



IMPACT EVALUATION OF USAID/DRC'S INTEGRATED GOVERNANCE ACTIVITY (IGA) BASELINE REPORT

DRG Learning, Evaluation, and Research
(DRG-LER) Activity

TASKING N035

Contract No. GS-10F-0033M/AID-0AA-M-13-00013

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ACRONYMS

ANC	Antenatal care
BCG	Bacille Calmette-Guérin
CB	Capacity building
CDCS	Country Development Cooperation Strategy
CODESA	Health Development Committee/Comité de Développement de l'Aire de Santé
CSC	Community score card
DHS	Demographic and Health Survey
DPS	Provincial Health Divisions/Divisions Provinciales de Santé
DRC	Democratic Republic of Congo
HA	Health area/Aire de Santé
HDI	Human Development Index
HZ	Health zone/Zone de Santé
ICC	Intra-cluster correlation coefficient
IGA	Integrated Governance Activity
IHP	Integrated Health Program
MDES	Minimum detectable effect sizes
MMR	Measles, mumps, and rubella
MSP	Ministère de la Santé Publique/Ministry of Public Health
NMR	Neonatal mortality rate
ODK	Open data kit
PBG	Good Governance Program/Programme de Bonne Gouvernance
PPH	Post-partum hemorrhage
RCT	Randomized controlled trial
SD	Standard deviation
SNIS	National System of Health Information/Système National d'Information Sanitaire
TB	Tuberculosis
U5MR	Under five mortality rate
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

Public service provision is generally poor in fragile states and the Democratic Republic of Congo (DRC) is no exception. The United States Agency for International Development's mission in the DRC (USAID/DRC) is funding the Integrated Governance Activity (IGA), a five-year (2017-2022) initiative seeking to improve service delivery by working with government and civil society at national, provincial, and local levels in the DRC provinces of Haut Katanga, Kasai Central, Lualaba, and Sud Kivu. The IGA complements sectoral programming by improving the incentive structures of service providers, enhancing demand for better services, improving citizens' ability to hold service providers accountable, and strengthening the capacity of government entities, service providers, and civil society organizations.

In partnership with USAID's Democracy, Human Rights, and Governance (DRG) Center of Excellence, USAID/DRC, and DAI, IGA's implementing partner, NORC at the University of Chicago is conducting a study that aims to increase understanding of how governance interventions can enhance public service provision and improve development outcomes in ways that are meaningful to people living in fragile states. The study's interventions are implemented in rural health areas (HA) in two Congolese provinces, Haut Katanga and Sud Kivu. HAs, the lowest units of the DRC public health care system, include a lead health facility and in some cases additional facilities. In rural areas, the lead facility is usually a health center administered by a nurse. Each HA also has a community health development committee (*comité de développement de l'aire de santé*, CODESA) serving as a link between citizens and medical providers. The IGA implements the following governance interventions for the study:

- Capacity Building (CB) increases the capacity of healthcare personnel and CODESA members overseeing healthcare provision to be more effective at managing resources (material and human).
- Community Scorecard (CSC) increases citizen awareness of health service provision in their communities along with their ability to mobilize and hold service providers accountable.

These interventions seek to improve health-related knowledge, attitudes, and behaviors among citizens, access to and quality of health services, and, ultimately, health outcomes. This study is a randomized controlled trial (RCT) where we randomly assigned 182 rural HAs to one of three arms: CB; CB + CSC; and control. Randomization allows us to measure the impact of CB training alone, as well as the added effect of CSCs in places receiving the CB intervention. To gauge the impact of these interventions, we collect the following data at baseline, midline, and endline through a household panel survey; health facility audits; and surveys of CODESA members.

Baseline data were collected between April 29 and August 26, 2018. Prior to the start of data collection, 23 of the 182 HAs were deemed inaccessible by the local data collection firm and therefore, the study aimed to reach 159 HAs, of which they were eventually able to reach 158. They successfully completed 4,227 household surveys (97% with women), 153 health center audits, and 272 surveys with CODESA members.

The average age of our household survey respondents was 30 years old and the average household size was 6.4 people. Most (96%) of our respondents identified with a religion. The most common ethnic groups were Bashi, Sanga, Batembo, Bemba, and Barega.

Health indicators measured at baseline suggest some room for improvement, especially the neonatal mortality rate (NMR) (95 deaths per 1,000 live births), which was much higher than the national NMR rate (28 deaths per 1,000 live births). Similarly the under-five mortality rate (U5MR) across the

sampled population was much higher (212 deaths per 1,000 live births) than the national U5MR rate (104 per 1,000 live births).

Other relevant health indicators that show potential for improvement over the course of our study are intermediate outcomes, e.g., increased vaccine coverage for children under five and more pregnant women reporting Fansidar (malarial prophylaxis) receipt during antenatal care (ANC).

Citizen satisfaction with health service quality was already relatively high, with only 17% of the study population reporting dissatisfaction with the quality of services received during their most recent visit to the local health center. Likewise, citizen utilization of healthcare was high, with 92% of respondents reporting having visited their local health center in the past 12 months. While normatively good, these measures at baseline suggest little potential for improvement that could be attributed to our intervention.

Our CB plus CSC arm of the intervention aims to increase citizen empowerment and our baseline data suggest there is a deficit in citizen self-efficacy. Two-thirds of our respondents reported they had “no influence” in making their village a better place to live. A sizable minority (35%) of our respondents felt disempowered with respect to healthcare services, specifically disagreeing with the statement that they have a say in community healthcare provision.

Health facility audits indicated that vaccinations/immunizations, diagnosis and treatment of malaria, ANC, normal/vaginal birth deliveries, and children’s check-ups were some of the most common services provided by health centers. The condition of health centers varied somewhat. While most health centers had a main consultation room and a maternity room and some had a waiting room, the cleanliness of floors and the condition of the furniture varied greatly. About half of the health centers reported that their staff had access to a safe drinking water source at the center and a little less than half used an unsafe water source as their main water source. These conditions may have negative implications for infection control. Health center audits revealed that several important, life-saving drugs and vaccines were not available, which is also supported by several CODESA members. Despite the physical condition of health centers and inadequate medicine and vaccine stocks, health care staff absenteeism appeared to be low. This finding was also supported by CODESA members.

Consistent with existing local social hierarchies, most (88%) of CODESA members interviewed were male and on average they were older than respondents in the household surveys (44 years old). Nine out of ten CODESA members reported having been elected to their position. Like respondents in the household survey, CODESA members reported high utilization of local health services, with 92% reporting they visited the local health center in the past year. Their average wait time at the health center, however, was shorter (27 minutes) than the average wait time for people interviewed in the household survey (35 minutes). Most importantly, we learned from the CODESA surveys that there were multiple measures assessing quality of healthcare services (e.g., drug stockouts, health center working hours) that could be improved as a result of our proposed intervention.

I. INTRODUCTION¹

USAID/DRC's Integrated Governance Activity (IGA) is a five-year (2017-2022) initiative implemented by DAI, which aims to assist governments in improving public services and establishing trust with their citizens. More specifically, IGA supports leaders at the national, provincial, and local levels to improve government services and trains civil society and private-sector groups to better advocate their needs to elected officials. The objective of this IE is to measure the extent to which governance interventions integrated with health programs have an impact on: (1) perceptions of health services; (2) health-seeking behaviors; (3) quality of health service provision; (4) and citizen and community health outcomes. The final goal of this study is to understand to what extent donors can improve governance and public service provision in contexts with significant needs.

In this baseline report, we describe an experimental design to study the impact of governance interventions in the health sector on: perceptions of health services, health-seeking behaviors, quality of health service provision, and citizen and community health outcomes. We then outline data collection activities and share key findings from baseline data collected between April and August 2018.

Our research design considers both supply- and demand-side factors in promoting good governance. We combine a capacity building (CB) intervention with an information and mobilization intervention as a way of appreciating the need for state capacity in a context with significant power asymmetries.² Specifically, this study will measure the impact of two interventions: (1) strengthening the capacity of local health officials in managing resources through CB trainings and (2) increasing citizen awareness and accountability of health service provision through community scorecards (CSC).

We randomly assigned 182 rural HAs (*aires de santé*) in Haut Katanga and Sud Kivu that were already receiving USAID-supported health programming to one of three arms:

1. Intervention arm 1: CB
2. Intervention arm 2: CB plus community scorecard intervention (CB+CSC)
3. Control arm (no additional governance programming)

The CB intervention trains providers in the lead health centers of each HA along with the members of the area's community health development committee (*comité de développement de l'aire de santé*, CODESA); the CSC interventions engage these groups as well as citizens.

This design allows identification of the impact of CB alone and CB in combination with the CSC intervention above and beyond the impact of existing USAID-supported health programming. This study will thus shed light on whether donors can make sector programming more effective by integrating it with governance interventions. In addition, by comparing outcomes across the CB and the CB+CSC treatment arms, the study will address whether CB activities produce better results when paired with interventions that promote citizen engagement in public service provision.

¹ This report was prepared by Kim Y. Dionne, Assistant Professor of Political Science at the University of California, Riverside, Luis A. Camacho, Senior Research Scientist at NORC, and Sarah Islam, Senior Research Analyst at NORC.

² World Bank 2017: <http://www.worldbank.org/en/publication/wdr2017>

This baseline report is organized as follows: Section 2 provides key background information on the CB and CSC interventions. Section 3 details the IE design and Section 4 outlines the baseline data collection activities. Section 5 describes the study sample using the baseline data and Section 6 includes overall conclusions on the study sample.

II. BACKGROUND

2.1 CAPACITY BUILDING (CB) FOR PUBLIC SERVICE DELIVERY

Inadequate capacity is a primary obstacle for decentralized service provision, particularly in post-conflict settings. CB development programming can enhance government officials' ability to be more effective in public service delivery through gathering information about citizen needs, monitoring lower level bureaucrats for efficacy and effectiveness, and ensuring adequate resources to meet the public's needs. The underlying assumption of CB interventions is that government officials lack the necessary tools, knowledge, and skills to perform their duties well. Put another way, officials do not willfully choose to under-provide public services but instead work inefficiently due to resource constraints.

Development practitioners see CB as essential in improving performance in the public sector (World Bank Operations Evaluation Department, 2005) – a “prerequisite for policy effectiveness.”³ But what impact do CB interventions in the public sector actually have on public service provision? The literature on the impact of CB interventions in the public sector is limited. Most research examines case studies and measures outputs rather than outcomes. The research design outlined below allows us to assess whether CB can improve service delivery and health outcomes. Through this study, we test the following hypothesis:

Hypothesis 1 (H1): Increasing the capacity of health officials in managing resources will improve health service delivery and health outcomes.

2.2 INCREASING TRANSPARENCY OF PUBLIC SERVICES THROUGH COMMUNITY SCORECARDS (CSC)

Interventions aimed at increasing community awareness of and mobilization around public service provision have yielded mixed results, but in some contexts have improved the quality of public services and governance in developing countries.^{4,5} Björkman and Svensson is perhaps the most promising research measuring the impact of transparency and information interventions on health service delivery and outcomes.⁵ Through community meetings, local non-governmental organizations encouraged communities in Uganda to be more involved in health service provision and strengthened communities' capacity to hold their local health providers accountable. More specifically, these community meetings provided a venue to collect and disseminate information on the status of health service delivery in the respective areas. This led to the creation of an action plan, which acted as a ‘contract’ between health providers and communities on “what needs to be done, and how, when, and by whom.”⁵ The researchers found large increases in health care utilization and improved health outcomes (the latter measured as reduced child mortality and increased child weight). A recent follow-up of this experiment found that these benefits were long-lasting.⁶

³ World Bank 2017: <http://www.worldbank.org/en/publication/wdr2017>

⁴ Kosack, S. and Fung, A., 2014. Does transparency improve governance?. *Annual Review of Political Science*, 17, pp.65-87.

⁵ Björkman-Nyqvist, M., de Walque, D. and Svensson, J., 2014. Information Is Power: Experimental Evidence of the Long-Run Impact of Community-Based Monitoring. *Washington, DC: World Bank*. Accessed December.

⁶ Björkman-Nyqvist, M., de Walque, D. and Svensson, J., 2014. Information Is Power: Experimental Evidence of the Long-Run Impact of Community-Based Monitoring. *Washington, DC: World Bank*. Accessed December.

There are two parts to the Björkman and Svensson intervention, namely information sharing and collective action, which together give us our second hypothesis to test:

Hypothesis 2 (H2): Increasing citizens' awareness of health service delivery and mobilizing communities to act on that increased awareness will improve health service delivery and health outcomes.

Some studies have found that information alone can be insufficient to motivate citizens to action. In a randomized controlled trial (RCT) in Kenya, providing information to parents about their children's test performance and materials about how to become more involved had no impact on parent action.⁷ Likewise, in an RCT in India, Banerjee et al. found that informing parents on the status of education and the institutions of participation was insufficient to encourage involvement in public schools.⁸ In their assessment, they wrote, "Parents may be too pessimistic about their ability to influence the system even if they are willing to take an active role, or parents may not be able to coordinate to exercise enough pressure to influence the system."⁸ Essentially, increasing information does not always solve coordination problems.

We believe the method of communicating information to citizens could be critical in explaining how increased information can lead to improved service delivery and development outcomes. We expect citizens will act based on how they expect others might act. Particularly in a setting with a long history of state negligence and even absence in public service provision, individually informing citizens about their service entitlements and how they can intervene to receive those services may seem an empty gesture. Community meetings, however, are different. Through the public ritual of a community meeting, citizens not only have a first-hand experience of increased understanding of service entitlements and potential actions they can take, they also see that others in their community learn the same things they have learned. Michael Chwe elaborates on the power of a public ritual as it is "not just about the transmission of meaning from a central source to each member of an audience; it is also about letting audience members know what other audience members know."⁹ Citizens may be more likely to act and bureaucrats may be more likely to respond to citizen action in a state of "common knowledge." Chwe considers an event or fact common knowledge among a group of people if "everyone knows that everyone knows it, everyone knows that everyone knows that everyone knows it, and so on."

Common knowledge might affect how citizens understand and process newly disseminated information. In an RCT in Benin among members of parliament (MPs), Adida et al. found that providing information about politician performance had a positive impact only when the information was provided as part of a widely-disseminated civics campaign.¹⁰ An implication of the Adida et al. study is the importance of common knowledge in shaping how citizens receive informational interventions. Lack of common knowledge or inaccurate prior beliefs about the proper role of

⁷ Lieberman, E.S., Posner, D.N. and Tsai, L.L., 2014. Does information lead to more active citizenship? Evidence from an education intervention in rural Kenya. *World Development*, 60, pp.69-83.

⁸ Banerjee, A.V., Banerji, R., Duflo, E., Glennerster, R. and Khemani, S., 2008. *Pitfalls of participatory programs: Evidence from a randomized evaluation in education in India*. The World Bank.

⁹ Suk-Young, M.C., 2001. *Rational ritual: culture, coordination, and common knowledge*. Princeton University Press.

¹⁰ Adida, C., Gottlieb, J., Kramon, E. and McClendon, G., 2016. *Breaking the Clientelistic Voting Equilibrium: The Joint Importance of Salience and Coordination*. *Unpublished manuscript*.

politicians might decrease public engagement due to alienation by confirming cynical depictions of politics.¹¹

Nevertheless, disseminating information to whole communities can leave citizens with little direction for the way forward. Deliberating as a community to craft an action plan based on information shared during the community meeting can serve to mobilize citizens. In principle, one could examine the individual and joint impact of the two mechanisms – increased awareness and mobilization – by implementing separate interventions; however, a recent replication of Bjorkman and Svensson that separated these mechanisms found no impacts on health care utilization rates or health outcomes.¹² Given limited resources, and prioritizing the goal of improving services and measuring impacts, our research design bundles awareness and community building interventions with capacity building. The design thus allows us to measure the impact of the capacity building intervention and the added marginal impact of increased awareness and community mobilization.

2.3 THE POST-CONFLICT SETTING: RURAL DRC

Public service delivery is usually poor in developing countries, with high rates of absenteeism by frontline providers of health and education,¹³ misuse of public funds,¹⁴ and essential services lacking in basic infrastructure.¹⁵ In post-conflict states the situation is even more dire; periods of conflict and instability lead to additional neglect of infrastructure and severe disruption of service delivery. Even after conflict ends, states struggle to provide basic services and (re)gain legitimacy. The inability or unwillingness of post-conflict states to carry out essential functions, like administering justice, guaranteeing public security, and providing health care and education, undermines their legitimacy. Namely, citizens can withdraw support from governments that fail to provide basic services.¹⁶

Citizens suffer the consequences of these states' failure to provide basic services in very concrete ways. Gates et al.¹⁷ estimated that roughly a quarter of the world's population – 1.4 billion people – lives in conflict and post-conflict countries; yet, these countries account for 29% of the world's population living in poverty, 34% of the world's undernourished population, 35% of births given in the absence of health personnel, and 56% of the world's population without primary education. These statistics make clear how citizens in these countries are under-served.

The situation in the DRC is no different. For example, in the most recent Demographic and Health Survey (DHS), 76% of women reported at least one serious problem in accessing health care; the

¹¹ Arias, E., Larreguy, H., Marshall, J. and Querubin, P., 2018. *Priors rule: When do Malfeasance Revelations Help or Hurt Incumbent Parties?* (No. w24888). National Bureau of Economic Research.

¹² Raffler, P., Posner, D.N. and Parkerson, D., 2018. The weakness of bottom-up accountability: Experimental evidence from the Ugandan health sector. *Unpublished manuscript*.

¹³ Chaudhury, N., Hammer, J., Kremer, M., Muralidharan, K. and Rogers, F.H., 2006. Missing in action: teacher and health worker absence in developing countries. *Journal of Economic perspectives*, 20(1), pp.91-116.

¹⁴ Reinikka, R. and Svensson, J., 2004. Local capture: evidence from a central government transfer program in Uganda. *The Quarterly Journal of Economics*, 119(2), pp.679-705.

¹⁵ Bold, T., Svensson, J., Gauthier, B., Maestad, O. and Wane, W., 2011. Service Delivery Indicators: Pilot in Education and Health Care in Africa. *CMI Report*.

¹⁶ Brinkerhoff, D.W., 2005. Rebuilding governance in failed states and post-conflict societies: core concepts and cross-cutting themes. *Public Administration and Development: The International Journal of Management Research and Practice*, 25(1), pp.3-14.

¹⁷ Gates, S., Hegre, H., Nygård, H.M. and Strand, H., 2012. Development consequences of armed conflict. *World Development*, 40(9), pp.1713-1722.

proportion is larger in rural areas (82%) and varies across provinces from 54% of women reporting obstacles in Kinshasa to 87% of women reporting problems accessing health care in Kasai Occidental.¹⁸ These and related challenges manifest in the DRC's low ranking in the world on the United Nations Development Program's (UNDP) Human Development Index (HDI): 176th out of 188 countries measured.¹⁹

Tetra Tech ARD attributed the state's failure to deliver public services to a breakdown in the social contract between Congolese society and the state.²⁰ In a recent background paper, Englebert pointed to increased public transparency and accelerated decentralization as necessary vehicles of reform in DRC.²¹ USAID/DRC has therefore placed governance at the center of its Country Development Cooperation Strategy (CDCS), whose goal is to support a long-term transition to more effective and empowering development in the DRC. USAID/DRC has adopted a new approach to governance programming that will integrate governance into its sectoral programming, beginning with health programs. The broad aim of the IGA is to increase the ability and willingness of decision-makers to improve the quality and quantity of public service provision through improvements in financial management that incorporate citizen engagement.

2.4 THE INTERVENTIONS

This study is being conducted within USAID/DRC's IGA, a five-year program (January 2017-January 2022) implemented by DAI. The IGA works with government and civil society at national, provincial, and local levels to enhance service delivery by improving governance. The IGA is working in the provinces of Haut Katanga, Kasai Central, Lualaba and Sud Kivu. The IGA focuses on services related to health, education, and economic growth, and leverages lessons learned and networks from its predecessor, the Programme de Bonne Gouvernance (PBG) and other programming related to sector service delivery. IGA complements sector-focused activities by reorienting misaligned incentives, enhancing demand for better services and capacity to hold service providers accountable among citizens, and strengthening the capacity of government entities, service providers, and civil society organizations.

In the health sector at the local level, IGA works with health zones (HZs, *zones de santé*) and civil society organizations. HZs are the decentralized units responsible for providing health services and comprise several HA's (HAs, *aires de santé*) with one or more health facilities. Health areas (HAs) are the primary unit of analysis for this study, and are described in detail in Section 3.1. IGA also works with health ministries at the national and provincial level, as well as with Provincial Health Divisions (DPS, *divisions provinciales de santé*).

The IGA is implementing the following interventions for the study:

¹⁸ Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) and ICF International. 2014. Democratic Republic of Congo Demographic and Health Survey 2013-14: Key Findings. Rockville, Maryland, USA: MPSMRM, MSP et ICF International.

¹⁹ The HDI is a summary measure that assesses long-term progress on three dimensions of human development: a long and healthy life, access to knowledge, and a decent standard of living.

²⁰ Tetra Tech ARD. 2012. "Democracy, Human Rights, and Governance Assessment of the Democratic Republic of the Congo: Final Report." For USAID; Burlington, Vermont.

²¹ Englebert, Pierre. 2014. "Democratic Republic of Congo: Growth for All? Challenges and Opportunities for a New Economic Future." The Brenthurst Foundation Discussion Paper 6/2014.

Capacity Building (CB) increases the capacity of healthcare personnel and CODESA members overseeing healthcare provision to be more effective at managing resources (material and human).

Community Scorecard (CSC) increases citizen awareness of health service provision in their communities along with their ability to mobilize and hold service providers accountable.

Building on the experience of the PBG, the CB intervention aims to build capacity among health care providers and CODESA members through a standardized training program. The program focuses on building skills in several areas: CODESA duties and responsibilities; management of finances and medicine stocks; personnel conduct and performance; reporting to health zone; general public health issues (e.g., use of latrines, hand washing, solid waste treatment, mosquitoes, and epidemics); and seeking and responding to citizen feedback. The goal of the CB intervention is to increase transparency, improve reporting, and make more efficient use of existing resources. CB training is provided to health care providers and CODESA members in the lead health center in the selected HAs.

Training is delivered in centralized locations for participants coming from up to four health centers. Each training lasts five days; the first four days provide training to both health center staff and CODESA members, while the fifth day is for CODESA members only. IGA offers an additional round of training for health center staff only so that those who are not able to participate in the first round have a chance to do so.

The second intervention involves the generation and dissemination of a CSC on the provision of health services. In a review of transparency and accountability interventions, Joshi describes the CSC process as involving “community meetings in which performance of public services is discussed among providers, users, and other stakeholders and includes self-evaluation of performance by providers, as well as the formulation of an action plan based on scorecard outputs.”²² CSCs aim to increase accountability and responsiveness to service users by providing a space for dialogue between users and service providers.

The IGA CSC intervention consists of three meetings. The first meeting includes CODESA members and the community; together, they generate a scorecard by rating the performance of the health center on a number of areas. The second meeting includes health center staff only, who generate a similar scorecard or bulletin, rating their own performance. The third meeting is an interface between all parties; CODESA members, the community, and health center staff come together to discuss their assessments, identify key areas for improvement, and develop a joint action plan. At the joint meeting, facilitators alert participants of a follow-up meeting (to happen about six months later) to discuss progress made in implementing the action plan.

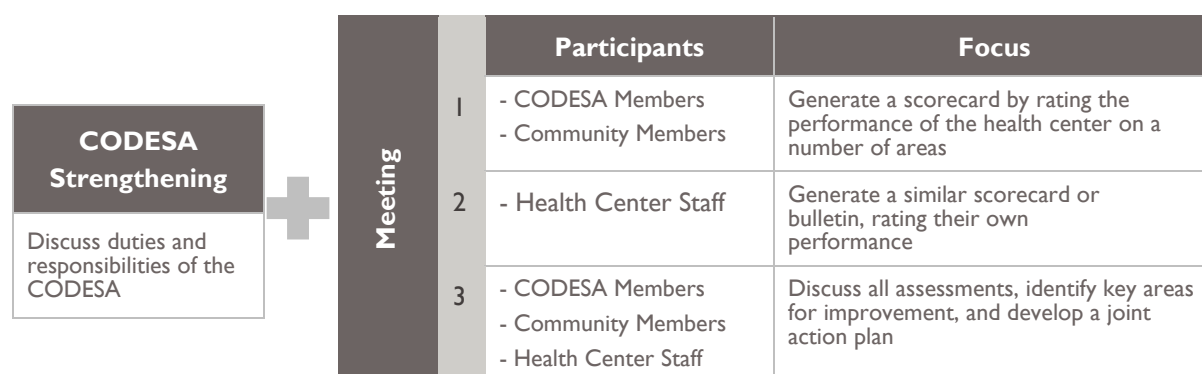
All HAs are supposed to have a CODESA, which acts as a link between citizens and health service providers. CODESAs should be comprised of a council of five members, who are elected and are expected to represent the community’s interests in the HA and are tasked with promoting community ownership over the health center and community mobilization to improve health service provision and outcomes.

During the design phase, NORC and DAI learned that in several HAs, CODESAs are either inactive or the head nurse and health center staff have co-opted CODESA members, offering preferential

²² Joshi, A. 2013. “Do They Work? Assessing the Impact of Transparency and Accountability Initiatives in Service Delivery.” *Development Policy Review*, 31(s1), pp. s29-s48.

treatment and access to health services and medicines in exchange for less oversight over their activities. To increase the likelihood that our CSC intervention is successful in this context, the CSC intervention includes a ‘CODESA strengthening’ component whereby facilitators attempt to jumpstart accountability relationships between CODESA members and the community. Specifically, facilitators hold a public CODESA-community meeting where the duties and responsibilities of the CODESA are discussed, with a particular emphasis on the CODESA’s role vis-à-vis the community, which includes representing the community’s interests and expectations to the health center and promoting the community’s use of the health center. The CODESA strengthening component is delivered before the three CSC meetings.

Figure 1. CSC intervention summary



Our CSC intervention aligns with government guidelines regarding CODESAs and community engagement in health care provision. Currently, the guidelines have not been fully implemented in the areas where our study takes place; **therefore, our CSC intervention helps make progress toward guideline uptake.**

NORC’s impact evaluation (IE) team and DAI worked together to co-design the CB and CSC interventions. DAI developed the content of the CB training with input from the IE team. DAI and the IE team also co-designed the community components of the CSC intervention (e.g., process to invite citizens and officials to community meetings, contents of and procedures for the meetings, and process to develop action plans.)

The CB intervention trains providers in the lead health center of each HA along with the members of the CODESA; the CSC intervention engages both of these groups as well as ordinary citizens. The CB intervention will be implemented first, as it provides the skills civil servants and CODESA members need to implement change, and the CSC meetings will take place after CB is complete.

III. IMPACT EVALUATION DESIGN

3.1 UNIT OF ANALYSIS

HAs are the lowest unit of the health care system in the DRC and are the unit of analysis in this study. These special purpose territorial units comprise up to 5,000 people in rural areas and up to 10,000 in urban areas. Each HA has at least one health center (*centre de santé*), but the HA may have more than one health center plus other types of facilities. Further, each HA has a lead health facility. In rural areas, the lead health facility is generally a health center administered by a head nurse. The head nurse is also responsible for collecting and reporting on information from all health facilities in the HA as well as for overseeing service provision therein. All HAs also have a CODESA, which acts as a link between citizens and health service providers. Several HAs make up a HZ, which is the lowest territorial unit with dedicated administrative staff. A DPS sits above all HZs in a province.

3.2 SCOPE

Our study takes place in two Congolese provinces: Haut Katanga and Sud Kivu. The pool of HAs eligible for the study comprises all those where IGA can operate and that have received assistance from the Integrated Health Program (IHP), USAID/DRC's flagship health sector program, ongoing since 2010.²³ To determine the HAs eligible for the study, we started with a list of all areas in Haut Katanga and Sud Kivu. We excluded all HAs located in urban settings, in settings determined to be insecure or inaccessible by USAID/DRC, DAI, or our data collection partner, and in HZs reserved for multi-level governance programming from IGA. We also omitted all HAs in HZs where CordAid (in Sud Kivu) and the World Bank (in Haut Katanga) were implementing similar interventions, either involving CSCs or community engagement activities mixed with performance-based financing; the similar nature of these interventions would interfere with the CB and CSC interventions in our study.

In addition, following a request from USAID/DRC and DAI to only work with state- or faith-based organization-run facilities, we excluded all areas whose lead health centers were privately operated and those for which we had no information on who operated the lead health center. Lastly, in an effort to include only HAs that had a health center as a clear lead facility on which CODESA efforts would focus, we further excluded HAs that had a hospital-level facility, HAs that had more than one health center-level facility, and HAs where a health post (known in French as *poste de santé*) was designated as the lead health center despite the presence of a health center in the HAs.²⁴

This left us with 182 HAs in 16 HZs; seven HZs in Haut Katanga and nine HZs in Sud Kivu.²⁵ We determined the number of HAs to be studied based on discussions with USAID/DRC and DAI and the power calculations described in section 3.5.

²³ The original IHP that started in 2010 was extended through 2017 via a bridge program called IHP+. IHP Mega is a successor program that was procured in 2018. NORC, DAI, and the USAID/DRC's DRG bureau are coordinating with USAID/DRC's health bureau to make sure that IHP Mega activities are implemented such that they do not inadvertently jeopardize the IE.

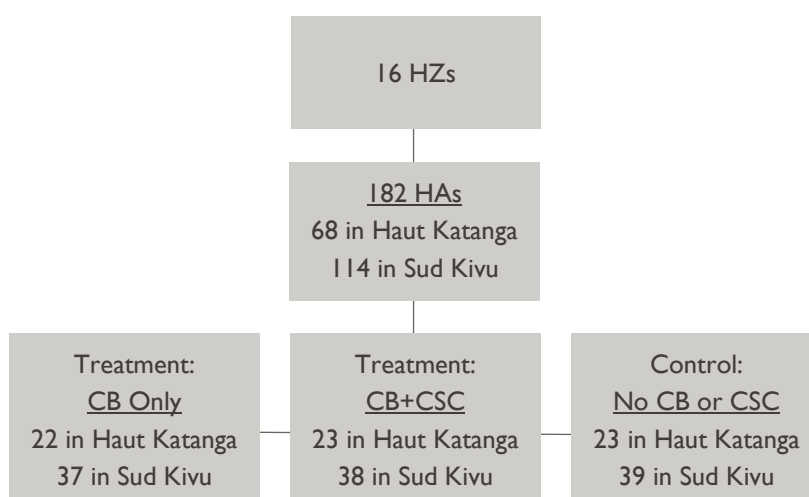
²⁴ In the hierarchy of health care provision in DRC, health posts fall below health centers because health posts provide fewer services.

²⁵ The eligible HZs in Haut Katanga are: Kafubu, Kambove, Kapolowe, Kilele Baland, Lukafu, Mitwaba, and Mufunga Sampwe. The eligible HZs in Sud Kivu are: Bunyakiri, Kalonge, Kamituga, Kaniola, Kaziba, Kitutu, Minova, Mwana, and Mwenga.

3.3 RANDOMIZATION

We randomly assigned the 182 HAs to one of three groups: (1) control; (2) CB intervention; or (3) CB intervention + CSC intervention. Through this randomization, we will be able to gauge that impact of CB training as well as gauge the added impact of CSCs in areas receiving CB. Resource constraints prohibited us from using a full factorial design which would have allowed us to gauge the impact of CSC interventions alone. Figure 2 presents a diagram of the design and includes the breakdown of HAs in each arm, by province.

Figure 2. Design



Note: Twenty-three of the 182 HAs were excluded from baseline data collection because they were deemed inaccessible.

