)		
F. Contraceptive implants (Implanon, nexplanon, etc.)		
G. Paracetamol		
H. Aspirin/AAS		
I. Oral Rehydration Salt		
J. Coartem		
K. Fansidar		
L. Iron tablets for pregnant women		
M. Folic Acid tablets		
N. Penicillin injection/tablets		
O. Cotrimoxazole		
P. ARVs		
Q. BCG injection		
R. DPT injection		
S. Tetanus injection		
T. Measles injection		
U. Polio injection		
V. Meningitis vaccine		
W. IT mosquito bed nets		
X. Micronutrient Powder (MNP)		
Y. Ready-to-use Therapeutic Food (RUTF)		
Z. Deworming medicines (mebendazole /albendazole)		
AA. Vitamin A droplets		

**SECTION 5: PERSONNEL**

How many ..... work at this facility currently?	1. Number working part-time	2. Number working full-time	3. Number present today
A. Medical Doctors			
B. Medical Assistants			
C. General nurses			
D. Maternal Child Health Nurses			
E. Physiotherapist			
F. Pharmacists			
G. Pharmaceutical technicians			
H. Lab Technicians/technologists			
I. Nutritionists			
J. Other Assistants			
K. Environmental Health Officers			
L. Others (specify): _____			
M. Classified daily employees (CDE)			