QUESTIONNAIRE: DETERMINANTS OF HOUSEHOLD PARTICIPATION IN HEALTHCARE PREPAYMENT SCHEMES IN THE CITY OF GOMA, EASTERN DEMOCRATIC REPUBLIC OF THE CONGO: A CROSS-SECTIONAL STUDY

0. Questionnaire Identification

- 0.1 Questionnaire number
- 0.2 Health zone
- 0.3 Health area
- 0.4 Street / Avenue
- 0.5 Date of survey
- 0.6 Name of the interviewer
- 0.7 Name of the supervisor
- 0.8 Start time of the interview
- 0.9 End time of the interview

1. Respondents' Participation in Healthcare Prepayment Schemes in the Health Zone

- 1.1 Have you ever enrolled in a healthcare prepayment scheme?
- o Yes
- \circ No
- 1.2 If yes, which type?
- Mandatory health insurance
- Voluntary health insurance
- Health mutuals
- Budgetary systems
- Capitation payment systems
- Others (please specify)
- 1.3 If yes, are you still a member?
- Yes: Retained
- o No: Dropped out
- 1.4 If no, why did you leave?
- Poor management
- o Members unable to contribute
- Insufficient enrollment
- Other (please specify)
- 1.5 If you are not a member, what would prevent you from joining?
- o Lack of trust in the initiators and managers of the health mutual
- o Insufficient money to contribute
- o I am not indigent
- Not necessary

 Hospitalization Surgical procedures All types of care
 1.7 If you are a member, what type of healthcare facility would you prefer? Public Faith-based Private
2. Socio-demographic Factors
 2.1 Age of respondent Under 20 years 20–29 years 30–49 years 50 years and above
2.2 Sex of respondent Male Female
2.3 What is your marital status? Single Married (monogamous) Married (polygamous) Divorced Widowed Separated Cohabiting Other (please specify)
2.4 What is your level of education? One No formal education Literate Primary incomplete Primary completed Secondary incomplete Secondary completed University / Higher education Postgraduate

1.6 If you are a member, what types of care would you like the scheme to cover for you?

Medications

Outpatient care and laboratory testsNormal and complicated childbirth

2.5 What is the size of your household?

○ 1–3

 4-6 7-9 10 or more
 10 or more 2. Social cultural and Informational Factors
3. Socio-cultural and Informational Factors
3.1 What is your religion? Catholic Protestant Muslim Jehovah's Witness Revivalist Church Other (please specify)
3.2 What is your tribe? O Nande Shi Rega Hunde Hutu Tutsi Other (please specify)
3.3 Does your tribe encourage you to join a health mutual?YesNo
 3.4 In your opinion, what is healthcare prepayment? Paying in advance for health services Making periodic contributions to an organization Financial assistance provided by Health Insurance
 3.5 What are the types of healthcare prepayment? Mandatory health insurance Voluntary health insurance Health mutuals Budgetary systems Capitation payment systems
 3.6 In your opinion, what is a health mutual? (= association for solidarity and risk sharing in case of illness – both notions required) Correct definition Incomplete definition Does not know
3.7 What are the benefits of healthcare prepayment?Use of health services by beneficiaries

- Reduction of inequalities in access to care • Reduction of financial risk • Incentives for healthcare providers to improve quality Opn't know 3.8 What are the benefits of a health mutual?
- o Financial access to healthcare
- o Equity in care and risk sharing
- Support to healthcare facilities for cost recovery
- O Does not know
- 3.9 Have you ever been a member of an association (past membership)?
- o Yes
- \circ No

4. Socio-economic Factors

- 4.1 What is the occupation of the household head?
- Public sector employee
- Private sector employee
- o Trader
- Informal worker
- Unemployed
- Artisan
- o Farmer
- Housekeeper
- Police / Military
- Other employment
- 4.2 Which valuable assets do you own in your household?