To achieve balance across the treatment and control groups along important dimensions, we used blocked randomization (sometimes called stratified random assignment). To implement the randomization we first created seven ‘zonal groups’ based on location (i.e., proximity on a map) and accessibility (i.e., location with respect to roads). Then, within each zonal group, we created blocks of six or more HAs and subsequently assigned the HAs within a block to the experimental groups (CB, CB+CSC, and control). Each of these blocks comprises the HAs within a given zonal group that are more similar to each other, where similarity was determined by the Mahalanobis measure of multivariate distance. The variables used to implement the blocking are listed in Table I and include information from USAID, the National System of Health Information (Système National d’Information Sanitaire, SNIS), and the household baseline survey.²⁶

²⁶ We initially created blocks of six HAs using the *blockTools* R software package. Given that not all zonal groups have a number of HAs that is a multiple of six, some of the initial blocks comprised less than six areas. Each HA in an incomplete block was assigned to the full block that contained the area most similar to it.

Table 1. Variables used for blocking

VARIABLE^a	SOURCE
USAID/DRC priority ^b	USAID Records
Type of facility (public or faith-based)	SNIS
On-time facility compliance with health zone reporting protocols	SNIS
Number of other facilities in the HA	SNIS
Previous experience with a community scorecard process	Baseline Household Survey
Health center quality	Baseline Household Survey
Community contact with CODESA members	Baseline Household Survey
An indicator of child and infant mortality	Baseline Household Survey

^a The data collection team was not able to reach 23 HAs in two zonal groups due to poor road conditions. Blocks in these zonal groups were created using only the first four variables. Also, due to a security incident, the data collection team was not able to reach one HA in an otherwise accessible zonal group. This HA was added to the block that contained its most similar area using only the first four variables.

^b All health zones in our study have received health programming support from USAID; while some received only minimal support, other “priority” health zones received full support.

3.4 OUTCOMES OF INTEREST AND RESEARCH QUESTIONS

The following theory of change underpins IGA programming:

If the government of the DRC is incentivized to improve the underlying governance structures that support service delivery and if citizens and civil society are empowered to define and monitor these services, then the government of the DRC can better meet the challenge of delivering quality services to its citizens in health, education, and economic development in a more equitable, transparent, and sustainable manner thereby strengthening the democratic social contract between citizens and the state.

The IE seeks to enhance health service delivery by improving the capacity of service provision through the CB intervention and by empowering citizens to hold service providers accountable through the CSC interventions. The CB intervention also seeks to improve the functioning of the CODESAs, which are players in the governance of health services.

The main research questions that the study will address include:

- Does building the capacity of health care providers and civil society in financial management, reporting, and customer care result in better health-related knowledge, attitudes, and behaviors among citizens?
- Does building the capacity of health care providers and civil society in financial management, reporting, and customer care improve health service delivery and health outcomes?
- Does disseminating information and promoting mobilization around a community action plan to improve health service delivery enhance the results of CB in improving health-related knowledge, attitudes, and behaviors among citizens?

- Does disseminating information and promoting mobilization around a community action plan to improve health service delivery enhance the results of CB in improving health service delivery and health outcomes?

The study's outcomes of interest include:

- *HA / lead health center level:* timely filing of budget and reports; bureaucratic capacity and health-related knowledge of head nurse and CODESA members; personnel attendance rates; stockouts; officials'/service providers' skills; officials'/service providers' feelings of self-efficacy/empowerment.
- *Household level:* knowledge; mobilization/participation; awareness of community health outcomes as described on scorecards; trust (interpersonal and of government); feelings of efficacy/empowerment; views about the state; assessments/perceptions of health services; health-seeking behaviors and consumption of health services; and health outcomes, including anthropometric measures (which will be collected and analyzed at endline).

3.5 POWER CALCULATIONS

The power analysis²⁷ whose results we present below are based on estimating difference-in-differences regressions of the form:

$$Y_{ict} = T_c + t_t + \beta t_t T_c + \alpha_i + \varepsilon_{ict},$$

where Y_{ict} is a continuous outcome variable for household i in HA c at time t ; T_c are HA-level treatment indicators; t_t is a period fixed effect; and α_i are household fixed effects. The coefficient of the interactions between the treatment indicators and the period fixed effect estimates the impact of the treatments. Regressions for outcomes at the HA level (i.e., outcomes for which there is a single observation per cluster, such as characteristics of the lead health center) drop the i subscript and include HA instead of household fixed effects.

We estimated these regressions using 1000 simulated datasets. The simulations assumed a sample of 180 HAs assigned to three groups – two treatment and one control – and 20 households per HA. In addition, the simulations conservatively assumed household- and HA-level autocorrelations of 0.10 and an intra-cluster correlation coefficient (ICC) of 0.10. Consistent with conventions in RCT evaluations, we set the significance level at 0.05 and power at 0.80.

Table 2 presents the results of the power analysis. For both household- and HA-level outcomes, we computed the minimum detectable effect sizes (MDESs) (i.e., effect size expressed as a multiple of the standard deviations of the original outcome variable) for two tests: (1) whether the effect of a given treatment, CB or CB+CSC is different from zero and (2) whether the effects of the CB and CB+CSC treatments are different from each other. These estimates have not been adjusted for multiple hypothesis testing. With many outcomes, this could increase the minimum detectable effects. Blocked random assignment and covariate adjustment, which are not reflected in these power calculations, will improve precision and reduce the MDESs.

²⁷ The power calculations presented here are the ones included in the design report. The calculations will be updated, as needed, for the midline report.

Table 2. Estimated MDESs

TYPE OF OUTCOME	ASSUMPTIONS	MDES FOR TEST 1	MDES FOR TEST 2
HA-level outcome (one observation per HA)	HA-level autocorrelation=0.10	0.69	0.68
Household-level outcome (20 observations per HA)	HA -level autocorrelation=0.10 Household-level autocorrelation=0.10 ICC=0.10	0.26	0.27

Note: All simulations assume a sample of 180 HAs and 20 households per HA, a significance level of 05, and power of 0.8. Test 1 contrasts whether the effect of a given treatment is different from zero; Test 2, whether the effects of two given treatments are different from each other. Standard errors are adjusted for clustering at the health area level in regressions of household-level outcomes.

IV. DATA COLLECTION

This study consists of three waves of data collection – baseline, midline, and endline. During each wave, objective and subjective measures will be collected through three instruments:

- I. **Household panel survey:** a minimum of 20 households per HA in the study are randomly sampled to complete a survey covering household health, health-seeking behavior, experiences with the local health center, and other relevant topics. The target of the interview is a woman of childbearing age; our goal was for the survey to take less than an hour to complete. The same respondent will be interviewed across all three waves.
- II. **Lead health center audits:** a resource audit of the lead health center for each HA in the study covering inventory (e.g., drugs, test kits, etc.), staffing (e.g., absence of essential personnel), condition of the facility, and other relevant topics. As part of the audit, the head nurse for each health center is interviewed.
- III. **CODESA member panel survey:** at least one (and where possible two) CODESA member(s) for each HA in the study complete a survey covering CODESA activities, the quality of health services, and other relevant topics.

4.1 BASELINE DATA COLLECTION

Data collection was carried out by Forcier Consulting, which has its Congolese headquarters in Kinshasa. Data collection was conducted under NORC supervision, Forcier's initial field plan excluded 23 of the 182 HAs in the study because they were deemed inaccessible (impassable roads due to the rainy season). All instruments were prepared in English and subsequently translated by Forcier for administration in French, Haut Katanga Swahili, and Sud Kivu Swahili. Interviews were conducted using computer-assisted personal interviewing (CAPI). Specifically, the survey team used the ONA-collect platform built on open data kit (ODK) programmed onto seven-inch Lenovo Android tablets.

The survey instruments went through several rounds of pretesting. Pen-and-paper versions of the household survey and the audit instruments were pre-tested in rural areas outside of Kinshasa to ensure the appropriateness of all questions. After programming, tablet versions of the surveys were also pre-tested to ensure correct skip logic and identify any technical problems.

The primary training exercise for the field personnel was conducted simultaneously in Bukavu (Sud Kivu) and Lubumbashi (Haut Katanga team) from March 19 to March 25, 2018; the first four days were in-class trainings, which involved reviewing each questionnaire, interviewing techniques, field protocols, and mock interviews; the final two days involved a pilot in the field and reconciliation. The start of fieldwork had to be delayed because of issues related to tablet procurement and programming and instrument translation.

Data collection began on April 29 in both Haut Katanga and Sud Kivu, after a two day training refresher where field personnel got reacquainted with the instruments. There were 13 teams collecting data. Each team consisted of one supervisor and six enumerators; one enumerator was regularly tasked with conducting the health center audits and interviewing CODESA members but would also conduct a small number of household interviews. The primary wave of fieldwork ended June 2, but a small field team was redeployed from August 3 to August 26 to collect additional surveys and achieve the necessary quotas in all HAs.

4.2 FIELD WORK CHALLENGES

Teams faced challenges accessing some HAs. Roads were often in poor condition, sometimes so poor that vehicle transport was impossible. In some cases, enumerators hired motorbikes to reach HAs; in extreme cases, enumerators walked long distances to reach HAs.

Teams experienced connectivity problems because the most rural areas included in the study are beyond the range of standard mobile network coverage. This lack of connectivity delayed uploading survey data from the Android tablets to the ONA server, which in turn delayed the ability of technical staff to review data in real-time and rapidly identify issues that could have been resolved by teams that were already in the field. Connectivity challenges also made communication difficult between Forcier's office in Kinshasa and its teams in the field.

The deterioration of the security situation – particularly in Sud Kivu – also challenged the field teams. One team encountered an armed group in a study village (Culwe, Sud Kivu). Another field team experienced violence committed by three men dressed in military uniforms when they were en route to the final HA they were supposed to cover. This second major security incident marked the end of the primary wave of data collection in Sud Kivu.

4.3 FIELD WORK OUTCOMES

Field teams attempted to cover 159 HAs, of which 158 were covered, and collected a total of 4,227 household surveys, 153 health center audits, and 272 CODESA surveys. Table 3 indicates that teams had a high consent rate for all three surveys. All data are available in Stata format with a codebook defining variables and their values.

Table 3. Baseline attempted and consented surveys

	ATTEMPTED	NO. CONSENTED	% CONSENTED	NO. OF HEALTH AREAS COVERED IN HAUT KATANGA	NO. OF HEALTH AREAS COVERED IN SUD KIVU
Household Survey	4550	4227	93%	68	90
Facility Audit	163	153	94%	68	85
CODESA Survey	316	277	88%	68	89

V. FINDINGS²⁸

5.1 HOUSEHOLD DATA

5.1.1 DEMOGRAPHICS

Given that the primary target population for our study is households' main caregivers, 97% of the 4,227 surveys were conducted with women (95% in Sud Kivu and 98% in Haut Katanga were women). The average age of respondents was 30 (29.6 years old in Sud Kivu and 30.9 years old in Haut Katanga). Two-thirds of all the respondents had attended school and 58% started primary school. Sixty-five percent and 70% of respondents from Sud Kivu and Haut Katanga, respectively, had ever attended school. While only 48% in Sud Kivu had started primary school, 70% of respondents from Haut Katanga had started primary school.

Most respondents reported identifying with a religion (96%). Among those who identified with a religion, Protestants (45%) and Roman Catholics (32%) comprised the largest religious affiliations. There are important differences by province, however, with many more Protestants in Sud Kivu (61% compared to 23% in Haut Katanga) and many more Pentecostals in Haut Katanga (33% compared to 4% in Sud Kivu). Most household survey participants regularly practiced their religion, either once a week (30%) or more (46%) (in Sud Kivu, 33% practiced about once a week and 49% practiced more; in Haut Katanga, 27% practiced about once a week and 43% practiced more).

The two provinces differed in terms of the ethnicity of respondents. In Sud Kivu, respondents were Bashi (47%), Batembo (23%), and Barega (13%). In Haut Katanga, respondents were Sanga (32%) and Bemba (15%).

The average household size in our sample was six people (6.5 in Sud Kivu and 6.4 in Haut Katanga). We created a household asset index comprised of 17 potential assets (e.g., cattle, radio, bicycle, mosquito net). Table 4 reports descriptive statistics on selected assets owned by households, disaggregated by wealth quintile for all respondents.²⁹ While no household in the poorest quintile reported owning a radio, 78% of households in the wealthiest quintile reported owning one. The most frequently reported household asset was land (92%), followed by mosquito net(s) (74%).

²⁸ We present findings for the full study sample ("All") as well as findings disaggregated by the study sample in each province. Findings are not representative of the two provinces – separated or combined; they represent only the health areas included in the IE.

²⁹ Wealth quintiles were calculated using polychoric principal component analysis using the 17 potential household assets we asked about in our study.

Table 4. Reported ownership of selected household assets, by wealth quintile

<i>All</i>					
	LOWEST	SECOND	MIDDLE	FOURTH	HIGHEST
Radio	0%	10%	40%	59%	78%
Bike	4%	13%	21%	33%	38%
Goat(s)	2%	9%	17%	32%	53%
Chicken(s)	9%	28%	42%	62%	77%
Mosquito Net	38%	74%	80%	86%	92%
<i>Sud Kivu</i>					
	LOWEST	SECOND	MIDDLE	FOURTH	HIGHEST
Radio	0%	6%	28%	54%	73%
Bike	0%	0%	0%	0%	2%
Goat(s)	4%	13%	23%	45%	66%
Chicken(s)	7%	28%	38%	59%	74%
Mosquito Net	35%	69%	78%	88%	91%
<i>Haut Katanga</i>					
	LOWEST	SECOND	MIDDLE	FOURTH	HIGHEST
Radio	0%	6%	28%	54%	73%
Bike	9%	32%	50%	73%	74%
Goat(s)	0%	4%	9%	18%	40%
Chicken(s)	11%	30%	48%	65%	80%
Mosquito Net	45%	79%	83%	85%	92%

Source: Baseline Household Questionnaire 2018. Note: n for all = 4,227; n for Sud Kivu = 2,377; n for Haut Katanga = 1,850

The primary outcomes of interest from the data include household health (especially maternal and child health), health-seeking behavior, experiences with the lead health center, and citizen empowerment.

5.1.2 CHILD HEALTH

The under-five mortality rate (U5MR)³⁰ across the sampled population was 194 deaths per 1,000 live births. The U5MR was much higher in Haut Katanga (236 per 1,000 live births) than in Sud Kivu (158 per 1,000 live births). For comparison, the U5MR reported in the most recent DHS for the DRC was 104 per 1,000.³¹ The neonatal mortality rate (NMR)³² in our study villages was 87 per 1,000 live births. Similar to the U5MR, the NMR was also higher in Haut Katanga (96 per 1,000 live births) compared to Sud Kivu (79 per 1,000 live births). However, the NMR reported in the most recent DHS for DRC was much lower at 28 per 1,000.

Among the sampled population, immunization record keeping was poor. The majority of caregivers (89%) reported to not have a vaccine card or other documentation of their children's vaccination records. This trend was similar in both provinces where 89% of caregivers in Sud Kivu and 90% of caregivers in Haut Katanga did not have a vaccine card or other documentation. In the 2013 DHS, enumerators saw vaccination cards for only 26% of children covered by the nationally representative sample.³³

When vaccination cards were unavailable, our interviewers asked caregivers to recall immunization records of children under five who were under their care.³⁴ Figure 3 displays the percentage of children within each age group who have received at least one dose of life-saving vaccines the Congolese Ministry of Health and the World Health Organization (WHO) have deemed essential. This data is disaggregated by province in Annex D; the data clearly show that vaccination rates are higher in Sud Kivu.

Although wild cases of polio have not been recorded in the DRC since 2011, polio vaccination campaigns continue to be an important component of public health campaigns in the country and four doses of the vaccine are recommended for children under five. Figure 3 shows that the polio vaccine has a high coverage rate among children under five in the study sample. Ninety-one percent of children under five have received at least one dose of the oral polio vaccine and the high coverage rate starts during infancy, as 82% of children under one year of age received at least one dose of the oral polio vaccine.

Tuberculosis (TB) is one of the top ten causes of death in the DRC and the Bacille Calmette-Guérin (BCG) vaccine is given to infants and young children who are continually exposed to TB.³⁵ The BCG

³⁰ U5MR = (D/N)*1000 (D = deaths between 0-4 years during the year of calculation; N = live births of newborns during the year of calculation)

³¹ Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) and ICF International. 2014. Democratic Republic of Congo Demographic and Health Survey 2013-14: Key Findings. Rockville, Maryland, USA: MPSMRM, MSP et ICF International.

³² NMR = (D/N)*1000 (D = deaths below 28 days during the year of calculation; N = live births of newborns during the year of calculation)

³³ Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) and ICF International. 2015. Democratic Republic of Congo Demographic and Health Survey 2013-14: Supplemental vaccine-preventable diseases report: A serosurvey of population immunity to measles, rubella, and tetanus among children 6-59 months. Rockville, Maryland, USA: MPSMRM, MSP et ICF International.

³⁴ Our data for child vaccinations should thus be interpreted considering potential effects of recall bias.

³⁵ Centers for Disease Control (CDC). 2017. Global Health – Democratic Republic of the Congo. <https://www.cdc.gov/globalhealth/countries/drc/default.htm>.

vaccine has a high coverage rate, with at least 80% of sampled children in each age group having received the vaccine.

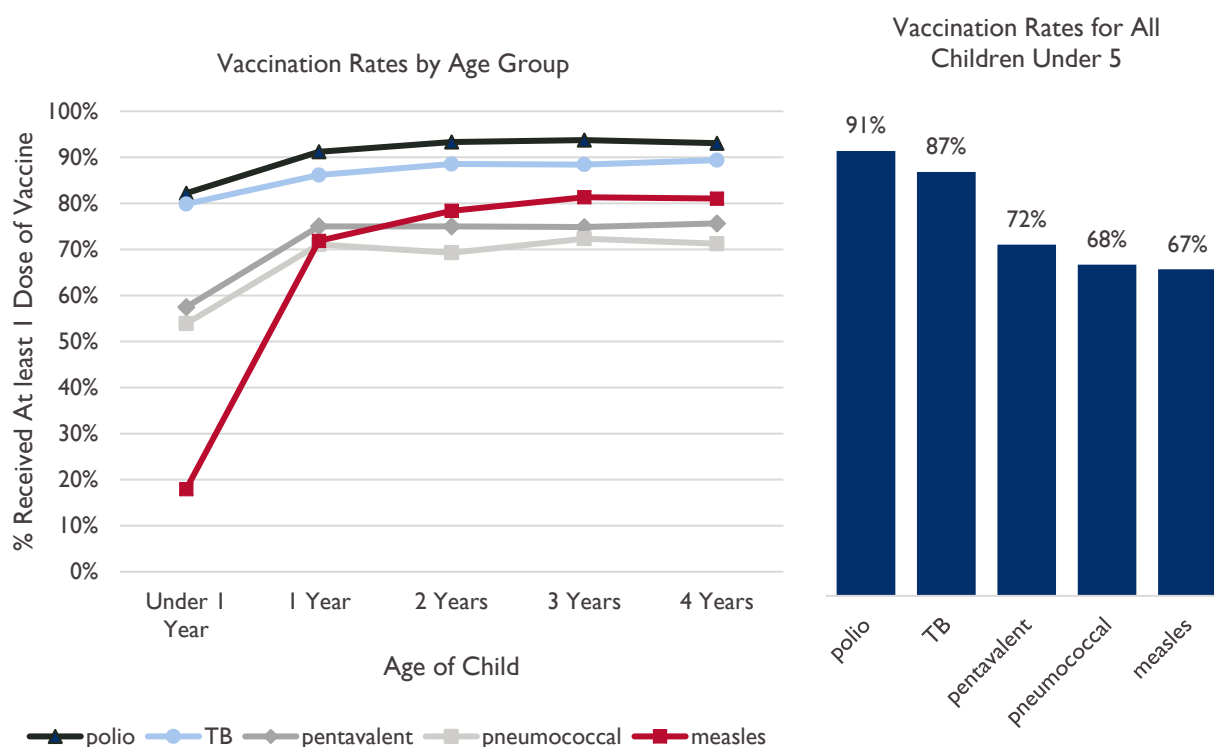
The pentavalent vaccine protects against five major infections: diphtheria, tetanus, pertussis (whooping cough), hepatitis B, and *Haemophilus influenza* type b (Hib). Three doses are recommended for children under five. Seventy-two percent of children under five received at least one dose of the pentavalent vaccine. Children under one year had the lowest coverage, as 57% received at least one dose.

The pneumococcal vaccine protects against the bacteria *Streptococcus Pneumoniae*. Use of this vaccine, for which three doses are recommended, can prevent some cases of pneumonia, meningitis, and sepsis. Sixty-eight percent of children under five received at least one dose of the pneumococcal vaccine. Children under one year had the lowest coverage, as 54% received at least one dose.

Measles is one of the largest causes of vaccine-preventable disease mortality among children under five in the DRC.³⁶ Measles can be prevented with the MMR vaccine, which also protects against mumps and rubella. It is recommended that children as young as 12 months of age receive the vaccine. Sixty-seven percent of children under five received the MMR vaccine. Children under one year had the lowest coverage, as only 18% received at least one dose.

³⁶ Ministère du Plan et Suivi de la Mise en œuvre de la Révolution de la Modernité (MPSMRM), Ministère de la Santé Publique (MSP) and ICF International. 2015. Democratic Republic of Congo Demographic and Health Survey 2013-14: Supplemental vaccine-preventable diseases report: A serosurvey of population immunity to measles, rubella, and tetanus among children 6-59 months. Rockville, Maryland, USA: MPSMRM, MSP et ICF International.

Figure 3. Percent of children under five who have received at least one dose of vaccine

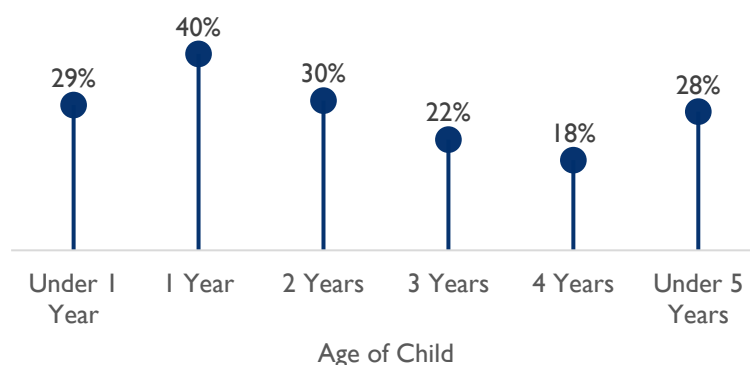


Source: Baseline Household Questionnaire 2018. Note: Children under 5 years old = 6,129; under 1 year old = 1,316; 1 year old = 1,113; 2 years old = 1,316; 3 years old = 1,253; 4 years old = 1,131.

Diarrheal illnesses are the leading cause of death in the DRC and are a leading cause of malnutrition in children under five.³⁷ Malnutrition is responsible for almost half of deaths among children under age five.³⁸ Twenty-eight percent of caregivers reported their under-five children had diarrhea in the two weeks preceding their interview with our team (Figure 4). The incidence of diarrhea was slightly higher in Haut Katanga (30%) than in Sud Kivu (26%). As shown by Figure 4, the highest incidence of diarrheal disease was among one-year-olds (40%) and incidence declined as children aged.

³⁷ Centers for Disease Control (CDC). 2017. Global Health – Democratic Republic of the Congo. <https://www.cdc.gov/globalhealth/countries/drc/default.htm>. World Health Organization (WHO). 2017. Diarrheal Disease: Key Facts. <http://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease>

³⁸ UNICEF. Democratic Republic of Congo. https://www.unicef.org/wcaro/Countries_1749.html

Figure 4. Percent of children who had diarrhea in the past 2 weeks, by age group

Source: Baseline Household Questionnaire 2018. Note: Children under 5 years old = 6,129; under 1 year old = 1,316; 1 year old = 1,113; 2 years old = 1,316; 3 years old = 1,253; 4 years old = 1,131.

A few measures show potential for improvement for which our intervention may have an impact on. The most important health outcome we could hope to improve is the U5MR, especially given that both provinces underperform when compared to the national average. Reduced incidence of diarrheal disease among children under five is another health outcome with potential for improvement. Health outputs such as increased vaccine coverage (especially of measles, pneumococcal, and pentavalent vaccines) and increased ability of caregivers to show proof of children's vaccinations are also useful measures allowing us to track potential channels through which our interventions may affect health outcomes.

5.1.3 MATERNAL HEALTH

Consistent with other studies measuring maternal health, we asked both currently pregnant women and women who gave birth in the past 12 months about their experiences with antenatal care (ANC) and birth and delivery.

Almost half (49%) of currently pregnant women and the majority (95%) of women who gave birth recently received some ANC during their pregnancy. There were some differences between the two provinces. In Sud Kivu, 55% of currently pregnant women and 98% of women who gave birth recently received some ANC during their pregnancy. The percentages were lower in Haut Katanga where 42% of currently pregnant women and 90% of recently pregnant women received some ANC.

Currently pregnant women had on average 2.3 ANC visits for their current pregnancy and women who recently gave birth had 3.7 ANC visits for their last pregnancy (Table 5).

Table 5. Average ANC visits among currently pregnant women and women who gave birth in the past 12 months

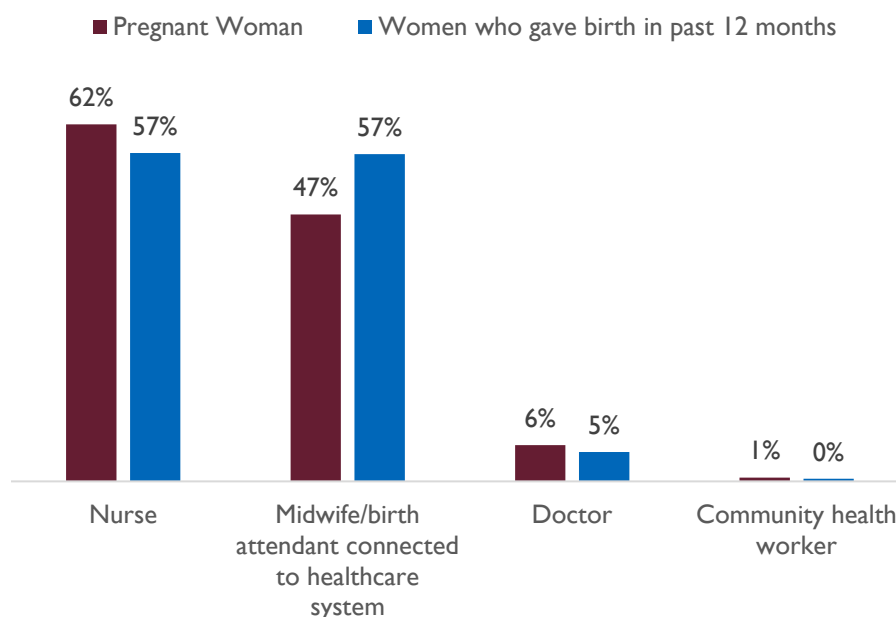
	N	MEAN	SD	MIN	MAX
<i>All</i>					
Currently pregnant women	457	2.3	1.5	1	15
Women who gave birth in past 12 months	1066	3.7	2.0	1	24
<i>Sud Kivu</i>					
Currently pregnant women	265	2.26	1.23	1	7
Women who gave birth in past 12 months	548	3.61	1.18	1	13
<i>Haut Katanga</i>					
Currently pregnant women	192	2.44	1.72	1	15
Women who gave birth in past 12 months	482	3.74	2.65	1	24

Source: Baseline Household Questionnaire 2018.

Among those who did not have any ANC, 19% of women who recently gave birth and 14% of pregnant women stated that this was due to the high cost of ANC visits. In Sud Kivu, 30% of women who recently gave birth and 12% of currently pregnant women cited the high cost of ANC. In Haut Katanga, 17% of women who recently gave birth and 16% of currently pregnant women cited the high cost of ANC. Very few respondents stated that the reason was due to poor quality healthcare in their area.

Figure 5 shows that among the women who received ANC, most received care from a skilled provider (doctor, nurse, or midwife). Nurses and midwives were the most common skilled provider for both currently pregnant women and women who recently gave birth. Very few women received care from community health workers, who are considered an unskilled provider.

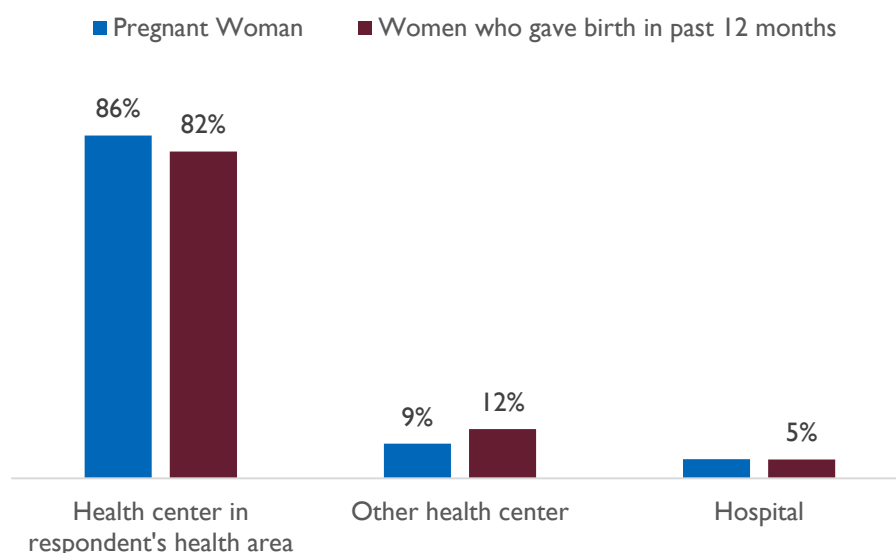
Figure 5. ANC provider for currently pregnant women and women who gave birth in the past 12 months



Source: Baseline Household Questionnaire 2018. Note: Number of currently pregnant women=458; Number of women who gave birth in past 12 months=1,286.

Women who received ANC were most likely to have received their visits in the lead health center in their HA (Figure 6). Few women received care from other health centers and in hospitals.

Figure 6. Location where currently pregnant women and women who gave birth in the past 12 months received ANC



Source: Baseline Household Questionnaire 2018. Note: Number of currently pregnant women=462; Number of women who gave birth in past 12 months=1,080.

We rely on standards of care for ANC identified as customary by the Congolese Ministry of Health to measure the quality of ANC our study participants received. Thirty percent of pregnant women (35% in Sud Kivu, 23% in Haut Katanga) and 60% of women who gave birth recently (67% in Sud

Kivu, 51% in Haut Katanga) reported that their provider checked their blood pressure, which is a basic component of ANC. About one third (36%) of pregnant women (44% in Sud Kivu, 27% in Haut Katanga) and 68% of women who gave birth recently (78% in Sud Kivu and 56% in Haut Katanga) reported to have received SP/Fansidar for malaria.

The majority of births for women who gave birth in the past 12 months occurred outside the home. Women were most likely to deliver in a lead health center (61%), followed by a hospital (19%).

Drawing on these data, the most promising potential for measuring improvement in health outputs would be increased reports of BP testing during ANC and increased reports of Fansidar receipt among women seeking ANC. Home deliveries are so infrequent (5%) that it would be challenging to measure a significant change from baseline to endline or across treatment assignment.

5.1.4 HEALTH-SEEKING BEHAVIOR

In the twelve months preceding baseline data collection activities, 68% of respondents had not received information about the importance of visiting health centers and the dangers of self-treatment (59% in Sud Kivu, 80% in Haut Katanga). Still, many respondents believed that the services currently offered at the health center are of “very high quality” (21%) or “somewhat high quality” (59%) (Table 6). Almost half (49%) trusted the health workers at their local health center “a great deal” (Table 7). Respondents from the two provinces expressed somewhat similar opinions, with those in Haut Katanga using extreme response categories (“very high” and “very poor” quality, and trust “a great deal” and “not at all”) more frequently than those in Sud Kivu.

