

MODULE 5



USING

SURVEYS

TO MONITOR BUDGET
IMPLEMENTATION

MODULE 5 ❖ USING SURVEYS TO MONITOR BUDGET IMPLEMENTATION

LEARNING OUTCOMES FOR THIS MODULE

By the end of this module, participants will have:

- discussed their previous experiences using surveys;
- examined case studies of civil society budget work using surveys;
- reviewed some of the types of surveys used in budget work;
- assessed three types of survey questionnaires used for budget monitoring;
- practiced developing survey questions; and
- analyzed data tables from a survey on maternal health services in Polarus and documented their initial findings.

STRUCTURE OF THE MODULE (4 HOURS, 10 MIN.)

Session 11: Types of Surveys Used in Budget Monitoring

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| 1. Plenary Discussion: Experience with Using Surveys | 10 minutes |
| 2. Task 5.1: Examining Case Studies of Budget Work Using Surveys | 45 minutes |
| 3. Facilitator Input: Types of Surveys Used in Budget Work | 10 minutes |
| 4. Task 5.2: Assessing Three Types of Survey Questionnaires | 45 minutes |
| 5. Report-Back and Discussion on Questionnaires | 15 minutes |

Session 12: Developing Survey Questions and Analyzing Survey Findings

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| 1. Facilitator Input: Developing Survey Questions | 20 minutes |
| 2. Task 5.3: Designing Questions on Maternal Health Services | 1 hour |
| 3. Task 5.4: Analysis of Data Tables & Documenting Findings | 45 minutes |

SESSION 11: Types of Surveys Used in Budget Monitoring

1. PLENARY DISCUSSION: EXPERIENCE WITH USING SURVEYS 10 MINUTES

- Start this session by asking participants if any of them have used surveys in their budget monitoring work.
- If so, allow participants to share their experience with surveys.
- Ask them to explain what type of survey they used and to briefly describe the process and what issue/problem it was focused on.
- Also ask why their organization decided to use a survey? And what type of information did they want to gather?

2. TASK 5.1: EXAMINING CASE STUDIES OF BUDGET WORK USING SURVEYS

45 MINUTES

- Divide participants up into three groups. Assign each group one of the following three case studies that are found in their Workbooks:
 - *Civil Society Coalition for Quality Basic Education (CSCQBE) Carries Out Public Expenditure Tracking Surveys in Malawi*
 - *Public Affairs Centre Develops Citizen Report Cards in India*
 - *Hakikazi Catalyst Uses PIMA Cards in Tanzania*
- Each of these case studies highlights the use of a survey for budget work, notably public expenditure tracking survey (PETS), citizen report cards (CRC), and Community Score Cards (“PIMA” card in Tanzania).
- These are the three most common types of surveys used in budget work, although there are others, as well as variations on these types.
- Ask participants to take about 10 to 15 minutes to read their case study. After they read the case study, have them discuss the following questions, which are found in **Task 5.1: Examining Case Studies of Budget Work Using Surveys**.
 1. *Briefly describe the survey used in the case study (in a few sentences only).*
 2. *What is the purpose of this type of survey? (Think about why you would implement it, what type of information it gathers, and in what context/environment it is used.)*
 3. *What do you think are the strengths of this type of survey?*
 4. *What do you think are the challenges of this type of survey?*
- Allow the groups about 20 minutes to answer the questions, and then ask them to gather back in plenary.
- Ask one representative from each group to briefly present their answers to each of the questions. Each presentation should be no more than 5 minutes.
- End the session by asking if there are any questions of clarification.

3. FACILITATOR INPUT: TYPES OF SURVEYS USED IN BUDGET WORK 10 MINUTES

- Provide a brief presentation on different types of surveys used in budget work, to supplement the information that participants gained through their review of the three case studies
- The content of this presentation is found in the PowerPoint file *Using Surveys*.

4. TASK 5.2: ASSESSING THREE TYPES OF SURVEY QUESTIONNAIRES 45 MINUTES

- Have participants break up into small groups of 4 to 5 people for the purpose of this task.
- Hand out copies of all three questionnaires to each participant – the sample CRC questionnaire, sample PETS questionnaire, and sample CSC questionnaire (i.e., the survey instruments).

- Ask participants to take 45 minutes to review each type of questionnaire and then working in their groups, discuss and answer the questions in **Task 5.4**.

5. REPORT-BACK AND DISCUSSION ON QUESTIONNAIRES **15 MINUTES**

- Review in plenary the answers to the questions in **Task 5.2**.

