

Transparency for Development (T4D) Program

Beneficiary Scorecard Survey (TANZANIA)

This survey was developed for the T4D intervention in collaboration with CHAI (Tanzania).

	QUESTIONS	RESPONSE	NOTES/SKIP PATTERN
SECTION 1. INTERVIEWER INFORMATION			
1.1	Facilitator Name		
1.2	Date		
1.3	Time Start		
1.4	Time End		
<p>[READ INFORMED CONSENT] Hello. My name is _____. I am working with the Transparency for Development Project. We are conducting a fact-finding mission about community engagement in maternal and newborn health in Tanzania. The information we collect will help us plan a new program. We would like to ask you some questions about your experience with maternal and newborn health services in your community. The questions usually take about 1 hour/60 minutes or less. We are collecting this information to understand these challenges and will combine your responses with the responses of others like you to get a full picture of situation and access to maternal and newborn health. The answers that you give will be anonymous. Your name will not be used and only I will know what responses you give. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.</p>			
1.5	May I begin?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> THANK RESPONDENT AND END INTERVIEW)	If "No" thank respondent and discontinue
SECTION 2: RESPONDENT CONTACT INFO			
2.1	Respondent Name		
2.2	District		
2.3	Village		
2.4	Kitongoji		
SECTION 3: BIRTH HISTORY			
3.1	Did you give birth in the past year? Please respond yes, even if the child did not survive.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> THANK RESPONDENT AND END INTERVIEW) 98. <input type="checkbox"/> Refused (-> THANK RESPONDENT AND END INTERVIEW)	If "No" or "Refused" thank respondent and discontinue interview
3.2	Is that child (born in the past year) still alive?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	

3.3	Did you live in this village when you gave birth to that child?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> THANK RESPONDENT AND END INTERVIEW)	
SECTION 4: ANTENATAL CARE [READ]: Now I would like to learn about your experience receiving antenatal care for the last child you delivered. If you are currently pregnant, please think about the pregnancy before that.			
4.1	At how many weeks or months is it recommended for pregnant mothers to first seek antenatal care (From your knowledge)?	1. <input type="checkbox"/> As soon as she knows she is pregnant 2. <input type="checkbox"/> 1st month of pregnancy 3. <input type="checkbox"/> 2nd month of pregnancy 4. <input type="checkbox"/> 3rd month of pregnancy 5. <input type="checkbox"/> 4th month of pregnancy 96. <input type="checkbox"/> Other (specify) _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	
4.2	Did you see anyone for antenatal care during your pregnancy? (PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 4.6) 98. <input type="checkbox"/> Refused (-> SKIP TO 4.11) 99. <input type="checkbox"/> Don't know (-> SKIP TO 4.11)	
4.3	Where did you receive your ANC care? FOR FACILITIES WRITE THE FACILITY NAME.	HEALTH FACILITY 1. <input type="checkbox"/> Hospital _____ 2. <input type="checkbox"/> Health Center _____ 3. <input type="checkbox"/> Dispensary _____ HOME 10. <input type="checkbox"/> At respondent's home 11. <input type="checkbox"/> At Traditional Birth Attendant's (TBA's home) 96. <input type="checkbox"/> Other (specify) _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	If ANC received WITHIN first 12 weeks AND received at least 4 ANC visits skip to 4.7
4.4	How many months pregnant were you when you first received antenatal care for this pregnancy? IF THE RESPONDENT IS NOT SURE AND HAS AN ANC CARD OR OTHER WRITTEN RECORD YOU CAN USE THAT TO HELP CLARIFY THE INFORMATION	1. <input type="checkbox"/> Specify # months _____ 2. <input type="checkbox"/> If less than 1 month specify weeks _____ 3. <input type="checkbox"/> If "do not know" but answer is clear from ANC card: - Specify # months _____ 4. <input type="checkbox"/> Don't know and not clear from ANC card	