Table 6. Respondent rating of services currently offered at the health center

	<i>All</i>		<i>Sud Kivu</i>		<i>Haut Katanga</i>	
	N	PERCENT	N	PERCENT	N	PERCENT
Very high quality	663	21%	334	17%	329	26%
Somewhat high quality	1886	59%	1,218	63%	668	53%
Somewhat poor quality	514	16%	329	17%	185	15%
Very poor quality	123	4%	44	2%	79	6%
Total	3,186	100%	1,925	100%	1,261	100%

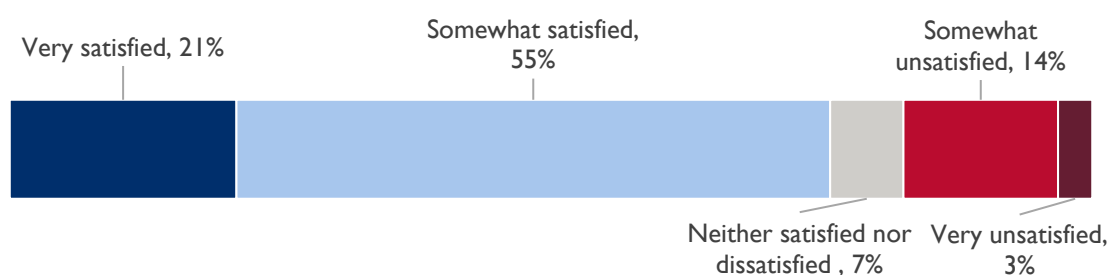
Source: Baseline Household Questionnaire 2018.

Table 7. Respondent rating of how much they trust health workers at the health center

	<i>All</i>		<i>Sud Kivu</i>		<i>Haut Katanga</i>	
	N	PERCENT	N	PERCENT	N	PERCENT
A great deal	1572	49%	836	43%	736	58%
Somewhat	1273	40%	916	47%	357	28%
Very little	268	8%	143	7%	125	10%
Not at all	105	3%	58	3%	47	4%
Total	3,218	100%	1953	100%	1265	100%

Source: Baseline Household Questionnaire 2018.

Of the sampled households, 92% of respondents (93% in Sud Kivu, 90% in Haut Katanga) reported to have visited their local health center within the 12 months prior to the baseline survey. During the most recent visit to the health center, most were seen by a trained health care staff; 88% were examined by a nurse (90% in Sud Kivu, 86% in Haut Katanga) and 5% were examined by a doctor (5% in both Sud Kivu and Haut Katanga). While 39% reported to have no types of tests conducted during their visit (33% in Sud Kivu, 47% in Haut Katanga), a little more than half (56%) reported to have blood tests done (60% in Sud Kivu, 51% in Haut Katanga). As shown by Figure 7, about half (55%) were somewhat satisfied with the quality of services during their visit, and 21% were very satisfied. There were some differences between the two provinces as more people were very satisfied in Haut Katanga than in Sud Kivu (31% versus 15%). However, the overall percentage of people who were either very or somewhat satisfied were similar across the provinces (75% in Sud Kivu, 76% in Haut Katanga).

Figure 7. Satisfaction with quality of services during most recent visit

Source: Baseline Household Questionnaire 2018. Note: n=3,229.

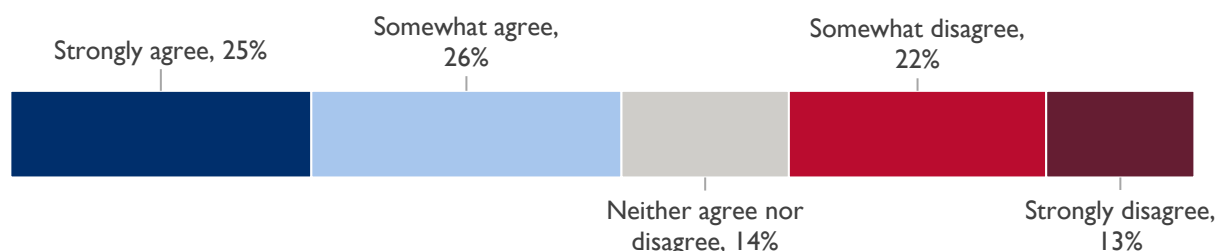
Our examination of multiple measures from the baseline data suggests that the study population has a generally favorable evaluation of their local health centers. This may pose a challenge in capturing or isolating significant effects of the CB and CB+CSC interventions on health-seeking behavior.

5.1.5 CITIZEN EMPOWERMENT

Respondents' beliefs around their ability to change health care were sanguine: half of the respondents either strongly or somewhat agreed with the statement, "People like you have a say about how the government provides health care to your community" (Figure 8). This distribution

was noticeably different between the two provinces as 9% in Sud Kivu and 46% in Haut Katanga strongly agreed with this statement and 30% in Sud Kivu and 21% in Haut Katanga somewhat agreed.

Figure 8. Whether household members agreed with the statement: “People like you have a say about how the government provides health care to your community”



Source: Baseline Household Questionnaire 2018. Note: n=3,970.

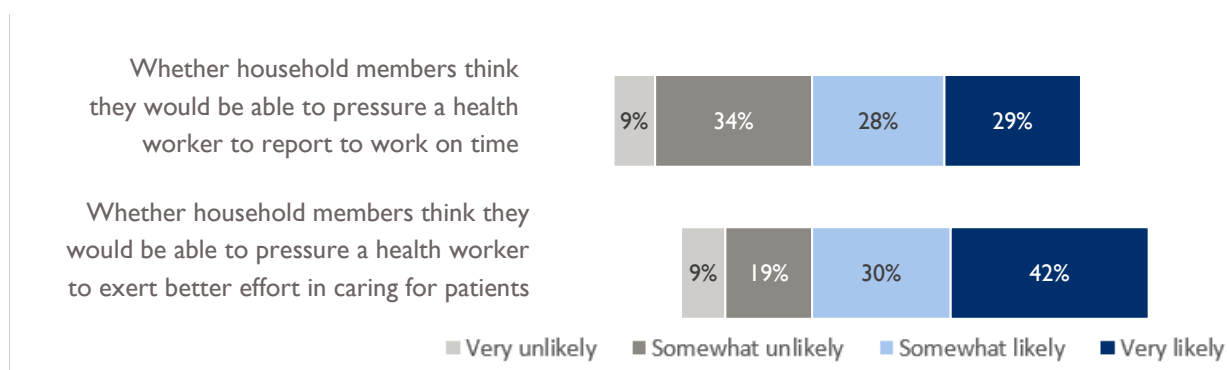
When it comes to having the power to improve the quality of health care at their local health center, more people thought that people in their community had no power to improve the quality of health care at their local health center (42%) compared to those who thought they had a lot of power (10%) (Table 8). More respondents from Haut Katanga felt powerless than in Sud Kivu (52% versus 35% thought they had no power).

Table 8. Whether household members think that they have “a lot” or “some” power to improve the quality of health care at their local health center

	<i>All</i>		<i>Sud Kivu</i>		<i>Haut Katanga</i>	
	N	PERCENT	N	PERCENT	N	PERCENT
People in our community have a lot of power	367	10%	237	11%	130	8%
People in our community have some power	717	19%	459	21%	257	15%
People in our community have little power	1,144	30%	707	33%	437	26%
People in our community have no power	1,636	42%	744	35%	892	52%
Total	3,864	100%	2,147	100%	1,716	100%

Source: Baseline Household Questionnaire 2018.

Respondents were also asked about their perceptions of their relative power vis-à-vis health care workers at their local health center. Figure 9 shows that few felt they would be able to pressure a health worker to report to work on time, and marginally more felt they could pressure a healthcare worker to exert better effort in caring for patients (Figure 9). This data is disaggregated by province in Annex D.

Figure 9. Respondents' relationship with health care workers at their local health center

Source: Baseline Household Questionnaire 2018. Note: n=3,864.

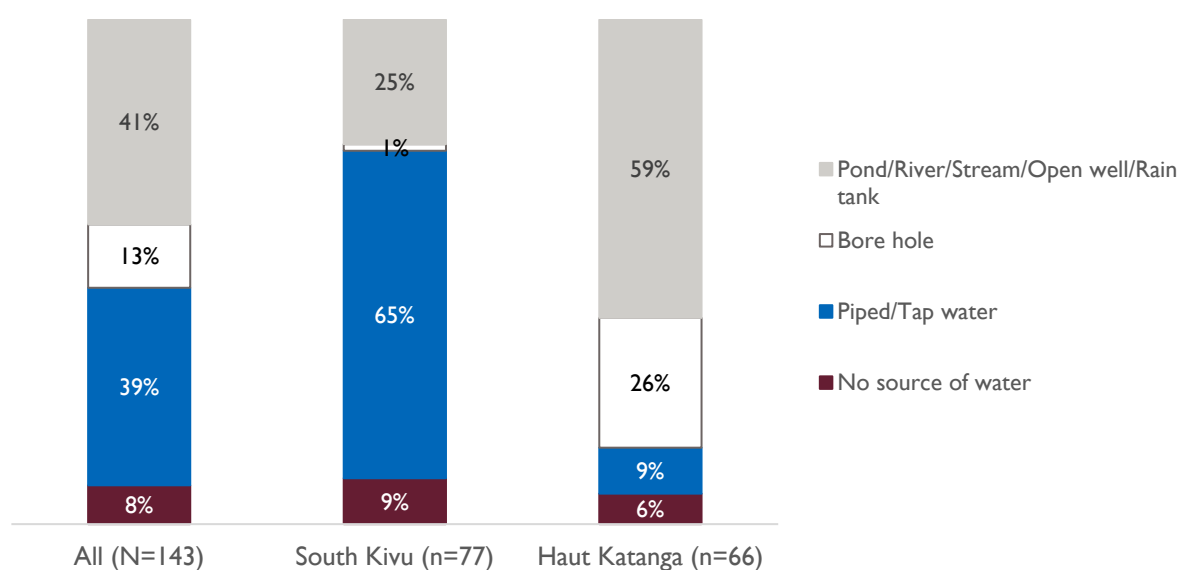
We designed our intervention with the expectation that communities in the CB+CSC treatment arm would experience increased citizen empowerment. Should that expectation bear out, we should see higher evaluation of self-efficacy in engaging with health workers and higher self-assessments in improving healthcare in communities randomly assigned to the CB+CSC treatment arm.

5.2 HEALTH CENTER AUDIT DATA

Health center audits were completed in 153 HAs with 85 conducted in Sud Kivu and 68 conducted in Haut Katanga. Many of the respondents were head nurses (69%) and some were acting head nurses (31%). This was similar across the two provinces as 71% in Sud Kivu and 68% in Haut Katanga were head nurses.

The condition of lead health centers were observed during audits. More enumerators in Haut Katanga reported that health centers were “smelly” (24%) or “very smelly, musty, and dirty” (10%) than in Sud Kivu where only 11% reported that health centers were “smelly”. Audits revealed that 66% of health centers had a waiting room in both provinces. There were some notable differences in terms of consultation rooms where 91% of health centers in Sud Kivu and 75% in Haut Katanga had one. Almost all consultation rooms in Sud Kivu (98%) had some form of privacy and most in Haut Katanga did so too (82%). Most centers in Sud Kivu (81%) and in Haut Katanga (93%) also had a maternity room, which usually offered privacy and was in an enclosed space.

Health centers relied on different types of water sources. Figure 10 shows that across health centers in both provinces, 41% used ponds, rivers, streams, open wells, or a rain tank. While 39% used a piped or tap water source, only 52% reported that the water was currently available through that source. There were distinct differences between health centers in Sud Kivu and Haut Katanga as more health centers in Sud Kivu used piped or tap water (65% versus 9%). About half of all health centers reported that their staff had access to a safe drinking water source at the center.

Figure 10. Lead health center water source

Source: Baseline Health Center Audit 2018. Note: n=143.

Twenty-seven percent of lead health centers reported that they did not have any electricity. Solar panels were the most common source of electricity among health centers as 65% reported it as their main source of electricity (Table 9). These centers reported that electricity was available on average of 12.1 hours during the day. Those who had electricity through the grid system (3%) had the highest average daily hours of electricity at 17.3 hours.

Table 9. Main source of electricity and average daily hours of available electricity

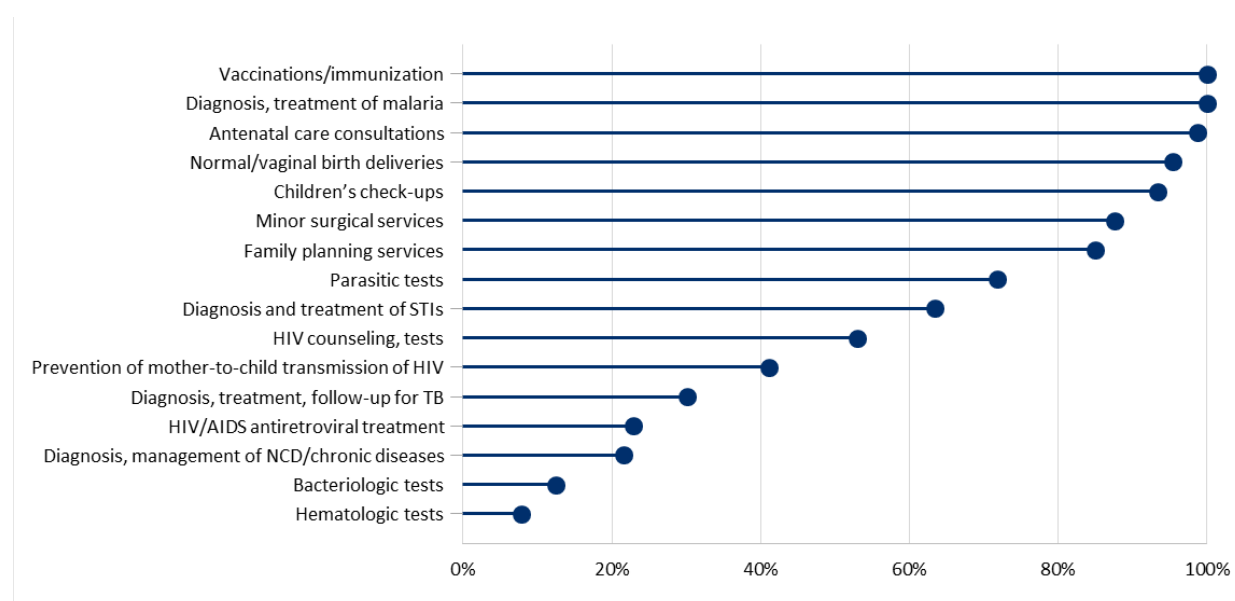
MAIN SOURCE	N	PERCENT	AVERAGE DAILY HOURS OF ELECTRICITY	SD	MIN	MAX
All						
Solar panel	80	52%	12.1	5.5	0	24
Other	29	19%	5.5	6.4	0	24
Grid (electricity)	4	3%	17.3	7.9	9	24
Fuel-operated generator	3	2%	5.7	2.1	4	8
Battery-operated generator	3	2%	12.0	0	12	12
No electricity	34	22%				
Total	124	100%				
Sud Kivu						
Solar panel	59	69%	15.5	5.4	0	24
Other	7	8%	.4 (24 minutes)	.9	0	2
Grid (electricity)	1	1%	12	0	12	12
Fuel-operated generator	0	0%	0	0	0	0

MAIN SOURCE	N	PERCENT	AVERAGE DAILY HOURS OF ELECTRICITY	SD	MIN	MAX
Battery-operated generator	2	2%	12	0	12	12
No electricity	16	19%				
Total	85	100%				
Haut Katanga						
Solar panel	21	31%	10.8	5.5	1	24
Other	22	32%	6.8	6.6	1	24
Grid (electricity)	3	4%	19	8.7	9	24
Fuel-operated generator	3	4%	5.7	2.1	4	8
Battery-operated generator	1	2%	12	0	12	12
No electricity	18	27%				
Total	68	100%				

Source: Baseline Health Center Audit 2018.

Figure 11 and Table 10 list the different services provided by lead health centers and the average number of services provided in January 2018, respectively. Vaccinations/immunizations, diagnosis and treatment of malaria, ANC, normal/vaginal birth deliveries, and children's check-ups were some of the most common services provided by health centers. With HIV as the tenth leading cause of death³⁹, HIV services were lacking. Although 99% of health centers provided ANC and 85% provided family planning services, only 41% provided services related to the prevention of mother-to-child transmission (PMTCT) of HIV. Additionally, only a little over half of centers provided HIV counselling and testing services. Services for TB, the eight leading cause of death in the DRC, were also lacking as only 30% of health centers provided diagnosis, treatment, and follow-up services for TB. The average number of services provided was often higher among health centers in Sud Kivu.

³⁹ Centers for Disease Control (CDC). 2017. Global Health – Democratic Republic of the Congo. <https://www.cdc.gov/globalhealth/countries/drc/default.htm>.

Figure 11. Services provided by lead health centers

Source: Baseline Health Center Audit 2018. Note: n=152. X-axis denotes the percentage of health centers offering each service.

Table 10. Average number of services provided in January 2018 by lead health centers

	<i>All</i>		<i>Sud Kivu</i>		<i>Haut Katanga</i>	
SERVICE	HEALTH CENTERS (N)	AVERAGE SERVICES PROVIDED (SD)	HEALTH CENTERS (N)	AVERAGE SERVICES PROVIDED (SD)	HEALTH CENTERS (N)	AVERAGE SERVICES PROVIDED (SD)
Vaccinations/immunizations	146	186 (271)	84	233 (334)	62	122 (126)
Malaria-related consultations	147	168 (217)	82	218 (267)	65	105 (98)
Children's check-ups	140	154 (229)	83	201 (280)	57	85 (84)
Parasitic tests	107	147 (174)	47	205 (223)	60	101 (104)
Antenatal care consultations	148	49 (56)	84	63 (68)	64	31 (25)
HIV-related consultations	76	45 (49)	49	58 (51)	27	21 (36)
Hematologic tests	12	37 (54)	7	19 (35)	5	63 (68)
Bacteriologic tests	18	23 (31)	11	26 (38)	7	17 (15)

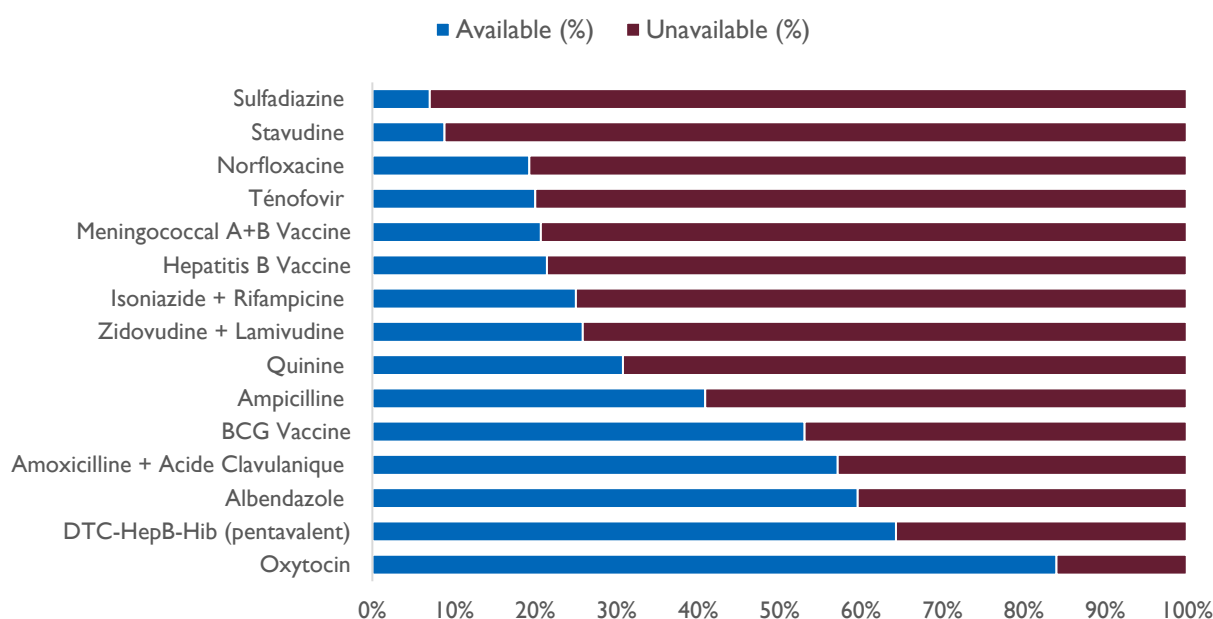
	<i>All</i>		<i>Sud Kivu</i>		<i>Haut Katanga</i>	
SERVICE	HEALTH CENTERS (N)	AVERAGE SERVICES PROVIDED (SD)	HEALTH CENTERS (N)	AVERAGE SERVICES PROVIDED (SD)	HEALTH CENTERS (N)	AVERAGE SERVICES PROVIDED (SD)
Normal/vaginal birth deliveries	143	19 (18)	81	20 (20)	62	17 (15)
Family planning services	124	16 (28)	82	18 (32)	42	13 (17)
STI-related consultations	93	15 (29)	53	22 (36)	40	6 (8)
Antiretroviral treatments provided	32	9 (15)	14	3 (5)	18	13 (18)
TB-related consultations	45	2 (2)	15	1 (1)	30	2 (2)

Source: Baseline Health Center Audit 2018. Note: “Health Center (N)” denotes the number of health centers who reported the number of consultations for that service in January 2018.

Several important components of a well-functioning and informative health center were observed during the audit including whether there were posters about clients’ rights and obligations, CODESA’s roles, or the health centers’ hours of operation. Sixty-five percent of health centers in Sud Kivu and 24% in Haut Katanga had a poster informing clients about the hours of operation. Few health centers had a poster about clients’ rights and obligations (14% in Sud Kivu, 1.5% in Haut Katanga). Some had a poster about CODESA’s roles (15% in Sud Kivu, 7% in Haut Katanga). Suggestion boxes were uncommon in Haut Katanga (2%) whereas some health centers in Sud Kivu had them (18%). Numbered waiting cards for clients were also more common in Sud Kivu (20%) than in Haut Katanga (3%). Most (84%) centers in Sud Kivu had a list of prices charged for medical services displayed publicly compared to 28% in Haut Katanga.

As reported in the Household Data Section, 23% of household survey respondents reported that the medicine that was prescribed to them during their most recent visit to the lead health center was not available there on the day of their visit. Our study revealed that 81% percent of centers had a stock or inventory control system to keep track of the type and amount of drugs available at their center, but health centers in Sud Kivu were far more likely to have a system compared to those in Haut Katanga (93% versus 66%).

Fifteen important, life-saving drugs or vaccines, particularly those used to treat some of the most common illnesses in the DRC, were reviewed during the audit to assess whether or not they were available at the time of the visit (Figure 12). This data is further disaggregated by province in Annex D. Postpartum hemorrhage (PPH), excessive blood loss following a vaginal birth, is the single leading cause of maternal mortality worldwide. Oxytocin, a drug widely used for preventing and treating PPH, was available in 77% of health centers in Sud Kivu and in 52% of health centers in Haut Katanga. Few health centers in both provinces had Sulfadiazine (4%), used to treat malaria and prevent meningitis, and Stavudine (5%), an antiretroviral. Tenofovir, a common drug used to treat Hepatitis B and HIV infections were also uncommon in both provinces (13%).

Figure 12. Availability of life-saving drugs or vaccines at lead health centers

Source: Baseline Health Center Audit 2018. n=152.

On average, centers had about nine staff members in total (nine in Sud Kiv, eight in Haut Katanga) and 61% were male and 39% were female. There were slightly more male staff in Sud Kivu (67% versus 51%). Most facilities did not have any doctors (80% in Sud Kivu, 88% in Haut Katanga). Only 6% of centers in Sud Kivu and 12% in Haut Katanga did not have any nurses (registered nurse or interim head nurses (Infirmier titulaire intérimaire)). On average there were 2 nurses at each health center (2.6 in Sud Kivu, 2.1 in Haut Katanga).

Many in Sud Kivu worked at the center on a full-time basis (90%), compared to 63% in Haut Katanga. While 97% of centers in Sud Kivu and 72% in Haut Katanga had some sort of schedule outlining staff work schedules, 61% of all schedules observed at the time of the audit were up-to-date and included staff names. The percent of staff who were scheduled to work and were present on the day prior to the audit was calculated; 95% of staff who were scheduled to work the day prior to the audit came to work, as shown by the staff schedule. This indicated that absenteeism was not an issue among lead health centers.

5.3 CODESA MEMBERS DATA

The aim of the study was to interview two CODESA members in each HA. The target was not reached in 37 HAs (24%) of the HAs that were reached. Of the 277 CODESA members who were interviewed, 88% were male and 12% were female. On average they were 43 years old (42 in Sud Kivu, 46 in Haut Katanga) and had been a CODESA member for five years (six years in Sud Kivu, four years in Haut Katanga). Only 7% of the CODESA members who were interviewed had been a member for less than one year (8% in Sud Kivu, 7% in Haut Katanga). Table 11 displays the type of CODESA members who were interviewed.

Table 11. Respondent position in CODESA

	<i>All</i>		<i>Sud Kivu</i>		<i>Haut Katanga</i>	
	N	PERCENT	N	PERCENT	N	PERCENT
President	95	34%	52	35%	43	33%
Vice-president	35	13%	21	14%	14	11%
Secretary	37	13%	14	10%	23	18%
Adjunct secretary	14	5%	8	5%	6	5%
Treasurer	13	5%	9	6%	4	3%
Member of commission for resource management (COGERE)	15	5%	5	3%	10	8%
Member of commission for minimum package of services (COPMA)	9	3%	7	5%	2	2%
Member of commission for social mobilization (MOSO)	52	19%	27	18%	25	19%
Member of commission for monitoring and evaluation (COSE)	7	3%	4	3%	3	2%
Total	277	100%	147	100%	130	100%

Source: Baseline CODESA Questionnaire 2018.

The interviewed CODESA members were either appointed or elected, but most (83%) were elected (Table 12). Many (91%) also reported to meet every month (95% in Sud Kivu, 87% in Haut Katanga). The majority (96%) stated that the members of the CODESA board were not compensated for their work (95% in Sud Kivu, 99% in Haut Katanga). Overall, the majority of interviewed CODESA members were either very satisfied (25%) or satisfied (66%) with their relationship with other members. More CODESA members in Haut Katanga were very satisfied compared to those in Sud Kivu (35% versus 16%). In Sud Kivu, more respondents were merely satisfied (74%).

Table 12. Appointed and elected CODESA members

AMONG THOSE WHO WERE INTERVIEWED, HOW MANY WERE APPOINTED AND ELECTED?	All		Sud Kivu		Haut Katanga	
	N	PERCENT	N	PERCENT	N	PERCENT
Elected	231	83%	124	84%	107	82%
Appointed	31	11%	14	10%	17	13%
Other (i.e., volunteered, joined)	15	5%	9	6%	6	5%
Total	277	100%	147	100%	130	100%
AMONG THOSE WHO WERE APPOINTED, WHO THEY WERE APPOINTED BY:	All		Sud Kivu		Haut Katanga	
	N	PERCENT	N	PERCENT	N	PERCENT
By Centre de Sante Official(s)	17	59%	10	71%	7	47%
By Cheferie	5	17%	2	14%	3	20%
By health Zone Official(s)	4	14%	0	0%	4	27%
Other (i.e., CODESA committee, CODESA president)	3	10%	2	14%	1	7%
Total	29	100%	14	100%	15	100%
AMONG THOSE WHO WERE ELECTED, WHO THEY WERE ELECTED BY:	All		Sud Kivu		Haut Katanga	
	N	PERCENT	N	PERCENT	N	PERCENT
By community through a formal vote	130	57%	90	73%	40	38%
By community but without a formal vote (acclamation)	38	17%	6	5%	32	31%
By community health workers	25	11%	4	3%	21	20%
By other CODESA members	25	11%	17	14%	8	8%
Other (i.e., community relays, CAC, village chief)	7	3%	5	4%	2	2%
By Health Zone Official(s)	4	2%	2	2%	2	2%
Total	229	100%	124	100%	105	100%

Source: Baseline CODESA Questionnaire 2018.

CODESA members were asked to select their recognized roles according to the Ministry of Health regulations. According to Table 13, two-thirds believed their role was to ensure constructive and effective collaboration between the community and health care providers. Forty-five percent believed it was to monitor the health center's performance (through MSP indicators and standards). CODESA members who believed this had been a board member for slightly longer than those who did not (6.2 years versus 4.6 years).

Table 13. CODESA members' perceived role as board member

	All		Sud Kivu		Haut Katanga	
	N	PERCENT	N	PERCENT	N	PERCENT
Ensure constructive and effective collaboration between community and providers	180	66%	105	71%	75	58%
Monitor health center performance (through MSP indicators and standards)	123	45%	63	43%	62	48%
Co-manage materials, equipment and infrastructure	89	33%	53	36%	36	28%
Co-manage drug stocks	63	23%	48	33%	15	12%
Co-manage finances	33	12%	28	19%	5	4%

Source: Baseline CODESA Questionnaire 2018. Note: Percentages in each column do not equal to 100% because respondents were able to select more than one answer choice.

The majority of interviewed CODESA members were either very satisfied (23%) or satisfied (69%) with their relationship with the community. In Sud Kivu, 14% were very satisfied and 74% were satisfied. In Haut Katanga, 34% were very satisfied and 63% were satisfied. The most common way CODESA members in Sud Kivu learned the opinions of the community regarding health care service provision was through meetings with the community (69%), followed by meetings with community leaders (34%) and through informal conversations with members of the community (21%). In Haut Katanga, CODESA members also engaged in meetings with the community (51%), engaged in informal conversations with members of the community (40%), and held meetings with community leaders (31%) to learn the opinions of the community they serve.

Sixty percent of CODESA members (57% in Sud Kivu, 63% in Haut Katanga) reported that the performance of the health center had been formally assessed through a participatory procedure in the past 12 months before baseline data collection activities, and 89% (86% in Sud Kivu, 93% in Haut Katanga) of them reported that it resulted in the development of a plan to improve the performance of the health center. The majority believed the assessment was either very fair (14%) or fair (75%). In Sud Kivu, 70% thought it was fair and 11% thought it was very fair. Similarly in Haut Katanga, 81% thought it was fair and 16% thought it was very fair. Nevertheless, only 9% of CODESA members believed that all the goals of the plan were achieved. While 19% of members in Sud Kivu thought all goals of the plan were achieved, no one in Haut Katanga thought so. CODESA members also had mixed sentiment over their belief regarding how much community members were involved in setting health center fees (Table 14). About 29% believed that they were not involved at all.

Table 14. CODESA members' belief in how involved community members were in setting health center fees

	<i>All</i>		<i>Sud Kivu</i>		<i>Haut Katanga</i>	
	N	PERCENT	N	PERCENT	N	PERCENT
Extremely involved	6	2%	5	3%	1	1%
Very involved	64	24%	36	25%	30	23%
Somewhat involved	71	26%	36	25%	35	27%
Minimally involved	38	15%	15	10%	25	20%
Not involved at all	89	33%	52	36%	37	29%
Total	272	100%	144	100%	128	100%

Source: Baseline CODESA Questionnaire 2018.

