

S2 Table. QUESTIONNAIRE USED FOR DATA COLLECTION IN KIGOMA DISTRICT COUNCIL, TANZANIA, 2025. (ENGLISH VERSION) (√) Tick Answers

QN	QUESTIONS	RESPONSE OPTIONS
SECTION A: SOCIOECONOMIC, DEMOGRAPHIC CHARACTERISTICS AND FACTORS THAT INFLUENCE UTILISATION OF THE M-MAMA EMERGENCY TRANSPORT SYSTEM (<i>Objective 1</i>)		
01	Age (years)	<input type="checkbox"/> 15-25 <input type="checkbox"/> 26-36 <input type="checkbox"/> 37-47
02	Parity (Number of livebirth)	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5 or more
03	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
04	Household Income Level	<input type="checkbox"/> Low Income <input type="checkbox"/> High Income
05	Education Level	<input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary and Above
06	Occupation	<input type="checkbox"/> Farmer <input type="checkbox"/> Housewife <input type="checkbox"/> Tailor <input type="checkbox"/> Employed <input type="checkbox"/> No Occupation <input type="checkbox"/> Other (specify): _____
07	Place of residence	<input type="checkbox"/> Town <input type="checkbox"/> Village
08	Distance to nearest RCH facility	<input type="checkbox"/> 0-3 Km <input type="checkbox"/> 4-6 Km <input type="checkbox"/> More than 6 Km
SECTION B: PROJECT ENABLING FACTORS THAT INFLUENCE THE UTILISATION OF M-MAMA EMERGENCY TRANSPORT SYSTEM (<i>Objective 2</i>)		
09	Are you aware of the M-Mama Emergency Transport System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Have you ever seen advertisements of M-Mama EmTS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't Know
11	Where have you seen advertisements of M-Mama EmTS?	<input type="checkbox"/> Community <input type="checkbox"/> RCH <input type="checkbox"/> Not Sure <input type="checkbox"/> Other (specify): _____
12	Is the obstetric and neonatal emergency care call center number of M-Mama easily reachable when at village?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't Know
13	Is obstetric and neonatal emergency care readily available at primary health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't Know

SECTION C: PROPORTION OF UTILISATION OF THE M-MAMA EMERGENCY TRANSPORT SYSTEM (Objective 3)

14	How did you utilise emergency transport service?	<input type="checkbox"/> Paid (Not Utilise-M-Mama) <input type="checkbox"/> Free (Utilise M-Mama)
15	What type of vehicle did you use during obstetric or newborn health emergency?	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> M-Mama Ambulance <input type="checkbox"/> M-Mama Community Tax <input type="checkbox"/> Other (specify): _____
16	How did you arrange emergency transport for referral?	<input type="checkbox"/> I arranged it myself <input type="checkbox"/> Relative <input type="checkbox"/> TBA <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Other (specify): _____
17	How many times have you used the emergency transport for referral?	<input type="checkbox"/> Once <input type="checkbox"/> Twice
18	Why did you utilise or not utilise the M-Mama emergency transport?	<input type="checkbox"/> Free Service <input type="checkbox"/> Emergency <input type="checkbox"/> Circumstances <input type="checkbox"/> Quick Response <input type="checkbox"/> Not Aware of M-Mama <input type="checkbox"/> Other (specify): _____