CIVIL SOCIETY COALITION FOR QUALITY BASIC EDUCATION CARRIES OUT PUBLIC EXPENDITURE TRACKING SURVEYS IN MALAWI

The Civil Society Coalition for Quality Basic Education (CSCQBE), created in 2000, is a network of organizations that have come together in the common pursuit of the right to quality basic education.

The Coalition uses Public Expenditure Tracking System (PETS) to track the flow of resources through various levels of government to the end users and identify leakages. The steps in a PETS process are as follows:

Step 1: Identify the Scope of the PETS Exercise

The organization implementing a PETS exercise should decide which sector(s) (such as education, health, roads, etc.) it wants to survey. It should also decide the scope of the exercise and whether it will track monies from central government levels all the way down to the end user of some intermediate stages.

Step 2: Gain a Clear Understanding of the Management of Programs

Any organization coordinating a PETS exercise should study the administrative structure and systems under which the programs to be surveyed are managed.

Step 3: Develop Questionnaires for the Survey

During its PETS exercises, CSCQBE developed separate questionnaires for head teachers, district commissioners, district education managers and the national supplies unit. Questionnaires for head teachers sought information on the school's proposed recurring expenditure budget sent to the Finance Ministry, actual funds received from the ministry and actual recurrent

expenditures in three sample months. District commissioners were asked about the amount of funding requested from the Finance Ministry for recurrent expenditures, the amounts subsequently allocated to the district and the actual amounts the district received and spent on a monthly basis (including the purposes for which they were spent).

Step 4: Select Sample Size & Identify Units to be Sampled

CSCQBE selects a representative sample of 500 schools (roughly one-tenth of those in the country) for its surveys, including both rural and urban schools.

Step 5: Administer Questionnaires

As part of the PETS process, community-based members of CSCQBE administer a series of standardized questionnaires to teachers and education officials around the country.

Step 6: Create and Analyze Database, and Write a Report

The CSCQBE secretariat collects the questionnaires, enters the data into electronic spreadsheets, and analyzes them to produce its annual report.

Step 7: Present Report

A draft report is circulated among CSCQBE organizations and discussed at a special meeting for adoption. A final report is then produced. CSCQBE unveils the report during a public meeting with ministry officials, parliamentarians, development partners and the media during the annual parliamentary budget deliberation. It then holds district meetings where district assembly officials, district education officials, non-government-

al organizations, and school officials can discuss the results and, if necessary, formulate action plans to address problems. CSCQBE also gives copies of the report to key stakeholders such as ministers, the office of the president, and donors and seeks commitments on how they will respond to the issues it raises. CSCQBE takes note of these commitments and then monitors their implementation.



School pupils in Malawi

CSCQBE has achieved important successes through PETS:

- In 2002, when the government closed teacher training colleges due to a lack of funding, civil society groups mounted a three-month campaign that compelled the government to reopen them. The coalition argued that closing the colleges violated the government's commitment to train 6,000 new teachers a year.
- In 2003, it was discovered that a number of teachers received their salaries late or not at all. Civil society groups pressed a parliamentary committee to look into the issue. The committee returned a report to the National Assembly.
- In 2004, the government undertook its own expenditure tracking survey after observing CSCQBE's successful work. Civil society was involved in planning and monitoring the survey.
- Civil society groups have also pressured the government into making budget

allocations aimed specifically at children with special needs, to purchase specialized materials for teachers who focus on these students.

- In addition, the government is now seeking to address the educational disparities between rural and urban areas. It plans to introduce incentives to attract teachers to rural areas and construct housing for rural teachers.

CSCQBE faces several challenges in implementing the public expenditure tracking surveys.

- Government officials do not always fully release budget and expenditure data, which makes it more difficult to track expenditures and determine the extent to which the government is working to improve the educational system.
- In many instances officials provide information that is incomplete or refuse to provide it, claiming they are still compiling the information.
- Many coalition members have only limited technical capacity to analyze education budget data.
- Coalition members are busy with multiple commitments and can invest only limited time in the PETS process. This sometimes affects the quality of the reports submitted by those who are collecting information for the survey.

PUBLIC AFFAIRS CENTRE DEVELOPS CITIZEN REPORT CARDS IN INDIA

Inspired by the private sector practice in India of conducting client satisfaction surveys, a group of residents undertook a citizen report card exercise in 1993 to measure citizen satisfaction with public service providers. Subsequently, the group formed the Public Affairs Centre (PAC) to undertake additional surveys.

The report card exercise raises awareness of service providers' poor performance and compels them to take corrective action. The process of developing a citizen report card (CRC) can be divided into six phases, described below.