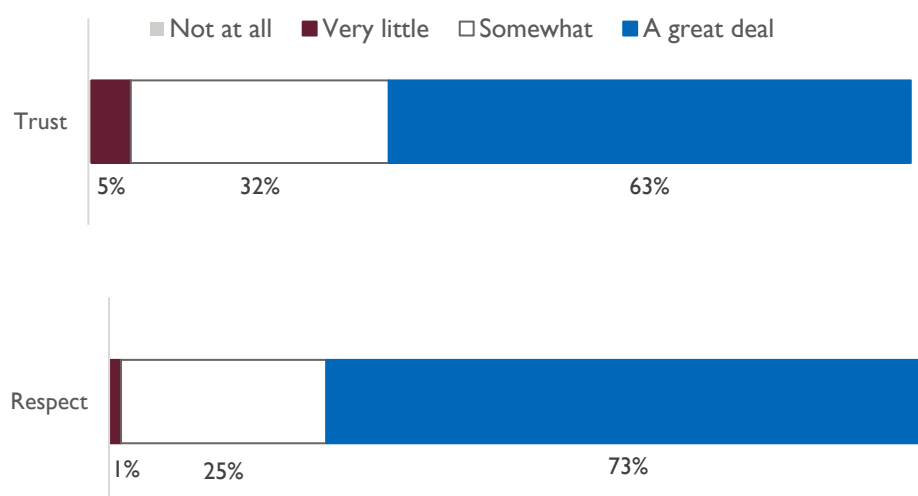
Most (91%) had visited the lead health center to seek care either for themselves or another member of their household at least once (93% in Sud Kivu, 90% in Haut Katanga). Similar to those interviewed at the household-level, most were examined by a nurse (Table 15). Blood tests were the most common tests taken during the visit in both provinces. Most CODESA members who had visited the lead health center were either very satisfied (19%) or satisfied (67%) with the quality of services during their visit. In Sud Kivu, most were satisfied (74%) followed by very satisfied (13%). In Haut Katanga, 60% were satisfied followed by 26% who were very satisfied. Only 11% percent (17% in Sud Kivu, 5% in Haut Katanga) reported that their diagnosis was not clearly explained to them or the patient whom they were accompanying, and 23% (15% in Sud Kivu, 32% in Haut Katanga) reported that the medicine that was prescribed was not available at the health center on that day.

Figure 13 shows that CODESA members generally trust and respect their health center staff. This data is further disaggregated by province in Annex D.

Table 15. CODESA members' most recent visit to health center

EXAMINED BY	N	PERCENT	TESTS CONDUCTED	N	PERCENT
Nurse	226	89%	Blood test	189	75%
Doctor	16	3%	Stool test	35	14%
Technician	6	2%	Urine test	28	11%
Midwife/birth attendant	18	7%	Sputum test	6	2%
Community health worker	0	0%	No tests taken	55	22%
Other	9	4%			

Source: Baseline CODESA Questionnaire 2018. Note: Values in column do not equal to 100% because respondents were able to select more than one answer choice.

Figure 13. CODESA members' trust and respect of health center staff

Source: Baseline CODESA Questionnaire 2018. Note: Trust n =271; Respect n=272.

Despite relatively high satisfaction with their local health center, CODESA members did identify some gaps in health care. Table 16 shows that several CODESA members believed that essential medicines were often out of stock and equipment was often missing or non-functional. In accordance with previous findings that CODESA members respect and trust the health center staff, they also believed that nurses and other personnel were not often absent and did not show up to work late.

Table 16. CODESA members' beliefs regarding local health center

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL (N)
<i>All</i>						
Health center charges fees that are affordable	15%	52%	11%	11%	12%	276
Nurses and other personnel are often absent or show up to work late	4%	16%	6%	55%	19%	276
Essential medicines are often out of stock	44%	33%	9%	12%	2%	275
Equipment often missing or out of work	42%	39%	10%	7%	1%	273
Patients needing care have to wait a long time to be seen	6%	11%	7%	61%	15%	277
Health center opens and closes at the scheduled hours	31%	40%	3%	20%	5%	275

Sud Kivu

Health center charges fees that are affordable	18%	61%	16%	4%	10%	147
Nurses and other personnel are often absent or show up to work late	6%	18%	9%	54%	14%	146
Essential medicines are often out of stock	35%	36%	14%	13%	3%	145
Equipment often missing or out of work	31%	46%	15%	6%	2%	144
Patients needing care have to wait a long time to be seen	1%	10%	6%	65%	18%	147
Health center opens and closes at the scheduled hours	25%	51%	5%	15%	4%	147

Haut Katanga

Health center charges fees that are affordable	23%	41%	4%	18%	14%	129
Nurses and other personnel are often absent or show up to work late	2%	12%	3%	57%	25%	130
Essential medicines are often out of stock	55%	29%	3%	11%	2%	130
Equipment often missing or out of work	54%	31%	5%	10%	1%	129
Patients needing care have to wait a long time to be seen	11%	12%	7%	56%	14%	130
Health center opens and closes at the scheduled hours	40%	27%	1%	26%	6%	128

Source: Baseline CODESA Questionnaire 2018.

5.4 BALANCE ACROSS GROUPS

Table 17 presents results from examining the balance on important background characteristics and outcome indicators across HAs by assignment to treatment and control groups. More specifically, we tested whether there are statistically significant differences between CB and CB+CSC and control areas in the mean values for responses to questions asked in the household survey. Examining balance across random assignment on measures central to our study, we found good balance on all measures, though some imbalance on citizens' evaluations of the quality of their local health center. We also saw a significant difference in education level of respondents in the CB+CSC arm when compared to the CB treatment arm. The substantive differences between these values are small and we are not concerned about threats to the IE.

Table 17. Balance across random assignment

VARIABLE	(1)		(2)		(3)		T-TEST	T-TEST	T-TEST
	CONTROL		CB		CB+CSC		DIFFERENCE	DIFFERENCE	DIFFERENCE
	N	MEAN [SE]	N	MEAN [SE]	N	MEAN [SE]	(1)-(2)	(1)-(3)	(2)-(3)
Level of Education	1467	1.055 [0.026]	1353	1.071 [0.026]	1399	0.999 [0.025]	-0.016	0.055	0.072**
Religiosity	1389	4.060 [0.042]	1257	4.117 [0.044]	1323	4.038 [0.043]	-0.057	0.022	0.079
Household Reported U5 dead	1472	0.003 [0.002]	1353	0.007 [0.002]	1403	0.004 [0.002]	-0.003	-0.001	0.002
Health Center Evaluation	1122	2.028 [0.022]	986	2.129 [0.023]	1078	1.943 [0.021]	-0.101***	0.084***	0.185***
Empowerment Overall	1406	3.363 [0.026]	1320	3.367 [0.026]	1361	3.359 [0.026]	-0.005	0.004	0.009
Empowerment WRT Health	1350	3.064 [0.027]	1224	3.067 [0.029]	1290	3.013 [0.028]	-0.003	0.051	0.054

Note: The values displayed for t-tests are the differences in the means across groups; ***, **, and * indicate significance at the 1, 5, and 10 percent critical level.

We conducted an additional balance tests to check if the randomization produced groups with balanced control covariates. The test consisted of estimating a multinomial logistic regression of treatment assignment with block fixed effects and all covariates in the table above included as independent variables. Standard errors were clustered at the health area level. We then tested the hypothesis that all covariates' coefficients are jointly zero, but could not reject the null ($p=0.1430$). We conclude that random assignment produced balanced groups.

VI. CONCLUSIONS

This study aims to contribute to our broader understanding of how to improve the human condition in contexts of great need. More specifically, we aim to measure to what extent donors can improve both governance and basic service provision in post-conflict states. In partnership with USAID/DRC and DAI, we will measure the impact of a set of interventions to be implemented within IGA, a program aimed at improving service delivery through governance programming.

Our overarching goal is to study the extent to which interventions promoting good governance can increase citizen knowledge and participation, the quality and quantity of public services, and ultimately, the outcomes targeted by these public services. We study to what extent governance interventions integrated with health programs have an impact on: citizen perceptions of health services, citizen participation in demanding improved health service provision, health-seeking behaviors, the quality of health service provision, and citizen and community health outcomes.

In this baseline report, we outlined the rationale and background for the intervention we designed, our experimental approach to measure the intervention's impact, an overview of the baseline data collection process, and our preliminary analysis of the baseline data. Although our team faced challenges in collecting data because of insecurity and inaccessibility, we are satisfied with the baseline dataset and expect it will be a good foundation from which to build the study. Following our analysis of the baseline data, we are less optimistic that some key measures will experience meaningful change as a result of the intervention (e.g., citizen satisfaction with health services is already high). At the same time, however, other very important health outcomes show significant need for improvement (e.g., neonatal mortality rate is much higher in study areas than nationally reported figures). We also learn from CODESA surveys of health center outputs that have potential for improvement (e.g., drug stockouts, health center working hours).

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APPENDIX A: HOUSEHOLD QUESTIONNAIRE

PROGRAMMER: Programmer instructions are highlighted in blue and in brackets in this document.

ENUMERATOR: Enumerator instructions are highlighted in red, in brackets, and underlined in this document.

Date:

Day	_ _
Month	_ _
Year	_ _

Time:

Start Time	_ _ _ _
End Time	_ _ _ _

GPS Coordinates:

Longitude	_____
Latitude	_____
Altitude	_____

INTERVIEW IDENTIFICATION

Field Supervisor's Name: SURNAME, GIVEN NAME

[PROGRAMMER: Display list of field supervisors]

Province

1. Sud Kivu
2. Haut Katanga

Territory:

[PROGRAMMER: Display list of territories based on province]

Zone de Santé

[PROGRAMMER: Display list of zones based on field supervisor]

Aire de Santé:

[PROGRAMMER: Display list of health areas for the health zone selected]

Village: _____

Interviewer ID No.: |_|_|

Interviewer Name (SURNAME, GIVEN NAME): _____

Household ID number: _____

Language of questionnaire

1. Swahili - South Kivu
2. Swahili - Haut Katanga
3. Français

INTRODUCTION AND CONSENT

ENUMERATOR: READ ALOUD THE INFORMED CONSENT FORM.

Good day. My name is [ENUMERATOR NAME] I work with Forcier Consulting, an independent research company. I DO NOT REPRESENT THE GOVERNMENT OR A POLITICAL PARTY. We are researching health care services in your area. You were selected as a possible participant because you are a regular resident in this health area.

PURPOSE OF STUDY:

The purpose of the study is to learn citizens' opinions about health care services and how they can be improved. Ultimately, this research may be used to help inform research reports that will be shared with donors who fund health care initiatives.

DESCRIPTION OF THE STUDY PROCEDURES:

If you agree to be in this study, you will be asked to do the following things: answer survey questions about your health and the healthcare provided in your area. In addition to the current survey, we will do two more, one 9 months from now and the other one in 18 months. Each survey will take 30-45 minutes. We will collect your name and contact information to contact you again for the follow up surveys.

RISKS/DISCOMFORTS OF BEING IN THIS STUDY:

There are no reasonable foreseeable (or expected) risks. There may be unknown risks.

BENEFITS OF BEING IN THE STUDY

There are no expected benefits of participation in the study.

CONFIDENTIALITY:

The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. We will not include any information in any report we may publish that would make it possible to identify you.

PAYMENTS:

You will receive no payment to participate in this survey.

RIGHT TO REFUSE OR WITHDRAW:

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigators of this study or their institutions. Your decision to refuse will not result in any loss of benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the study at any point during the process; additionally, you have the right to request that the researcher not use any of your study material.

RIGHT TO ASK QUESTIONS AND REPORT CONCERNS:

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study feel free to contact ARNAUD GALINIE at rdcongo@forcierconsulting.com or by telephone at +243 (0) 816 936 662. If you have any other concerns about your rights as a research participant that have not been answered by the investigators, you may contact the NORC IRB Manager by telephone at +1-866-309-0542.

CONSENT: DO YOU AGREE TO BE INTERVIEWED FOR OUR STUDY?

1. Yes
2. No

Result of interview [PROGRAMMER: asked if CONSENT==No; If CONSENT==Yes, then complete at the end of the questionnaire].

Completed [This option should only appear at the end of the questionnaire]

1. No household member at home or no competent respondent at home at time of visit [end questionnaire]
2. Entire household absent for extended period of time [end questionnaire]
3. Postponed [end questionnaire]
4. Refused; reason for refusal: _____ [end questionnaire]
5. Other, specify: _____

CONJOINT EXPERIMENT

CONJOINT I INTRO: Now I am going to ask your opinion about health centers. I will show you two pairs of health centers that we made up. After each pair of health centers, we will ask you a few questions. There are no right or wrong answers to these questions – just tell us what you think.

[PROGRAMMER: repeat conjoint I table and questions twice]

CONJOINT I.1.

	Centre A	Centre B
Medicines are _____ out of stock.	out of stock [ILLUSTRATIVE ICON - TBD]	in [ILLUSTRATIVE ICON - TBD]

	Centre A	Centre B
Absences of nurses and other personnel are _____.	rare [ILLUSTRATIVE ICON - TBD]	rare [ILLUSTRATIVE ICON - TBD]
Service costs _____ francs.	CDF XX (low amount) [ILLUSTRATIVE ICON - TBD]	CDF XX (high amount) [ILLUSTRATIVE ICON - TBD]
The community is _____ consulted about how to improve the health center.	usually [ILLUSTRATIVE ICON - TBD]	usually [ILLUSTRATIVE ICON - TBD]
The members of the CODESA are _____.	appointed by chief [ILLUSTRATIVE ICON - TBD]	appointed by state [ILLUSTRATIVE ICON - TBD]

Questions:

CONJOINT I.1.a. If you had to chose one of the two health centers, which one would you go to? Center A or Center B?

CONJOINT I.1.b. What grade between X and Y would give Center A?

CONJOINT I.1.c. What grade between X and Y would give Center B?

CONJOINT I.1.d. Which one of the two health centers is more similar to the health center in your health area (*aire de santé*)? Center A or Center B?

CONJOINT2 INTRO: Now I am going to ask you opinion about three more pairs of health centers that we made up. After each pair of health centers, we will ask you a few questions. Just as before, there are no right or wrong answers to these questions – just tells us what you think.

[PROGRAMMER: repeat conjoint 2 table and questions twice]

CONJOINT2.1.

	Centre A	Centre B
Medicines are _____ out of stock.	out of stock [ILLUSTRATIVE ICON - TBD]	in [ILLUSTRATIVE ICON - TBD]
Absences of nurses and other personnel are _____.	rare [ILLUSTRATIVE ICON - TBD]	rare [ILLUSTRATIVE ICON - TBD]
After a visit, patients _____ feel their health issues was properly taken care of.	rarely [ILLUSTRATIVE ICON - TBD]	usually [ILLUSTRATIVE ICON - TBD]
Service costs _____ francs.	CDF XX (low amount) [ILLUSTRATIVE ICON - TBD]	CDF XX (high amount) [ILLUSTRATIVE ICON - TBD]
The community is _____ consulted about how to improve the health center.	usually [ILLUSTRATIVE ICON - TBD]	usually [ILLUSTRATIVE ICON - TBD]
The members of the CODESA are _____.	appointed by chief [ILLUSTRATIVE ICON - TBD]	appointed by state [ILLUSTRATIVE ICON - TBD]

Questions:

CONJOINT2.1.a. If you had to chose one of the two health centers, which one would you go to? Center A or Center B?

CONJOINT2.1.b. What grade between X and Y would give Center A?

CONJOINT2.1.c. What grade between X and Y would give Center B?

CONJOINT2.1.d. Which one of the two health centers is more similar to the health center in your health area (*aire de santé*)? Center A or Center B?

RESPONDENT PROFILE

ENUMERATOR read aloud: To start, I would like to ask you some questions about the members of your household. The members of your household are all the persons who usually live in your household, including people that may not be members of your family, such as domestic servants, friends, and lodgers. Please make sure to count small children and infants as well as any guests or visitors staying here temporarily. Let's start with you.

101a	Please give me your full name. Surname/Family Name:	
101b	Please give me your full name. Given Name:	
103	[ENUMERATOR DO NOT READ: Observe and record gender of respondent]	1 Male 2 Female
104	What is your age? [ENUMERATOR DO NOT READ: Record answer in years]	_ _

ENUMERATOR READ: The head of your household is the person that the members of your household recognize as such. For example, the head of some households is the oldest person, the one that makes important decisions, or the one that is the main breadwinner.

105	Are you the head of your household? [ENUMERATOR DO NOT READ OPTIONS]	1 Yes [GO TO 110] 2 No
106	What is your relationship to the head of the household? [ENUMERATOR CAN READ OPTIONS IF NEEDED]	1 Wife/Husband/Spouse 2 Son or Daughter 3 Son-in-law or Daughter-in-law 4 Grandchild 5 Parent 6 Parent-in-law 7 Brother or Sister 8 Niece or Nephew 9 Aunt or Uncle 10 Co-Wife 11 Adopted/Foster/Stepchild 12 Other Relative 13 Not Related 14 Don't know [ENUMERATOR Do not read]
107a	What is the household head's full name? Surname/Family name:	
107b	Given name:	
108	Is the head of household a woman or a man? [ENUMERATOR DO NOT READ OPTIONS]	1 Women 2 Man
109	How old is the household head?: [ENUMERATOR DO NOT READ: Record answer in years]	_ _

HOUSEHOLD ROSTER

I 10a	Please give me your full name: Surname/Family Name: Given Name: <u>ENUMERATOR: START WITH THE HEAD OF THE HOUSEHOLD]</u>	
I 11	What is [I 10a]'s gender? <u>ENUMERATOR DO NOT READ OPTIONS]</u>	1 FEMALE 2 MALE
I 13	What is [I 10a]'s age? <u>ENUMERATOR DO NOT READ: Record answer in years]</u>	_ _
I 14	What is the number of children under 5 that are living in this household? [PROGRAMMER: Replace UNDER5 with count from household roster]	_
I 14a	Can you please select all children under the age of five in this household? [PROGRAMMER: Calculate number of names selected from I 14a as count_choices_child]	_

PROGRAMMER: Calculate number of female household members between 15-45 years as { hmem_w_2}.

ENUMERATOR DO NOT READ: Complete questions I 16a-I 17 for all children under 5

[PROGRAMMER: Repeat questions I 16a-I 17 for all children under 5 based on count_choices_child]

current_name_child	[PROGRAMMER: List under5 child name]	
I 16a	Birth day of child	_ _
I 16b	Birth month of child	_ _
I 16c	Birth year of child	_ _ _ _
I 17	Does this child depend on you? [PROGRAMMER: Count the number of dependent children and save as I 17HasYes_count]	1 Yes 2 No

VACCINATIONS/IMMUNIZATIONS

ENUMERATOR: Complete questions XX for all under5, dependent children.

[PROGRAMMER: Repeat questions XX for all children I 17HasYes_count]

2	Do you have a card or other document where (NAME)'s vaccinations are written down? <u>[ENUMERATOR can read options if needed]</u>	1 Yes, has only a card 2 Yes, has only another document 3 Yes, has card and another document 4 No, no card and no other document <u>[Go to 205]</u> 5 Don't know <u>[ENUMERATOR Do not read] [Go to 205]</u>
202	May I see the card or other document where (NAME)'s vaccinations are written down? <u>[ENUMERATOR can read options if needed]</u>	1 Yes, only card seen <u>[Go to 206]</u> 2 Yes, only other document seen <u>[Go to 206]</u> 3 Yes, card and other document seen <u>[Go to 206]</u> 4 No card and no other document seen <u>[Go to 206]</u> 5 Don't know <u>[ENUMERATOR Do not read] [Go to 206]</u>
205	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days? <u>[ENUMERATOR: DO NOT READ OPTIONS]</u>	1 Yes 2 No <u>[Go to 215]</u> 3 Don't know <u>[ENUMERATOR Do not read] [Go to 215]</u>
206	Has (NAME) ever received a vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 207]</u> 3 Don't know <u>[ENUMERATOR Do not read] [Go to 207]</u>

ENUMERATOR If card or other document is available, copy date vaccine was administered; otherwise ask respondent for their best guess; if part of the date is not legible, enter "-98":

PROGRAMMER: Limit response options for Year to 2018, 2017, 2016, 2015, 2014, 2013, and -98.

206_1	Day when tuberculosis vaccine given	_ _
206_2	Month when tuberculosis vaccine given	_ _
206_3	Year when tuberculosis vaccine given	_ _ _ _

207	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 209]</u> 3 Don't know <u>[ENUMERATOR Do not read] [Go to 209]</u>
208	How many times did (NAME) receive the oral polio vaccine?	__
207_1_1	Day when the 1 st oral polio vaccine was given	__
207_2_1	Month when the 1 st oral polio vaccine was given	__
207_3_1	Year when the 1 st oral polio vaccine was given	____
207_1_2	Day when the 2 nd oral polio vaccine was given	__
207_2_2	Month when the 2 nd oral polio vaccine was given	__
207_3_2	Year when the 2 nd oral polio vaccine was given	____
207_1_3	Day when the 3 rd oral polio vaccine was given	__
207_2_3	Month when the 3 rd oral polio vaccine was given	__
207_3_3	Year when the 3 rd oral polio vaccine was given	____
207_1_4	Day when the 4 th oral polio vaccine was given	__
207_2_4	Month when the 4 th oral polio vaccine was given	__
207_3_4	Year when the 4 th oral polio vaccine was given	____
209	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh sometimes at the same time as polio drops to prevent diphtheria, tetanus, pertussis, hepatitis B, and influenza? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 211]</u> 3 Don't know <u>[ENUMERATOR Do not read] [Go to 211]</u>
210	How many times did (NAME) receive the oral polio vaccine?	__
209_1_1	Day when the 1 st pentavalent vaccine was given	__
209_2_1	Month when the 1 st pentavalent vaccine was given	__
209_3_1	Year when the 1 st pentavalent vaccine was given	____
209_1_2	Day when the 2 nd pentavalent vaccine was given	__
209_2_2	Month when the 2 nd pentavalent vaccine was given	__
209_3_2	Year when the 2 nd pentavalent vaccine was given	____
209_1_3	Day when the 3 rd pentavalent vaccine was given	__
209_2_3	Month when the 3 rd pentavalent vaccine was given	__
209_3_3	Year when the 3 rd pentavalent vaccine was given	____

211	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the thigh to prevent pneumonia? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 213]</u> 3 Don't know <u>[ENUMERATOR Do not read]</u> <u>[Go to 213]</u>
212	How many times did (NAME) receive the pneumococcal vaccine?	_
211_1_1	Day when the 1 st pneumococcal vaccine was given	_ _
211_2_1	Month when the 1 st pneumococcal vaccine was given	_ _
211_3_1	Year when the 1 st pneumococcal vaccine was given	_ _ _ _
211_1_2	Day when the 2 nd pneumococcal vaccine was given	_ _
211_2_2	Month when the 2 nd pneumococcal vaccine was given	_ _
211_3_2	Year when the 2 nd pneumococcal vaccine was given	_ _ _ _
211_1_3	Day when the 3 rd pneumococcal vaccine was given	_ _
211_2_3	Month when the 3 rd pneumococcal vaccine was given	_ _
211_3_3	Year when the 3 rd pneumococcal vaccine was given	_ _ _ _
213	Has (NAME) ever received a measles vaccination, that is, an injection in the arm to prevent measles? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 215]</u> 3 Don't know <u>[ENUMERATOR Do not read]</u> <u>[Go to 215]</u>
213_1_1	Day when the 1 st measles vaccine was given	_ _
213_2_1	Month when the 1 st measles vaccine was given	_ _
213_3_1	Year when the 1 st measles vaccine was given	_ _ _ _
215	In the last six months, was (NAME) given a vitamin A dose like [this/any of these]? <u>[ENUMERATOR: Show common types of ampules/capsules/syrups]</u> <u>[CAN READ OPTIONS IF NEEDED]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
216	In the last six months, was (NAME) given iron pills, sprinkles with iron, or iron syrup like [this/any of these]? <u>[ENUMERATOR: Show common types of ampules/capsules/syrups]</u> <u>[CAN READ OPTIONS IF NEEDED]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
217	In the last six months, was (NAME) given any drug for intestinal worms? <u>[ENUMERATOR CAN READ OPTIONS IF NEEDED]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
218	Has (NAME) had diarrhea in the last 2 weeks? <u>[ENUMERATOR CAN READ OPTIONS IF NEEDED]</u>	1 Yes 2 No 3 Don't know <u>[Go to 224]</u> <u>[ENUMERATOR Do not read]</u> <u>[Go to 224]</u>

219	Did you seek advice or treatment for the diarrhea from any source? <u>[ENUMERATOR CAN READ OPTIONS IF NEEDED]</u>	1 Yes 2 No 3 Don't know <u>[Go to 224]</u> <u>[ENUMERATOR Do not read]</u> <u>[Go to 224]</u>
220	Where did you seek advice or treatment? <u>[ENUMERATOR PROBE: Anywhere else?]</u> <u>[Check all that apply]</u> <u>[ENUMERATOR: READ OPTIONS]</u>	1 Hospital 2 Lead Health Center 3 Other Health Center 4 Health Post 5 Dispensary 6 Private Doctor 7 Mobile Clinic 8 Fieldworker/community health promoter 9 Pharmacy 10 Traditional practitioner/healer 11 Itinerant drug seller 12 Market vendor 13 Other, specify: _____ 14 Don't know <u>[ENUMERATOR Do not read]</u>
221	<u>[PROGRAMMER: If more than one option is selected in 220, prompt interviewer to ask 221, otherwise skip to 222]</u> Where did you first seek advice or treatment? <u>[ENUMERATOR can read options if needed]</u>	1 Hospital 2 Lead Health Center 3 Other Health Center 4 Health Post 5 Dispensary 6 Private Doctor 7 Mobile Clinic 8 Fieldworker/community health promoter 9 Pharmacy 10 Traditional practitioner/healer 11 Itinerant drug seller 12 Market vendor 13 Other, specify: _____ 14 Don't know <u>[ENUMERATOR Do not read]</u>
222	How many days after the illness began did you first seek advice or treatment? <u>[ENUMERATOR: If same day, record 00]</u>	_ _

223	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea? <u>[ENUMERATOR: Probe for anything else? Check all that apply] [ENUMERATOR read options]</u>	1 A fluid made from a special packet called [local name for ORS packet] 2 A pre-packaged ORS liquid 3 Recommended homemade fluid 4 Zinc tablets or syrup 5 Antibiotic pill or syrup 6 Antimotility pill or syrup 7 Other pill or syrup (not antibiotic or Antimotility) (specify): _____ 8 Unknown pill or syrup 9 Antibiotic injection 10 Non-antibiotic injection 11 Unknown injection 12 Intravenous (IV) 13 Home remedy / herbal medicine 14 Other (specify): _____ 15 Don't know <u>[ENUMERATOR Do not read]</u>
224	Has (NAME) been ill with a fever at any time in the last 2 weeks? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 226]</u> 3 Don't know <u>[ENUMERATOR Do not read] [Go to 226]</u>
225	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
226	Has (NAME) had an illness with a cough at any time in the last 2 weeks? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
227	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
228	<u>[PROGRAMMER: Ask 228 if Q224 = "Yes" OR Q226 = "Yes" OR Q227 = "Yes"; otherwise go to next (NAME)]</u> Did you seek advice or treatment for the illness from any source? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to next (NAME)]</u> 3 Don't know <u>[ENUMERATOR Do not read] [Go to next (NAME)]</u>

229	Where did you seek advice or treatment? <u>[ENUMERATOR: Probe for Anywhere else? Check all that apply] [ENUMERATOR can read options if needed]</u>	1 Hospital 2 Lead Health Center 3 Other Health Center 4 Health Post 5 Dispensary 6 Private Doctor 7 Mobile Clinic 8 Fieldworker/community health promoter 9 Pharmacy 10 Traditional practitioner/healer 11 Itinerant drug seller 12 Market vendor 13 Other, specify: _____ 14 Don't know <u>[ENUMERATOR Do not read]</u>
230	<u>[PROGRAMMER: If more than one option is selected in 229, prompt interviewer to ask 230, otherwise skip]</u> Where did you first seek advice or treatment? <u>[ENUMERATOR can read options if needed]</u>	1 Hospital 2 Lead Health Center 3 Other Health Center 4 Health Post 5 Dispensary 6 Private Doctor 7 Mobile Clinic 8 Fieldworker/community health promoter 9 Pharmacy 10 Traditional practitioner/healer 11 Itinerant drug seller 12 Market vendor 13 Other, specify: _____ 14 Don't know <u>[ENUMERATOR Do not read]</u>
231	How many days after the illness began did you first seek advice or treatment? <u>[ENUMERATOR: If the respondent sought care the same day the illness started, record 00]:</u>	_ _

232	At any time during the illness was (NAME) given any of the following drugs? <u>[ENUMERATOR: Probe for Anywhere else? Check all that apply]</u> <u>[ENUMERATOR read options]</u>	1 Artemisinin combination therapy (ACT) 2 SPF/Fansidar 3 Chloroquine 4 Amodiaquine 5 Quinine pills 6 Quinine injection / intravenous (IV) 7 Artesunate rectal 8 Artesunate injection / intravenous (IV) 9 Other antimalarial; specify 10 Antibiotic pill or syrup 11 Antibiotic injection or intravenous (IV) 12 Aspirin 13 Acetaminophen 14 Ibuprofen 15 Other; specify 16 Don't know (Do not read)
232_other	Other; specify <u>[PROGRAMMER display only if 232=15]</u> <u>[ENUMERATOR answer only if 232=15]</u>	

PREGNANCIES, ANTENATAL CARE, DELIVERY, AND POSTNATAL CARE

ENUMERATOR read aloud: Now I will ask you questions about the pregnancies of women in this household.

301	Is any woman between the ages of 15 and 45 pregnant at the moment? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to next section]</u>
302	How many women between the ages of 15 and 45 are pregnant at the moment? <u>[PROGRAMMER: Calculate the number of women 15-45 as hhmem_total_w]</u>	_ _
303	Can you please give me [her/their] name[s]? <u>[PROGRAMMER: Display household roster]</u> <u>[ENUMERATOR: Select all that apply]</u>	<u>ENUMERATOR: If q302=="1" then go to preg_counter_pre1</u>
preg_counter_pre2	How many of these women who are pregnant are available to answer a few questions today?	_ _ <u>ENUMERATOR: If "1" then go to preg_counter_pre1</u>
preg_select_name1_num	Which pregnant woman is available to interview today? <u>[PROGRAMMER: Display list of women selected in 303]</u> <u>[ENUMERATOR: Select all that apply]</u>	

preg_select_name2_num	Of the pregnant women who are available, whose birthday is coming up next? [PROGRAMMER: Display list of women selected in and save selected woman as preg_select_name] [ENUMERATOR: Select one]	
	I am going to be interviewing \${preg_select_name}. Can I speak with her now?	1 Yes 2 No [Go to next section]
preg_counter_pre1	Is \${preg_name1} available to answer a few questions today? [PROGRAMMER: If 1 st not available, then repeat question until one is available. If none available then go to next section]	1 Yes 2 No
preg_agree	<u>ENUMERATOR read aloud:</u> Thanks for speaking with me. I would like to ask you some questions about your pregnancy.	
q304_week	How long has (\${preg_select_name}) been pregnant for? Please enter weeks:	_ _
q304_month	Please enter months:	_ _
306	Have you seen any medical professional/health worker for an antenatal care during this pregnancy?	1 Yes 2 No 3 Don't know [ENUMERATOR Do not read]
307	Why did you not see anyone for antenatal care [ENUMERATOR: Probe for Anything else? Select all that apply]	1 Did not know where to go 2 Health facility too far 3 Too expensive 4 No one was there to accompany 5 No good service 6 Other, specify: 7 Don't know [ENUMERATOR Do not read]
307a	Other; specify: [PROGRAMMER display only if 307=6] [ENUMERATOR answer only if 307=6]	

308	Who have you seen for antenatal care? <u>[ENUMERATOR Do not read: Probe for Anything else? Select all that apply].</u>	1 Doctor 2 Nurse 3 Midwife/birth attendant connected to healthcare system (not traditional one) 4 Community health worker 5 Other, specify: 6 Don't know <u>[ENUMERATOR Do not read]</u>
308a	Other; specify: <u>[PROGRAMMER display only if 308=6]</u> <u>[ENUMERATOR answer only if 308=6]</u>	
309	Where have you received care during your pregnancy? <u>[ENUMERATOR: Probe for Anything else? Select all that apply]</u>	1 Home 2 Other home 3 Hospital 4 Health Center in your health areas 5 Other health center 6 Health post 7 Other, specify: 8 Don't know <u>[ENUMERATOR Do not read]</u>
309a	Other; specify: <u>[PROGRAMMER display only if 309=7]</u> <u>[ENUMERATOR answer only if 309=7]</u>	
310_week	How long were you pregnant for when you first received antenatal care? Please enter weeks:	_ _
310_month	Please enter months:	_ _
311	How many times in total have you received health care for your pregnancy?	_ _
312	During your pregnancy, has any of the following been done at least once?: Has your blood pressure been measured?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
318	During your pregnancy, has any of the following been done at least once?: Have you been given SP/Fansidar to keep you from getting malaria?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>

ENUMERATOR Thank respondent for her collaboration and resume interview with main informant.