4.5	How many times did you receive antenatal care during this pregnancy? IF THE RESPONDENT IS NOT SURE AND HAS AN ANC CARD OR OTHER WRITTEN RECORD YOU CAN USE THAT TO HELP CLARIFY THE INFORMATION	1. <input type="checkbox"/> None 2. <input type="checkbox"/> One 3. <input type="checkbox"/> Two 4. <input type="checkbox"/> Three 5. <input type="checkbox"/> Four (-> SKIP to 4.7 if first ANC was within the first 3 months - see Q 4.4) 6. <input type="checkbox"/> More than Four(-> SKIP to 4.7 if first ANC was within the first 3 months - see Q 4.4) 98. <input type="checkbox"/> Refused	
4.6	[ASK THE FOLLOWING QUESTION ONLY IF THE WOMAN DID NOT RECEIVE ANC CARE WITHIN FIRST 12 WEEKS OR RECEIVE 4 ANC VISITS TOTAL]: Now I'd like to understand why you did not start ANC care during the first 4 months and/or did not complete 4 ANC visits total. Can you tell me your reasons? Was there another reason? Was there any other reason?		

	<p>Reason for delaying initiation of ANC and/or not attending at least four ANC Visits</p> <p>[CIRCLE AS MANY REASONS AS THE RESPONDANT GIVES BUT DO NOT PROMPT WITH ANSWERS]</p>	<p>DO NOT THINK IMPORTANT</p> <p>1. <input type="checkbox"/> I did not think that receiving antenatal care is important</p> <p>SUPPORT OF HUSBAND/PARTNER</p> <p>2. <input type="checkbox"/> I did not have permission or support from my husband</p> <p>3. <input type="checkbox"/> My husband would not accompany me to the health facility</p> <p>SUPPORT OF FAMILY/OTHERS</p> <p>4. <input type="checkbox"/> I was afraid to go to the health facility alone / I had no one to accompany me.</p> <p>5. <input type="checkbox"/> My neighbors/friends/family told me I did not need to get antenatal care.</p> <p>6. <input type="checkbox"/> I did not have permission or support from my family or others.</p> <p>COST</p> <p>7. <input type="checkbox"/> The cost to be seen at the health facility was too high</p> <p>8. <input type="checkbox"/> I did not know how much it would cost</p> <p>DISTANCE</p> <p>9. <input type="checkbox"/> The health facility was too far away</p> <p>TRANSPORT</p> <p>10. <input type="checkbox"/> I did not have transport to the health facility/ transportation to the health facility costs too much.</p> <p>WAITING TIME</p> <p>11. <input type="checkbox"/> I would have to wait too long to be seen by the midwife</p> <p>OPERATING HOURS</p> <p>12. <input type="checkbox"/> I do not know the operational hours of the health facility</p> <p>13. <input type="checkbox"/> I went to the health facility during operational hours but it wasn't open.</p> <p>STAFF AVAILABILITY</p> <p>14. <input type="checkbox"/> I didn't think staff would be present if I went to the health facility</p> <p>SUPERSTITION/ FEAR OF WITCHCRAFT</p> <p>15. <input type="checkbox"/> Superstition/ fear of witchcraft</p> <p>OTHER</p> <p>96. <input type="checkbox"/> Other (specify) _____</p>	<p>If received NO ANC care (Q4.2=No) skip to 5.1</p>
	<p>ACCESS TO ANTENATAL CARE</p> <p>[READ]: you have mentioned earlier that most of the ANC visits you made were at facility XX) I would like to learn more about your experience visiting this health facility</p>		
4.7	<p>During your most recent ANC visit, was the midwife at the clinic when you arrived to get antenatal care?</p>	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p> <p>98. <input type="checkbox"/> Refused</p> <p>99. <input type="checkbox"/> Don't know</p>	

4.8	After arriving at the facility for your most recent ANC visit, how long did you have to wait until you were seen?	minutes _____ hours _____	
4.9	During or after (any of) your ANC visit(s), did you pay for anything else such as a drug, an ANC card, a diagnostic test, a bribe to the clinic staff, etc.? Do not include transport to	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 4.11) 98. <input type="checkbox"/> Refused (-> SKIP TO 4.11) 99. <input type="checkbox"/> Don't know (-> SKIP TO 4.11)	
4.10	Which of the following did you pay for? (Check all that apply)	1. <input type="checkbox"/> Drugs 2. <input type="checkbox"/> ANC Card 3. <input type="checkbox"/> Diagnostic Test 4. <input type="checkbox"/> Bribe / Gift 5. <input type="checkbox"/> Mosquito net 96. <input type="checkbox"/> Other (specify) _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	
4.11	Did you ever experience any difficulty in trying to reach the facility staff or heard from others that the facility staff are too difficult to reach? By difficulty, I mean maybe he/she was not at the facility during open hours, repeatedly canceled or rescheduled appointments, did not answer	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	
4.12	When you were pregnant with your most recent child, did you meet with any health attendant (midwife, nurse, doctor) and talk about the preparation for your delivery?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 5.1) 98. <input type="checkbox"/> Refused (-> SKIP TO 5.1) 99. <input type="checkbox"/> Don't know (-> SKIP TO 5.1)	
4.13	During the talk, did you make plans about the place of delivery you planned to use for	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
SECTION 5: DELIVERY [READ]: Now I'd like to ask you about your experience giving birth. Please think about your most recent delivery.			

