

## . QUESTIONNAIRE USED IN THE STUDY

### Questionnaire for A Study on Willingness to Join and Pay For CBHI Among Households in Rural Areas of Dehub Bench District, Bench Maji Zone, Southwest Ethiopia, 2013.

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Hello, my name is \_\_\_\_\_, I am one of the data collectors in this study. The study is intended to assess the demand and willingness to pay for the newly proposed community-based health insurance. To attain this purpose, your honest and genuine participation by responding to the questions prepared is very important and highly appreciated.

#### *Confidentiality and consent*

We would like you to answer some personal questions. Your answers are completely confidential and participation is voluntary. No one will be told what you said in connection to your name. You don't have to answer any question if you do not want to and you can stop the interview at any time.

However your honest answer to these questions will help us to better understand the situation and will contribute to improve the health status of the community by identifying the demand and ability to pay for CBHI and presenting to the policy makers so as to adjust the schemes with the local context.

We would greatly appreciate your help in participating in this study, would you be willing to participate?

Yes, proceed

No, good bye. Thank you for your cooperation!!!

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(Signature of the interviewer certifying that respondent has given informed consent verbally).

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QUESTIONNAIRE FOR A RESEARCH ON WILLINGNESS TO JOIN AND WILLINGNESS TO PAY FOR COMMUNITY-BASED HEALTH INSURANCE AMONG PEOPLE LIVING IN RURAL AREAS IN DEBUB BENCH DISTRICT, BENCH MAJI ZONE, SOUTHWEST ETHIOPIA, 2013.

Questionnaire No \_\_\_\_\_

Interviewer's Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Date of interview: dd \_\_\_\_\_ mm \_\_\_\_\_ yyyy \_\_\_\_\_

Interview times taken: started \_\_\_\_\_ ended \_\_\_\_\_

PART 1- HOUSEHOLD (SOCIO-DEMOGRAPHIC) CHARACTERISTICS			
Kebele _____			
House number _____			
Q.	QUESTION	RESPONSE CODE (CHECK THE APPROPRIATE OPTION OR ENTER NUMBERS)	SKIP
100	What is the sex of the respondent?	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
101	What is the age of the respondent?	Age in years (18-99) <input type="text"/> <input type="text"/> (write "99+", if >99 years)	
102	What is the relation of the respondent to the household?	1. Head <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Child <input type="checkbox"/> 4. Other (parent, sibling, child-in-law) _____	
103	What is the religion of the respondent?	1. Protestant <input type="checkbox"/> 2. Orthodox <input type="checkbox"/> 3. Muslim <input type="checkbox"/> 4. Other (specify) _____	
104	Marital Status of the respondent	1. Monogamous /monandrous <input type="checkbox"/> 2. Polygamous/ polyandrous <input type="checkbox"/> 3. Single <input type="checkbox"/> 4. Widowed <input type="checkbox"/> 5. Divorced <input type="checkbox"/>	
105	Occupation of the respondent	1. Farmer <input type="checkbox"/> 2. Housewife <input type="checkbox"/> 3. Merchant <input type="checkbox"/> 4. Laborer <input type="checkbox"/> 5. Government <input type="checkbox"/> 6. Student <input type="checkbox"/> 7. Other(specify) _____	

106	Ethnicity of the respondent	1. Bench <input type="checkbox"/> 2. Me'enit <input type="checkbox"/> 3. Kaffa <input type="checkbox"/> 4. Amhara <input type="checkbox"/> 5. Tigre <input type="checkbox"/> 6. Other(specify)_____	
107	What is the educational status of the respondent	1. Illiterate <input type="checkbox"/> 2. Read and write <input type="checkbox"/> 3. Grade1-8 <input type="checkbox"/> 4. Secondary school <input type="checkbox"/> 5. Tertiary school <input type="checkbox"/>	
108	What is the size of the family of the household?	0-4 year old: male <input type="checkbox"/> female <input type="checkbox"/> 5- 18 years old: male <input type="checkbox"/> female <input type="checkbox"/> 19-64 years old: males <input type="checkbox"/> females <input type="checkbox"/> 65+ years old: males <input type="checkbox"/> females <input type="checkbox"/> Total: males <input type="checkbox"/> <input type="checkbox"/> ; female <input type="checkbox"/> <input type="checkbox"/>	
109	How many pregnant women are there in the household?	Number of pregnant women <input type="checkbox"/>	
110	Do you participate in <i>iddirs</i> ?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "no", skip to Q 211.
111	How many iddirs do you participate in?	Number <input type="checkbox"/>	
112	How much do you contribute for all iddirs you participate in per month?	Amount in Birr <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