319	Has any woman in the household between the ages of 15 and 45 given birth in the past 12 months? We are interested in any birth, even if the baby was born dead or was born alive but died shortly thereafter.	1 Yes 2 No [Go to next section] 3 Don't know [ENUMERATOR Do not read]
320	How many women between the ages of 15 and 45 have given birth in the past 12 months? Again, we are interested in any birth, even if the baby was born dead or was born alive but died shortly thereafter.	_ _
321	Can you please give me the name of the women? [PROGRAMMER: Display household roster] [ENUMERATOR: Select all that apply]	ENUMERATOR: If q320="1" then go to birth_select_name2_num
	When did (NAME) give birth? [PROGRAMMER: Repeat questions 322-322c based on 320]	_ _
322	Day:	
322b	Month	_ _
322c	Year	_ _ _
birth_counter_pre2	How many of these women who recently gave birth are available to answer a few questions today?	_ _ ENUMERATOR: If ="1" then go to birth_interview_note
birth_select_name1_num	Which woman who recently gave birth is available to interview today? [PROGRAMMER: Display selected names from 321] [ENUMERATOR: Select all that apply]	
birth_select_name2_num	Of the women who gave birth who are available, whose birthday is coming up next? [PROGRAMMER: Display selected names from birth_select_name1_num and save as birth_select_name] [ENUMERATOR: Select one]	
birth_interview_note	We are going to be interviewing \${birth_select_name}. Can we speak with her now?	1 Yes 2 No [Go to next section]
	ENUMERATOR read aloud: Thanks for speaking with me. I would like to ask you some questions about your pregnancy and delivery.	
324	Have you seen any medical professional/health worker for antenatal care during this pregnancy?	1 Yes [Go to 326] 2 No 3 Don't know [ENUMERATOR Do not read]:

325	Why did you not see anyone for antenatal care [ENUMERATOR: Probe for Anything else? Select all that apply].	1 Did not know where to go [Go to 330] 2 Health facility too far [Go to 330] 3 Too expensive [Go to 330] 4 No was there to accompany [Go to 330] 5 No good service [Go to 330] 6 Other, specify: [Go to 325a & then 330] 7 Don't know [ENUMERATOR Do not read] [Go to 330]
325a	Other; specify: [PROGRAMMER display only if 325=6] [ENUMERATOR answer only if 325=6]	
326	Who did you see for antenatal care? (ENUMERATOR Do not read: Probe for Anything else? Select all that apply).	1 Doctor 2 Nurse 3 Midwife/birth attendant connected to healthcare system (not traditional one) 4 Community health worker 5 Other, specify: 6 Don't know [ENUMERATOR Do not read]
326a	Other; specify: [PROGRAMMER display only if 326=5] [ENUMERATOR answer only if 326=5]	
327	Where have you received antenatal care during your pregnancy?	1 Home 2 Other home 3 Hospital 4 Health Center in your health areas 5 Other health center 6 Health post 7 Other, specify: 8 Don't know [ENUMERATOR Do not read]
327a	Other; specify: [PROGRAMMER display only if 327=7] [ENUMERATOR answer only if 327=7]	
q328_week	How long were you pregnant for when you first received antenatal care for your pregnancy? Please enter weeks:	_ _

q328_month	Please enter months:	_ _
329	How many times in total have you received antenatal care for your pregnancy?	_ _
330	During your pregnancy, were any of the following done at least once?: Was your blood pressure measured?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
336	During your pregnancy, were any of the following done at least once?: Were you given SP/Fansidar to keep you from getting malaria?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
337	Where did you give birth to the baby?	1 Home 2 Other home 3 Hospital 4 Health Center in your health areas 5 Other health center 6 Health post 7 Other, specify: 8 Don't know <u>[ENUMERATOR Do not read]</u>
337a	Other; specify: <u>[PROGRAMMER display only if 337=7]</u> <u>[ENUMERATOR answer only if 337=7]</u>	
338	Was the baby delivered by caesarean, that is, did they cut you belly open to take the baby out?	1 Yes 2 No <u>[Go to 340]</u> 3 Don't know <u>[ENUMERATOR Do not read]</u> <u>[Go to 340]</u>
339	When was the decision made to have the caesarean section? Was it before or after your labor pains started?	1 Before 2 After 3 Don't know <u>[ENUMERATOR Do not read]</u>
340	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. After delivery, did anyone check on your health within one week after delivery?	1 Yes 2 No <u>[Go to 343]</u> 3 Don't know <u>[ENUMERATOR Do not read]</u> <u>[Go to 343]</u>

341	Who checked on your health at that time?	1 Doctor 2 Nurse 3 Midwife/birth attendant connected to healthcare system (not traditional one) 4 Community health worker 5 Other, specify: 6 Don't know <u>[ENUMERATOR Do not read]</u>
342a	Other; specify: <u>[PROGRAMMER display only if 341=5]</u> <u>[ENUMERATOR answer only if 341=5]</u>	
342	Where did the check take place?	1 Home <u>[Go to 343]</u> 2 Other home <u>[Go to 343]</u> 3 Hospital <u>[Go to 343]</u> 4 Health Center in your health areas <u>[Go to 343]</u> 5 Other health center <u>[Go to 343]</u> 6 Health post <u>[Go to 343]</u> 7 Other, specify: 8 Don't know <u>[ENUMERATOR Do not read]</u> <u>[Go to 343]</u>
342a	Other; specify:	
343	Was the baby born alive?	1 Yes 2 No <u>[ENUMERATOR read aloud: I'm sorry to hear about your loss]</u> <u>[Go to next section]</u>
346	Measure the baby's length? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u> 4 Not applicable <u>[ENUMERATOR Do not read]</u>
347	Measure the baby's head circumference? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u> 4 Not applicable <u>[ENUMERATOR Do not read]</u>

350	Who checked on the baby's health in the first two days after the baby's birth? <u>[ENUMERATOR: Probe for Anything else? Select all that apply. Can read options if needed]</u>	1 Doctor 2 Nurse 3 Midwife/birth attendant connected to healthcare system (not traditional one) 4 Community health worker 5 Other; specify: _____ 6 Don't know <u>[ENUMERATOR Do not read]</u> 7 Not applicable <u>[ENUMERATOR Do not read]</u>
350_other	Other; specify <u>[PROGRAMMER display only if 350=5]</u> <u>[ENUMERATOR answer only if 350=5]</u>	
351	Where did the check take place? <u>[ENUMERATOR can read options if needed]</u>	1 Home 2 Other home 3 Hospital 4 Lead Health Center 5 Health center 6 Health post 7 Other; specify: _____ 8 Don't know <u>[ENUMERATOR Do not read]</u>
351_other	Other; specify <u>[PROGRAMMER display only if 351=7]</u> <u>[ENUMERATOR answer only if 351=7]</u>	
352	Are you currently breastfeeding your baby? <u>[ENUMERATOR can read options if needed]</u>	1 Yes; exclusively 2 Yes; not exclusively 3 No <u>[Go to 355]</u> 4 No; baby is dead <u>[ENUMERATOR read aloud: I'm sorry to hear about your loss.] [Go to next section]</u> 5 Don't know <u>[ENUMERATOR Do not read]</u>
354_week	Until what age will/was the baby be exclusively breastfed? Week: <u>[ENUMERATOR: If less than 1 week, record '00' weeks; if less than 1 month, record weeks; otherwise, record months]</u>	_ _

354_month	Month: <u>[ENUMERATOR: If less than 1 month, record weeks; otherwise, record months]</u>	_ _
355	Did you ever breastfeed your baby? <u>[ENUMERATOR can read options if needed]</u>	1 Yes; exclusively 2 Yes; not exclusively <u>[Go to next section]</u> 3 No <u>[Go to next section]</u> 4 Don't Know <u>[ENUMERATOR Do not read] [Go to next section]</u>
357_week	Until what age was the baby exclusively breastfed? Week: <u>[ENUMERATOR: If less than 1 week, record '00' weeks; if less than 1 month, record weeks; otherwise, record months]</u>	_ _
357_month	Month: <u>[ENUMERATOR: If less than 1 month, record weeks; otherwise, record months]</u>	_ _

INFANT, CHILD, AND MATERNAL MORTALITY IN PAST 12/24 MONTHS

ENUMERATOR read aloud: I am now going to ask several questions of household members that may have been lost in the past 12 months, focusing on pregnancies, children, and women. I want to remind you that the information you share with us will be kept confidential and that you are always free to decline to respond to any question, or end the survey at any time.

402	May I ask if in this household any child younger than 28 days old has died in the past 12 months?	1 Yes 2 No <u>[Go to 407]</u> 3 Don't know <u>[ENUMERATOR: Do not read] [Go to 407]</u>
403	May I ask how many? <u>[ENUMERATOR read aloud: Thank you for sharing this with me.]</u>	_ _
404	What was the name of the child {403}? <u>[ENUMERATOR: Record NONE for any infant who did not have a name at time of death.]</u>	
405	Was {403} a boy or a girl?	1 Boy 2 Girl
406_day	When did {403} die? Day:	_ _
406_month	Month	_ _
406_year	Year	_ _ _
	<u>ENUMERATOR read aloud: Thank you for sharing this with me.</u>	

407	May I ask if in this household, any child under 5 years old (and older than 28 days) has died in the past 12 months?	1 Yes 2 No [Go to 413] 3 Don't know [ENUMERATOR: Do not read] [Go to 413]
408	May I ask how many?	_ _
	ENUMERATOR read aloud: Thank you for sharing this with me.	
409	What was the name of the child {408}?	
410	Was {409} a boy or a girl?	1 Boy 2 Girl
411	At what age did {409} die?	
411a_num	Month	_ _
411b_num	Year	_ _ _ _
412	When did \${q409} die?	
412_day	Day	_ _
412_month	Month	_ _
412_year	Year	_ _ _ _
	ENUMERATOR read aloud: Thank you for sharing this with me.	
	Now, I am going to ask about the women in your household.	
413	May I ask if any women between 15 and 45 years have passed away in your household in the past 24 months?	1 Yes 2 No [Go to next section] 3 Don't know [ENUMERATOR: Do not read] [Go to section]
414	May I ask how many women between 15 and 45 years have passed away in your household in the past 24 months?	_ _
	ENUMERATOR read aloud: Thank you for sharing this with me.	
415	What was the name of the woman {414}?	
416	Do you remember the month and year of the death?	1 Yes 2 No [Go to 418]
417	When did the death occur?	
417_day	Day	_ _
417_month	Month	_ _

417_year	Year	
417_note	<u>ENUMERATOR read aloud: Thank you for sharing this with me.</u>	
418	What was her age (in Years) at the time of death?	
419	Was \${q415} pregnant when she died?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
420	Did \${q415} die within two months after the end of a pregnancy or childbirth?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
421	Was the death related to the end of the pregnancy or the childbirth?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>

HOUSEHOLD HEALTH, HEALTH SEEKING BEHAVIOR, AND EVALUATION OF HEALTH SERVICES

ENUMERATOR read aloud: Now I will ask you some questions about the health of household members.

501	In the last 2 weeks, has any member of the household that is 5 years or older been ill, that is felt too sick to do [YOUR/HIS/HER] normal activities?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR: Do not read]</u>
502	Has more than one person 5 years or older been ill in the past 2 weeks?	1 Yes <u>[Go to 502b]</u> 2 No
502a	Who was that person? <u>[PROGRAMMER: Display household roster]</u> <u>[ENUMERATOR: Select one]</u>	
502b	Who were those persons? <u>[PROGRAMMER: Display household roster]</u> <u>[ENUMERATOR: Select all that apply]</u>	
502c	Of all the household members who are 5 years or older and have been ill in the past 2 weeks, whose birthday is coming up next? <u>[PROGRAMMER: Display names selected in 502b]</u> <u>[ENUMERATOR: Select one]</u>	
504	Including today, how many days of work or school did he/she miss due to illness?	

504_num	Number of days	_ _
507	Did you seek advice or treatment for this illness?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR: Do not read]</u>
508	Where did you seek advice or treatment? <u>[ENUMERATOR: Select all that apply]</u>	1 Hospital 2 Lead Health Center 3 Other Health Center 4 Health Post 5 Dispensary 6 Private Doctor 7 Mobile Clinic 8 Fieldworker/community health promoter 9 Pharmacy 10 Traditional practitioner/healer 11 Itinerant drug seller 12 Market vendor 13 Other, specify: 14 Don't know <u>[ENUMERATOR: Do not read]</u>
508_other	Other; specify [PROGRAMMER display only if 508=13] <u>[ENUMERATOR answer only if 508=13]</u>	
509	Where did you first seek advice or treatment? <u>[ENUMERATOR: Ask only if multiple responses selected for 508]</u>	1 Hospital 2 Lead Health Center 3 Other Health Center 4 Health Post 5 Dispensary 6 Private Doctor 7 Mobile Clinic 8 Fieldworker/community health promoter 9 Pharmacy 10 Traditional practitioner/healer 11 Itinerant drug seller 12 Market vendor 13 Other, specify: 14 Don't know <u>[ENUMERATOR: Do not read]</u>
509_other	Other; specify [PROGRAMMER display only if 509=13] <u>[ENUMERATOR answer only if 509=13]</u>	
510	How many days after the illness began did you first seek advice or treatment?	_ _

FAMILY PLANNING

ENUMERATOR read aloud: Now, I would like to ask you some questions regarding family planning—the different ways and methods that a couple can use to delay or avoid a pregnancy.

601	Have you received information from health center staff or community health workers about family planning methods? <u>[ENUMERATOR: Can read options if needed]</u>	1 Yes 2 No <u>[Go to next section]</u> 3 Don't know <u>[ENUMERATOR: Do not read]</u> <u>[Go to next section]</u>
602	What are the methods about which you have received information?	1 Female Sterilization (Women can have an operation to avoid having any more children) 2 Male Sterilization (Men can have an operation to avoid having any more children) 3 Pill (Women can take a pill each day to avoid becoming pregnant) 4 IUD / Intrauterine Device (Women can have an IUD that a healthcare professional can install to avoid becoming pregnant) 5 Injections (Women can have an injection administered by a healthcare professional to avoid becoming pregnant for a month or more) 6 Implants (Women can have several small sticks inserted under the skin of their upper arm that will prevent pregnancy for a year or more) 7 Condom (Men can put a rubber hood on their penis during sexual encounters) 8 Female Condom (Women can place a case in their vagina before sexual encounters) 9 Diaphragm (Women can place a diaphragm in their vagina before sexual encounters) 10 Periodic Abstinence/Rhythm Method/Calendar (A sexually active woman can avoid becoming pregnant by avoiding sexual interactions on the days of the month when she has the highest chance of becoming pre 11 Withdrawal (Men can be careful and withdraw before ejaculation) 12 Emergency Contraception Pills (Women can take pills in the days following the sexual encounter, up to three days after, to avoid becoming pregnant.) 13 Other; specify 14 Don't know <u>[ENUMERATOR: Do not read]</u>
602_other	Other; specify <u>[PROGRAMMER display only if 602=13]</u> <u>[ENUMERATOR answer only if 602=13]</u>	

603	Who provided this information?	1 Doctor 2 Nurse 3 Technician 4 Midwife/birth attendant 5 CODESA member 6 Community health worker 7 Other; specify 8 Don't know [ENUMERATOR: Do not read]
603_other	Other; specify [PROGRAMMER display only if 603=7] [ENUMERATOR answer only if 603=7]	
	ENUMERATOR read aloud: Now I would like to ask you specifically about your opinions regarding your most recent visit to the health center in this village/town to seek care for yourself or someone you were with.	
511_0	Have you ever visited the health center of this village/town to seek care to yourself or someone else?	1 Yes 2 No
511	When was your last visit to the health center in this village?	
511_day	Day	
511_month	Month	
511_year	Year	
512	Were you seeking care for yourself or someone you were with?	1 Respondent 2 Someone else
513	How easy or difficult would you say it was to obtain medical care?	1 Very easy 2 Easy 3 Neither easy nor difficult [ENUMERATOR: Do not read] 4 Difficult 5 Very difficult 6 Don't know [ENUMERATOR: Do not read]
514	What type of health provider consulted with you about [YOUR/THE PATIENT'S] care?	1 Doctor 2 Nurse 3 Technician 4 Midwife/birth attendant 5 Community health worker 6 Other; specify 7 Don't know [ENUMERATOR: Do not read]

514_other	Other; specify [PROGRAMMER display only if 514=6] [ENUMERATOR answer only if 514=6]	
515	Since you arrived at the health center and registered at the reception, if required, how long did [YOU/THE PATIENT] have to wait to be examined?	
515_minutes	Minutes	
515_hours	Hours	
516	Did the staff take any tests during your/the patient's visit?	1 Yes – Stool test 2 Yes – Blood test 3 Yes – Urine test 4 Yes – Sputum test 5 No, no tests were taken 6 Don't know [ENUMERATOR: Do not read]
517	Was the diagnosis clearly explained to you/the patient?	1 Yes 2 No 3 Don't know [ENUMERATOR Do not read]
518	Were you prescribed medicine?	1 Yes 2 No 3 Don't know [ENUMERATOR Do not read]
519	Was the medicine available at the health facility that day?	1 Yes 2 No 3 Don't know [ENUMERATOR Do not read]
520	Overall, how satisfied were you with the quality of services received during your most recent visit to the health center in this village/town ?	1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor dissatisfied [ENUMERATOR Do not read] 4 Somewhat unsatisfied 5 Very unsatisfied 6 Don't know [ENUMERATOR Do not read]
523	Did you have to pay a fee during [YOUR/THE PATIENT'S] visit?	1 Yes 2 No 3 Don't know [ENUMERATOR Do not read]
524	What type of fee were [YOU/THE PATIENT] charged?	1 A flat fee at the beginning of the visit that covers all services, supplies, and medicines 2 Specific fees for each service, supply, or medicine 3 A combination of the two systems (i.e., a flat fee that covers some services, supplies, or medicines that a client might need plus separate fees for the services, supplies, or medicines not covered by 4 Don't know [ENUMERATOR Do not read]

525	What services, supplies, or medicines are not covered by the flat fee?	1 Drugs 2 Immunization (including immunization card/certificate) 3 Injection/syringe 4 Laboratory testing 5 Gloves 6 Condoms 7 Delivery sheets 8 Cotton wool 9 Other; specify 10 Don't know [ENUMERATOR Do not read]
525_other	Other; specify [PROGRAMMER display only if 525=9] [ENUMERATOR answer only if 525=9]	
526	In total, how much were you charged during your last visit for the services?	
527	In addition to these fees, did you have to make any voluntary payments in cash or kind (e.g., sugar, chicken)?	1 Yes, in cash 2 Yes, in kind 3 Yes, in cash and kind 4 No 5 Don't know [ENUMERATOR Do not read]
528	What is the total estimated value of the cash and in-kind voluntary payments?	
	Now I would like to ask you some general questions about your experiences and opinions on the health center in this village/town.	
530	How satisfied are you with the technical competence of the staff at the health center in this village/town?	1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor dissatisfied [ENUMERATOR Do not read] 4 Somewhat unsatisfied 5 Very unsatisfied 6 Don't know [ENUMERATOR Do not read]
531	How much would you say you trust the staff at the health center in this village/town?	1 A great deal 2 Somewhat 3 Very little 4 Not at all 5 Don't know [ENUMERATOR Do not read]
532	How much would you say you respect the staff at the health center in this village/town?	1 A great deal 2 Somewhat 3 Very little 4 Not at all 5 Don't know [ENUMERATOR Do not read]

533	What do you think about the quality of the services currently offered at the health center in this village/town?	1 Very high quality 2 Somehow high quality 3 Somehow poor quality 4 Very poor quality 5 Don't know <u>[ENUMERATOR Do not read]</u>
535	How often, if ever, did you have to pay a bribe, give a gift, or do a favor for a health worker or clinic or hospital staff in order to get the medical care needed for yourself or someone else?	1 Never 2 Once or twice 3 A few times 4 Often 5 Don't know <u>[ENUMERATOR Do not read]</u>
536	During the past 12 months, have you received any information on the importance of visiting a health facility for medical treatment and avoiding self-treatment?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
537	Who provided this information?	1 Doctor 2 Nurse 3 Technician 4 Midwife/birth attendant 5 CODESA member 6 Community health worker 7 Other; specify 8 Don't know <u>[ENUMERATOR Do not read]</u>
537_other	Other; specify <u>[PROGRAMMER display only if 537=7]</u> <u>[ENUMERATOR answer only if 537=7]</u>	
	For each of the following statements, please tell me whether you disagree or agree based on your experience or what you have heard from others:	
538	In health center in this village/town, health care providers know what kind of care a pregnant woman needs.	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree <u>[ENUMERATOR Do not read]</u> 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
543	Nurses and other personnel at the health center in this village/town are often absent or show up to work late.	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree <u>[ENUMERATOR Do not read]</u> 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>

544	Essential medicines at the health center in this village/town, are often out of stock.	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree <u>[ENUMERATOR Do not read]</u> 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
545	Equipment at the health center in this village/town, are often missing or out of order.	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree <u>[ENUMERATOR Do not read]</u> 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
546	Patients needing care have to wait a long time to be seen at health center in this village.	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree <u>[ENUMERATOR Do not read]</u> 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
548	The health center in your village/town, charges fees that are affordable.	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree <u>[ENUMERATOR Do not read]</u> 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
549	Overall, how would you rate the condition of the building of the health center in this village/town, is?	1 Excellent condition 2 Good condition 3 Fair condition 4 Poor condition 5 Don't know <u>[ENUMERATOR Do not read]</u>
552	If community members found out about a health worker not reporting for work at the health center in your village, what do you think are the chances that they would be able to pressure that health worker to report for work?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Very unlikely 5 Don't know <u>[ENUMERATOR Do not read]</u>
553	If community members found out about a health worker at the health center in this village/town NOT PROVIDING THE EFFORT that he/she should in caring for his/her patients, what do you think are the chances that they would be able to pressure that health worker to apply more effort?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Very unlikely Don't know <u>[ENUMERATOR Do not read]</u>

554	Do you know who is the head nurse of the health center in this village/town?	1 Yes 2 No
555	What is the name of the head nurse?	
555_name	SURNAME, GIVEN NAME	

CODESA, CAC/CHWS & SCORECARD PROCESS

ENUMERATOR read aloud: Now I would like to ask you some questions about the comité de développement de l'aire de santé (CODESA). The CODESA is a group of community members that represents all people in a health area and that works with health care providers and the community to improve health care delivery.

701	In the past 12 months, have you come into contact with the CODESA?	1 Yes 2 No 3 Don't know [ENUMERATOR Do not read]
	ENUMERATOR read aloud: For each of the following statements, please tell me whether you disagree or agree based on your experience and what you have heard from others:	
703	The CODESA for the Health center does a good job representing the community's health needs	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree [ENUMERATOR Do not read] 4 Somewhat disagree 5 Strongly disagree 6 Don't know [ENUMERATOR Do not read]
704	The CODESA for the Health center does a good job promoting health programs through sensitization of the community	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree [ENUMERATOR Do not read] 4 Somewhat disagree 5 Strongly disagree Don't know [ENUMERATOR Do not read]
705	The CODESA for the Health center does a good job monitoring the performance of the health center.	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree [ENUMERATOR Do not read] 4 Somewhat disagree 5 Strongly disagree 6 Don't know [ENUMERATOR Do not read]

706	The CODESA for the Health center does a good job mobilizing the community to improve health infrastructure.	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree <u>[ENUMERATOR Do not read]</u> 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
707	Do you know who currently sits on the CODESA for the health center?	1 Yes 2 No
708	Please name one of the CODESA members.	
708_name	SURNAME, GIVEN NAME	
702	What are the functions of the CODESA? <u>[ENUMERATOR: Probe for Anything else? Select all that apply]</u>	1 Represent the interests and expectations of the community at the Health Center 2 Promote community ownership of the Health Center 3 Promote health through awareness, awareness and community mobilization 4 Co-manage drug stocks 5 Monitor the performance of the Health Center through indicators and standards 6 Co-manage finances 7 Co-manage materials, equipment and infrastructure 8 Ensure constructive and effective collaboration between community and providers 9 Participate in the development of the Community Action Plan (CAP) 10 Attend Management Board Meetings (COGE) 11 Attend Board meetings (CA) 12 Other, specify 13 Don't know <u>[ENUMERATOR Do not read]</u>
702_other	Other; specify <u>[PROGRAMMER display only if 702=12]</u> <u>[ENUMERATOR answer only if 702=12]</u>	

	ENUMERATOR read aloud: Now I would like to ask you some questions about the cellule d'animation communautaire (CAC). The CAC is a group of community health workers that work with the CODESA and the health center to promote health. They are often referred to as relais communautaire.	
709	The CAC for the Health center does a good job promoting health programs through sensitization of the community	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree <u>[ENUMERATOR Do not read]</u> 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
710	In the past 12 months, have you come into contact with community health workers?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
711	Where did you come into contact with them?	1 Own home 2 Someone else's home 3 Hospital 4 Health center 5 Health post 6 School 7 Church 8 Community-based organization (CBO) 9 Other; specify 10 Don't know <u>[ENUMERATOR Do not read]</u>
711_other	Other; specify <u>[PROGRAMMER display only if 711=9]</u> <u>[ENUMERATOR answer only if 711=9]</u>	

712	What information did your household receive from them?	1 Did not receive information 2 Child health (i.e., immunizations) 3 Maternal health (i.e., antenatal and postnatal care, immunizations) 4 Neonatal/newborn health (children under 30 days old) 5 WASH (i.e., the importance of hand washing, recommended points of hand washing, sources of clean water, symptoms and treatment for diarrhea and cholera) 6 Nutrition 7 Malaria prevention (i.e., mosquito net distribution, door to door spraying, community awareness campaign) 8 TB (i.e., community awareness campaign, searching for and educating non-compliant TB patients) 9 HIV/AIDS (i.e., community awareness campaign, voluntary HIV counseling and testing, prevention of mother-to-child transmission education) 10 Information about infectious diseases other than malaria, TB, and HIV/AIDs 11 Information about decisions made by CODESA 12 Information about health care activities in the community 13 Information about health center 14 Other; specify 15 Don't know <u>[ENUMERATOR Do not read]</u>
712_other	Other; specify <u>[PROGRAMMER display only if 712=14]</u> <u>[ENUMERATOR answer only if 712=14]</u>	

713	What services if any did your household receive from them?	1 Did not receive service 2 Diagnosed and treated an illness 3 Attempted to diagnose illness and referred patient to health center or other facility 4 Regular care for chronic illness 5 Immunizations 6 Maternal health (i.e., antenatal and postnatal care, immunizations) 7 Advice on breastfeeding 8 Neonatal/newborn health (children under 30 days old) 9 Preschool consultations (checkups for children) 10 Other; specify 11 Don't know <u>[ENUMERATOR Do not read]</u>
713_other	Other; specify [PROGRAMMER display only if 713=10] <u>[ENUMERATOR answer only if 713=10]</u>	
714	In the past 12 months, has the performance of the health center been formally assessed by the community through a participatory procedure?	1 Yes 2 No 3 Not that I am aware of / Not to my knowledge (Not Read) 4 Don't know <u>[ENUMERATOR Do not read]</u>
715	In your opinion, how fair was the community's assessment of the health center performance?	1 Very fair 2 Fair 3 Neither fair nor unfair 4 Unfair 5 Very unfair 6 Don't know <u>[ENUMERATOR Do not read]</u>
716	Did the participatory procedure result in the development of a plan to improve the performance of the health center?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR Do not read]</u>
717	How much progress would you say has taken place toward achieving the goals in the improvement plan?	1 Full progress; achieved all goals in plan 2 Significant progress 3 Some progress 4 Very little progress 5 No progress at all 6 Don't know <u>[ENUMERATOR Do not read]</u>

CIVIC ENGAGEMENT AND POLITICAL EFFICACY

ENUMERATOR read aloud: Next, I'll ask you some questions about how you learn about current events.

	<u>ENUMERATOR read aloud:</u> How often do you get news from the following sources?	
801	Radio	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know <u>[ENUMERATOR Do not read]</u>
802	Television	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know <u>[ENUMERATOR Do not read]</u>
803	Newspapers	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know <u>[ENUMERATOR Do not read]</u>
805	Social media such as Facebook, Twitter, or WhatsApp	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know <u>[ENUMERATOR Do not read]</u>
806	How often do you use a mobile phone?	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know <u>[ENUMERATOR Do not read]</u>
807	How interested would you say you are in public affairs? <u>[ENUMERATOR: Prompt if necessary: You know, in politics and government?]</u>	1 Not at all interested 2 Not very interested 3 Somewhat interested 4 Very interested 5 Don't know <u>[ENUMERATOR Do not read]</u>

808	When you get together with your friends or family, would you say you discuss political matters:]	1 Always 2 Frequently 3 Occasionally 4 Never 5 Don't know <u>[ENUMERATOR Do not read]</u>
	<u>ENUMERATOR read aloud:</u> Let's turn to your role in the community. I am going to read out a list of groups that people join or attend. For each one, could you tell me whether you are an official leader, an active member, an inactive member, or not a member?	
809	A religious group that meets outside of regular worship services	1 Official Leader 2 Active Member 3 Inactive Member 4 Not a Member 5 Don't know <u>[ENUMERATOR Do not read]</u>
810	CODESA (Comité de développement de l'aire de santé)	1 Official Leader 2 Active Member 3 Inactive Member 4 Not a Member 5 Don't know <u>[ENUMERATOR Do not read]</u>
811	Some other group related to health	1 Official Leader 2 Active Member 3 Inactive Member 4 Not a Member 5 Don't know <u>[ENUMERATOR Do not read]</u>
812	Some other voluntary association or community group	1 Official Leader 2 Active Member 3 Inactive Member 4 Not a Member 5 Don't know <u>[ENUMERATOR Do not read]</u>
813	How much influence do you think you can have in making this village a better place to live?	1 A lot of influence 2 Some influence 3 Very little influence 4 No influence 5 Don't know <u>[ENUMERATOR Do not read]</u>
	<u>ENUMERATOR read aloud:</u> For each of the following statements, tell me whether you disagree or agree:	

816	People like you don't have any say about what the government does	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree (Do not read) 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
817	You don't think public officials care much what people like you think	1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree (Do not read) 4 Somewhat disagree 5 Strongly disagree 6 Don't know <u>[ENUMERATOR Do not read]</u>
818	Some people think that people in our community have no power to improve the quality of health care at the health center in this village/town. Other people think that people in our community do have power to improve the quality of health care at the health center in this village/town. What do you think?	1 People in our community have A LOT OF power to improve the quality of health care at the health center of this village/town. 2 People in our community have SOME power to improve the quality of health care at the health center of this village/town. 3 People in our community have LITTLE power to improve the quality of health care at the health center of this village/town. 4 People in our community have NO power to improve the quality of health care at the health center if the village/town. 5 Don't know <u>[ENUMERATOR Do not read]</u>
819	If the government decided to increase taxes or user fees in order to improve public health care, would you support this decision or oppose it?	1 Strongly oppose 2 Somewhat oppose 3 Neither support nor oppose (Do not read) 4 Somewhat support 5 Strongly support 6 It depends (e.g., on size of the increase) <u>[ENUMERATOR Do not read]</u> 7 Don't know <u>[ENUMERATOR Do not read]</u>
820	How well would you say the national government in Kinshasa is handling improving basic health services?	1 Very badly 2 Fairly badly 3 Neither badly nor well <u>[ENUMERATOR Do not read]</u> 4 Fairly well 5 Very well 6 Don't know <u>[ENUMERATOR Do not read]</u>

	ENUMERATOR read aloud: Now I would like to ask you about your local government? I do not mean the national government. I mean your entité territoriale décentralisé (ETD) (e.g., city, commune, sector, chefferie). How well would you say your ETD is handling the following matters?	
821	Maintaining local roads	1 Very badly 2 Fairly badly 3 Neither badly nor well ENUMERATOR Do not read 4 Fairly well 5 Very well 6 Don't know ENUMERATOR Do not read
822	Maintaining local market places	1 Very badly 2 Fairly badly 3 Neither badly nor well ENUMERATOR Do not read 4 Fairly well 5 Very well 6 Don't know ENUMERATOR Do not read

ADDITIONAL DEMOGRAPHIC INFORMATION

ENUMERATOR read aloud: Before we finish, I want to ask a few more questions about you and your household.