Phase 1: Identification of Scope, Actors, and Purpose

The first step is to clarify the scope of CRC evaluation by defining what type(s) of public services will be assessed and how the findings will be used. This should provide a basis for building a coalition of like-minded groups since the credibility of survey findings depends to some degree on the initial legitimacy of the group conducting the survey.

Phase 2: Questionnaire Design

Focus group sessions are then held with service providers and service users to inform the questionnaire content. This helps to define the structure and size of the questionnaires. Once designed, questionnaires should be tested on focus groups.



Focus group discussion in a village in Tumkur

Phase 3: Sampling

Prior to determining the survey sample size, attention should be paid to the geographic region(s) in which the survey will be launched. Attention should also be paid to the budget, time and organizational capacity, which can limit the survey size. Sample respondents need to be selected for the survey. In most CRC surveys, the most likely unit of analysis is the household.

Phase 4: Execution of Survey

Survey personnel should have a good understanding of the purpose of the project and receive training before being sent to conduct the survey. To ensure that the survey's credibility is not compromised by inaccurate recording of household responses, it is useful to perform random spot monitoring of interviews.

Phase 5: Analyzing Data

Once all the data have been consolidated, analysis can begin. Statistical tests should be run on the data to determine whether the survey results can be applied to the greater population and whether differences between sub-groups are statistically significant.

Phase 6: Dissemination

Instead of using report card results to publicly embarrass service providers, first share the preliminary findings with them so they can respond. Any genuine explanations should then be noted in the final report and factored into the recommendations. The findings from the report card can then be presented at a press conference or similar event. It is often useful to bring together service providers and users after the report cards have been published, to give both parties a chance to discuss their reactions. The CRC report should present the survey results, draw conclusions from them, and recommend steps to fix any problems the survey identified. It should include both the positive and the negative

results, and apart from exceptional cases, it should be a catalyst for change rather than a condemnation of service providers.

The CRC process has resulted in some important successes:

- Three agencies – Bangalore Telecom, the Electricity Board, and the Water and Sewerage Board – streamlined their bill collection systems after the 1999 survey.
- With PAC's assistance, the Bangalore Development Authority developed its own report card, which it used to obtain feedback from customers on corruption and to identify weaknesses in service delivery.
- The Bangalore City Corporation and the Bangalore Development Authority also initiated a joint forum of representatives from NGOs and public officials to identify solutions to high-priority problems.
- Two large public hospitals in the city that had received very poor rankings agreed to support an initiative designed by a non-governmental organization to set up "help desks" to assist patients and to train their staff to be more responsive to patients' needs.

The PAC has assisted groups in many other countries seeking to implement its methodology and has developed a list of issues that any group interested in conducting a report card survey should consider.

- *Requirement of a Strong Lead Institution:* The ultimate success of a CRC project depends in large part on the institution that leads it. It should also be experienced in conducting surveys and willing to work with multiple stakeholders drawn from throughout society.
- *Evaluation of the Socio-Political Context:* Governments must be able to respond to feedback in order for a CRC to produce meaningful changes. Citizens must not be too intimidated to respond to survey

questions, and the safety of enumerators and respondents should be guaranteed.

- *Development of an Advocacy Strategy:* Advocacy efforts should always be directed to the level of government (local, state, or national) responsible for the service being assessed. Including some survey results that reflect favorably upon the service provider will help the provider feel more comfortable with the process.
- *Requirement of Technical Skills:* The group conducting the CRC survey may need technical assistance from outside groups on such issues as survey techniques, details of local service provision, and survey fieldwork.
- *Consideration of Cost:* The cost of a CRC survey will vary depending on factors such as the sample size, the number of personnel needed to conduct the survey and the level of training they will need, communication and information equipment needed (computers, phones, etc.), the cost of printing questionnaires, wages to be paid to interviewers and supervisors, any fees due to outside agencies to which certain tasks have been outsourced, and travel and dissemination costs.

HAKIKAZI CATALYST USES PIMA CARDS IN TANZANIA

Formed in 2000, Hakikazi Catalyst is a Tanzanian economic and social justice advocacy organization that empowers marginalized people both to influence government decisions affecting their lives and to achieve their civil and political rights at the local, national, and international levels.

Hakikazi developed PIMA cards (“pima” means “measure” in Swahili) as a simple, flexible evaluation tool that enables communities to gather qualitative and quantitative information on inputs (what funds did the community receive?), outputs (how were the funds used?), and outcomes (how did the projects affect the community?) of government expenditures on poverty-reduction strategies.