5.1	<p>Where did you give birth to (NAME)?</p> <p>FOR FACILITY BIRTHS WRITE THE NAME OF THE FACILITY.</p>	<p>HEALTH FACILITY</p> <p>1. <input type="checkbox"/> Hospital _____ (-> SKIP TO 5.3)</p> <p>2. <input type="checkbox"/> Health Center _____ (-> SKIP TO 5.3)</p> <p>3. <input type="checkbox"/> Dispensary _____ (-> SKIP TO 5.3)</p> <p>HOME</p> <p>10. <input type="checkbox"/> At respondent's home</p> <p>11. <input type="checkbox"/> At Traditional Birth Attendant's (TBA's home)</p> <p>96. <input type="checkbox"/> Other (specify) _____</p> <p>98. <input type="checkbox"/> Refused</p> <p>99. <input type="checkbox"/> Don't know</p>	
5.2	<p>[ASK THE FOLLOWING QUESTION ONLY IF THE WOMAN <u>DID NOT</u> GIVE BIRTH IN A HEALTH FACILITY]</p> <p>Now I'd like to ask you about your reasons for not giving birth in a health clinic. There are no right or wrong answers to this question and please feel comfortable to speak freely. Can you tell me why did you no deliver in a HF? Is there any additional reason? Is there any additional reason?</p> <p>(DO NOT READ THE RESPONSES)</p>		

	<p>"I did not give birth in a health clinic (hospital, health center, dispensary) because..." (Select all responses)</p>	<p>DO NOT THINK IMPORTANT 1. <input type="checkbox"/> I did not think that receiving antenatal care is important</p> <p>SUPPORT OF HUSBAND/PARTNER 2. <input type="checkbox"/> I did not have permission or support from my husband 3. <input type="checkbox"/> My husband would not accompany me to the health facility</p> <p>SUPPORT OF FAMILY/OTHERS 4. <input type="checkbox"/> I was afraid to go to the health facility alone / I had no one to accompany me. 5. <input type="checkbox"/> My neighbors/friends/family told me I did not need to get antenatal care. 6. <input type="checkbox"/> I did not have permission or support from my family or others.</p> <p>COST 7. <input type="checkbox"/> The cost to be seen at the health facility was too high 8. <input type="checkbox"/> I did not know how much it would cost</p> <p>DISTANCE 9. <input type="checkbox"/> The health facility was too far away</p> <p>TRANSPORT 10. <input type="checkbox"/> I did not have transport to the health facility/ transportation to the health facility costs too much.</p> <p>WAITING TIME 11. <input type="checkbox"/> I would have to wait too long to be seen by the midwife</p> <p>OPERATING HOURS 12. <input type="checkbox"/> I do not know the operational hours of the health facility 13. <input type="checkbox"/> I went to the health facility during operational hours but it wasn't open.</p> <p>STAFF AVAILABILITY 14. <input type="checkbox"/> I didn't think staff would be present if I went to the health facility</p> <p>SUPERSTITION/ FEAR OF WITCHCRAFT 15. <input type="checkbox"/> Superstition/ fear of witchcraft</p> <p>FEARED OPERATION 16. <input type="checkbox"/> I feared that I would be given an operation (cesarean) if I delivered at the facility</p> <p>PLACENTA 17. <input type="checkbox"/> Placentas are not handled/disposed of properly at the facility (or no placenta)</p>	<p>ANY -> Skip to 6.1</p>
<p>[ASK THE QUESTIONS BELOW ONLY TO WOMEN WHOSE MOST RECENT DELIVERY WAS AT A HEALTH FACILITY]</p>			
<p>5.3</p>	<p>Was the midwife or other health staff at the health clinic when you arrived to give birth?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know</p>	