901	Are you currently married or living together with a (man/woman) as if married?	1 Currently single, never married or lived with someone as if married 2 Currently married 3 Currently living with a man/woman as if married 4 Formerly married and currently widowed 5 Formerly married and currently divorced 6 Formerly married and currently separated 7 Formerly lived with a man/woman as if married; he/she passed away while we were living together 8 Formerly lived with a man/woman as if married
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904	Have you ever attended school? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No [Go to 906] 3 Don't know [ENUMERATOR: Do not read] [Go to 906]
905	What is the highest level of school you attended: primary, secondary, or higher?	1 A commencé le primaire [Go to 907] 2 A fini le primaire [Go to 907] 3 A commencé le secondaire [Go to 907] 4 A fini le <u>secondaire</u> [Go to 907] 5 A commencé l'université [Go to 907] 6 A fini l'université [Go to 907] 7 A commencé formation technique et professionnelle [Go to 907] 8 A fini formation technique et professionnelle [Go to 907] 9 Don't know [ENUMERATOR: Do not read] [Go to 907]
906	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	1 Yes 2 No 3 Don't know [ENUMERATOR: Do not read]
907	What is your native language?	1 Lingala 2 Swahili-Haut Katanga 3 Swahili-South Kivu 4 Tshiluba 5 Kikonga 6 Kibemba/Bemba 7 Kilamba/Lamba 8 Mashi 9 Kisanga 10 Kitembo 11 Kirega 12 Kihavu 13 Kizela 14 Kiluba 15 Sanga 16 Other; specify
907_other	Other; specify [PROGRAMMER display only if 907=16] [ENUMERATOR answer only if 907=16]	

908	What is your religion, if any?	1 Roman Catholic 2 Protestant (Methodist included) 3 Muslim 4 Pentecostal 5 Jehova 6 None 7 Other; specify 8 Don't know <u>[ENUMERATOR: Do not read]</u>
908_other	Other; specify [PROGRAMMER display only if 908=7] <u>[ENUMERATOR answer only if 908=7]</u>	
909	People practice their religion in different ways. Aside from weddings and funerals, how often do you personally engage in religious practices like prayer, reading a religious book, or attending a religious service or a meeting of a religious group? Would you say you do so:	1 Never 2 A few times a year 3 About once a month 4 About once a week 5 A few times a week 6 About once a day 7 More than once a day 8 Respondent has no religion <u>[ENUMERATOR: Do not read]</u> 9 Don't know <u>[ENUMERATOR: Do not read]</u>
910	What is your tribe or ethnic group?	1 Bashi 2 Barega 3 Bahavu 4 Bavira 5 Bifulero 6 Barundi 7 Babembe 8 Banyindu 9 Banyamulenge 10 Batwa 11 Babwari 12 Babuyu 13 Batembo 14 Other; specify
910_autre	If other, please specify [PROGRAMMER display only if 910=14] <u>[ENUMERATOR answer only if 910=14]</u>	

911	Does your household get cash income from farming (agriculture, livestock, and animal products)?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR: Do not read]</u>
912	Other than farming, does anyone in your household have a job that pays a cash income?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR: Do not read]</u>
	<u>ENUMERATOR read aloud:</u> Now I would like to ask you questions about your home.	
913	What is the main source of water used by your household?	1 No water source of water 2 Piped/Tap water 3 Bore hole 4 Pond/River/Stream/Open well/Rain tank 5 Other, specify: 6 Don't know <u>[ENUMERATOR: Do not read]</u>
913_other	Other; specify [PROGRAMMER display only if 913=5] <u>[ENUMERATOR answer only if 913=5]</u>	
914	Do you do anything to the water to make it safer to drink?	1 Yes 2 No <u>[Go to 916]</u> 3 Don't know <u>[ENUMERATOR: Do not read] [Go to 916]</u>
915	What do you usually do to make the water safer to drink? Anything else?	1 Boil 2 Add bleach/chlorine 3 Strain through a cloth 4 Use water filter (ceramic/sand/composite/etc.) 5 Solar disinfection 6 Let it stand and settle 7 Other, specify 8 Don't know <u>[ENUMERATOR: Do not read]</u>
915_other	Other; specify [PROGRAMMER display only if 915=7] <u>[ENUMERATOR answer only if 915=7]</u>	

916	What kind of toilet facility do members of your household usually use?	<i>Flush or pour flush toilet</i> 1 Flush to piped sewer system 2 Flush to septic tank 3 Flush to pit latrine 4 Flush to somewhere else 5 Flush, don't know where <i>Pit latrine</i> 6 Ventilated improved pit latrine 7 Pit latrine without slab 8 Pit latrine without slab/open pit <i>Other types</i> 9 Composting toilet 10 Bucket toilet 11 Hanging toilet/hanging latrine 12 No facility/bush/field 13 Other, specify: 14 Don't know [ENUMERATOR: Do not read]
916_other	Other; specify [PROGRAMMER display only if 916=13] [ENUMERATOR answer only if 916=13]	
917	Do you have soap or other sanitizing products (or other local products used like sanitizing products) in your house for hand washing after using the toilet?	1 Yes 2 No 3 Don't know [ENUMERATOR: Do not read]
918	What type of fuel does your household mainly consume for cooking?	1 Electricity 2 LPG 3 Coal, lignite, charcoal 4 Wood 5 Straw/shrubs/grass 6 Agricultural crop 7 Animal dung 8 No food cooked in household 9 Other, specify 10 Don't know [ENUMERATOR: Do not read]
918_other	Other; specify [PROGRAMMER display only if 918=9] [ENUMERATOR answer only if 918=9]	
919	Does your household have the following:	

919_a	A. Electricity?	1 Yes 2 No [Go to 919_b] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_b]
919_a_num	How many?	_ _ _ _
919_b	B. A radio?	1 Yes 2 No [Go to 919_c] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_c]
919_b_num	How many?	_ _ _ _
919_c	C. A television?	1 Yes 2 No [Go to 919_d] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_d]
919_c_num	How many?	_ _ _ _
919_d	D. A bicycle?	1 Yes 2 No [Go to 919_e] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_e]
919_d_num	How many?	_ _ _ _
919_e	E. A motorcycle or motor scooter?	1 Yes 2 No [Go to 919_f] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_f]
919_e_num	How many?	_ _ _ _
919_f	F. An animal-drawn cart?	1 Yes 2 No [Go to 919_g] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_g]
919_f_num	How many?	_ _ _ _
919_g	G. A car or truck?	1 Yes 2 No [Go to 919_i] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_i]
919_g_num	How many?	_ _ _ _
919_i	I. Milk cows or bulls	1 Yes 2 No [Go to 919_j] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_j]
919_i_num	How many?	_ _ _ _

919_j	J. Other cattle	1 Yes 2 No [Go to 919_k] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_k]
919_j_num	How many?	_ _ _ _
919_k	K. Horses, donkeys, or mules	1 Yes 2 No [Go to 919_l] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_l]
919_k_num	How many?	_ _ _ _
919_l	L. Goats	1 Yes 2 No [Go to 919_m] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_m]
919_l_num	How many?	_ _ _ _
919_m	M. Sheep	1 Yes 2 No [Go to 919_n] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_n]
919_m_num	How many?	_ _ _ _
919_n	N. Chickens or other poultry	1 Yes 2 No [Go to 919_o] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_o]
919_n_num	How many?	_ _ _ _
919_o	O. Agricultural land	1 Yes 2 No [Go to 919_p] 3 Don't know [ENUMERATOR: Do not read] [Go to 919_p]
919_o_num	How many?	_ _ _ _
919_p	P. A mosquito net?	1 Yes 2 No 3 Don't know [ENUMERATOR: Do not read]
919_p_num	How many?	_ _ _ _
phone_permission	Could you provide me with your phone number in case we would like to contact you in the future?	1 Yes 2 No
phone_number	Enter phone number:	_ _ _ _ _ _ _ _ _
	ENUMERATOR read aloud: Thank you very much for answering our questions today.	

INTERVIEWER QUESTIONS

The following questions should be answered by the ENUMERATOR after the interview is concluded.

q1001_note	Observe main material of the floor of the dwelling and record observation; if interview was conducted outside dwelling, ask respondent to let you in their dwelling so that you can observe	
q1001	Floor	1 Earth / sand 2 Wood planks 3 Ceramic tiles 4 Cement 5 Carpet 6 Other; specify
q1001_other	Other; specify [PROGRAMMER display only if 1001=6] [ENUMERATOR answer only if 1001=6]	
q1002_note	Observe main material of the roof of the dwelling and record observation	
q1002	Roofing	1 Cement roof 2 Tile roof 3 Metal roof / sheets 4 Palm roof 5 Thatch roof 6 Other; specify
q1002_c_other	Other; specify [PROGRAMMER display only if 1002=6] [ENUMERATOR answer only if 1002=6]	
q1004	In your opinion, how cooperative was the respondent?	1 Cooperative 2 In between 3 Uncooperative
q1005	In your opinion, how honest was the respondent when answering?	1 Honest 2 In between 3 Misleading
q1006	In your opinion, how interested was the respondent?	1 Interested 2 In between 3 Uninterested
q1007	Did the respondent check with others for information to answer any question?	1 Yes 2 No
q1008	Do you think anyone influenced the respondent's answers during the interview?	1 Yes 2 No

q1009	Spoken Language of interview	1 Kikongo 2 Lingala 3 Swahili - Haut Katanga 4 Swahili - South Kivu 5 Tshiluba 6 Français 7 Other, specify
q1009_other	Other; specify [PROGRAMMER display only if 1009=7] [ENUMERATOR answer only if 1009=7]	
q1010	ENUMERATOR comments (Open-ended)	
q5	Please Collect the GPS coordinates	
basic	BASIC INFORMATION	
urbanrural	Is this area urban or rural?	1 Urban 2 Rural
Respondent _seem	Did the respondent seem:	1 Interested/engaged 2 Disinterested 3 Distracted 4 None of these
Interview _comments _specific	Comments about specific questions?	

APPENDIX B: HEALTH FACILITY AUDIT

PROGRAMMER: Programmer instructions are highlighted in blue and in brackets in this document.

ENUMERATOR: Enumerator instructions are highlighted in red, in brackets, and underlined in this document.

Date:

Day	_ _
Month	_ _
Year	_ _

Time:

Start Time	_ _ _ _
End Time	_ _ _ _

GPS Coordinates:

Longitude	_____
Latitude	_____
Altitude	_____

INTERVIEW IDENTIFICATION

Field Supervisor's Name: SURNAME, GIVEN NAME

[PROGRAMMER: Display list of field supervisors]

Province

- 1 Sud Kivu
- 2 Haut Katanga

Territory:

[PROGRAMMER: Display list of territories based on province]

Zone de Santé

[PROGRAMMER: Display list of zones based on field supervisor]

Aire de Santé:

[PROGRAMMER: Display list of health areas for the health zone selected]

Village: _____

Name of Health Center _____

Type of facility:

- 1 Government
- 2 Private For-Profit
- 3 Private Not-For-Profit
- 4 Mission/Faith-based

5 Other; specify: _____

Interviewer ID No.: |_|_|

Interviewer Name (SURNAME, GIVEN NAME): _____

Language of questionnaire

- 1 Swahili - South Kivu
- 2 Swahili - Haut Katanga
- 3 Français

INTRODUCTION AND CONSENT

ENUMERATOR: READ ALOUD THE INFORMED CONSENT FORM.

CONSENT: Do you agree to participate in the study?

1. Yes
2. No [end questionnaire]

Result of interview [PROGRAMMER: asked if CONSENT==No; If CONSENT==Yes, then complete at the end of the questionnaire].

- 1 Facility closed when attempted to audit [end questionnaire]
- 2 Head nurse not available [end questionnaire]
- 3 Postponed [end questionnaire]
- 4 Facility refused [end questionnaire]
- 5 Completed
- 6 Partially completed; will not be completed at a later date
- 7 Partially completed; will be completed at a later date
- 8 Other; specify: _____

Name of Respondent

1. SURNAME _____
2. GIVEN NAME _____

Position Title of Respondent:

- 1 Head Nurse (Infirmière titulaire)
- 2 Acting Head Nurse (Infirmière Titulaire par intérim)

Respondent phone number:

- 1 Number: _____
- 2 Refused

SERVICE AVAILABILITY

ENUMERATOR Do not read: To answer all the questions in this section you will need to review the log books of the health center. Please ask the respondent to show you the

log books for January 2018 and help you find the information you need to answer the following questions.

101	How many clients visited this health center for outpatient care in January 2018?	_ _ _ _ _
	ENUMERATOR read aloud: Please tell me if this health center offers the following services to clients. In other words, can clients receive the following services at this health center?	
102	Preschool consultations (i.e., routine preventive and promotional health services provided to children under five years of age)?	1 Yes 2 No [Go to 104] 3 Don't know [ENUMERATOR do not read] [Go to 104]
103	How many preschool consultations did the health center perform in January 2018?	_ _ _ _ _
104	Any vaccinations/immunizations ?	1 Yes 2 No [Go to 106] 3 Don't know [ENUMERATOR do not read] [Go to 106]
105	How many vaccinations did the health center provide in January 2018?	_ _ _ _ _
106	Any family planning services - including modern methods, traditional methods, fertility awareness methods (natural family planning)	1 Yes 2 No [Go to 108] 3 Don't know [ENUMERATOR do not read] [Go to 108]
107	How many family planning consultations did the health center provide in January 2018?	_ _ _ _ _
108	Antenatal care services	1 Yes 2 No [Go to 110] 3 Don't know [ENUMERATOR do not read] [Go to 110]
109	How many antenatal care consultations did the health center provide in January 2018?	_ _ _ _ _
110	Services for the prevention of mother-to-child transmission of HIV	1 Yes 2 No 3 Don't know [ENUMERATOR do not read]
111	Normal/vaginal birth delivery	1 Yes 2 No [Go to 113] 3 Don't know [ENUMERATOR do not read] [Go to 113]

112	How many normal/vaginal deliveries did the health center provide in January 2018?	_ _ _ _
113	Diagnosis and treatment of malaria	1 Yes 2 No [Go to 115] 3 Don't know [ENUMERATOR do not read] [Go to 115]
114	How many malaria-related consultations did the health center provide in January 2018?	_ _ _ _
115	Diagnosis and treatment of STIs, excluding HIV	1 Yes 2 No [Go to 117] 3 Don't know [ENUMERATOR do not read] [Go to 117]
116	How many STI-related consultations did the health center provide in January 2018?	_ _ _ _
117	Diagnosis, treatment prescription and treatment follow-up for TB	1 Yes 2 No [Go to 119] 3 Don't know [ENUMERATOR do not read] [Go to 119]
118	How many TB-related consultations did the health center provide in January 2018?	_ _ _ _
119	HIV counseling and testing services	1 Yes 2 No [Go to 121] 3 Don't know [ENUMERATOR do not read] [Go to 121]
120	How many HIV-related consultations did the health center provide in January 2018?	_ _ _ _
121	HIV/AIDS antiretroviral treatment	1 Yes 2 No [Go to 123] 3 Don't know [ENUMERATOR do not read] [Go to 123]
122	How many antiretroviral treatments did the health center provide in January 2018?	_ _ _ _
123	Diagnosis and management of non-communicable, chronic diseases, such as diabetes, cardiovascular diseases, and respiratory conditions (e.g., asthma)	1 Yes 2 No 3 Don't know [ENUMERATOR do not read]
124	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of an operating room/theatre	1 Yes 2 No 3 Don't know [ENUMERATOR do not read]

125	Bacteriologic testing such as sputum smear testing for TB	1 Yes 2 No [Go to 127] 3 Don't know [ENUMERATOR do not read] [Go to 127]
126	How many bacteriologic tests did the health center provide in January 2018?	
127	Parasitic testing such as malaria rapid testing or thick drop smear	1 Yes 2 No [Go to 129] 3 Don't know [ENUMERATOR do not read] [Go to 129]
128	How many parasitic tests did the health center provide in January 2018?	
129	Haematologic testing such as white blood cells count	1 Yes 2 No [Go to next section] 3 Don't know [ENUMERATOR do not read] [Go to next section]
130	How many haematological tests did the health center provide in January 2018?	

FEES AND PAYMENT

201	How does the facility charge for the services it provides?	1 A flat fee at the beginning of the visit that covers all services, supplies, and medicines that a client might need at the health center. 2 Specific fees for each service, supply, or medicine used to care for the client. [Go to 203] 3 A combination of the two systems (i.e., a flat fee that covers some services, supplies, or medicines that a client might need plus separate fees for the services, supplies, or medicines not covered by the flat fee)
202	What services, supplies, or medicines, if any, are not covered by the flat fee?	1 Drugs 2 Immunization (including immunization card/certificate) 3 Injection/syringe 4 Laboratory testing 5 Gloves 6 Condoms 7 Delivery sheets 8 Cotton wool 9 Other, specify: 10 All services are covered by the flat fee [ENUMERATOR do not read]

202_ other	If other, please specify. [PROGRAMMER display only if 202=9] [ENUMERATOR answer only if 202=9]	
203	What is your basic consultation fee (CDF) ?	_ _ _ _
204	Who sets the health center fees?	1 Ministry of Health 2 Division Provinciale de la Santé 3 Zone de Santé 4 Chief or other traditional authority 5 NGO that sponsors health center 6 Confessional organization that sponsors health center 7 CODESA 8 Health center in collaboration with CODESA 9 Members of the community in the Aire de Santé 10 Other; specify: 11 Don't know [ENUMERATOR do not read]
204_ Other	If other, please specify. [PROGRAMMER display only if 204 =10] [ENUMERATOR answer only if 204=10]	
205	How involved are community members in the process of setting health center fees?	1 Extremely involved 2 Very involved 3 Somewhat involved 4 Minimally involved 5 Not involved at all 6 Don't know [ENUMERATOR do not read]
206	What are the sources of funding for your health facility?	1 Government transfers 2 Donors 3 Community contributions 4 Private sector 5 Other; specify: 6 Don't know [ENUMERATOR do not read]
206_ other	If other, please specify. [PROGRAMMER display only if 206=5] [ENUMERATOR answer only if 206=5]	

STAFF ROSTER, DUTY SCHEDULE, AND ATTENDANCE

ENUMERATOR read aloud: Now I would like to ask you some questions about the staff at the health center.

301	Including yourself, how many people work at this health center? I am interested in all the people that are currently assigned to, employed by, or seconded to the facility. Please do not include people that work here as volunteers	□□□□□
307	Is there a duty or shift schedule, that is, a list of the times during which the various staff that work at the health center are supposed to be working?	1 Yes 2 No [Go to 312] 3 Don't know [ENUMERATOR do not read] [Go to 312]
308	May I see the duty schedule?	1 Schedule observed, current, with names (schedule is current if the last 7 days have been completed) 2 Schedule observed, out of date, with names 3 Schedule observed, current, but no names 4 Schedule not observed
	ENUMERATOR read aloud: Please give me the first names of the staff members working in this health center, starting with yourself. [PROGRAMMER repeat questions 302-311 based on 301]	
302	Name	
303	What is the sex of (NAME)?	1 Male 2 Female
304	What is the qualification of (NAME)?	1 Doctor 2 Registered nurse 3 Laboratory technician 4 Midwife 5 Secondary school diploma 6 Less than secondary school diploma 7 Other; specify:
304_other	If other, please specify. [PROGRAMMER display only if 304=7] [ENUMERATOR answer only if 304=7]	
305	Is (NAME) a full-time or part-time worker?	1 Full-time worker 2 Part-time worker 3 Don't Know [ENUMERATOR do not read]

306	What service area is (NAME) primarily assigned to?	1 Consultations 2 Care 3 Maternity 4 Laboratory 5 Reception 6 Logistics/maintenance 7 Pharmacy 8 Other; specify: 9 Don't know <u>[ENUMERATOR do not read]</u>
306_other	If other, please specify. <u>[PROGRAMMER display only if 306=8]</u> <u>[ENUMERATOR answer only if 306=8]</u>	
	<u>ENUMERATOR do not read:</u> Complete the following questions using the duty schedule and informant's responses. If the duty schedule is available, please confirm the information therein is current and complete before using it to fill in the responses. If the duty schedule is not available or is out of date or incomplete, complete the questions by asking the informant.	
309	Is (NAME) supposed to be working at the time of the audit?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>
310	Was (NAME) scheduled to work at the facility yesterday?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u> <u>[Go to 312]</u>
311	Did (NAME) come to work at the facility yesterday?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>
312	Is there a healthcare worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies?	1 Yes 2 No <u>[Go to 315]</u> 3 Don't Know <u>[ENUMERATOR do not read]</u> <u>[Go to 315]</u>
313	Is there a duty schedule or call list for 24-hour staff coverage?	1 Yes 2 No <u>[Go to 315]</u> 3 Don't Know <u>[ENUMERATOR do not read]</u> <u>[Go to 315]</u>

314	May I see the duty schedule or call list for 24-hour staff coverage?	1 Schedule observed, current, with names (schedule is current if last seven days are completed) 2 Schedule observed, out of date, with names 3 Schedule observed, current, but no names 4 Schedule not observed
315	Do the staff receive any training to improve their knowledge on the diagnosis and treatment of childhood diseases such as acute respiratory syndrome (including bronchitis, pneumonia, etc).	1 Yes 2 No [Go to next section] 3 Don't Know [ENUMERATOR do not read] [Go to next section]
316	How often do they receive this training?	1 Only when they are initially hired to work at the health center 2 Once a week or more 3 Two or three times a month 4 Once a month 5 A few times per year 6 Once a year 7 Never 8 Don't know [ENUMERATOR do not read]

RELATIONSHIP WITH THE COMMUNITY

401	Is there a functioning Comité de développement de l'aire de santé (CODESA) working with the health center staff?	1 Yes 2 No [Go to 409] 3 Don't know [ENUMERATOR do not read] [Go to 409]
402	How long has the current board of the CODESA been in official duty?	
402_year	Year	_ _ _ _
402_month	Month	_ _

403	Who selected the CODESA board members?	1 Selected by chief or traditional authority 2 Selected by health center staff/head nurse 3 Selected by health zone authorities 4 Elected by community health workers 5 Elected by community through a formal vote 6 Elected by community but without a formal vote (acclamation) 7 Other; specify: 8 Don't Know <u>[ENUMERATOR do not read]</u>
403_other	If other, please specify. <u>[PROGRAMMER display only if 403=7]</u> <u>[ENUMERATOR answer only if 403=7]</u>	
404	Are the members of the CODESA board compensated for their work?	1 Yes; in cash 2 Yes; in kind; specify: 3 No 4 Don't know <u>[ENUMERATOR do not read]</u>
404_other	If in kind, please specify. <u>[PROGRAMMER display only if 404=2]</u> <u>[ENUMERATOR answer only if 404=2]</u>	
405	According to Ministry of Health regulations, what are the recognized roles of the CODESA vis-à-vis the health center? <u>[ENUMERATOR do not read options]</u>	1 Cogérer les stocks de médicaments 2 Suivre la performance du CS (à travers les indicateurs et les normes du MSP) 3 Cogérer les finances 4 Cogérer les matériels, équipements et infrastructures 5 Assurer une collaboration constructive et efficace entre communauté et prestataires 6 Mentioned other roles 7 Did not mention any roles
405_other	If other, please specify. <u>[PROGRAMMER display only if 405=6]</u> <u>[ENUMERATOR answer only if 405=6]</u>	
406	How often do you meet with the CODESA board to work on issues related to health care delivery?	1 Once a week or more 2 Two or three times a month 3 Once a month 4 A few times per year 5 Once a year 6 Never 7 Don't know <u>[ENUMERATOR do not read]</u>

407	When was the last time you met with the CODESA board to work on issues related to health care delivery?	1 Day: _____ 2 Month: _____ 3 Year: _____ 4 Don't know <u>[ENUMERATOR do not read]</u>
408	Overall, how satisfied would you say you are with your relationship with the CODESA?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied <u>[ENUMERATOR do not read]</u> 4 Unsatisfied 5 Very unsatisfied 6 Don't know <u>[ENUMERATOR do not read]</u>
409	Is there a cellule d'animation communautaire (CAC) that works with health center staff and/or the CODESA?	1 Yes 2 No <u>[Go to 413]</u> 3 Don't know <u>[ENUMERATOR do not read]</u> <u>[Go to 413]</u>
410	How many community health workers are part of the cellule d'animation communautaire (CAC)?	_ _
411	Are the community health workers compensated for their work?	1 Yes; in cash 2 Yes; in kind 3 No 4 Don't know <u>[ENUMERATOR do not read]</u>
411_other	If in kind, please specify. <u>[PROGRAMMER display only if 411=2]</u> <u>[ENUMERATOR answer only if 411=2]</u>	
412	Overall, how satisfied would you say you are with your relationship with the cellule d'animation communautaire (CAC)?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied <u>[ENUMERATOR do not read]</u> 4 Unsatisfied 5 Very unsatisfied 6 Don't know <u>[ENUMERATOR do not read]</u>
413	In the past 12 months, as the performance of the health center ever been formally assessed by the community through a participatory procedure?	1 Yes 2 No <u>[Go to 417]</u> 3 Don't know <u>[ENUMERATOR do not read]</u> <u>[Go to 417]</u>
414	In your opinion, how fair was the community's assessment of the health center performance?	1 Very fair 2 Fair 3 Neither fair nor unfair 4 Unfair 5 Very unfair 6 Don't know <u>[ENUMERATOR do not read]</u>

415	Did the participatory procedure result in the development of a plan to improve the performance of the health center?	1 Yes 2 No [Go to 417] 3 Don't know [ENUMERATOR do not read] [Go to 417]
416	How much progress would you say has taken place toward achieving the goals in the improvement plan? When responding, please think of the latest plan if more than one has been developed.	1 Full progress; achieved all goals in plan 2 Significant progress 3 Some progress 4 Very little progress 5 No progress at all 6 Don't know [ENUMERATOR do not read]
417	What method or systems, if any, do you use to know client opinion on service provision?	1 Suggestion box 2 Client feedback form 3 Meeting with chief or traditional authority 4 Meeting with community leaders/CODESA 5 Meeting with the community 6 Letters from clients/community 7 Announcements given at schools 8 Announcements given at churches 9 Other; specify: 10 Don't know [ENUMERATOR do not read]
417_other	If other, please specify. [PROGRAMMER display only if 417=9] [ENUMERATOR answer only if 417=9]	
418	Overall, how satisfied would you say you are with your relationship with the community?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied [ENUMERATOR do not read] 4 Unsatisfied 5 Very unsatisfied 6 Don't know [ENUMERATOR do not read]

EXTERNAL SUPERVISION AND REPORTING

501	Does this facility receive any supervision from the Bureau Central de la Zone de Santé (BCZ)?	1 Yes 2 No [Go to 504] 3 Don't know [ENUMERATOR do not read] [Go to 504]
502	When was the last time you received a supervision visit from the Bureau Central de la Zone de Santé (BCZ)?	
502_month	Month	
502-year	Year	

503	And before this last visit, when did you receive a previous visit from the Bureau Central de la Zone de Santé	
503_month	Month	_ _
503_year	Year	_ _ _ _
504	Does this facility receive any supervision from the Division Provinciale de Santé (DPS)?	1 Yes 2 No [Go to 507] 3 Don't know [ENUMERATOR do not read] [Go to 507]
505	When was the last time you received a supervision visit from the Division Provinciale de Santé (DPS)?	
505_month	Month	_ _
505_year	Year	_ _ _ _
506	And before this last visit, when did you receive a previous visit from the Division Provinciale de Santé (DPS)?	
506_month	Month	_ _
506_year	Year	_ _ _ _
507	How knowledgeable would you say you are with the health reporting requirements of the health zone (i.e., with the CANEVAS)?	1 Extremely knowledgeable 2 Very knowledgeable 3 Somewhat knowledgeable 4 Only slightly knowledgeable 5 Don't know anything about this 6 Don't know [ENUMERATOR do not read]
508	In which areas of the reporting requirements do you think you need refresher courses?	1 Data collection tools 2 Monthly and quarterly reporting 3 Filling out SNIS forms/templates 4 HIV/STI SNIS tools 5 Family planning SNIS tools 6 Malaria SNIS tools 7 Nutrition and community activities SNIS tools 8 TB SNIS tools 9 Programme management tools 10 Data quality control 11 Other, specify: 12 Do not know [ENUMERATOR do not read]
508_other	If other, please specify. [PROGRAMMER display only if 508=11] [ENUMERATOR answer only if 508=11]	

509	How often do you have to report health information to the health zone (i.e., how often do you have to submit the CANEVAS)?	1 Once a week 2 Once every other week 3 Once every month 4 Once every two months 5 Only on demand 6 Don't know <u>[ENUMERATOR do not read]</u>
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CAPACITY ASSESSMENT AND FINANCIAL MANAGEMENT

ENUMERATOR read aloud: Now I would like to ask you some questions about several management tools that you may or may not use at this health center. Should you have the tool, please show it to me so that I can review it.

601	Cash book <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
602	Receipts booklet <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
603	invoice ledger <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
604	Withdrawal orders booklet <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
605	Cash flow statement/forecast <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>

606	Expenditures records <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
607	Debt records <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
608	Purchase order book <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
609	Inventory Book <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
610	List of prices <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>
611	Operating account statement <u>[ENUMERATOR do not read options]</u>	1 Tool observed, up to date 2 Tool observed, not up to date 3 Tool is used but is not available for inspection 4 Do not use or have the tool 5 Don't know <u>[ENUMERATOR do not read]</u>

MEDICAL AND WASTE DISPOSAL EQUIPMENT AND SUPPLIES

ENUMERATOR read aloud: Now I would like to see if some equipment is available in this health center. These would generally be available in the consultation/examination room or in the treatment room, if separate from the consultation/examination room. If the equipment is available, can you point me to it and help me determine if it is functional?