Both local communities and district governments complete the PIMA cards to assess the quality of goods and services provided by the district government to local communities. Based on the results, the district government and local communities decide on the next steps to be taken to address communities’ priorities and to continue information-sharing in a systematic way. The PIMA card process involves eight steps:

Step 1: District-Level Groundwork. Hakikazi selects villages to participate in the exercise, based on relationships developed with them over time. District workshops are held to mobilize stakeholders, explain budget monitoring systems and the PIMA card process, and generate support for the process.

Step 2: Skills Building. Hakikazi organizes workshops to train individuals within a community (drawn from existing community-based organizations) who will lead the PIMA card process. They provide participants with skills to gather quantitative and qualitative

budget information in communities, analyze government budgets and present their results to decision-makers and communities.

Step 3: Community-Level Groundwork. Next, Hakikazi convenes public debates in the participating communities on the government’s poverty reduction strategy. Following discussions in small groups, community members select two sectors they want to monitor, such as education, health, roads, agriculture, or water. Each community also selects seven to 15 people as a village monitoring committee, which will collect information on the selected priority areas using the PIMA cards.

Step 4: Design of Village PIMA Cards. These cards are de-signed to focus on the quality and quantity of expenditures at community level in the sectors under investigation.

ABSTRACT OF VILLAGE PIMA CARD

Agriculture and Markets					
B1	Extension Services				
	What types of extension advice were provided in your village last year and how satisfied are you with these services?				
		Not received	Poor	Satisfactory	Good
	Pest management				
	Improved seeds				
	Soil conservation				
	Farmers’ support association				
	Irrigation techniques				
	Crop processing (etc.)				

Step 5: Design of District-Level PIMA Cards.

The district-level PIMA Card is called a district self-evaluation and is completed by a district-level government official. The questions in the self-evaluation card mirror the questions asked by the village monitors at the community level.

Step 6: Information Collection with PIMA Cards.

Hakikazi and its facilitators start by training one village monitoring committee on how to collect data using the PIMA card, which is then tested in that committee's community. The village monitoring committees then collect information on allocations received from the district and on expenditures at the community level through analysis of the village government's bank statements, accounting records and receipts.

Step 7: Analysis of Local Government Budgets.

Hakikazi analyzes district budgets to identify budget allocations for the sectors selected for monitoring. Hakikazi compares the results from its budget analysis with the results reported in the PIMA cards completed by the district officials (through the self-evaluation) and by the communities.

Step 8: Analysis and Feedback.

A report with information from both the district and communities is drafted, peer-reviewed and shared with the communities and local government. The results of the PIMA card studies are shared at the community level (where the village government can act upon them), the district and regional levels (where practical decisions that favor poor people can be influenced), and the national level (where policymaking bodies can respond to them).



Budget information on display in Mkonoo village

Hakikazi has twice undertaken PIMA card studies and has already achieved some success in identifying problems in village development expenditures. For example, village monitoring committees and Hakikazi have brought misuse of funds to the attention of village, ward and district governments.

Hakikazi faces these challenges in implementing PIMA cards:

- In the absence of a national right to information law, access to information remains a major obstacle for Hakikazi and the local communities that implement the PIMA card process.
- Hakikazi has also found that variations in the standard of facilitation during the information collection process lead to variations in the completed PIMA cards.
- Analysis of district budgets has often been difficult and time-consuming due to their opaque and inconsistent presentation. It is also frequently questionable whether budget documents provide honest representations of what development activities are realistically possible, given the extreme financial constraints.

TASK SHEET 5.1: EXAMINING CASE STUDIES OF BUDGET WORK USING SURVEYS

Case Study: _____

1. Briefly describe the survey used in the case study (in a few sentences only).
2. What is the purpose of this type of survey? (Think about why you would implement it, what type of information it gathers, and in what context/environment it is used.)
3. What do you think are the strengths of this type of survey?
4. What do you think are the challenges of this type of survey?

Session 12: Developing Survey Questions and Analyzing Survey Findings

1. FACILITATOR INPUT: DEVELOPING SURVEY QUESTIONS 20 MINUTES

- Use the PowerPoint file **Developing Survey Questions** to take participants through key points on how to design questions for a survey instrument (questionnaire).