(Indicate all assets owned)

- Mobile phone
- Radio
- Bicycle
- Clock
- Iron
- Motorcycle
- Television
- Sewing machine
- Car
- Electricity
- Refrigerator / Freezer
- Mill

Asset ownership index:

- Very poor (0 assets)
- Poor (1–3 assets)

- Medium (4–6 assets)Rich (7–9 assets)
- Very rich (10–12 assets)
- 4.3 What are your monthly health expenditures? (Take annual expenses for all illness episodes and divide by 12) Amount in Congolese Francs
- 4.4 What is your monthly income? Amount in Congolese Francs
- 4.5 Assessment of health expenditure relative to income
- Expenditure > 25% of monthly income (catastrophic expenditure)
- Expenditure < 25% of monthly income (non-catastrophic expenditure)
- 4.6 What is your mode of payment for healthcare?
- Direct payment
- o Indirect payment: health mutual, state subsidy, co-financing organization
- 4.7 How did you pay for healthcare for the last illness episode in your household?
- o Cash available at home
- o Gifts from friends / neighbors / family
- Sale of an asset
- Pledging an asset
- Loan from friends / neighbors / family
- Loan from a savings and credit institution
- Tontine / rotating savings
- Other (please specify)
- 4.8 How much money are you able to contribute per year for each family member to a health mutual?

Amount in Congolese Francs

- 4.9 How much would you like to contribute toward the payment of the healthcare bill (copayment as % of the bill)?
- Full amount
- o Half
- One-third
- One-quarter
- o None

5. Factors Related to Healthcare Delivery

- 5.1 What therapeutic recourse do you use in case of illness?
- Nothing
- Prayer room / religious healing

 Traditional practitioner / healer Public healthcare facility Private healthcare facility Self-medication at home Pharmacy / drugstore Other (please specify)
5.2 How many illness cases occurred in your household during the past 12 months? \circ None \circ 1 \circ 2 \circ 3 \circ \geq 4
 5.3 How do you rate the reception / welcome at healthcare facilities? O Poor Good Very good
 5.4 How do you rate the waiting time at healthcare facilities? Short (less than 15 minutes) Long (15–30 minutes) Very long (more than 30 minutes)
5.6 How do you rate the efficiency of the healthcare staff? Competent Not competent
 5.7 Do healthcare providers take time to explain in clear language the care to be given to the patient at the healthcare facility? Care with explanations (person-centered) Care without explanations (not person-centered)
 5.8 What is your opinion on the availability and quality of medicines? Medicines available and of good quality Medicines available but not of good quality Medicines not available
 5.9 Have patients suffered any harm at healthcare facilities? Care with accidents (unsafe) Care without accidents (safe)
5.10 How far is your home from the healthcare facility? $0 \ge 1 \text{ km}$ $0 \ge -4 \text{ km}$ $0 \le -9 \text{ km}$

○ 10–14 km ○ > 15 km
 5.11 Does the health mutual allow members to choose their healthcare facility? Yes No Don't know
 5.12 How do you rate the overall quality of care provided at healthcare facilities? Very unsatisfactory Unsatisfactory Satisfactory Very satisfactory
6. Organizational Factors of the Prepayment System
 6.1 How do you rate the membership fee set by the mutual? Very low Low Medium High
 6.2 How do you rate the contribution amount set by the mutual? Very low Low Medium High
6.3 How do you rate the co-payment (portion of care costs paid to the healthcare facility)? Output Use Very low Medium High
6.4 Does the periodicity set by the health mutual for your contributions suit you? • Yes • No
 6.5 What type of affiliation does the mutual use? Mandatory family affiliation Selective affiliation Other (please specify) Don't know

6.6 How do you rate this affiliation method? Good Poor
6.7 How do you rate the package of services offered by the mutual?CompleteIncomplete
 6.8 How do you rate the internal rules of the mutual? Appropriate Not appropriate Don't know
6.9 Do you trust the management of the mutual?YesNo
 6.10 What is your preference regarding mutual managers? Public mutual Private non-faith-based mutual Private faith-based mutual Other (please specify)
 6.11 Do you have information about mutual principles? Sufficient information Insufficient information Average information No information
6.12 Are you aware of the presence of a mutual in your area?YesNo