701	Thermometer, digital, batterie, Celsius <u>[ENUMERATOR do not read options]</u>	1 Observed, functional 2 Observed, not functional 3 Not observed
702	Precise scale <u>[ENUMERATOR do not read options]</u>	1 Observed, functional 2 Observed, not functional 3 Not observed
703	Refrigerator, unit <u>[ENUMERATOR do not read options]</u>	1 Observed, functional 2 Observed, not functional 3 Not observed
704	Scale with weight <u>[ENUMERATOR do not read options]</u>	1 Observed, functional 2 Observed, not functional 3 Not observed
705	Laboratory minuterie, mechanical, unit <u>[ENUMERATOR do not read options]</u>	1 Observed, functional 2 Observed, not functional 3 Not observed
706	Hand centrifuge, with rotor, unit <u>[ENUMERATOR do not read options]</u>	1 Observed, functional 2 Observed, not functional 3 Not observed
	<u>ENUMERATOR read aloud:</u> Now I would like to see if some other items are available. If the item is available, can you point me to it?	1 Observed 2 Not observed
707	Urine pocket, valve de vidange, anti-return <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
708	Gauze, rll <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
709	Needle à ailette <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
710	Non-sterile plastic examination gloves <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
711	Rapid Hepatitis B test (HBSAG) <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
712	HIV T 1+2 <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
713	Pregnancy test hcg <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
714	Burning alcohol <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
715	Vacutainer, blood sample-taking with ejector <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed

716	Speculum, unit <u>[ENUMERATOR do not read options]</u>	1 Observed 2 Not observed
	<u>ENUMERATOR read aloud:</u> Now I would like to ask you a few questions about waste management practices.	
701	How does this facility finally dispose of sharp medical waste (e.g., scalpels, needles, prinks, glass vials or tubes)?	1 Dumped in dedicated containers and securely disposed off-site 2 Dumped in dedicated containers and disposed with regular trash 3 Dumped with regular trash 4 Dumped on the ground outside 5 Other; specify: 6 Don't Know <u>[ENUMERATOR do not read]</u>
701_other	If other, please specify. <u>[PROGRAMMER display only if 701=5]</u> <u>[ENUMERATOR answer only if 701=5]</u>	
702	How does this facility finally dispose of non-sharps medical waste other than sharps (e.g., bandages, gauze, cotton, sutures)?	1 Burn-in incinerator 2 Open burning on site 3 Dumped in dedicated containers and securely disposed off-site 4 Dumped in dedicated containers and disposed with regular trash 5 Dumped with regular trash 6 Dumped on the ground outside 7 Other; specify: 8 Don't Know <u>[ENUMERATOR do not read]</u>
702_other	If other, please specify. <u>[PROGRAMMER display only if 702=7]</u> <u>[ENUMERATOR answer only if 702=7]</u>	
703	How does this facility finally dispose of liquid medical waste?	1 Burn-in incinerator 2 Open burning on site 3 Dumped in dedicated containers and securely disposed off-site 4 Dumped in dedicated containers and disposed with regular trash 5 Dumped with regular trash 6 Dumped on the ground outside 7 Other, Specify: 8 Don't Know <u>[ENUMERATOR do not read]</u>

703_other	If other, please specify. [PROGRAMMER display only if 703=7] [ENUMERATOR answer only if 703=7]	
704	May I see the incinerator?	1 Observed, functional 2 Observed, not functional 3 Not observed

STOCKS

ENUMERATOR read aloud: I will now check for the availability of various drugs at the health center. Could you take me to the area of the health center where you keep your drug supply?

801	Do you have a stock or inventory control system to keep track of the amount of drugs that the health center has at any one time? Some people use the term stock cards (fiche des stocks) to refer to this system, but others might use a different name.	1 Yes 2 No [Go to 801B] 3 Don't Know [ENUMERATOR do not read] [Go to 801B]
801A	Can I please see your stock book (cahier de stock)? I will record if a list of drugs we are interested in learning about is listed in your stock book/inventory control system. For those drugs that are listed, would you mind showing me the available stocks?	1 Stock book or inventory control system is available for enumerator to review 2 Stock book or inventory control system is not available for enumerator to review 3 Respondent refuses to allow enumerator to review stock book or inventory control system
801B	ENUMERATOR read aloud: I will ask you about the availability of a list of drugs we are interested in learning about. For those drugs that you say are available, would you mind showing me the available stocks?	
802	Ampicilline (adults) [ENUMERATOR do not read options]	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know [ENUMERATOR do not read]

803	Oxytocine (adults) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] Unable to determine 4 Don't know <u>[ENUMERATOR do not read]</u>
804	Albendazole (adults) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
805	Stavudine (adults) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
806	Norfloxacin (adults) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
807	]Hepatitis B (Test adults & infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>

808	]Meningococcique (A+B) Test (adults & infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
809	Isoniazide + Rifampicine (adults & infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
810	BCG Vaccine (adults & infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
811	Tenofovir (adults & infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
812	Amoxicilline + Clavulanic Acid (infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 801A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>

813	Quinine (infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 80 A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
814	DTC-HepB-Hib (pentavalent) (infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 80 A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
815	Zidovudine + Lamivudine (infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 80 A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>
816	Sulfadiazine (infants) <u>[ENUMERATOR do not read options]</u>	1 Available 2 Unavailable 3 Not in stock control system [PROGRAMMER: Should only appear if 80 A=A] 4 Unable to determine 5 Don't know <u>[ENUMERATOR do not read]</u>

FACILITY CHARACTERISTICS AND EQUIPMENT

901	Does this health facility have the following rooms? <u>[ENUMERATOR read options]</u>	1 Head nurse's office - Bureau de l'infirmier titulaire 2 Reception – Bureau de réception 3 Waiting room - Salle d'attente/Véranda 4 Consultation/examination room - Salle de consultation 5 Treatment room - Salle de traitement (pansements, injections, persos), 6 Observation room - Salle d'observation, 7 Pharmacy - Pharmacie 8 Laboratory - Laboratoire 9 Maternity Ward – Maternité 10 Other; specify
901_ other	If other, please specify. <u>[PROGRAMMER display only if 901=10]</u> <u>[ENUMERATOR answer only if 901=10]</u>	
902	Does this facility have a cellular telephone or a private cellular phone that is supported by the facility? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 904]</u> 3 Don't Know <u>[ENUMERATOR do not read]</u> <u>[Go to 904]</u>
903	May I see the facility-owned cellular phone or the private cellular phone that is supported by the facility? <u>[ENUMERATOR can read options if needed]</u>	1 Phone observed, functional 2 Phone observed, not functional 3 No phone observed
904	Does this facility have a short-wave radio for radio calls? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 906]</u> 3 Don't Know <u>[ENUMERATOR do not read]</u> <u>[Go to 906]</u>
905	May I see the short-wave radio? <u>[ENUMERATOR do not read options]</u>	1 Radio observed, functional 2 Radio observed, not functional 3 No radio observed
906	Does this facility have a computer? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No <u>[Go to 908]</u> 3 Don't Know <u>[ENUMERATOR do not read]</u> <u>[Go to 908]</u>
907	May I see the computer? <u>[ENUMERATOR do not read options]</u>	1 Computer observed, functional 2 Computer observed, not functional 3 No computer observed

908	Is there access to email or internet via computer and/or mobile phone within the facility? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't Know <u>[ENUMERATOR do not read]</u>
909	What is the MAIN source of water for this health center at this time? <u>[ENUMERATOR can read options if needed]</u>	1 No source of water 2 Piped/Tap water 3 Bore hole 4 Pond/River/Stream/Open well/Rain tank 5 Other, specify: 6 Don't Know <u>[ENUMERATOR do not read]</u> <u>[Go to 911]</u>
909_ other	If other, please specify. <u>[PROGRAMMER display only if 909=5]</u> <u>[ENUMERATOR answer only if 909=5]</u>	
910	Is the health center's water source working right now? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't Know <u>[ENUMERATOR do not read]</u>
911	Does the staff have access to a safe water source to drink at the health center? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't Know <u>[ENUMERATOR do not read]</u>
912	Ask to see toilet facility and determine the type of facility available; ask questions to nurse if needed. <u>[ENUMERATOR do not read options]</u>	1 Flush to piped sewer system 2 Flush to septic tank 3 Flush to pit latrine 4 Flush to somewhere else 5 Flush; do not know where 6 Ventilated improved pit latrine 7 Pit latrine with slab 8 Pit latrine without slab/open pit 9 Bucket toilet 10 Composting toilet 11 Hanging toilet/hanging latrine 12 No facility/bush/field 13 Other; specify:
912_ other	If other, please specify. <u>[PROGRAMMER display only if 912=13]</u> <u>[ENUMERATOR answer only if 912=13]</u>	
913	What is the health center's main source of electricity? <u>[ENUMERATOR can read options if needed]</u>	1 Solar panel 2 Grid (electricity) 3 Fuel-operated generator 4 Battery-operated 5 Other, specify: 6 No electricity <u>[Go to 916]</u>

913_ other	If other, please specify. [PROGRAMMER display only if 912=5] [ENUMERATOR answer only if 912=5]	
914	On a typical day, how many hours of electricity does the health center have?	_ _
915	May I see the generator? [ENUMERATOR do not read options] [PROGRAMMER: Display if 913=c]	1 Observed, functional 2 Observed, not functional 3 Not observed
916	How strongly do you agree or disagree with the following statement: Overall, I have most of the resources I need to do my job well? [ENUMERATOR read options]	1 Strongly agree 2 Agree 3 Neither agree nor disagree 4 Disagree 5 Strongly disagree 6 Don't know [ENUMERATOR do not read]

FINAL WALK-THROUGH

ENUMERATOR read aloud: I would like to do a final walk through the various rooms of the health center. As we walk, I might ask you some questions about whether specific items, supplies, or equipment is available in your health center.

ENUMERATOR do not read: Ask to see the waiting room, the consultation room and the maternity room

	Please answer the questions for the waiting room	
1003	Is there a waiting room	1 Yes 2 No [Go to 1007]
1004	[ENUMERATOR do not read] Describe the setting of the room or service area.	1 Private room 2 Enclosed space with auditory and visual privacy 3 Enclosed space with visual privacy only 4 No privacy
1005	[ENUMERATOR do not read] Rate the cleanliness of the floors.	1 Very clean 2 Somewhat clean 3 Dirty 4 Very dirty
1006	[ENUMERATOR do not read] Rate the condition of the furniture.	1 Excellent condition 2 Good condition 3 Fair condition 4 Poor condition
1007	Is there a consultation room?	1 Yes 2 No [Go to 1011]

I008	<u>[ENUMERATOR do not read]</u> Describe the setting of the room or service area.	1 Private room 2 Enclosed space with auditory and visual privacy 3 Enclosed space with visual privacy only 4 No privacy
I009	<u>[ENUMERATOR do not read]</u> Rate the cleanliness of the floors.	1 Very clean 2 Somewhat clean 3 Dirty 4 Very dirty
I010	<u>[ENUMERATOR do not read]</u> Rate the condition of the furniture.	1 Excellent condition 2 Good condition 3 Fair condition 4 Poor condition
	Please go on to the maternity room.	
I011	Is there a maternity room?	1 Yes 2 No <u>[Go to I015]</u>
I012	<u>[ENUMERATOR do not read]</u> Describe the setting of the room or service area.	1 Private room 2 Enclosed space with auditory and visual privacy 3 Enclosed space with visual privacy only 4 No privacy
I013	<u>[ENUMERATOR do not read]</u> Rate the cleanliness of the floors.	1 Very clean 2 Somewhat clean 3 Dirty 4 Very dirty
I014	<u>[ENUMERATOR do not read]</u> Rate the condition of the furniture.	1 Excellent condition 2 Good condition 3 Fair condition 4 Poor condition
I015	<u>[ENUMERATOR do not read]</u> Rate the smell in the health center	1 Smells nice, disinfected 2 Smells fairly nice 3 Smelly 4 Very smelly, musty, dirty

ENUMERATOR read aloud: Thank you very much for your time and for participating in our study!

FINAL QUESTIONS

ENUMERATOR do not read: Say goodbye to the respondent and after leaving their presence, answer the following questions based on your observations. Do not read the questions or answer choices to the respondent.

I 101	Numbered waiting cards for clients?	1 Observed 2 Did not observe
I 102	Posters informing clients about the hours of operation	1 Observed 2 Did not observe
I 103	List of prices charged for medical services displayed publicly	1 Observed 2 Did not observe
I 104	Poster about CODESA role	1 Observed 2 Did not observe
I 105	Poster about clients' rights and obligations	1 Observed 2 Did not observe
I 106	Suggestion box	1 Observed 2 Did not observe
I 107	Observe main material of the floors in the facility. Record observation.	1 Earth or sand 2 Wood planks 3 Ceramic tiles 4 Cement 5 Carpet 6 Other; specify
I 107_ other	If other, please specify. [PROGRAMMER display only if I 107=6] [ENUMERATOR answer only if I 107=6]	
I 108	Observe main material of the roof of the facility. Record observation.	1 Cement roof 2 Tiles roof 3 Metal roof 4 Wood planks 5 Thatch roof 6 Other; specify
I 108_ other	If other, please specify. [PROGRAMMER display only if I 108=6] [ENUMERATOR answer only if I 108=6]	
I 109	Observe main material of the exterior walls of the facility. Record observation.	1 No wall 2 Dirt 3 Mud with stone or wood 4 Reused wood 5 Wood planks 6 Cement 7 Other; specify

I109_ other	If other, please specify. [PROGRAMMER display only if I109=7] [ENUMERATOR answer only if I109=7]	
I110	Are the facility grounds fenced?	1 Yes 2 No 3 No; the health center building occupies the full plot of land so no fencing is necessary / outside walls of health center building serve to fence plot of land
I111	Rate the cleanliness of the immediate area surrounding the health center (i.e., the plot of land where the health center building is located)	1 Very clean 2 Somewhat clear 3 Dirty 4 Very dirty
I112	Is there any standing water in the immediate area surrounding the health center?	1 Yes 2 No
I113	Comments	
	Please record the GPS coordinates.	

APPENDIX C: CODESA MEMBER SURVEY

PROGRAMMER: Programmer instructions are highlighted in blue in this document.

ENUMERATOR: Enumerator instructions are highlighted in red in this document.

Date:

Day |_|_|
Month |_|_|
Year |_|_|

Time:

Start Time |_|_|_|_|
End Time |_|_|_|_|

GPS Coordinates:

Longitude _____
Latitude _____
Altitude _____

INTERVIEW IDENTIFICATION

Field Supervisor's Name: SURNAME, GIVEN NAME

[PROGRAMMER: Display list of field supervisors]

Province

- 1 Sud Kivu
- 2 Haut Katanga

Territory:

[PROGRAMMER: Display list of territories based on province]

Zone de Santé

[PROGRAMMER: Display list of zones based on field supervisor]

Aire de Santé:

[PROGRAMMER: Display list of health areas for the health zone selected]

Name of Health Center _____

Type of facility:

- 1 Government
- 2 Private For-Profit
- 3 Private Not-For-Profit
- 4 Mission/Faith-based
- 5 Other; specify: _____

Interviewer ID No.: |_|_|

Interviewer Name (SURNAME, GIVEN NAME): _____

Household ID number: _____

Language of questionnaire

1. Swahili - South Kivu
2. Swahili - Haut Katanga
3. Français

INTRODUCTION AND CONSENT

Do you agree to participate in the study? [can read answer choices if needed]

- 1 Yes
- 2 No [end questionnaire]

Result of interview [PROGRAMMER: asked if CONSENT==No; If CONSENT==Yes, then complete at the end of the questionnaire].

- 1 CODESA member not available
- 2 Postponed [end questionnaire]
- 3 Refused [end questionnaire]
- 4 Completed
- 5 Partially completed; will not be completed at a later date
- 6 Partially completed; will be completed at a later date
- 7 Other; specify: _____

Name of Respondent

SURNAME _____

GIVEN NAME _____

Respondent's position in the CODESA [ENUMERATOR can read options if needed]

- 1 President
- 2 Vice-president
- 3 Secretary
- 4 Adjunct secretary
- 5 Treasurer
- 6 Member of commission de gestion des ressources (COGERE)
- 7 Member of commission du paquet minimum d'activité communautaire (COPMA)
- 8 Member of commission de mobilisation sociale (MOSO)
- 9 Member of commission de suivi et évaluation (COSE)

Respondent phone number:

- 1 Number: |_|_|_|_|_|_|_|_|_|_|
- 2 Refused

I01	I01. Gender	1 Male 2 Female
I02	I02. What is your age?	_ _
I03	I03. In what year did you become a member of the CODESA?	_ _ _ _
I04	I04. When you became a member of the CODESA in {I03}, how were you selected?	
I04 _nomme	Appointed	1 By Health Zone Official(s) 2 By Centre de Sante Official(s) 3 By Cheferie 4 By other; Specify:
I04 _autre_ nomme	Si autre	
I04 _elu	Elected	1 By Health Zone Official(s) 2 By other CODESA members 3 By community health workers 4 By community through a formal vote 5 By community but without a formal vote (acclamation) 6 By other; specify:
I04 _autre_elu	Si autre	
I05	I05. How many people are on the CODESA, including you?	_ _ _ _
I06	I06. How regularly does the CODESA meet?	1 Every week 2 Every month 3 Once every three months 4 Once every six months 5 Once a year 6 Less than once a year 7 Don't Know [ENUMERATOR do not read]
I07	I07. When was the last time the CODESA met?	
I07_1	Day	_ _
I07_2	Month	_ _
I07_3	Year	_ _ _ _

I08	I08. Did you attend that meeting?	1 Yes 2 No 3 Don't Know <u>[ENUMERATOR do not read]</u>
I09	I09. Who other than the members of the CODESA bureau attended the last meeting you attended?	1 Head Nurse of the Centre de Santé 2 Other staff from the Centre de Santé 3 Members of CODESA commissions 4 Community health workers / members of cellule d'animation communautaire (CAC) 5 Officials from the Zone de Santé 6 Chief 7 Other local officials 8 Members of the community 9 Other, Specify: 10 Don't Know <u>[ENUMERATOR do not read]</u>
I09_autre	If other, please specify	
I10	I10. When was the last time the CODESA met with staff from the centre de santé?	
I10_1	Day	__
I10_2	Month	__
I10_3	Year	____
I11	I11. How often do you meet with the head nurse?	1 Once a week or more 2 Two or three times a month 3 Once a month 4 A few times per year 5 Once a year 6 Never 7 Don't know <u>[ENUMERATOR do not read]</u>
I12	I12. Overall, how satisfied would you say you are with the CODESA's relationship with the staff from the health center?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied <u>[ENUMERATOR do not read]</u> 4 Unsatisfied 5 Very unsatisfied 6 Don't know <u>[ENUMERATOR do not read]</u>
I13	I13. How long has the current board of the CODESA been in official duty?	
I13_1	Nombre d'années	____
I13_2	Nombre de mois	__

114	114. Who selected the CODESA board members?	1 Selected by chief or traditional authority 2 Selected by health center staff/head nurse 3 Selected by health zone authorities 4 Elected by community health workers 5 Elected by community through a formal vote 6 Elected by community but without a formal vote (acclamation) 7 Other; specify: 8 Don't Know <u>[ENUMERATOR do not read]</u>
114_autre	If other, please specify	
115	115. Are the members of the CODESA board compensated for their work?	1 Yes; in cash 2 Yes; in kind; specify: 3 No 4 Don't know <u>[ENUMERATOR do not read]</u>
115_oui_en_nature	If yes in kind, please specify	
116	116. According to Ministry of Health regulations, what are the recognized roles of the CODESA vis-à-vis the health center?	1 Cogérer les stocks de médicaments 2 Suivre la performance du CS (à travers les indicateurs et les normes du MSP) 3 Cogérer les finances 4 Cogérer les matériels, équipements et infrastructures 5 Assurer une collaboration constructive et efficace entre communauté et prestataires 6 Mentioned other roles 7 Did not mention any roles
117	117. Overall, how satisfied would you say you are with your relationship with the other members of the CODESA?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied <u>[ENUMERATOR do not read]</u> 4 Unsatisfied 5 Very unsatisfied 6 Don't know <u>[ENUMERATOR do not read]</u>
118	118. Is there a cellule d'animation communautaire (CAC) that works with health center staff and/or the CODESA?	1 Yes 2 No <u>[Go to 122]</u> 3 Don't know <u>[ENUMERATOR do not read]</u> <u>[Go to 122]</u>
119	119. How many community health workers are part of the cellule d'animation communautaire (CAC)?	_ _ _ _

I20	I20. Are the community health workers compensated for their work?	1 Yes; in cash 2 Yes; in kind; specify: 3 No 4 Don't know [ENUMERATOR do not read]
I20__oui_en _nature	If yes in kind, please specify	
I21	I21. Overall, how satisfied would you say you are with your relationship with the cellule d'animation communautaire (CAC)?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied [ENUMERATOR do not read] 4 Unsatisfied 5 Very unsatisfied 6 Don't know [ENUMERATOR do not read]
I22	I22. In the last 12 months, has the performance of the health center ever been formally assessed by the community through a participatory procedure?	1 Yes 2 No [Go to I26] 3 Don't know [ENUMERATOR do not read] [Go to I26]
I23	I23. In your opinion, how fair was the community's assessment of the health center performance?	1 Very fair 2 Fair 3 Neither fair nor unfair [ENUMERATOR do not read] 4 Unfair 5 Very unfair 6 Don't know [ENUMERATOR do not read]
I24	I24. Did the participatory procedure result in the development of a plan to improve the performance of the health center?	1 Yes 2 No [Go to I26] 3 Don't know [ENUMERATOR do not read] [Go to I26]
I25	I25. How much progress would you say has taken place toward achieving the goals in the improvement plan? When responding, please think of the latest plan if more than one has been developed.	1 Full progress; achieved all goals in plan 2 Significant progress 3 Some progress 4 Very little progress 5 No progress at all 6 Don't know [ENUMERATOR do not read]
I26	I26. What method or systems, if any, do you use to know the opinions of the community on service provision?	1 Meeting with chief or traditional authority 2 Meeting with community leaders 3 Meeting with the community 4 Informal conversations with members of the community 5 Letters from clients/community 6 Other; specify: 7 Don't know [ENUMERATOR do not read]

I26_a	If other, please specify	
I27	I27. Overall, how satisfied would you say you are with your relationship with the community?	1 Very satisfied 2 Satisfied 3 Neither satisfied nor dissatisfied <u>[ENUMERATOR do not read]</u> 4 Unsatisfied 5 Very unsatisfied 6 Don't know <u>[ENUMERATOR do not read]</u>

SERVICE AVAILABILITY

ENUMERATOR read aloud: Now I would like to ask you questions about the Centre de Santé for this area and the services it offers.

	ENUMERATOR read aloud: Please tell me if this health center offers the following services to clients. In other words, can clients receive the following services at this health center?	
201	Preschool consultations (i.e., routine preventive and promotional health services provided to children under five years of age)?	4 Yes 5 No 6 Don't know <u>[ENUMERATOR do not read]</u>
202	Any vaccinations/immunizations ?	4 Yes 5 No 6 Don't know <u>[ENUMERATOR do not read]</u>
203	Any family planning services - including modern methods, traditional methods, fertility awareness methods (natural family planning)	4 Yes 5 No 6 Don't know <u>[ENUMERATOR do not read]</u>
204	Antenatal care services	4 Yes 5 No 6 Don't know <u>[ENUMERATOR do not read]</u>
205	Services for the prevention of mother-to-child transmission of HIV	4 Yes 5 No 6 Don't know <u>[ENUMERATOR do not read]</u>
206	Normal/vaginal birth delivery	4 Yes 5 No 6 Don't know <u>[ENUMERATOR do not read]</u>

207	Diagnosis and treatment of malaria	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
208	Diagnosis and treatment of STIs, excluding HIV	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
209	Diagnosis, treatment prescription and treatment follow-up for TB	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
210	HIV counseling and testing services	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
211	HIV/AIDS antiretroviral treatment	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
212	Diagnosis and management of non-communicable, chronic diseases, such as diabetes, cardiovascular diseases, and respiratory conditions (e.g., asthma)	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
213	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of an operating room/theatre	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
214	Bacteriologic testing such as sputum smear testing for TB	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
215	Parasitic testing such as malaria rapid testing or thick drop smear	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]
216	Haematologic testing such as white blood cells count	4 Yes 5 No 6 Don't know [ENUMERATOR do not read]

217	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies? <u>[ENUMERATOR can read options if needed]</u>	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>
218	218. What is the MAIN source of water for the health center at this time?	1 No source of water [Go to 220] 2 Piped/Tap water 3 Bore hole 4 Pond/River/Stream/Open well/Rain tank 5 Other, specify: 6 Don't Know <u>[ENUMERATOR do not read]</u> [Go to 220]
218 _autre	If other, please specify	
219	219. Is the health center's water source working right now?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>
220	220. What is the health center's main source of electricity?	1 Solar panel 2 Grid (electricity) 3 Fuel-operated generator 4 Battery-operated 5 Other, specify: 6 No electricity <u>[Go to 222]</u>
220 _autre	If other, please specify	
221	221. On a typical day, how many hours of electricity does the health center have?	_ _
222	222. Does this facility receive any external supervision, e.g., from the Bureau Central de la Zone de Santé (BCZ) or the Division Provinciale de Santé (DPS)?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>

223	223. How does the facility charge for the services it provides?	1 A flat fee at the beginning of the visit that covers all services, supplies, and medicines that a client might need at the health center. 2 Specific fees for each service, supply, or medicine used to care for the client. [Go to 226] 3 A combination of the two systems (i.e., a flat fee that covers some services, supplies, or medicines that a client might need plus separate fees for the services, supplies, or medicines not covered by the flat fee) 4 Don't know <u>[ENUMERATOR do not read]</u> [Go to 225]
223_2	What services, supplies, or medicines, if any, are not covered by the flat fee?	1 Drugs 2 Immunization (including immunization card/certificate) 3 Injection/syringe 4 Laboratory testing 5 Gloves 6 Condoms 7 Delivery sheets 8 Cotton wool 9 Other; specify: 10 Don't know <u>[ENUMERATOR do not read]</u>
223_2_autre	If other, please specify	
224	224. What is the basic consultation fee (CDF)?	_ _
225	225. Who sets the health center fees?	1 Ministry of Health 2 Division Provinciale de la Santé 3 Zone de Santé 4 Chief or other traditional authority 5 NGO that sponsors health center 6 Confessional organization that sponsors health center 7 CODESA 8 Health center in collaboration with CODESA 9 Members of the community in the Aire de Santé 10 Other; specify: 11 Don't know <u>[ENUMERATOR do not read]</u>

225 _autre	If other, please specify	
226	226. How involved are community members in the process of setting health center fees?	1 Extremely involved 2 Very involved 3 Somewhat involved 4 Minimally involved 5 Not involved at all 6 Don't know <u>[ENUMERATOR do not read]</u>
227	227. What are the sources of funding for the health facility?	1 Government transfers 2 Donors 3 Community contributions 4 Private sector 5 Other; specify: 6 Don't know <u>[ENUMERATOR do not read]</u>
227 _autre	If other, please specify	

EXPERIENCE WITH AND PERCEPTIONS OF HEALTH SERVICES

ENUMERATOR read aloud: Now I would like to ask you specifically about your opinions regarding your most recent visit to the health center to seek care for yourself or someone you were with.

301a	Have you ever visited the (HEALTH CENTER) to seek care for yourself or someone else?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>
301	301. When was your last visit to (LEAD HEALTH CENTER)?	
301 _1	Day	_ _
301 _2	Month	_ _
301 _3	Year	_ _ _ _
302	302. Were you seeking care for yourself or someone you were with?	1 Respondent 2 Someone else

303	303. How easy or difficult was it to obtain the medical care you needed?	1 Very easy 2 Easy 3 Neither easy nor difficult <u>[ENUMERATOR do not read]</u> 4 Difficult 5 Very Difficult 6 Don't Know <u>[ENUMERATOR do not read]</u>
304	304. What type of health provider consulted with you about [YOUR/THE PATIENT'S] care?	1 Doctor 2 Nurse 3 Technician 4 Midwife/birth attendant 5 Community health worker 6 Other; specify: 7 Don't know <u>[ENUMERATOR do not read]</u>
304 _autre	If other, please specify	
305	305. Since you arrived at the health center and registered at the reception, if required, how long did [YOU/THE PATIENT] have to wait to be examined?	
305 _1	Hours	_ _
305 _2	Minutes	_ _
306	306. Did the staff take any tests during your/the patient's visit?	1 Yes – Stool test 2 Yes – Blood test 3 Yes – Urine test 4 Yes – Sputum test 5 No, no tests were taken 6 Don't know <u>[ENUMERATOR do not read]</u>
307	307. Was the diagnosis clearly explained to you/the patient?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>
308	308. Were you prescribed medicine?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>
309	309. Was the medicine available at the health facility that day?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>

310	310. Overall, how satisfied were you with the quality of services received during your most recent visit to (LEAD HEALTH CENTER)?	1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor dissatisfied <u>[ENUMERATOR do not read]</u> 4 Somewhat unsatisfied 5 Very unsatisfied 6 Don't know <u>[ENUMERATOR do not read]</u>
313	313. Did you have to pay a fee during [YOUR/THE PATIENT'S] visit?	1 Yes 2 No <u>[Go to 320]</u> 3 Don't Know <u>[ENUMERATOR do not read]</u> <u>[Go to 320]</u>
314	314. What type of fee were [YOU/THE PATIENT] charged?	1 A flat fee at the beginning of the visit that covers all services, supplies, and medicines 2 Specific fees for each service, supply, or medicine <u>[Go to 316]</u> 3 A combination of the two systems (i.e., a flat fee that covers some services, supplies, or medicines that a client might need plus separate fees for the services, supplies, or medicines not covered by the flat fee) 4 Don't Know <u>[ENUMERATOR do not read]</u> <u>[Go to 316]</u>
315	315. What services, supplies, or medicines are not covered by the flat fee?	1 Drugs 2 Immunization (including immunization card/certificate) 3 Injection/syringe 4 Laboratory testing 5 Gloves 6 Condoms 7 Delivery sheets 8 Cotton wool 9 Other; specify: 10 Don't know <u>[ENUMERATOR do not read]</u>
315 _autre	If other, please specify	
316	316. In total, how much were you charged during your last visit for the services? (CDF)	_ _ _ _

317	317. In addition to these fees, did you have to make any voluntary payments in cash or kind (e.g., sugar, chicken)?	1 Yes, in cash 2 Yes, in kind 3 Yes, in cash and kind 4 No [Go to 320] 5 Don't know <u>[ENUMERATOR do not read]</u> [Go to 320]
318	318. What is the total estimated value of the cash and in-kind voluntary payments (CDF)?	_ _ _ _
	Now I would like to ask you some general questions about your experiences and opinions on the health center for this area, (LEAD HEALTH CENTER).	
320	320. How satisfied are you with the technical competence of the staff at (LEAD HEALTH CENTER)?	1 Very satisfied 2 Somewhat satisfied 3 Neither satisfied nor dissatisfied <u>[ENUMERATOR do not read]</u> 4 Somewhat unsatisfied 5 Very unsatisfied 6 Don't know <u>[ENUMERATOR do not read]</u>
321	321. How much would you say you trust the staff at (LEAD HEALTH CENTER)?	1 A great deal 2 Somewhat 3 Very little 4 Not at all 5 Don't know <u>[ENUMERATOR do not read]</u>
322	322. How much would you say you respect the staff at (LEAD HEALTH CENTER) ?	1 A great deal 2 Somewhat 3 Very little 4 Not at all 5 Don't know <u>[ENUMERATOR do not read]</u>
323	323. What do you think about the quality of the services currently offered at (LEAD HEALTH CENTER)?	1 Very high quality 2 Somehow high quality 3 Somehow poor quality 4 Very poor quality 5 Don't know <u>[ENUMERATOR do not read]</u>
	<u>ENUMERATOR read aloud:</u> For each of the following statements, please tell me whether you disagree or agree based on your experience or what you have heard from others:	

325	325. Nurses and other personnel at (LEAD HEALTH CENTER) are often absent or show up to work late.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
326	326. Essential medicines at (LEAD HEALTH CENTER) are often out of stock.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
327	327. Equipment at (LEAD HEALTH CENTER) are often missing or out of order.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
328	328. Patients needing care have to wait a long time to be seen at (LEAD HEALTH CENTER).	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
329	329. (LEAD HEALTH CENTER) opens and closes at the scheduled hours.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
330	330. (LEAD HEALTH CENTER) charges fees that are affordable.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>

331	331. The CODESA for (LEAD HEALTH CENTER) does a good job representing the community's health needs	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
332	332. The CODESA for (LEAD HEALTH CENTER) does a good job promoting health programs through sensitization of the community	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
333	333. The CODESA for (LEAD HEALTH CENTER) does a good job monitoring the performance of the health center.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
334	334. The CODESA for (LEAD HEALTH CENTER) does a good job mobilizing the community to improve health infrastructure.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree <u>[ENUMERATOR do not read]</u> 4 Disagree 5 Strongly Disagree 6 Don't Know <u>[ENUMERATOR do not read]</u>
335	335. Overall, how would you rate the condition of the building of the (LEAD HEALTH CENTER) is?	1 Excellent condition 2 Good condition 3 Fair condition 4 Poor condition 5 Don't know <u>[ENUMERATOR do not read]</u>
338	338. If community members found out about a health worker not reporting for work at (LEAD HEALTH CENTER), what do you think are the chances that they would be able to pressure that health worker to report for work?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Very unlikely 5 Don't know <u>[ENUMERATOR do not read]</u>
339	339. If community members found out about a health worker at (LEAD HEALTH CENTER) NOT PROVIDING THE EFFORT that he/she should in caring for his/her patients, what do you think are the chances that they would be able to pressure that health worker to apply more effort?	1 Very likely 2 Somewhat likely 3 Somewhat unlikely 4 Very unlikely 5 Don't know <u>[ENUMERATOR do not read]</u>

340	340. Do you know who is the head nurse for (LEAD HEALTH CENTER)?	1 Yes 2 No [Go to 401]
341	341. What is the name of the head nurse? SURNAME, GIVEN NAME	

CIVIC ENGAGEMENT AND POLITICAL EFFICACY

ENUMERATOR read aloud: Next, I'll ask you some questions about how you learn about current events.

