

# ARISE Network COVID-19 Round 2 Healthcare Provider Survey

To be administered over the phone to healthcare providers.

## INTERVIEWER QUESTIONS

Interview date and time to be automatically coded by ODK.

Question	Response
Country name	1 = Burkina Faso 2 = Ethiopia 3 = Nigeria 4 = Tanzania 5 = Ghana
Data collector's code	
Participant initials (first initial of first, middle and last name)	
Was this participant included in the round 1 survey? (omit this question for Tanzania and Ghana)  <i>If Yes, please input the ID they were assigned in the last survey in the next field. If they are a new participant, assign them a new ID.</i>	0=No 1=Yes
Participant identification number	
Phone number called	
Was the phone call answered?	0=No 1=Yes
If No, how many times have you tried to reach this phone number? <i>Note to interviewer: each phone number should be tried three times on separate days.</i>	0=This was the first attempt 1=This was the second attempt 2=This was the third (final) attempt 99= Don't know
If Yes, what was the outcome of the call?	0=Participant unavailable now but requested a call-back 1=Participant unavailable now but did not want to be called back 2=Participant refused to continue the phone conversation or hung up 3=Participant agreed to proceed with the screening questions 4= Other (specify)
Specify other	

## PARTICIPANT QUESTIONS

### Screening Questions

Question	Responses
Do you currently work in a health care setting?  <i>If No, thank the participant and end the interview.</i>	0=No 1=Yes
What is your occupation?	1 = Doctor

<p><i>If response is 1-5 proceed with the survey</i>  <i>If response is other, end survey</i></p>	<p>2 = Nurse  3 = Clinical officer  4 = Community health worker  5 = Medical Assistant  96 = Other (specify)</p>
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**Consent**

<p><i>Does the participant consent to participate in the survey?</i></p>	<p>0 = No  1 = Yes</p> <p><i>If the response is No, terminate the interview</i></p>
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**1. Descriptive Characteristics**

<b>Question</b>	<b>Response</b>
1.1.1 What state/region/province do you currently live in?	<i>Insert dropdown list for each country.</i>
1.1.2 What is your age in years? <i>Refer to completed years</i>	___ years
1.1.3 What is your gender?	0 = Female 1 = Male
1.1.4 What type of healthcare facility do you work in?	1 = Government hospital/clinic 2 = Private hospital/clinic 3 = Health outpost/CHPS compounds 96 = Other (specify) 97 = Don't know 99 = Refuse to answer
1.1.5 What is your religion?	0 = None 1 = Catholic 2 = Muslim 3 = Orthodox Christian 4 = Protestant/Other Christian 96 = Other (specify) 99 = Refuse to answer

**2. Perceptions of COVID-19**

<b>Question</b>	<b>Responses</b>
2.1.1 Are you concerned about the spread of COVID-19?	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
2.1.2 In your opinion, what do you think is your level of risk of exposure to COVID-19?	0 = No risk 1 = Low risk

	2 = High risk 3 = Very high risk 97 = Don't know 99 = Refuse to answer
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### 3. Mental Health and COVID-19

Question	Responses
3.1.1. Over the last two weeks, how often have you been bothered by the following problems?	
a. Feeling nervous, anxious or on edge	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly everyday 97 = Don't know 99 = Refuse to answer
b. Not being able to stop or control worrying	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly everyday 97 = Don't know 99 = Refuse to answer
c. Feeling down, depressed or hopeless	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly everyday 97 = Don't know 99 = Refuse to answer
d. Little interest or pleasure in doing things	0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly everyday 97 = Don't know 99 = Refuse to answer

### 4. COVID-19 in the Workplace

Question	Responses
4.1.1. Which of the following measures are currently being implemented in your workplace to prevent the spread of COVID-19?	
a) Wearing masks	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
b) Using personal protective equipment (PPE) such as gowns, goggles, shields, etc.	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer

