

Module 5: Using Surveys to Monitor Budget Implementation

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:

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- 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

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

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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

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

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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

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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



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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
- 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



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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)

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)

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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

SUGGESTIONS

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