## PART 2: SOCIAL CAPITAL QUESTIONS

### 2.1. Questions to assess Horizontal 'Trust'

211	Generally, do you agree or disagree that most villagers of the village can be trusted?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
212	Do you agree that most villagers of the village would try to take advantage of you to achieve their own goals if they got a chance?	1. Strongly agree <input type="checkbox"/> 2. Agree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Disagree <input type="checkbox"/> 5. Strongly disagree <input type="checkbox"/>	

213	Do you agree that most villagers would return what they pick up to the original owner?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
214	Do you agree most of your neighbors can be trusted?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
215	Do you agree the village leaders can be trusted?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
<i>2.2. Questions to assess reciprocity</i>			
221	Do you agree villagers concern issues that not only relate to themselves, but also relate to others?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
222	Do you agree villagers will provide help if someone really needs it?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
223	Do you agree that you would lend money to your neighbor if he/she needs it to see a doctor?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
224	Do you agree that, if your village were a large family, you would be a member in this family?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
225	Do you agree that you would like to support a project that might not benefit you most, but benefit other villagers?	1. Strongly disagree <input type="checkbox"/> 2. Disagree <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Agree <input type="checkbox"/> 5. Strongly agree <input type="checkbox"/>	
<b>PART 3- Health and health related questions</b>			
300	How do you rate the health status of your family?	1. Very poor <input type="checkbox"/> 2. Poor <input type="checkbox"/> 3. Medium <input type="checkbox"/> 4. Good <input type="checkbox"/> 5. Very good <input type="checkbox"/>	
301	Do you or other member of the household have chronic illness and/or	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	

	disability?		
302	Have any member of the family encountered any illness during the past 3 months?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If “no”, skip to Q 315.
303	How many of the members were ill?	The number of the ill <input type="checkbox"/>	
304	Did you seek medical treatment for the recent episode?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If “no”, skip to Q 315
305	Did you get treatment?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If “no”, skip to Q 308.
306	Where did you get treatment?	1. Self-treatment <input type="checkbox"/> 2. Local drug vender <input type="checkbox"/> 3. Private Heath Facility <input type="checkbox"/> 4. Public health center <input type="checkbox"/> 5. Public hospital <input type="checkbox"/> 6. Traditional healer <input type="checkbox"/> 7. Other (specify) _____	
307	Why did you go there?	1. The HF was physically accessible <input type="checkbox"/> 2. The HF was not expensive <input type="checkbox"/> 3. The health facility not too crowded <input type="checkbox"/> 4. The health service was courteous <input type="checkbox"/> 5. The health service was efficacious/ effective <input type="checkbox"/> 6. Other (specify) _____	
308	Why did not you get treatment?	1. Considering the illness is self-limiting <input type="checkbox"/> 2. No enough money <input type="checkbox"/> 3. Didn't know anywhere to go <input type="checkbox"/> 4. Didn't have time to go to health facility <input type="checkbox"/> 5. Too far to go health facility <input type="checkbox"/> 6. Other (specify) _____ 99. unknown	Go to Q 315
309	How much was total health care cost of the household for the treatment in the last 3 months?	Amount in Birrs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
310	Who covered the health care cost?	1. Self <input type="checkbox"/> 2. Government/free <input type="checkbox"/> 3. Community <input type="checkbox"/> 4. Other (specify) _____	