c) Hand washing with water and soap	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
d) Keeping sufficient distance between patients in the waiting area	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
e) Presence of sanitizers or hand washing station in all service delivery points	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
f) Regular cleaning and decontamination/disinfection of public areas and offices	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
g) Temperature measurement/check high temperatures (37 degrees Celsius)	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
h) Other (specify)	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
4.1.2. Is COVID-19 testing available at your workplace for the public or patients? <i>If no, skip to 4.1.4.</i>	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
4.1.2b Is the available COVID-19 testing free or paid?	0= Yes, free testing 1= Yes, paid testing 97= Don't know 99= Refuse to answer
4.1.3. What type of COVID-19 tests are available at your health centre? <i>Select all that apply.</i>	1 = PCR test (nasal swab or saliva) 2 = Antigen test (rapid nasal swab test) 96 = Other (specify) 97 = Don't know
4.1.4. Have you ever been tested for COVID-19? <i>If no, skip to 4.1.6.</i>	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
4.1.5. Have you ever tested positive for COVID-19?	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
4.1.6. Have you cared for any patients with COVID-19 in your workplace or in the community?	0 = Never 1 = Yes, in the past 1 month 2 = Yes, over one month ago 97 = Don't know 99 = Refuse to answer
4.1.7. Does your workplace have formulated policies or guidance related to COVID-19?	0 = No 1 = Yes

<i>If no, skip to question 4.1.9.</i>	97 = Don't know 99 = Refuse to answer
4.1.9. Have you received any formal training or orientation from your office or employer on the following topics in the past 6 months?	
a. Natural course of COVID-19 disease, including symptoms, signs and clinical markers	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
b. Management and treatment of COVID-19	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
c. How the COVID-19 vaccines work, risk of potential side effects, and importance of vaccination	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
d. Managing COVID-19 vaccination programs, including registration, administering vaccines in the facility or in communities, and collecting data on vaccination	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
4.1.10. What kind of treatment is your facility currently recommending for treating COVID-19 cases?  <i>Select all that apply.</i>	0 = Nothing 1 = Corticosteroids (i.e. dexamethasone, hydrocortisone or prednisone) 2 = Remdesivir 3 = Antibiotics/ Azithromycin 4 = Ivermectin 5 = Chloroquine (CQ)/ Hydroxychloroquine (HCQ) 6 = Multivitamins and other supplements eg Zinc, Vit D, Vit C, B vitamins etc 96 = Other (specify) 97 = Don't know
4.1.11. How is COVID-19 currently impacting the following healthcare services?	
a. Childhood immunization	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98 = Not applicable/Service not available at facility 99 = Refuse to answer
b. Vitamin A supplementation for children	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98 = Not applicable/Service not available at facility

	99 = Refuse to answer
d. Management of child malnutrition (e.g. severe acute malnutrition)	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98= Not applicable/Service not available at facility 99 = Refuse to answer
e. Antenatal care for pregnant women	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98= Not applicable/Service not available at facility 99 = Refuse to answer
f. Iron and folic acid for pregnant women	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98= Not applicable/Service not available at facility 99 = Refuse to answer
g. HIV treatment services	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98= Not applicable/Service not available at facility 99 = Refuse to answer
h. TB treatment services	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98= Not applicable/Service not available at facility 99 = Refuse to answer
i. Sexual and reproductive health including family planning	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98= Not applicable/Service not available at facility 99 = Refuse to answer

j. Surgeries	0 = No impact 1 = Services are paused 2 = Services are operating at minimum level/only provided for emergencies 97 = Don't know/Don't work in the unit 98 = Not applicable/Service not available at facility 99 = Refuse to answer
<b>4.2 Questions Assessing Stigma</b>	
4.2.1. In the last 6 months, have you experienced any of the following due to your profession?	
a. Social avoidance or rejection	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
b. Denial of healthcare, education, housing or employment	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
c. Physical violence	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
d. Congratulations or acknowledgment	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer

## 5. Vaccines

Question	Responses
<b>5.1. Vaccine knowledge, attitudes, practices</b>	
5.1.1. In general, do you believe that vaccines are safe?	0=No 1=Yes 97 = Don't know 99=Refuse to answer
5.1.2. Has your religious leader ever said anything about vaccination in general?	0=No 1=Yes, something positive 2=Yes, something negative 3=I don't have a religious leader 97 = Don't know 99 = Refuse to answer
5.1.3. Is a COVID-19 vaccine available in [COUNTRY]?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
5.1.4. Has the COVID-19 vaccine been made available to you as a healthcare provider?	0=No 1=Yes