2. TASK 5.3: MINI-QUESTIONNAIRE DESIGN 1 HOUR

- Refer participants to **Task 5.5: Mini-Questionnaire Design** and **Reading 5.2: Case Study for Designing a Survey** in their Workbooks and the **National Standards for Maternal Health Care** in their Polarus Sourcebooks. They will be using all of these for this task.
- Explain that government standards for programs are useful when designing questionnaires, because you can use the **standards or program guidelines** as a basis for asking questions and assessing different aspects of service delivery against what is required.
- Remind them about how the sample Hakikazi PIMA Card on Health used indicators from the government's Poverty Reduction Strategy as the basis for its questions. So **indicators for policies and programs** can be also used as the basis for designing survey instruments.
- To design the questionnaire, participants should work in small groups. Using the information from the presentation on questionnaires, the case study on maternal health care services in Polarus (**Reading 5.2**), and the *National Standards of Maternal Health Care* (**Polarus Sourcebook**), each group should first develop 1 to 3 objectives for their survey and then design a short questionnaire of 15 to 20 questions.
- Note that participants should develop questions for the **body of the questionnaire**. For example, they don't need to develop questions on investigator information.
- Explain that a standard questionnaire would include many more questions, but that this exercise is just to give them practice in developing survey questions.
- Circulate among the groups and provide support and guidance as required.
- To support your facilitation of this task, use the **sample questionnaire on maternal health** in this Manual as a reference.
- After participants are done with the task, ask them to gather back in plenary for a review session. For the review, ask each group to provide a brief presentation on what their survey objectives are and then provide examples of 3 to 4 questions that they developed.
- Ask each group to write their survey objectives and the 3 to 4 sample questions on a piece of flipchart paper, so that the report-back can be done by "Gallery Walk": each group hangs its flipchart paper on the wall to be reviewed by all of the participants, then a plenary discuss can be facilitated about what participants observed in each of the sample questionnaires.
- You can also ask them to reflect on this brief practice of developing questions for a survey instrument. What was their experience of developing questions for a survey?

3. TASK 5.4: GROUP WORK – ANALYSIS OF DATA TABLES AND DOCUMENTING FINDINGS

45 MINUTES

- Invite the participants to turn to the data tables that appear in Module 5 of their Workbooks. Explain that these tables show data collected by HMHC by means of its CRC-inspired survey work in Swellentsia.
- There are 17 tables in total, covering a range of topics such as access to clinics, types and quality of services, cost of services, and satisfaction with services.
- Ask participants to take about 15-20 minutes on their own, noting down some of the important findings or trends they see emerging from the data tables. To this end, ask them to study each of the tables in turn, and write down their initial ideas.
- Refer participants to **TASK 5.4: SURVEY FINDINGS** in their Workbooks. Have them get into their Polarus groups to extract and discuss important findings from this survey data that may be used to support their budget advocacy work on maternal mortality in Sunrise State. They will do this by discussing and answering the four questions in **Task 5.4**.

READING 5.2: CASE STUDY FOR DESIGNING A SURVEY

You are a member of the Healthy Mothers, Healthy Children (HMHC) coalition in the fictional country of Polarus. At your most recent meeting of the HMHC Steering Committee, you identified the need to gather more evidence about the quality of maternal health care received at primary health clinics in the city of Swellentsia in Sunrise State. You have already made great strides in collecting budget data and physical evidence on maternal health services. You have also gathered a wealth of qualitative information through a series of focus group workshops conducted in Sunrise State. However, you realize that your advocacy message will be even more powerful if you can back it up with some reliable facts and figures about the everyday realities of accessing these services.

During the Steering Committee meeting, one of your colleagues mentioned a presentation she recently heard at an international conference on participatory governance in Polarus' capital. The presentation was made by the Public Affairs Centre (PAC) of Bangalore, India, on their use of Citizen Report Cards to monitor the quality of public services. She was inspired by how PAC was able to use data from their surveys to effectively advocate for improvements in public services, particularly for the poor. After hearing about the Citizen Report Card, you and other Steering Committee members agreed that this type of survey would provide HMHC with useful facts and figures to enhance your budget advocacy message.

You are well aware that the main causes of maternal death in Swellentsia seem to be linked to complications arising during delivery, and the lack of basic emergency obstetric care at the clinics. Most women who had complications during delivery – or women whose family members or friends had died during delivery – complained that the clinic staff did not have the skills to assist with obstructed labour and other complications, and that the clinic didn't have the proper drugs, for example, to treat high blood pressure (eclampsia). Some women who had to be transferred to a secondary hospital for emergency C-Sections said that their families had to find and pay for their transport to the hospital, since the clinics did not have a vehicle to take them there. A number of women, including those who had normal deliveries, complained about the lack of cleanliness in delivery rooms and shortages of medical supplies.