311	How was your satisfaction with health care service and costs?	1. Very dissatisfied <input type="checkbox"/> 2. Dissatisfied <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. Satisfied <input type="checkbox"/> 5. Very satisfied <input type="checkbox"/>	
312	How did you perceive quality of the health care service in this area?	1. Very low <input type="checkbox"/> 4. High <input type="checkbox"/> 2. Low <input type="checkbox"/> 5. Very high <input type="checkbox"/> 3. Neutral <input type="checkbox"/>	
313	How did you see finding money to pay for the health care?	1. Very difficult <input type="checkbox"/> 2. Difficult <input type="checkbox"/> 3. Not difficult <input type="checkbox"/>	If "3", skip to Q 315
314	If paying for a medical expense was difficult, how did you get it?	1. Drew from the savings <input type="checkbox"/> 2. Borrow from someone <input type="checkbox"/> 3. Assisted by relatives <input type="checkbox"/> 4. Undertaken extra work <input type="checkbox"/> 5. Sell capital assets such as cows <input type="checkbox"/> 6. Cut back on other things, food, drink, cloth etc <input type="checkbox"/> 7. Others (specify) _____	
315	Did you borrow any money from relatives or other people to cover medical costs within the last year?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "no", skip to Q 317
316	How much did you borrow?	Amount borrowed in Birrs <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317	What is the nearest conventional health institution to your home	1. Health center <input type="checkbox"/> 2. Clinic (Private) <input type="checkbox"/> 3. Hospital (Gov) <input type="checkbox"/>	
319	How long does it take to reach the nearby HF from your home?	Time in minutes <input type="text"/> <input type="text"/> <input type="text"/>	
<b>PART-4: INCOME AND WEALTH INDEX QUESTIONS</b>			
400	Approximately, how much of these products did your household produced and sold during the last 1 year?	1. Coffee (in Birr) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2. Khat sold in Birr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. Maize (in Birr) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. Cassava(in quintals) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 5. Others (specify) _____	
401	How many of these animals do this household own?	1. Milk cows, oxen or bulls? <input type="text"/> <input type="text"/> 2. Goats? <input type="text"/> <input type="text"/> 3. Sheep? <input type="text"/> <input type="text"/>	

		4. Chickens? <input type="checkbox"/> <input type="checkbox"/>	
		5. Beehives <input type="checkbox"/> <input type="checkbox"/>	
		6. Other(specify) _____	
402	Does your household have?		
	a) Functioning radio/tape	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
	b) Horse/mule /Donkey	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
	c) Cotton/sponge/spring mattress?	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
	d) Bed	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
403	What kind of latrine does your family have?	1. None <input type="checkbox"/>	
		2. VIP <input type="checkbox"/>	
		3. Traditional latrine <input type="checkbox"/>	
		4. Other (specify) _____	
404	What is the type of roof of the house?	1. Corrugated sheet <input type="checkbox"/>	
		2. Thatch roof <input type="checkbox"/>	
		3. Other (specify) _____	
405	How many rooms are used by this household for sleeping only?	Number of rooms <input type="checkbox"/>	
406	Do you have kitchen	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
407	Do you have separate rooms for cattle?	1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
408	What is the wall of your residence house made of?	1. Wooden structure <input type="checkbox"/>	
		2. Mud <input type="checkbox"/>	
		3. Other (specify) _____	
409	What is the total farm size holding of the household in Hectares?	Size in hectares <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

#### PART 5: CBHI SCENARIO

##### *INTRODUCTION*

Sickness needs to be treated immediately and it is not possible to wait. If you don't have the money available, then you will need to borrow it from your neighbor or sell your sheep or chickens. While you run around trying to get the money together, the sick person suffers. And many times it happens that you come back with the money only to find out that the sick person has died.

In order to solve this financial problem, The Federal Democratic Republic of Ethiopia, Ministry of Health is planning to set community-based health insurance in your community, if the community members want to be included in such programs. If you join the insurance and pay an annual premium, you don't need to pay for the following health services provided in your district area for a period of one year for your family members (the head of the household, the spouse and children age of less than 18years).

##### *BENEFITS PACKAGE*

Drugs: all essential and generic drugs which you already buy in your pharmacy, either at the health center level or at the district hospital level. The insurance may pay for drugs sold in accredited private drugstores.

Laboratory tests: all costs of laboratory tests that have been prescribed by the public health agent are covered if they are being carried out in accredited public or private health facilities.

