



Health Facility influence and participation Module

Household Serial Number												Total
1	Have you visited the health facility during this year? <i>If No, proceed to Module IV</i>											Y
Medical Care												
2	<i>If the respondent is not the mother, proceed to Q 8</i> During your last ANC visit, did a HP tell you about these signs for pregnancy complications and/or risks? Probe, tick off the response <i>If "No or DNK or Did not seek ANC," proceed to Q 5.</i>											
	• severe oedema of lower limbs											Y
	• blurring of vision											Y
	• severe headache											Y
	• convulsions											Y
	• ante-partum bleeding											Y
	• Other (specify)											
3	Were you told where to go if you had these complications? <i>If "No or DNK" proceed to Q 5.</i>											Y
4	Where?" <i>Do not prompt, tick off the response</i>											
	• District hospital											Y
	• Specialised maternity hospital											Y
	• Private clinic											Y
	• Other (specify)											
5	When you last time brought your sick child into the HF for treatment, were you asked about your own health?											
6	Have you ever been asked whether you have experienced breast-feeding problems (engorgement, sore/ cracked nipples, breast infection...)?											
7	Were the HP in HF able to help you with this problem?											
Health facility readiness												
8	In case of serious illness of a child, would s(he) receive immediate care right away when you visit the HF?											
9	Is the HP always available day and night for emergency in the HF?											
10	Are drugs always available and provided by the HF when you visit it with a sick child?											
11	Did you ever receive prescriptions from the HP in the HF to get drugs from a private pharmacy?											Y
12	Have you ever been told to come back to the HP for follow-up visits? <i>If "No or DNK" proceed to Q 16.</i>											Y

General Instructions : a) tick each mentioned response under specific column

b) unless specified, tick (✓) for Yes, (X) for No and (-) for DNK

	Household Serial Number										Total
13	What signs or symptoms were you taught to be aware of, in order to bring back your child immediately to the HF? <i>Do not prompt, tick off the response.</i>										
	Not able to drink or BF										Y
	Becomes sicker										Y
	Develops a fever										Y
	Fast breathing										Y
	Difficult breathing										Y
	Blood in stool										Y
	Drinking poorly										Y
	Ear draining pus										
	Generalised rash										
	Other (specify)										
14	Were you able to comply with follow-up ? If <u>Yes</u>, proceed to Q. 16										Y
15	What prevented you from complying with follow-up? <i>Do not prompt.</i>										
	- Could not afford the additional costs.										Y
	- Could not afford the time.										Y
	- Did not have the household authority to make such a decision.										Y
	- Other household members disagreed.										
	- Did not believe that follow-up was necessary.										
	- Has not yet taken child, but intends to.										
	- Other (specify)										
16	Has your child ever needed to be referred to a hospital this year? <i>If <u>No</u>, proceed to Q. 18</i>										
17	Did the HP explain why a sick child has to be taken to a hospital or another health centre?										
18	Do HP from the HF ever make visits in the household ?										
Counselling and education											
19	When you visited the health facility for child illness, were you given a similar card? <i>Show the CT a copy of mother's card.</i>										
20	Have you received advice from the HP on how to care for the umbilicus of your new-born child?										
21	When a HP explains health care instructions to you, do you find the instructions easy to understand and follow? Yes No <i>If <u>Yes</u>, proceed to Q. 23</i>										

General Instructions : a) tick each mentioned response under specific column

b) unless specified, tick (✓) for Yes, (X) for No and (-) for DNK

Household Serial Number										Total
22	What are the difficulties involved in either understanding or following such instructions ? <i>Do not prompt, tick off responses mentioned.</i>									
	Language/literacy problem									
	Too much and confusing information									
	Instructions not properly communicated									
	Too many other concerns/pre-occupied									
	Other (specify)									
Perceived quality of care										
23	When you were in the HF, did you have a chance to ask questions of concern to you (related to your health, or family members health)? <i>If No proceed to Q. 25</i>									Y
24	Was the response clear and satisfactory?									
25	On your last visit to the HF, were you satisfied with: <i>Probe, but not prompt.</i>									
	Working hours									Y
	Waiting time									Y
	Waiting area									Y
	Interactions with HP									Y
	Medical examination									Y
	Availability of drugs									Y
	Other (specify)									
26	Is there any way for you to channel a complaint about the health services, either to the HF or through the community?									Y
27	What channels are available? Prompt and tick off the response									
	Complaint-box									
	Community leader									
	Someone in the HF									
	District Health Officer (director)									
	Other (specify)									
28	In general, how would you describe the quality of care your child receives from the HF? <i>(Prompt. Write appropriate letter up to the response)</i> Good = G Moderate = M Poor = P									G

General Instructions : a) tick each mentioned response under specific column

b) unless specified, tick (✓) for Yes, (X) for No and (-) for DNK