Some women felt that the complications they experienced during delivery could have been prevented if they had received proper antenatal care. These women said that they were not able to access the primary health clinics during pregnancy due to long distances. Some women who were able to make it to the clinics said that they were charged for services that were supposed to be provided for free. They also complained of long waits; short, superficial examinations by health workers without obstetric training; and rude treatment by health clinic staff. Women had similar experiences

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with accessing and receiving postpartum care. Some women also mentioned that they had to pay bribes to clinic staff to get faster or better service.

As a member of HMHC's Steering Committee, you raised these concerns with the Sunrise State Department of Health, who pointed out that the quality of maternal health services are ensured by the government's National Standards for Maternal Health Care. It has assured you that it adheres strictly to the quality standards outlined in this national policy. The state health officials you have met with promised to investigate allegations of malpractice, substandard health services, or mistreatment once they are provided with hard evidence, including statistical data. As a result, you decide to conduct a survey to compare the standards outlined in the national maternal health care policy with women's actual experiences of maternal health services on the ground.

TASK SHEET 5.3: DESIGNING QUESTIONS ON MATERNAL HEALTH SERVICES

Read the case study about the state of maternal health care services in the city of Mortalia, Sunrise State, Polarus (**Reading 5.2**), as well as the **National Standards of Maternal Health Care** in your Polarus Sourcebook.

First, develop one to three key objectives for your survey. These objectives will influence the types of questions that you develop, as you need to ensure that the questions will help you to achieve your objectives. Your objectives (and questions) should address some of the following aspects of service delivery: *awareness, accessibility, usage, quality, reliability, staff behavior, satisfaction, and costs.*

Second, design a short questionnaire of 15 to 20 questions to investigate and assess maternal health service delivery in Mortalia.

SURVEY OBJECTIVES:

1.

2.

3.

BODY OF QUESTIONNAIRE:

No.	QUESTION	ANSWER SCALES
1		
2		
3		

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No.	QUESTION	ANSWER SCALES
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		

No.	QUESTION	ANSWER SCALES
17		
18		
19		
20		

FACILITATOR REFERENCE: SAMPLE QUESTIONNAIRE ON MATERNAL HEALTH SERVICES

I. INVESTIGATOR INFORMATION

Name of Investigator: _____ Starting Time: _____

Date: _____ Ending Time: _____

II. LEAD-IN/INTRODUCTION

Hello, my name is _____, and I work for Healthy Mothers, Healthy Children, a coalition of organizations and citizens collecting information on maternal health services in Swellentsia.

(Modify the introduction to sound as natural as possible.) *Instruction to investigator: please use pencils and circle the code where applicable and write the answers in legible handwriting in the spaces provided for responses.*

III. FILTER QUESTIONS

- 1) Have any women in your household given birth in the last two years?
- 2) If yes, may I speak with her/them?

IV. DEMOGRAPHIC QUESTIONS

- 1) What is your name?
- 2) What is your age? _____ years
- 3) Location/Address:
- 4) What is your monthly household income? 1- < D 2,500
2- D 2,501-7,000
3- > D 7,000

V. QUESTIONS ON MATERNAL HEALTH SERVICES

GENERAL

- 5) Which type of health facility did you visit for maternal health services during your most recent pregnancy?
 - 1- Government clinic/hospital (Skip to Q.7)
 - 2- Private clinic/hospital
 - 3- NGO
 - 4- Traditional birth attendant

SAMPLE QUESTIONNAIRE ON MATERNAL HEALTH SERVICES (CONTINUED)

6) If you did not use a government clinic/hospital, what was the primary reason?

- 1- Service not satisfactory
- 2- Long waiting periods
- 3- Doctors are not available
- 4- Medicines are not available
- 5- Long distance
- 6- Treatment is costly

(If respondent has not used a government clinic, the interview ends here).

ACCESSIBILITY

7) How long does it take you to travel to the government primary health clinic?

- 1- Less than 30 min.
- 2- 30 min. to 1 hour
- 3- 1 hour to 1 ½ hours
- 4- 1 ½ to 2 hours
- 5- More than 2 hours

8) Which mode of transport do you use to go to the government primary health clinic?

- 1- Walking
- 2- Bicycle
- 3- Public transportation
- 4- Car

9) What was the average amount of time that you waited to see medical staff when you visited the clinic?

- 1- Less than 30 min.
- 2- 30 min. to 1 hour
- 3- 1 hour to 1 ½ hours
- 4- 1 ½ to 2 hours
- 5- More than 2 hours

SAMPLE QUESTIONNAIRE ON MATERNAL HEALTH SERVICES
(CONTINUED)

HEALTH SERVICES RECEIVED DURING PREGNANCY

10) Did you receive medical care during your pregnancy at the government primary health clinic?

