

# MOZAMBIQUE CHILD WELLBEING ENDLINE SURVEY 2021

## 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.

Finally, due to the COVID-19 pandemic, we are taking precautions to protect you. That is why we use masks, gloves, alcohol gel, disinfectant and respect the distance of two meters during the interview. We also want to offer you a mask to wear during the interview if you wish. We want to underline that the risk of contracting the coronavirus in Mozambique is low, however it is transmitted through droplets of air face to face that could be transmitted during an interview. If you have any questions about this or the risk that the interview can pose, I am happy to provide more information

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 Sr. Irio Pinto (Tel: +258 823940180) na Arusha Media e Serviços, Lda. If you have questions about your rights you may reach out to the Comite Nacional de Bioethica Para a Saude ( ) or the American Institutes for Research Institutional Review Board ( ).

**SECTION 1: CHARACTERISTICS OF THE FACILITY**

	<b>QUESTION</b>	<b>CATEGORY AND CODE</b>	<b>RESPONSE</b>
1	What year was this facility built?	(YYYY)	<input type="text"/>
2	Does this facility have electricity?	1=Yes, all services 2=Yes, EPI only (expanded immunization program) 3=Yes, only in delivery room 4=No	<input type="checkbox"/>
3a	Does this facility have a generator?	1=Yes 2=No	<input type="checkbox"/>
3b	Does this facility have solar panels?	1=Yes 2=No	<input type="checkbox"/>
4	What is the main source of water for this facility?	1=River/Lake/Stream/Rainwater 2=Borehole 3=Protected Well 4=Unprotected Well 5=Public tap 6=Private tap 7=Purchased from vendor	<input type="checkbox"/>
5	Does this facility have a functioning landline telephone?	1=Yes 2=No	<input type="checkbox"/>
6	Does this facility have a functioning cellular telephone (either private or supported by the facility)?	1=Yes 2=No	<input type="checkbox"/>
7	Is housing provided by this facility for its employees?	1=Yes 2=No	<input type="checkbox"/>

**SECTION 2: EQUIPMENT OF FACILITY**

	<b>QUESTION</b>	<b>CATEGORY AND CODE</b>	<b>RESPONSE</b>
1	Is there any operating room at this facility?	1=Yes 2=No >> Q4	<input type="checkbox"/>
2	Can circumcisions be performed in this facility?	1=Yes 2=No >> Q3	<input type="checkbox"/>
3	Can caesarean sections be performed in this facility?	1=Yes 2=No >> Q4	<input type="checkbox"/>
4	Is there a laboratory to do tests?	1=Yes 2=No >> Q6	<input type="checkbox"/>
5	Do you perform the following tests? (1=Yes, 2=No)	A. Stools B. Blood test for malaria – RDT C. Blood test for malaria – MPS D. HIV test E. Pregnancy test F. Urine test G. Bioquimica H. STIs other than HIV (Chlamydia, RPR for Syphilis, etc.) I. Pap smear (HPV) J. Anemia K. Perfil hepatico L. Carga viral do HIV M. PCR do HIV N. Any of the COVID-19 tests	<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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

6	Does this facility have a working refrigerator to store biomedical samples and medications?	1=Yes 2=No	<input type="checkbox"/>
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 (usually ambulances are all-terrain) 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)  [Ask to see the equipment if it is not yet confirmed]	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"/> <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?	4. During the last 12 months, was [SERVICE] interrupted due to COVID-19 or other factors?  1 = Yes 2 = No >> Next service	5. In which months were services interrupted?  [list months 1-12]  >> Next service
	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												
N. COVID-19 treatment												
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			

## SECTION 6: COVID-19

	Question	Response
1.	Do you think that people around the catchment area of this health facility know enough about coronavirus (COVID-19)?	1=Yes 2=No
2.	How do people who live around this health facility get information about coronavirus (COVID-19)?  [Do not read responses; Mark all that apply]	A = Radio messages from Ministry of Health/ government B = TV messages from Ministry of Health / government C = Social media messages from Ministry of Health / government D = Newspaper articles E = TV news or radio broadcasts F = Social media (WhatsApp, Facebook) G = Family or neighbors H = Imam, priest, village chef I = Health worker J = Volunteer associations going door-to-door (youth etc.) K = Other, specify
3.	How serious do you think the coronavirus (COVID-19) disease is?	A= Very serious B= A little serious C= Not at all serious D= I think it is wrong, it does not exist

	[Enumerator: Read responses aloud]	
4.	Do you know of people around the catchment area of this health facility who tested positive for coronavirus (COVID-19)?	1=Yes 2=No >> Q5
4a.	How many people in around the catchment area of this health facility have tested positive for coronavirus (COVID-19)?	Enter number  9998 = Don't know
5.	Even if tests have not confirmed it, do you think there are people who live around the catchment area of this health facility who have been sick from coronavirus (COVID-19)?	1=Yes 2=No >> Q6
5a.	How many people who live around the catchment area of this health facility have been sick with coronavirus (COVID-19), even if not confirmed?	Enter number  9998 = Don't know
6.	Tell me, because of the coronavirus (COVID-19), have people around the catchment area of this health facility avoided going to a hospital or health center for?  [Enumerator: Read responses aloud, mark all responses that apply]	A= Prenatal visits B= Giving birth C = Postnatal visits D= Family planning visits E= Child / infant vaccinations F= Sickness of children G = Other consultations for children H = Other sickness/consultations for adults I= Not afraid to go
7	Since the start of the coronavirus pandemic, what actions / steps have you or other health actors taken to reduce the transmission of coronavirus in your catchment area?  [Enumerator: Do not read responses out loud; Mark all that apply]	A = Adopted COVID-19 protocol in health facilities to protect non-COVID patients (wearing masks, providing gel etc.) B = Reduced or canceled non-essential treatment to avoid crowding in health facilities C = Hired additional staff to manage COVID-19 related activities D = Built new health centers or rented hotels to accommodate COVID-19 patients E = Distribute food or other aid F = Provide additional COVID-19 testing centers / locations G= Information campaigns about the virus H = Other, specify I = Do not do anything / no action needed