5.4	After arriving at the facility, how long did you have to wait until you were seen?	Minutes _____ Hours _____	
5.5	During the birth, did you pay for anything else such as a drug, gloves, a bribe to the clinic staff, etc.? Do not include transport to or from the facility.	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 5.7) 98. <input type="checkbox"/> Refused (-> SKIP TO 5.7) 99. <input type="checkbox"/> Don't know (-> SKIP TO 5.7)	
5.6	IF yes, what did you pay for? [CHECK ALL THAT APPLY]	1. <input type="checkbox"/> Drugs 2. <input type="checkbox"/> Gloves 3. <input type="checkbox"/> Bribe / Gift 4. <input type="checkbox"/> Macintosh 5. <input type="checkbox"/> Kerosene 6. <input type="checkbox"/> Water 96. <input type="checkbox"/> Other (Specify) _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	
5.7	At any point during your stay in this facility for this delivery were you treated in a way that made you feel disrespected?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
5.8	Who assisted with the delivery of (NAME)? Anyone else? [MORE THAN ONE RESPONSE ALLOWED] PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE	1. <input type="checkbox"/> TBA 2. <input type="checkbox"/> Midwife/Nurse 3. <input type="checkbox"/> Clinical Officer/Doctor 4. <input type="checkbox"/> Friend 5. <input type="checkbox"/> Relative 6. <input type="checkbox"/> Neighbor 96. <input type="checkbox"/> Other (specify) _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	
SECTION 6: POSTNATAL CARE for BABY			
6.1	<i>Is it necessary for a baby to be checked by a healthcare worker for postnatal care after birth?</i>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 6.3) 98. <input type="checkbox"/> Refused (-> SKIP TO 6.3) 99. <input type="checkbox"/> Don't know (-> SKIP TO 6.3)	If "No", "Refused", "Don't know" Skip to question 6.3
6.2	<i>Within how many days, weeks or months of birth should a baby see a health provider for postnatal care?</i>	1. <input type="checkbox"/> _____ days 2. <input type="checkbox"/> _____ weeks 3. <input type="checkbox"/> _____ months 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	

6.3	I would like to talk to you about checks on your baby's health after delivery, for example, someone examining your baby. Did any member of health facility staff check on your baby's health after you gave birth?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 6.5) 98. <input type="checkbox"/> Refused (-> SKIP TO 6.5) 99. <input type="checkbox"/> Don't know (-> SKIP TO 6.5)	
6.4	How long after delivery did the first check on your baby take place? (IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.)	1. <input type="checkbox"/> If less than one day specify hours _____ (-> SKIP TO 6.6) 2. <input type="checkbox"/> If less than 1 week record days _____ (-> SKIP TO 6.6) 3. <input type="checkbox"/> If more than 1 week specify weeks _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	If less than one week (7 days) skip to 6.6
6.5	[ASK THE FOLOWING QUESTION ONLY IF THE WOMAN'S BABY DID NOT RECEIVE A POSTNATAL CHECK WITHIN FIRST 7 DAYS]: Now I'd like to understand why you did not take your baby for a postnatal check during the first 7 days!. Can you tell me your reasons? Was there another reason? Was there any other reason? (DO NOT READ THE RESPONSES; ASK RESPONDENT TO LIST UP TO 3 REASONS)		