1- Yes

2- No (Skip to Q.15)

11) How many times did you visit the clinic during your pregnancy?

1- 1 to 3 visits

2- More than 3 visits

12) What health services did you receive when you visited the clinic during your pregnancy? (multiple responses)

1- Physical examination (including weight, blood pressure, heart rate)

2- Gynaecological examination

3- Ultrasound

4- HIV/STD testing

5- Blood tests

6- Nutritional supplements

7- Tetanus vaccine

13) Were any complications detected during your pregnancy?

1- Yes

2- No (Skip to Q.15)

14) Were you referred to a secondary hospital for treatment of these complications?

1- Yes

2- No

HEALTH SERVICES RECEIVED DURING DELIVERY

15) During delivery, were you attended by a skilled birth attendant (doctor, nurse, or midwife)?

1- Yes

2- No

SAMPLE QUESTIONNAIRE ON MATERNAL HEALTH SERVICES (CONTINUED)

16) Who were you attended by?

1- Doctor

2- Nurse

3- Midwife

17) How satisfied were you with the care you received from the skilled birth attendant?

1- Completely Satisfied

2- Partially Satisfied

3. Neither satisfied nor dissatisfied

4- Dissatisfied

18) What were the reasons for your dissatisfaction? (open-ended) _____

19) Did you experience any complications during delivery?

1- Yes

2- No (Skip to Q.24)

20) Did the primary clinic provide emergency care for these complications?

1- Yes (Skip to Q.24)

2- No

21) Were you taken to a secondary hospital for emergency care?

1- Yes (Skip to Q. 24)

2- No

22) What was the primary reason you did not receive emergency care?

1- No skilled birth attendant

2- Necessary drugs unavailable

3- Necessary medical supplies/equipment unavailable

SAMPLE QUESTIONNAIRE ON MATERNAL HEALTH SERVICES
(CONTINUED)

4- No transport to secondary hospital

5- Other (Please specify: _____)

23) What happened as a result of not receiving emergency care? (open-ended question)

HEALTH SERVICES RECEIVED AFTER DELIVERY

24) Did you receive medical care after delivery?

1- Yes

2- No (Skip to Q.29)

25) How many times did you visit the clinic after delivery?

1- 1 to 2 visits

2- More than 2 visits

26) What health services did you receive when you visited the clinic after your delivery? (multiple responses)

1- Physical examination

2- Counselling on breastfeeding

3- Contraceptives

4- Blood test for anemia

5- Nutritional supplements

6- Information on warning signs of problems

27) Did you experience any problems after your delivery?

1- Yes

2- No (Skip to Q.29)

SAMPLE QUESTIONNAIRE ON MATERNAL HEALTH SERVICES (CONTINUED)

28) Did you receive a referral to a secondary hospital?

1- Yes

2- No

COSTS

29) In total, how much did your household spend for maternal health services during your last pregnancy?

1- Less than D100

2- D200–D400

3- More than D400

30) Did you pay any bribes for maternal health services?

1- Yes

2- No (Skip to Q.33)

31) For what purpose was the bribe paid? (open-ended)

32) Was it demanded or did you pay it on your own?

1- Demanded

2- Paid on my own

SATISFACTION

33) Overall, how satisfied were you with the maternal health services you received?

1- Completely satisfied

2- Partially satisfied

3- Dissatisfied

SAMPLE QUESTIONNAIRE ON MATERNAL HEALTH SERVICES
(CONTINUED)

SUGGESTIONS

34) What are your suggestions for improving maternal health services at government primary health clinics? (open-ended) _____

MONITORING BUDGET IMPLEMENTATION
Facilitator's Manual

3. What recommendations or suggestions flow from the findings that may be an important component of your advocacy message?

4. How will you communicate these findings in your final presentation? Do you plan to create tables, leaflets or a formal report? Can you use other more innovative communication tools to get your message across?