Inpatient stays: when you are hospitalized, the insurance will cover the expenses. Urgent transport by ambulance from your village to the primary hospital in the locality will also be covered. Surgery: general surgery and delivery complications, extraction of teeth and circumcision are included. But surgeries for cosmetics purposes such as plastic surgery are not included. X-rays will be covered if the doctor thinks it is necessary.

Organization of the insurance scheme committee selected from your kebele workers and the health extension workers will manage the scheme. Some of the premiums will be kept at kebele level by the committee to cover the provision of drugs. The premiums will be kept in a bank. The committee chair and a treasurer have a right to withdraw money from the bank and to pay health facilities. An annual audit will ensure that funds are used rationally. The committee will give a financial report of the scheme to local government every year.

#### *ENROLMENT AND PAYMENT*

You need to pay an annual premium for joining the insurance and 5.00 ETB for registration. Credit is not allowed. After you pay the premiums, then you can enjoy the benefits of insurance after 3 months. If you don't pay the premiums, you have to pay for all service 'out-of-pocket'. For example, if you suffer from typhoid, you have to pay for the treatment and laboratory diagnosis services.

#### *REIMBURSEMENT PROCEDURE*

Insured patients don't need pay money to see a doctor for the services that are covered by the insurance. The money will be paid by the committee. But patients will have to pay for services not covered by the insurance.

### PART 6: WILLINGNESS TO JOIN THE CBHI

600	Based on the above scenario, will you join the CBHIS if it is established in your community?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Undecided <input type="checkbox"/>	If "no", skip to Q 602
601	If yes, why do you join the CBHIS	1. It provides free access to medical care <input type="checkbox"/> 2. To help others <input type="checkbox"/> 3. For security and peace of mind in times of ill-health <input type="checkbox"/> 4. Facing health problem frequently <input type="checkbox"/> 5. Other(specify)_____	
602	Why will you not join the scheme?	1. I do not have enough money to pay <input type="checkbox"/> 2. Do not need health insurance <input type="checkbox"/> 3. OOP charge is better <input type="checkbox"/> 4. Lack of trust in government programmes <input type="checkbox"/> 5. Lack of trust in insurance practitioners <input type="checkbox"/> 6. Lack of functional HF in my village <input type="checkbox"/> 7. H/insurance is a confusing scheme <input type="checkbox"/> 8. No qualified h/personnel in the HC <input type="checkbox"/> 9. Contributing money for sickness in advance is a taboo <input type="checkbox"/> 10. Scopes of illnesses covered by the scheme is limited <input type="checkbox"/>	Stop the interview here



		11. Others (specify) _____	
<b>PART 7: WILLINGNESS TO PAY</b>			
700	Which initial bid have you taken	1. 50 ETB <input type="checkbox"/> 4. 300 ETB <input type="checkbox"/> 2. 100 ETB <input type="checkbox"/> 5. 400 ETB <input type="checkbox"/> 3. 180 ETB <input type="checkbox"/> 6. 500 ETB <input type="checkbox"/>	
702	If you join the scheme will you pay the specified amount per year as a premium?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "no", skip to Q 704
702	Will you pay if the premium is double of the specified Birr amount per year per household?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "no", skip to Q 707.
703	Maximum how much shall you pay per year per household?	Specify the amount in Birr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Go to Q 707
704	If "no" for Q 700, will you pay (half of the initial bid)/year/HH?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "yes", skip to Q 707
705	If "no" for Q704, maximum how much shall you pay per year per household?	Specify the amount in birr <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Go to Q 706, if answer = 0 birr; go to 707 if >0 birr.
706	If the answer is 0.00 birr for Q 705, why is your household not willing to pay for the scheme?	1. I doubt the management of the fund <input type="checkbox"/> 2. It is the responsibility of the government to pay for such a programme <input type="checkbox"/> 3. Because of lack of money <input type="checkbox"/> 4. Other members of the society should pay for the programme <input type="checkbox"/> 5. Other (specify) _____	Stop the interview here
707	How frequently do you want to pay the yearly premium?	1. Annual flat rate <input type="checkbox"/> 2. Bi-annual flat-rate <input type="checkbox"/> 3. Quarterly a year flat-rate <input type="checkbox"/> 4. Monthly <input type="checkbox"/> 5. Other (specify) _____	