		<p>DO NOT THINK IMPORTANT</p> <p>1. <input type="checkbox"/> I did not think that receiving antenatal care is important</p> <p>SUPPORT OF HUSBAND/PARTNER</p> <p>2. <input type="checkbox"/> I did not have permission or support from my husband</p> <p>3. <input type="checkbox"/> My husband would not accompany me to the health facility</p> <p>SUPPORT OF FAMILY/OTHERS</p> <p>4. <input type="checkbox"/> I was afraid to go to the health facility alone / I had no one to accompany me.</p> <p>5. <input type="checkbox"/> My neighbors/friends/family told me I did not need to get antenatal care.</p> <p>6. <input type="checkbox"/> I did not have permission or support from my family or others.</p> <p>COST</p> <p>7. <input type="checkbox"/> The cost to be seen at the health facility was too high</p> <p>8. <input type="checkbox"/> I did not know how much it would cost</p> <p>DISTANCE</p> <p>9. <input type="checkbox"/> The health facility was too far away</p> <p>TRANSPORT</p> <p>10. <input type="checkbox"/> I did not have transport to the health facility/ transportation to the health facility costs too much.</p> <p>WAITING TIME</p> <p>11. <input type="checkbox"/> I would have to wait too long to be seen by the midwife</p> <p>OPERATING HOURS</p> <p>12. <input type="checkbox"/> I do not know the operational hours of the health facility</p> <p>13. <input type="checkbox"/> I went to the health facility during operational hours but it wasn't open.</p> <p>STAFF AVAILABILITY</p> <p>14. <input type="checkbox"/> I didn't think staff would be present if I went to the health facility</p> <p>SUPERSITION/ FEAR OF WITCHCRAFT</p> <p>15. <input type="checkbox"/> Superstition/ fear of witchcraft</p> <p>FEARED OPERATION</p> <p>16. <input type="checkbox"/> I feared that I would be given an operation (ceasarean) if I delivered at the facility</p> <p>SAFETY</p> <p>17. <input type="checkbox"/> I think it is safer to give birth at home or at a TBA's home than at the facility</p>	<p>If no postnatal care received (question 6.3 = "No") skip to question 7.1</p>
6.6	<p>Was the midwife or other health staff at the health clinic when you arrived to for postnatal care?</p>	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p> <p>98. <input type="checkbox"/> Refused</p> <p>99. <input type="checkbox"/> Don't know</p>	
6.7	<p>After arriving at the facility, how long did you have to wait until you were seen?</p>	<p>Minutes _____</p> <p>Hours _____</p>	

6.8	During or after (any of) your postnatal care visit(s), did you pay for anything else for services such as a drug, a clinic card, a diagnostic test, a bribe to the clinic staff, etc.?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 7.1) 98. <input type="checkbox"/> Refused (-> SKIP TO 7.1) 99. <input type="checkbox"/> Don't know (-> SKIP TO 7.1)	
6.9	Which of the following did you pay for? (Check all that apply)	1. <input type="checkbox"/> Drugs 2. <input type="checkbox"/> Clinic Card 3. <input type="checkbox"/> Diagnostic Test 4. <input type="checkbox"/> Bribe / Gift 5. <input type="checkbox"/> Mosquito net 96. <input type="checkbox"/> Other (specify) _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	
SECTION 7: POSTNATAL CARE for MOTHER			
7.1	<i>Is it necessary for a new mother to be checked by a healthcare worker for postnatal care after birth?</i>	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 7.3) 98. <input type="checkbox"/> Refused (-> SKIP TO 7.3) 99. <input type="checkbox"/> Don't know (-> SKIP TO 7.3)	
7.2	<i>Within how many days, weeks or months of birth should a mother see a health provider for postnatal care?</i>	1. <input type="checkbox"/> _____ days 2. <input type="checkbox"/> _____ weeks 3. <input type="checkbox"/> _____ months 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	
7.3	I would like to talk to you about checks on your health after delivery, for example, someone examining your baby. Did any member of health facility staff check on your health after you gave birth?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 7.5) 98. <input type="checkbox"/> Refused (-> SKIP TO 7.5) 99. <input type="checkbox"/> Don't know (-> SKIP TO 7.5)	
7.4	How long after delivery did the first check on you take place? (IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.)	1. <input type="checkbox"/> If less than one day specify hours _____ (-> SKIP TO 7.6) 2. <input type="checkbox"/> If less than 1 week record days _____ (-> SKIP TO 7.6) 3. <input type="checkbox"/> If more than 1 week specify weeks _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	If less than one week (7 days) skip to 7.6
7.5	[ASK THE FOLOWING QUESTION ONLY IF THE WOMAN DID NOT RECEIVE A POSTNATAL CHECK WITHIN FIRST 7 DAYS]: Now I'd like to understand why you did not receive a postnatal check for yourself during the first 7 days!. Can you tell me your reasons? Was there another reason? Was there any other reason? (DO NOT READ THE RESPONSES; ASK RESPONDENT TO LIST UP TO 3 REASONS)		