	ENUMERATOR read aloud: How often do you get news from the following sources?	
401	401. Radio	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know [ENUMERATOR do not read]
402	402. Television	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know [ENUMERATOR do not read]
403	403. Newspapers	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know [ENUMERATOR do not read]
405	405. Social media such as Facebook, Twitter or WhatsApp	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know [ENUMERATOR do not read]
406	406. How often do you use a mobile phone?	1 Every day 2 A few times a week 3 A few times a month 4 Less than once a month 5 Never 6 Don't know [ENUMERATOR do not read]

407	407. How interested would you say you are in public affairs?	1 Not at all interested 2 Not very interested 3 Somewhat interested 4 Very interested 5 Don't know <u>[ENUMERATOR do not read]</u>
408	408. When you get together with your friends or family, would you say you discuss political matters:	1 Always 2 Frequently 3 Occasionally 4 Never 5 Don't know <u>[ENUMERATOR do not read]</u>
	Let's turn to your role in the community. I am going to read out a list of groups that people join or attend. For each one, could you tell me whether you are an official leader, an active member, an inactive member, or not a member?	
412	412. A religious group that meets outside of regular worship services	1 Official Leader 2 Active Member 3 Inactive Member 4 Not a Member 5 Don't Know <u>[ENUMERATOR do not read]</u>
413	413. CODESA (Comité de développement de l'aire de santé)	1 Official Leader 2 Active Member 3 Inactive Member 4 Not a Member 5 Don't Know <u>[ENUMERATOR do not read]</u>
414	414. Some other group related to health	1 Official Leader 2 Active Member 3 Inactive Member 4 Not a Member 5 Don't Know <u>[ENUMERATOR do not read]</u>
415	415. Some other voluntary association or community group	1 Official Leader 2 Active Member 3 Inactive Member 4 Not a Member 5 Don't Know <u>[ENUMERATOR do not read]</u>
416	416. How much influence do you think you can have in making this village a better place to live?	1 A lot of influence 2 Some influence 3 Very little influence 4 No influence 5 Don't know <u>[ENUMERATOR do not read]</u>

	ENUMERATOR read aloud: Here is a list of actions that people sometimes take as citizens. For each of these, please tell me whether you, personally, have done any of these things during the past 12 months.	
417	417. Attend a community meeting	1 Yes 2 No 3 Don't know
417_oui	If yes how often [PROGRAMMER display only if 417=1] [ENUMERATOR answer only if 417=1]	1 Often 2 Several times 3 Once or twice
417_non	NO → Would you do this if you had the chance? [PROGRAMMER display only if 417=2] [ENUMERATOR answer only if 417=2]	1 Often 2 Several times 3 Once or twice
418	418. Got together with others to raise an issue	1 Yes 2 No 3 Don't know
418_oui	If yes how often [PROGRAMMER display only if 418=1] [ENUMERATOR answer only if 418=1]	1 Often 2 Several times 3 Once or twice
418_non	NO → Would you do this if you had the chance? [PROGRAMMER display only if 418=2] [ENUMERATOR answer only if 418=2]	1 Would if had the chance 2 Would never do this
	ENUMERATOR read aloud: For each of the following statements, tell me whether you disagree or agree:	
419	419. People like you don't have any say about how the government provides health care to your community.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree [ENUMERATOR do not read] 4 Disagree 5 Strongly Disagree 6 Don't Know [ENUMERATOR do not read]
420	420. People like you don't have any say about how health facilities provide health care to your community.	1 Strongly Agree 2 Agree 3 Neither Agree nor Disagree [ENUMERATOR do not read] 4 Disagree 5 Strongly Disagree 6 Don't Know [ENUMERATOR do not read]

421	421. Some people think that people in our community have no power to improve the quality of health care at (LEAD HEALTH CENTER). Other people think that people in our community do have power to improve the quality of health care at (LEAD HEALTH CENTER). What do you think?	1 People in our community have A LOT OF power to improve the quality of health care at [NAME OF HEALTH CENTER]. 2 People in our community have SOME power to improve the quality of health care at [NAME OF HEALTH CENTER]. 3 People in our community have LITTLE power to improve the quality of health care at [NAME OF HEALTH CENTER]. 4 People in our community have NO power to improve the quality of health care at [NAME OF HEALTH CENTER]. 5 Don't Know <u>[ENUMERATOR do not read]</u>
422	422. If the government decided to increase taxes or user fees in order to improve public health care, would you support this decision or oppose it?	1 Strongly oppose 2 Somewhat oppose 3 Neither support nor oppose <u>[ENUMERATOR do not read]</u> 4 Somewhat support 5 Strongly support 6 It depends (e.g., on size of the increase) <u>[ENUMERATOR do not read]</u> 7 Don't know <u>[ENUMERATOR do not read]</u>
	Now I would like to ask you about your local government? I do not mean the national government in Kinshasa. I mean your entité territoriale décentralisé (ETD) (e.g., city, commune, sector, chefferie). How well would you say your ETD is handling the following matters?	
423	423. Maintaining local roads	1 Very bad 2 Bad 3 Neither bad nor well 4 Well 5 Very well 6 Don't know <u>[ENUMERATOR do not read]</u>
424	424. Maintaining local market places	1 Very bad 2 Bad 3 Neither bad nor well 4 Well 5 Very well 6 Don't know <u>[ENUMERATOR do not read]</u>

DEMOGRAPHICS

ENUMERATOR read aloud: Before we finish, I want to ask a few more questions about you and your household.

501	501. Are you currently married or living together with a (man/woman) as if married?	1 Currently single, never married or lived with someone as if married 2 Currently married 3 Currently living with a man/woman as if married 4 Formerly married and currently widowed 5 Formerly married and currently divorced 6 Formerly married and currently separated 7 Formerly lived with a man/woman as if married; he/she passed away while we were living together 8 Formerly lived with a man/woman as if married
504	504. Have you ever attended school?	1 Yes 2 No [Go to 506] 3 Don't know [ENUMERATOR do not read] [Go to 506]
505	505. What is the highest level of school you attended: primary, secondary, or higher? [PROBE: Did you complete the level]	1 A commencé le primaire [Go to 507] 2 A fini le primaire [Go to 507] 3 A commencé le secondaire [Go to 507] 4 A fini le secondaire [Go to 507] 5 A commencé l'université [Go to 507] 6 A fini l'université [Go to 507] 7 A commencé formation technique et professionnelle [Go to 507] 8 A fini formation technique et professionnelle [Go to 507] 9 Don't know [ENUMERATOR do not read] [Go to 506]
506	506. Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	1 Yes 2 No 3 Don't know [ENUMERATOR do not read]
507	507. What is your native language?	1 Kikongo 2 Lingala 3 Swahili - Haut Katanga 4 Swahili - South Kivu 5 Tshiluba 6 Français 7 Other; specify
507 _autre	If other, please specify [PROGRAMMER display only if 507=7] [ENUMERATOR answer only if 507=7]	

508	508. What is your religion, if any?	1 Roman Catholic 2 Protestant 3 Muslim 4 None [Go to 510] 5 Other specify: 6 Don't know [ENUMERATOR do not read]
508 _autre	If other, please specify [PROGRAMMER display only if 508=6] [ENUMERATOR answer only if 508=6]	
509	509. People practice their religion in different ways. Aside from weddings and funerals, how often do you personally engage in religious practices like prayer, reading a religious book, or attending a religious service or a meeting of a religious group? Would you say you do so: [Read out options]	1 Never 2 A few times a year 3 About once a month 4 About once a week 5 A few times a week 6 About once a day 7 More than once a day 8 Respondent has no religion [ENUMERATOR do not read] 9 Don't know [ENUMERATOR do not read]
510	510. What is your tribe or ethnic group?	1 Bashi 2 Barega 3 Bahavu 4 Bavira 5 Bifulero 6 Barundi 7 Babembe 8 Banyindu 9 Banyamulenge 10 Batwa 11 Babwari 12 Babuyu 13 Batembo 14 Bangubangu 15 Bayo 16 Bemba 17 Bwile 18 Hemba 19 Kalundwe 20 Kunda 21 Lemba 22 Lembwe 23 Luba 24 Lulua 25 Lumbu 26 Lunda 27 Sanga 28 Seba 29 Tabwa 30 Tumbwe 31 Zela 32 Other, specify:

510 _autre	If other, please specify [PROGRAMMER display only if 510=32] [ENUMERATOR answer only if 510=32]	
511	511. Does your household get cash income from farming (agriculture, livestock, and animal products)?	1 Yes 2 No 3 Don't know [ENUMERATOR do not read]
512	512. Other than farming, does anyone in your household have a job that pays a cash income?	1 Yes 2 No 3 Don't know [ENUMERATOR do not read]
	Now I would like to ask you questions about your home.	
513	513. What is the main source of water used by your household?	1 No water source of water 2 Piped/Tap water 3 Bore hole 4 Pond/River/Stream/Open well/Rain tank 5 Other, specify: 6 Don't Know [ENUMERATOR do not read] [Go to 515]
513 _autre	If other, please specify [PROGRAMMER display only if 513=6] [ENUMERATOR answer only if 513=6]	
514	514. Do you do anything to the water to make it safer to drink?	1 Yes 2 No [Go to 516] 3 Don't know [ENUMERATOR do not read] [Go to 516]
515	515. What do you usually do to make the water safer to drink? Anything else? [Enumerator do not read: Select all that apply] [Programmer: Select all that apply].	1 Boil 2 Add bleach/chlorine 3 Strain through a cloth 4 Use water filter (ceramic/sand/composite/etc.) 5 Solar disinfection 6 Let it stand and settle 7 Other, specify: 8 Don't know [ENUMERATOR do not read]
515 _autre	If other, please specify [PROGRAMMER display only if 515=7] [ENUMERATOR answer only if 515=7]	

516	516. What kind of toilet facility do members of your household usually use? [Enumerator do not read: Select all that apply] [Programmer: Select all that apply].	Flush or pour flush toilet 1 Flush to piped sewer system 2 Flush to septic tank 3 Flush to pit latrine 4 Flush to somewhere else 5 Flush, don't know where Pit latrine 6 Ventilated improved pit latrine 7 Pit latrine without slab 8 Pit latrine without slab/open pit Other types 9 Composting toilet 10 Bucket toilet 11 Hanging toilet/hanging latrine 12 No facility/bush/field 13 Other, specify: 14 Don't know <u>[ENUMERATOR do not read]</u>
516 _autre	If other, please specify <u>[PROGRAMMER display only if 516=13]</u> <u>[ENUMERATOR answer only if 516=13]</u>	
517	517. Do you have soap or other sanitizing products (or other local products used like sanitizing products) in your house for hand washing after using the toilet?	1 Yes 2 No 3 Don't know <u>[ENUMERATOR do not read]</u>
518	518. What type of fuel does your household mainly consume for cooking?	1 Electricity 2 LPG 3 Coal, lignite 4 Charcoal 5 Wood 6 Straw/shrubs/grass 7 Agricultural crop 8 Animal dung 9 No food cooked in household 10 Other, specify: 11 Don't know <u>[ENUMERATOR do not read]</u>
518 _autre	If other, please specify <u>[PROGRAMMER display only if 518=10]</u> <u>[ENUMERATOR answer only if 518=10]</u>	
519	519. Nyumba yako inavyombo ihi :	
519_a	Umeme	1 Yes 2 No
519_a_num	Ngapi?	____
519_b	Radio	1 Yes 2 No

519 _b_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519 _c	TV	1 Yes 2 No
519 _c_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519 _d	Pousse-pousse	1 Yes 2 No
519 _d_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519 _e	Moto	1 Yes 2 No
519 _e_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519 _f	Pousse- pousse ya mangombe	1 Yes 2 No
519 _f_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519_g	Motogari	1 Yes 2 No
519_g_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519_i	Ma ngombe	1 Yes 2 No
519_i_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519_j	Ma ngombe zengine	1 Yes 2 No
519_j_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519_k	Ma punda	1 Yes 2 No
519_k_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519_l	Ma mbunzi	1 Yes 2 No
519_l_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519_m	Kondoo	1 Yes 2 No
519_m_num	Ngapi?	☐ ☐ ☐ ☐ ☐
519_n	Ma kuku na ma niama ingine	1 Yes 2 No
519_n_num	Ngapi?	☐ ☐ ☐ ☐ ☐

519_o	Ma chamba	1 Yes 2 No
519_o_num	Ngapi?	_ _ _ _
519_p	Chandaruha	1 Yes 2 No
519_p_num	Ngapi?	_ _ _ _

INTERVIEWER QUESTIONS

ENUMERATOR do not read: The following questions should be answered by the interviewer after the interview is concluded.

524	524. Observe main material of the floor of the dwelling and record observation	1 Earth or sand 2 Wood planks 3 Ceramic tiles 4 Cement 5 Carpet 6 Other; specify:
524_autre	If other, please specify [PROGRAMMER display only if 524=6] [ENUMERATOR answer only if 524=6]	
525	525. Observe main material of the roof of the dwelling and record observation	1 Cement roof 2 Tiles roof 3 Metal roof 4 Wood planks 5 Thatch roof 6 Other; specify:
525_autre	If other, please specify [PROGRAMMER display only if 525=6] [ENUMERATOR answer only if 525=6]	
526	526. Observe main material of the exterior walls of the dwelling and record observation	1 No wall 2 Dirt 3 Mud with stone or wood 4 Reused wood 5 Wood planks 6 Cement 7 Other; specify:
526_autre	If other, please specify [PROGRAMMER display only if 526=7] [ENUMERATOR answer only if 526=7]	

527	527. In your opinion, how cooperative was the respondent?	1 Cooperative 2 In between 3 Uncooperative
528	528. In your opinion, how honest was the respondent when answering?	1 Honest 2 In between 3 Misleading
529	529. In your opinion, how interested was the respondent?	1 Interested 2 In between 3 Uninterested
530	530. Did the respondent check with others for information to answer any question?	1 Yes 2 No
531	531. Do you think anyone influenced the respondent's answers during the interview?	1 Yes 2 No
532	532. Spoken Language of interview	1 Kikongo 2 Lingala 3 Swahili - Haut Katanga 4 Swahili - South Kivu 5 Tshiluba 6 Français 7 Other, specify:
532_autre	If other, please specify [PROGRAMMER display only if 532=7] [ENUMERATOR answer only if 532=7]	
533	533. Enumerator comments (Open-ended)	
GPS_Position	Localisation recording	

APPENDIX D: INDICATOR TRACKING TABLE

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
Healthseeking behavior among respondents (Source: Household Survey)			
Received information about the importance of visiting a health center for medical treatment and avoiding self-treatment			
Percentage of respondents who say they received information in past 12 months	41.3	19.6	31.8
Health center utilization			
Percentage of respondents who say they themselves or someone from their household used local lead health center in past year	93.2	89.2	91.6
Rating of quality of services currently offered at local lead health center			
Percentage of respondents who say quality of services is of "very high quality" or "somewhat high quality"	80.7	79.1	80.0
Rating of how much they trust staff at the local lead health center			
Percentage of respondents who say they trust staff "a great deal" or "somewhat"	89.7	86.4	88.5
Examined by a skilled provider during last visit to health center			
Percentage of respondents who say they were examined by a doctor or a nurse	92.8	90.1	91.7
Tests conducted during last visit			
Percentage of respondents who had a test conducted	33.4	47.1	38.7
Rating of satisfaction of last visit to local lead health center			
Percentage of respondents who say they are "very satisfied" or "somewhat satisfied"	75.4	76.4	75.7
Citizen empowerment (Source: Household Survey)			
Agreement with statement: People like you have a say about how the government provides health care to your community			
Percentage of respondents who say they "strongly agree" or "somewhat agree"	39.1	66.8	51.6
Belief in how much power people in community have to improve health care quality at local lead health center			
Percentage of respondents who say people have "a lot of power" or "some power"	32.4	22.6	28.0
Belief in whether the respondent would be able to pressure a health care worker to report to work on time			
Percentage of respondents who say "very likely" or "somewhat likely"	47.9	36.0	42.5

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
<i>Belief in whether the respondent would be able to pressure a health care worker to apply more effort</i>			
Percentage of respondents who say "very likely" or "somewhat likely"	51.4	37.1	44.9
<i>Child health outcomes (Source: Household Survey)</i>			
<i>Child mortality</i>			
Under-five mortality (U5MR) (deaths per 1,000 population)	157.5	236.4	193.6
Neonatal mortality (NMR) (deaths per 1,000 population)	79.4	95.5	86.7
<i>Vaccination record keeping among caregivers</i>			
Percentage of caregivers who have either a vaccination card, another document detailing vaccines, or both	10.2	7.9	9.1
<i>Vaccination by age among children for whom the respondent is the main caregiver for</i>			
Percentage of children less than 1 year of age who received at least one dose of measles vaccine	19.0	16.7	18.0
Percentage of 1 year old children who received at least one dose of measles vaccine	81.5	58.1	71.9
Percentage of 2 year old children who received at least one dose of measles vaccine	87.2	67.4	78.4
Percentage of 3 year old children who received at least one dose of measles vaccine	91.4	68.2	81.3
Percentage of 4 year old children who received at least one dose of measles vaccine	87.5	74.0	81.0
Percentage of children less than 1 year of age who received at least one dose of pentavalent vaccine	60.5	53.9	57.5
Percentage of 1 year old children who received at least one dose of pentavalent vaccine	82.1	65.0	75.0
Percentage of 2 year old children who received at least one dose of pentavalent vaccine	81.8	66.5	75.0
Percentage of 3 year old children who received at least one dose of pentavalent vaccine	80.5	67.6	74.9
Percentage of 4 year old children who received at least one dose of pentavalent vaccine	79.7	71.3	75.6
Percentage of children less than 1 year of age who received at least one dose of pneumococcal vaccine	63.8	42.2	53.9
Percentage of 1 year old children who received at least one dose of pneumococcal vaccine	86.6	48.9	71.1

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
Percentage of 2 year old children who received at least one dose of pneumococcal vaccine	86.1	48.7	69.3
Percentage of 3 year old children who received at least one dose of pneumococcal vaccine	87.7	52.4	72.3
Percentage of 4 year old children who received at least one dose of pneumococcal vaccine	86.9	54.1	71.2
Percentage of children less than 1 year of age who received at least one dose of polio vaccine	81.1	83.5	82.2
Percentage of 1 year old children who received at least one dose of polio vaccine	93.7	87.5	91.2
Percentage of 2 year old children who received at least one dose of polio vaccine	96.1	89.8	93.3
Percentage of 3 year old children who received at least one dose of polio vaccine	97.8	88.3	93.7
Percentage of 4 year old children who received at least one dose of polio vaccine	96.7	88.9	93.1
Percentage of children less than 1 year of age who received at least one dose of TB vaccine	84.4	74.3	79.9
Percentage of 1 year old children who received at least one dose of TB vaccine	91.1	79.1	86.2
Percentage of 2 year old children who received at least one dose of TB vaccine	92.2	83.8	88.5
Percentage of 3 year old children who received at least one dose of TB vaccine	92.5	83.0	88.4
Percentage of 4 year old children who received at least one dose of TB vaccine	92.6	85.7	89.4
Percentage of children less than 1 year of age who had diarrhea in the past 2 weeks	26.6	33.0	29.5
Percentage of 1 year old children who had diarrhea in the past 2 weeks	37.3	43.0	39.8
Percentage of 2 year old children who had diarrhea in the past 2 weeks	26.5	34.8	30.4
Percentage of 3 year old children who had diarrhea in the past 2 weeks	21.4	23.7	22.5
Percentage of 4 year old children who had diarrhea in the past 2 weeks	18.3	18.3	18.3

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
Maternal health outcomes among women who are pregnant (Source: Household Survey)			
Received Antenatal care (ANC) during pregnancy so far			
Percentage of respondents who received ANC	54.6	42.3	48.7
Examined by a skilled provider during ANC			
Percentage of respondents who were examined by either a doctor or a nurse	72.5	60.6	67.5
Basic ANC components met during visit			
Percentage of respondents who had blood pressure checked during ANC	35.4	23.0	29.4
Percentage of respondents who had SP/Fansidar during ANC	44.0	27.4	36.0
Maternal health outcomes among woman who recently gave birth (Source: Household Survey)			
Received ANC during entire duration of pregnancy			
Percentage of respondents who received ANC	98.3	90.1	94.5
Examined by a skilled provider during ANC			
Percentage of respondents who were examined by either a doctor or a nurse	63.3	57.6	60.8
Basic ANC components met during visit			
Percentage of respondents who had blood pressure checked during ANC	67.2	51.0	59.6
Percentage of respondents who had SP/Fansidar during ANC	78.4	56.2	67.9
Delivered in a hospital			
Percentage of respondents who delivered in a hospital	29.0	6.7	18.5
Important physical attributes of lead health centers (Source: Health Center Audit)			
Health center cleanliness			
Percentage of health centers that smell nice, disinfected, or fairly nice	89.4	66.2	79.1
Waiting room			
Percentage of health centers that have a waiting room	65.9	66.2	66.0
Percentage of health centers where waiting room is either a private room or an enclosed space with auditory and visual privacy	37.5	6.6	29.7

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
Consultation room			
Percentage of health centers that have a consultation room	90.6	75.0	83.7
Percentage of health centers where consultation room is either a private room or an enclosed space with auditory and visual privacy	79.3	15.7	69.5
Maternity room			
Percentage of health centers that have a maternity room	81.2	92.6	86.3
Percentage of health centers where maternity room is either a private room or an enclosed space with auditory and visual privacy	71.0	30.1	65.2
Existence of important information at health centers			
Percentage of health centers that have numbered waiting cards for clients	20.0	2.9	12.4
Percentage of health centers that publicly display posters informing clients about the hours of operation	64.7	23.5	46.4
Percentage of health centers that publicly display prices charged for medical services	83.5	27.9	58.8
Percentage of health centers that publicly display posters about CODESA roles	15.3	7.4	11.8
Percentage of health centers that publicly display posters about clients' rights and obligations	14.1	1.5	8.5
Percentage of health centers that have suggestion boxes	17.6	1.5	10.5
Access to clean water at health centers			
Percentage of health centers that have piped/tap water as the main water source	64.9	9.1	39.2
Access to electricity at health centers			
Percentage of health centers that have either a solar panel or grid as their main source of electricity	70.6	35.3	54.9
Essential health care services provided by health centers (Source: Health Center Audit)			
Family medicine			
Percentage of health centers that provide preschool consultations	97.6	88.2	93.5
Percentage of health centers that provide vaccinations/immunizations	100.0	100.0	100.0
Average number provided in January 2018	333.6	125.8	270.9

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
Percentage of health centers that provide family planning services, including modern and traditional methods	97.6	69.1	85.0
Average number provided in January 2018	31.6	17.0	27.6
Percentage of health centers that provide ANC services	98.8	98.5	98.7
Average number provided in January 2018	67.8	25.4	56.0
Percentage of health centers that conduct normal/vaginal birth deliveries	95.3	95.6	95.4
Average number provided in January 2018	19.8	15.4	18.0
<i>Infectious diseases</i>			
Percentage of health centers that provide services for the prevention of mother-to-child transmission of HIV	43.5	38.2	41.2
Percentage of health centers that provide services related to the diagnosis and treatment of malaria	100.0	100.0	100.0
Average number provided in January 2018	267.4	98.0	216.9
Percentage of health centers that provide diagnosis and treatment of STIs, excluding HIV	64.7	61.8	63.4
Average number provided in January 2018	36.0	8.4	28.8
Percentage of health centers that provide services related to the diagnosis, treatment prescription, and treatment follow-up for TB	18.8	44.1	30.1
Average number provided in January 2018	1.2	2.0	1.8
Percentage of health centers that provide HIV counseling and testing services	60.0	44.1	52.9
Average number provided in January 2018	50.9	35.9	49.2
Percentage of health centers that provide HIV/AIDS antiretroviral treatment	17.6	29.4	22.9
Average number provided in January 2018	4.9	17.7	14.6
Percentage of health centers that provide bacteriologic testing such as sputum smear testing for TB	12.9	11.8	12.4
Average number provided in January 2018	37.8	15.1	30.6
Percentage of health centers that provide parasitic testing such as malaria rapid testing or thick drop smear	57.6	89.7	71.9
Average number provided in January 2018	223.1	104.1	174.0

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
Other health care services			
Percentage of health centers that provide minor surgical services, such as incision and drainage of abscesses and suturing	90.6	83.8	87.6
Percentage of health centers that provide haematologic testing such as white blood cells count	8.3	7.4	7.9
Average number provided in January 2018	35.4	67.8	53.7
Percentage of health centers that provide services related to the diagnosis and management of non-communicable, chronic diseases	23.5	19.1	21.6
Medicine inventory at health centers (Source: Health Center Audit)			
Record keeping			
Number of health centers that have a stock or drug inventory control system	92.9	66.2	81.0
Availability of essential medicines at health centers			
Percentage of health centers that have Sulfadiazine (infants)	4.8	2.9	3.9
Percentage of health centers that have Stavudine (adults)	2.5	7.4	4.7
Percentage of health centers that have Norfloxacin (adults)	11	13.2	12
Percentage of health centers that have Tenofovir (adults & infants)	14.3	11.8	13.2
Percentage of health centers that have Meningococque (A+B) Test (adults & infants)	13.1	20.6	16.4
Percentage of health centers that have Hepatitis B (Test adults & infants)	8.3	22.1	14.5
Percentage of health centers that have Isoniazide + Rifampicin (adults & infants)	14.5	17.6	15.9
Percentage of health centers that have Zidovudine + Lamivudine (infants)	20.2	13.2	17.1
Percentage of health centers that have Quinine (infants)	13.1	33.8	22.4
Percentage of health centers that have Ampicillin (adults)	28.2	30.9	29.4
Percentage of health centers that have BCG Vaccine (adults & infants)	43.5	32.4	38.6
Percentage of health centers that have Amoxicillin + Clavulanic Acid (infants)	45.9	38.2	42.5
Percentage of health centers that have Albendazole (adults)	44.7	45.6	45.1

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
Percentage of health centers that have DTC-HepB-Hib (pentavalent) (infants)	57.6	35.3	47.7
Percentage of health centers that have Oxytocine (adults)	76.5	51.5	65.4
CODESA members roles and activities (Source: CODESA Members Survey)			
How they became a CODESA member			
Percentage of respondents who became a CODESA member through election	84.4	82.3	83.4
Percentage of respondents who were elected by community members through a formal vote	72.6	38.1	56.8
CODESA meetings			
Percentage of respondents who meet either once a week or once a month	97.1	95.4	96.4
Understanding of what their role includes (respondents were able to select more than one response)			
Percentage of respondents who believe their role includes co-managing drug stocks	67.3	88.5	77.3
Percentage of respondents who believe their role includes monitoring health center performances (through MSP indicators and standards)	57.1	52.3	54.9
Percentage of respondents who believe their role includes co-managing finances	81.0	96.2	88.1
Percentage of respondents who believe their role includes co-managing materials, equipment and infrastructure	63.9	72.3	67.9
Percentage of respondents who believe their role includes ensuring constructive and effective collaboration between community and providers	28.6	42.3	35.0
Learning opinions of community members			
Percentage of respondents who learn opinions of community members by having meetings with them	84.4	50.8	68.6
Knowledge of past health center assessments			
Percentage of respondents who report that health center was assessed in past 12 months	57.2	63.0	59.9
Percentage of respondents who believe assessment was "very fair" or "fair"	80.7	97.6	89.0
Percentage of respondents who report that the assessment led to improvement plan	86.4	92.5	89.4

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
Percentage of respondents who believe that all goals in improvement plan were achieved or significant progress made	44.3	18.9	31.2
<i>Satisfaction with relationship with other CODESA members</i>			
Percentage of respondents who report to be "very satisfied" or "somewhat satisfied"	90.4	93.1	91.7
<i>Satisfaction with relationship with community</i>			
Percentage of respondents who reported to be "very satisfied" or "somewhat satisfied"	87.1	96.9	91.7
<i>CODESA members' healthseeking behavior (Source: CODESA Members Survey)</i>			
<i>Interaction with local lead health centers</i>			
Percentage of respondents who report to have ever visited health center to seek care for them or someone else	92.5	90.0	91.3
Percentage of respondents who report that diagnosis was clearly explained to them/the patient	83.3	94.9	88.8
Percentage of respondents who report that if prescribed medicine, it was available at the health center that day	85.5	67.6	77
<i>Satisfaction with quality of services during last visit</i>			
Percentage of respondents who report to be "very satisfied" or "somewhat satisfied"	86.0	85.4	85.8
<i>How much they trust staff at local lead health center</i>			
Percentage of respondents who say they trust staff "a great deal" or "somewhat"	92.5	97.7	94.9
<i>How much they respect staff at local lead health center</i>			
Percentage of respondents who say they trust staff "a great deal" or "somewhat"	98.0	99.3	98.6
<i>Belief that health center charges fees that are affordable</i>			
Percentage of respondents who say they "strongly agree" or "somewhat agree"	69.4	64.4	67.0
<i>Belief that local lead health center opens and closes at the scheduled hours</i>			
Percentage of respondents who say they "strongly agree" or "somewhat agree"	75.5	67.1	71.6
<i>Belief that nurses and other personnel are often absent or show up to work late</i>			
Percentage of respondents who say they "strongly agree" or "somewhat agree"	23.3	14.6	19.2

INDICATOR	BASELINE		
	SOUTH KIVU	HAUT KATANGA	ALL
<i>Belief that essential medicines at local lead health center are often out of stock</i>			
Percentage of respondents who say they "strongly agree" or "somewhat agree"	70.4	83.8	76.7
<i>Belief that equipment at local lead health center are often missing or out of order</i>			
Percentage of respondents who say they "strongly agree" or "somewhat agree"	77.1	84.5	80.6
<i>Belief that patients needing care have to wait a long time to be seen at local lead health center</i>			
Percentage of respondents who say they "strongly agree" or "somewhat agree"	10.9	23.1	16.6

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