SWELLENTSIA SURVEY: DATA TABLES

**Table 1: Nature of health facilities used during last 2 years
for maternal health care**

(Figures in Percentages)

	Rich	Middle Class	Poor
Government clinic/hospital	-	25	75
Private clinic/hospital	100	75	-
NGO	-	-	10
Traditional birth attendant	-	-	15

Number	20	100	280
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Table 2: Primary reason for not using government health facilities

(Figures in Percentages)

	Rich	Middle Class	Poor
Service not satisfactory	70	60	5
Long waiting periods	-	3	10
Doctors are not available	25	30	5
Medicines are not available	5	7	10
Long distance	-	-	20
Treatment is costly	-	-	50

Number	20	75	70
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SWELLENTSIA SURVEY: DATA TABLES

Table 3: Time taken to travel to primary health clinic
(Figures in Percentages)

	Middle Class	Poor
Less than 30 min.	80	10
30 min. to 1 hr.	15	50
1 hr. to 1 ½ hrs.	5	30
1 ½ to 2 hrs.	-	8
More than 2 hrs.	-	2

Number	25	210
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Table 4: Mode of transport to primary health clinic
(Figures in Percentages)

	Middle Class	Poor
Foot	-	15
Bicycle	-	15
Public Transport	20	70
Car	80	-

Number	25	210
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SWELLENTSIA SURVEY: DATA TABLES

Table 5: Average waiting time for maternal health services
(Figures in Percentages)

	Middle Class	Poor
Less than 30 min.	30	5
30 min. to 1 hr.	45	10
1 hr. to 1 ½ hrs.	20	15
1 ½ to 2 hrs.	5	30
More than 2 hrs.	-	40

Number	25	210
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Table 6: Provision of maternal health services at primary health clinics
(Figures in Percentages)

	Middle Class	Poor
Did not receive antenatal care	-	25
Antenatal care (1 to 3 visits)	20	70
Antenatal care (more than 3 visits)	80	5
Did not receive postpartum care	-	35
Postpartum care (1-2 visits)	75	55
Postpartum care (more than 2 visits)	25	10

Number	25	210
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SWELLENTSIA SURVEY: DATA TABLES

Table 7: Antenatal care received at primary health clinics
(Figures in Percentages)

	Middle Class	Poor
Physical examination	90	65
Gynecological examination	85	50
Ultrasound	75	45
HIV/STD testing	95	65
Blood tests	90	45
Nutritional supplements	75	50
Tetanus vaccine	50	35
Number	25	210

Table 8: Skilled birth attendant during delivery
(Figures in Percentages)

	Middle Class	Poor
Skilled birth attendant present	88	50
Number	22	105

Table 9: Type of skilled birth attendant

	Middle Class	N	Poor	N
Doctor	81.8%	18	14.3%	15
Nurse	18.2%	4	28.6%	30
Midwife	-	-	57.1%	60
Total	100%	22	100%	105

N = number of respondents

SWELLENTSIA SURVEY: DATA TABLES

Table 10: Satisfaction with care provided by skilled birth attendant
(Figures in Percentages)

	Middle Class	Poor
Completely satisfied	45	20
Partially satisfied	35	30
Dissatisfied	20	50

Number	22	105
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Table 11: Need for emergency maternal health services

	Middle Class	N	Poor	N
Complications during pregnancy	4%	1	6.7%	14
Complications during delivery	12%	3	23.8%	50
Postpartum complications	8%	2	9.5%	20
Total	24%	6	40%	84

N = number of respondents

SWELLENTSIA SURVEY: DATA TABLES

Table 12: Provision of emergency maternal health care to those who needed it

	Middle Class	N	Poor	N
Referral to secondary hospital for complications during pregnancy	100%	1	43%	6
Emergency care provided during delivery (at clinic or secondary hospital)	100%	3	40%	20
Referral to secondary hospital for postpartum complications	100%	2	35%	7

N = number of respondents

Table 13: Reasons for not receiving emergency care during delivery

(Figures in Percentages)

	Poor
No skilled birth attendant	80
Necessary drugs unavailable	6
Necessary medical supplies/ equipment unavailable	4
No transport to secondary hospital	9
Other	1
Number	51

SWELLENTSIA SURVEY: DATA TABLES

Table 14: Postpartum care provided at primary health clinic
(Figures in Percentages)

	Middle Class	Poor
Physical examination	95	65
Counseling on breastfeeding	100	80
Contraceptives	85	55
Blood test for anemia	80	45
Nutritional supplements	75	40
Information on warning signs of problems	80	50
Number	25	137

Table 15: Average expenditure per household for maternal health services at primary health clinic
(Figures in Dinar)

	Middle Class	Poor
Less than D100	-	55
D200 – D400	25	45
More than D400	75	-
Number	25	210

SWELLENTSIA SURVEY: DATA TABLES

Table 16: Bribes paid for maternal health services
(Figures in Percentages)

	%	Number
Middle Class	68	17
Poor	42	88

Table 17: Level of satisfaction with maternal health services
(Figures in Percentages)

		Middle Class	Poor
Overall satisfaction	Completely	25	10
	Partially	50	40
	Dissatisfied	25	50
Number		25	210