		<p>DO NOT THINK IMPORTANT</p> <p>1. <input type="checkbox"/> I did not think that receiving antenatal care is important</p> <p>SUPPORT OF HUSBAND/PARTNER</p> <p>2. <input type="checkbox"/> I did not have permission or support from my husband</p> <p>3. <input type="checkbox"/> My husband would not accompany me to the health facility</p> <p>SUPPORT OF FAMILY/OTHERS</p> <p>4. <input type="checkbox"/> I was afraid to go to the health facility alone / I had no one to accompany me.</p> <p>5. <input type="checkbox"/> My neighbors/friends/family told me I did not need to get antenatal care.</p> <p>6. <input type="checkbox"/> I did not have permission or support from my family or others.</p> <p>COST</p> <p>7. <input type="checkbox"/> The cost to be seen at the health facility was too high</p> <p>8. <input type="checkbox"/> I did not know how much it would cost</p> <p>DISTANCE</p> <p>9. <input type="checkbox"/> The health facility was too far away</p> <p>TRANSPORT</p> <p>10. <input type="checkbox"/> I did not have transport to the health facility/ transportation to the health facility costs too much.</p> <p>WAITING TIME</p> <p>11. <input type="checkbox"/> I would have to wait too long to be seen by the midwife</p> <p>OPERATING HOURS</p> <p>12. <input type="checkbox"/> I do not know the operational hours of the health facility</p> <p>13. <input type="checkbox"/> I went to the health facility during operational hours but it wasn't open.</p> <p>STAFF AVAILABILITY</p> <p>14. <input type="checkbox"/> I didn't think staff would be present if I went to the health facility</p> <p>SUPERSITION/ FEAR OF WITCHCRAFT</p> <p>15. <input type="checkbox"/> Superstition/ fear of witchcraft</p> <p>FEARED OPERATION</p> <p>16. <input type="checkbox"/> I feared that I would be given an operation (ceasarean) if I delivered at the facility</p> <p>SAFETY</p> <p>17. <input type="checkbox"/> I think it is safer to give birth at home or at a TBA's home than at the facility</p>	<p>If no postnatal care received (question 7.3 = "No") skip to question 8.1</p>
7.6	<p>Was the midwife or other health staff at the health clinic when you arrived to for postnatal care?</p>	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p> <p>98. <input type="checkbox"/> Refused</p> <p>99. <input type="checkbox"/> Don't know</p>	
7.7	<p>After arriving at the facility, how long did you have to wait until you were seen?</p>	<p>Minutes _____</p> <p>Hours _____</p>	

7.8	During or after (any of) your postnatal care visit(s), did you pay for anything else for services such as a drug, a clinic card, a diagnostic test, a bribe to the clinic staff, etc.?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (-> SKIP TO 8.1) 98. <input type="checkbox"/> Refused (-> SKIP TO 8.1) 99. <input type="checkbox"/> Don't know (-> SKIP TO 8.1)	
7.9	Which of the following did you pay for? (Check all that apply)	1. <input type="checkbox"/> Drugs 2. <input type="checkbox"/> Clinic Card 3. <input type="checkbox"/> Diagnostic Test 4. <input type="checkbox"/> Bribe / Gift 5. <input type="checkbox"/> Mosquito net 96. <input type="checkbox"/> Other (specify) _____ 98. <input type="checkbox"/> Refused 99. <input type="checkbox"/> Don't know	

SECTION 8: PERCEPTIONS OF FACILITY CARE

8.1	How would you rate the knowledge and skill of the health facility staff. Even if you have not interacted with the midwife, you may have heard about the performance from	1. Very Unsatisfied 2. Unsatisfied 3. Satisfied 4. Very Satisfied	
8.2	I am now going to read you a list of things that sometimes happen to women who have given birth in a facility. Have you experienced, or have you seen or heard of other women experiencing, any of the following during their care at your local facility?		
8.3	Health providers discussed patient's private health information in a way that others	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
8.4	Health providers shared patient's private health information with others without	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
8.5	Patient's body seen by other people (apart from health providers) during delivery	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
8.6	Health providers shouting at or scolding patient	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
8.7	Health providers threatening to withhold treatment because patient could not pay or did not have supplies (including delivery kit)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
8.8	Health providers making negative comments about the patient or ignoring the patient	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	
8.9	Hitting, slapping, pushing, pinching or otherwise beating patient	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	