	97 = Don't know 99 = Refuse to answer
5.1.5. Have you or any of your colleagues received the COVID-19 vaccination?	0=No 1=Yes, I have been vaccinated 2=I know someone who has been vaccinated 97 = Don't know 99 = Refuse to answer
<b>5.2. COVID vaccine awareness and perception</b>	
5.2.1. In general, how safe do you think COVID-19 vaccines are?	1=Very safe 2=Somewhat safe 3=Not very safe 4=Not at all safe 97 = Don't know 99 = Refuse to answer
5.2.2. In general, how effective do you think the COVID-19 vaccines are in preventing COVID infection?	1=Very effective 2=Somewhat effective 3=Not very effective 4=Not effective at all 97 = Don't know 99 = Refuse to answer
5.2.3. Does the COVID-19 vaccine have any side effects that you are aware of? <i>(Do not read answer choices aloud; code responses and/or enter "other")</i>	0=No side effects 1=Fever 2=Body ache, including arm pain 3=Nausea 4=Tiredness/exhaustion 96= Other (specify) 97 = Don't know 99 = Refuse to answer
5.2.4. <i>(Select all that apply)</i>	
5.2.5. How much do you agree with this statement?  "If a vaccine for COVID-19 were available now, I would definitely get it."  <i>Skip if 5.1.5 = 1</i>	0=No, would definitely not get it 1=Yes, would definitely get it 2=Maybe, would wait and see what others do before getting it 3=Unsure/undecided 99 = Refuse to answer
5.2.6. Which of the following are reasons that you would/did get the COVID-19 vaccine? <i>If 5.2.5 = Yes, Maybe, or Unsure/undecided, or if 5.1.5 = 1</i>	
a) To keep myself or my family safe	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
b) To keep my patients and colleagues safe	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
c) Because my friend/family suggested I get it	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
d) Because my superiors/managers instruct me to get it	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
e) There are additional reasons I would/did get the vaccine	0=Disagree / No 1=Agree / Yes <i>(Specify)</i>

<p>5.2.7. What are the reasons why you would <i>not</i> get the COVID-19 vaccine?</p> <p><i>If 5.2.5 = No or Unsure/undecided</i></p> <p><i>(Do not read answer choices aloud; code responses and/or enter "other")</i></p> <p><i>(Select all that apply)</i></p>	<p>1=Do not think it is needed  2=Do not think I am at risk of getting COVID  3=Do not think the vaccine is effective against COVID-19  4= Heard/read negative media reports  5=Do not think the vaccine is safe/ It was developed too fast  6= Concerned about side effects  7= Fear of getting an unlicensed / experimental vaccine, fear that people here will get worse quality vaccines  8=Fear getting COVID-19 disease from the vaccine  9=Fear getting other illnesses / autism from the vaccine  10= Fear the vaccine will cause infertility / sterilization / population control  11=Religious reasons/church or religion advises against  12=Fear of microchipping  13=Fear of New World Order  14= Had a bad experience or reaction with previous vaccinations  15=Concerned because I have a chronic condition e.g. diabetes, hypertension and not sure it is safe for people with my condition  16=Personal liberty / do not want bodily intrusion  96= Other (specify)  97 = Don't know  99 = Refuse to answer</p>
<p><b>5.3. Willingness to get the COVID vaccine</b></p>	
<p>5.3.1. I am going to list several statements about the COVID-19 vaccine. Some are true and some are false. Do you believe the following statements about the COVID-19 vaccine are true or false?</p>	
<p>a) Vaccine trial participants have died after taking the vaccine</p>	<p>1=True / Yes  0=False / No  97 = Don't know  99 = Refuse to answer</p>
<p>b) Side effects from the COVID-19 vaccine are usually mild and temporary, and should go away in a few days</p>	<p>0=Disagree / No  1=Agree / Yes  97 = Don't know  99 = Refuse to answer</p>
<p>c) There is no need for a vaccine because COVID-19 is a conspiracy or a bioweapon</p>	<p>1=True / Yes  0=False / No  97 = Don't know  99 = Refuse to answer</p>
<p>d) People on the African continent are immune to COVID-19, so there is no need for a vaccine</p>	<p>1=True / Yes  0=False / No  97 = Don't know  99 = Refuse to answer</p>
<p>e) It is not necessary to get a COVID 19 vaccine if you follow all safety protocols</p>	<p>1=True / Yes  0=False / No  97 = Don't know  99 = Refuse to answer</p>

f) There is not enough evidence that the COVID-19 vaccine prevents the occurrence and spread of COVID-19	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
g) The COVID-19 vaccine was developed too fast.	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
5.3.2. There a few different COVID-19 vaccines which have been developed in multiple countries. Does the COVID-19 vaccine's country of origin affect your willingness to take the vaccine?  <i>If no, skip to 5.3.4.</i>	0 = No 1 = Yes 97 = Don't know 99 = Refuse to answer
5.3.3. As of now we know that vaccines have been developed by several countries. Which countries or regions would you be willing to take a COVID-19 vaccine developed from or recommend others take?  <i>Read all options aloud and select all that the participant lists.</i>	1 = US 2 = China 3 = Russia 4 = India 5 = Europe 97 = Don't know 99 = Refuse to answer
5.3.4. If a COVID-19 vaccine had been developed or tested in Africa would that affect your willingness to take it or recommend others take it?	0=No, will not change my mind 1=Yes, will decrease my chances of taking it 1=Yes, will increase my chances of taking it 97 = Don't know 99 = Refuse to answer
5.3.5. Do any of the following groups or individuals influence your opinion about whether or not you would take the COVID-19 vaccine?	
a) Family or loved ones	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
b) Religious leaders (imams, pastors, priests)	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
c) Community/tribal leaders	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
d) Political leaders	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
e) Celebrities/social media influencers	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
f) My colleagues / other healthcare workers	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
5.3.6. Would an endorsement of the COVID-19 vaccine as safe and effective from the following actors make you more or less likely to get the vaccine?	

a) International organizations such as WHO, UNICEF, or Gavi the vaccine alliance	1=Much more likely 2=More likely 3= No difference 3=Less likely 4=Much less likely 97 = Don't know 99 = Refuse to answer
b) National government or state/local government	1=Much more likely 2=More likely 3= No difference 3=Less likely 4=Much less likely 97 = Don't know 99 = Refuse to answer
c) The Bill & Melinda Gates Foundation	1=Much more likely 2=More likely 3= No difference 3=Less likely 4=Much less likely 97 = Don't know 99 = Refuse to answer
d) Africa Centres for Disease Control (Africa CDC)	1=Much more likely 2=More likely 3= No difference 3=Less likely 4=Much less likely 97 = Don't know 99 = Refuse to answer
e) The military	1=Much more likely 2=More likely 3= No difference 3=Less likely 4=Much less likely 97 = Don't know 99 = Refuse to answer
f) Other (specify)	
5.3.7. Which of the following factors would prevent you from getting the COVID-19 vaccine, if it was available in your country?	
a) I don't want to / cannot miss work	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
b) It is inconvenient or too far for me to travel to go get the vaccine	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
c) When the vaccine is available in my country, I will not be prioritized to get it as quickly as the wealthy/elite	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
d) I need my family consent in order to get the vaccine	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer

e) Other (specify)	0=Disagree / No 1=Agree / Yes 97 = Don't know 99 = Refuse to answer
<b>5.4. Information sources</b>	
5.4.1. Which information sources do you trust to provide accurate information about the COVID-19 vaccine?	
a) Television, radio, or newspaper	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
b) Social media (Facebook, WhatsApp, Twitter, etc.)	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
c) Internet	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
d) Friends/family	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
e) Religious bodies/leaders	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
f) Medical professionals	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
g) Government communications/announcements e.g. Ministry of Health	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
h) Other (specify)	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
<b>5.5. Benefits and expectations of the vaccine campaign</b>	
5.5.1. Would you be willing to participate in a vaccine clinical trial if one were available locally?	1=True / Yes 0=False / No 97 = Don't know 99 = Refuse to answer
5.5.2. When do you think a COVID-19 vaccine will be made available to you?	0=Never 1=Already received the vaccine 2=Before the end of 2021 3=During the first six months of 2022 4=During the last six months of 2022 5=2023 or later 97 = Don't know 99 = Refuse to answer

5.5.3. Once vaccines are available, should people continue to follow preventative guidelines such as social distancing, washing hands, using masks, etc?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
<b>5.6. Role of Healthcare Providers</b>	
5.6.1. How important is it for healthcare providers to get vaccinated against COVID-19?	1=Very important 2=Somewhat important 3=Not very important 4=Not important at all 97 = Don't know 99 = Refuse to answer
5.6.2. Would you recommend that your friends and loved ones get the COVID-19 vaccine?	0=No 1=Yes 97 = Don't know 99 = Refuse to answer
5.6.3. Are you doing any activities to boost your community's confidence in taking the vaccine?	0=None 1=Community outreach/education 96 = Other (specify) 97 = Don't know 99 = Refuse to answer

### 5. Follow-up

Question	Responses
5.1.3. What is the best phone number to reach you for a future call?	

This concludes our survey. Thank you for your time and attention.