

SURVEY QUESTIONNAIRE

**Willingness to pay to JOIN & PAY for Social Health Insurance Scheme among
Households in the Informal Sector in Sierra Leone**

Good morning/afternoon/evening! I have been contracted by the Sierra Leone Social Health Insurance (SLeSHI) Team, who are conducting a study titled; “*Willingness to pay to Join and Pay for Social Health Insurance Scheme among Households in the Informal Sector in Sierra Leone*”, for the purpose of informing policies leading to the establishment of SLeSHI Scheme for ALL Sierra Leoneans. To conduct this study, I would like you to answer some personal questions and your answers will be treated with high confidentiality and participation is voluntary. I would also like to assure you that the information that you will reveal in this interview will be solely for purposes of research, and that your identity will not be made known to any.

I would like to know about your *Health Seeking Behaviour, and your Willingness to Join and Pay for the proposed SLeSHI Scheme*. Do bear in mind that your honest answer to these questions will help us to better understand the situation and will contribute to improve the health status of ALL Sierra Leoneans by identifying the demand and ability to pay for Social Health Insurance (SHI) Scheme.

A. Household (Socio-demographic) Characteristics

No.	Questions	Response Code (check the appropriate option or state nos.)	Skip
100	Respondent Sex	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
101	Age of Respondent (Years)	1. 18 - 30 <input type="checkbox"/> 2. 31 - 45 <input type="checkbox"/> 3. 46 - 50 <input type="checkbox"/> 4. 51 - 59 <input type="checkbox"/> 5. 60 and Above <input type="checkbox"/>	
102	Relation of the Respondent to the Household (HH)	1. Head <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Child <input type="checkbox"/> 4. Others (parent, sibling, in-law, ward, etc): <input type="checkbox"/>	

No.	Questions	Response Code (<i>check the appropriate option or state nos.</i>)	Skip
103	Respondent Marital Status	1. Married (<i>Monogamous</i>) <input type="checkbox"/> 2. Married (<i>Polygamous</i>) <input type="checkbox"/> 3. Divorced <input type="checkbox"/> 4. Widowed <input type="checkbox"/> 5. Single <input type="checkbox"/> 6. Separated <input type="checkbox"/>	
104	Occupation of the Respondent	1. Petty Trading <input type="checkbox"/> 2. Farming <input type="checkbox"/> 3. Fishing <input type="checkbox"/> 4. Tailoring <input type="checkbox"/> 5. Commercial Bike Riding <input type="checkbox"/> 6. Commercial Motor Driving <input type="checkbox"/> 7. Student <input type="checkbox"/> 8. Other _____ <input type="checkbox"/>	
105	Educational Status of Respondent	1. Primary Education <input type="checkbox"/> 2. JSS <input type="checkbox"/> 3. SSS <input type="checkbox"/> 4. Tertiary <input type="checkbox"/> 5. Non-formal <input type="checkbox"/> 6. Never went to school <input type="checkbox"/>	
106	Household Size	1. 0 – 5 yrs: Male_____ Female_____ 2. 6 – 18 yrs: Male_____ Female_____ 3. 19 – 59 yrs: Male____ Female_____ 4. 60+ yrs: Male____ Female_____	

No.	Questions	Response Code <i>(check the appropriate option or state nos.)</i>	Skip
107	How many Pregnant and Lactating Women are there in the HH?	1. Pregnant_____ 2. Lactating_____	
108	Has your HH ever made use of the current Free Health Care facility?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "No" skip to Part B
109	Have they ever complained over payment of accessing the Free Health Care facility or buying of medicine?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	

B. Income and Wealth Index Questions

No.	Questions	Response Code <i>(check the appropriate option or state nos.)</i>	Skip
200	Approximately how much income does your business give you?	Amount in Le_____	
201	How many of these animals do this HH own?	1. Cows <input type="checkbox"/> 2. Sheep <input type="checkbox"/> 3. Goat <input type="checkbox"/> 4. Chickens <input type="checkbox"/> 5. Beehives <input type="checkbox"/> 6. Others (specify type and number) _____ <input type="checkbox"/>	

202	What kind of latrine does your HH use?	1. None <input type="checkbox"/> 2. VIP <input type="checkbox"/> 3. Traditional Latrine <input type="checkbox"/> 4. Others (<i>specify</i>)	
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No.	Questions	Response Code (<i>check the appropriate option or state nos.</i>)	Skip
203	Type of roof of Respondent's house	1. Corrugated sheet <input type="checkbox"/> 2. Thatch <input type="checkbox"/> 3. Others (<i>specify</i>)_____	
204	How many rooms are used by you and your HH for sleeping only	Number of rooms_____	
205	Do you have kitchen?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
206	Do you have separate rooms for cattle and or storage use?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
207	What is the wall of your house made of?	1. Wooden structure <input type="checkbox"/> 2. Mud <input type="checkbox"/> 3. Cement <input type="checkbox"/> 4. Other (<i>specify</i>)_____	
208	Do you and your HH have?		
	a. Functioning TV	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
	b. Functioning radio	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
	c. Bed and mattress	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
	2. Chair and table	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
	3. Car	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
	4. Motor bike (okada)	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	

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C. Health and Health Related Questions

No.	Questions	Response Code <i>(check the appropriate option or state nos.)</i>	Skip
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 another member of the HH have chronic illness and/or disability?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
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 304
303	How many of the members were ill?	The number of the ill members_____	
304	Did you seek medical treatment for the recent episode?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "No" skip to 306

No.	Questions	Response Code <i>(check the appropriate option or state nos.)</i>	Skip
305	Did you get treatment?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "No" skip to 308
306	Where did you get treatment?	1. Self-treatment <input type="checkbox"/> 2. Local Drug Vendor <input type="checkbox"/> 3. Private Health 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 HF was not too crowded <input type="checkbox"/> 4. The health service was courteous <input type="checkbox"/> 5. The health service was effective <input type="checkbox"/> 6. Other (specify)_____	
308	Why did you not get treatment?	1. Consider the illness is self-limiting 2. Not enough money 3. Didn't know anywhere to go 4. Didn't have time to go to the HF 5. Too far to go to HF 6. Other (specify)_____ 7. Unknown (99)	

No.	Questions	Response Code <i>(check the appropriate option or state nos.)</i>	Skip
309	What was the total health care cost of the HH for the treatment during the last 3 months?	Amount in Le_____	
310	Who covered the health care cost?	1. Self <input type="checkbox"/> 2. Family <input type="checkbox"/> 3. Government/Free <input type="checkbox"/> 4. Community <input type="checkbox"/> 5. Others (specify)_____	
311	How satisfied were you with the health care service and cost?	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"/> 2. Low <input type="checkbox"/> 3. Neutral <input type="checkbox"/> 4. High <input type="checkbox"/> 5. Very high <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 "No" skip to 315

No.	Questions	Response Code <i>(check the appropriate option or state nos.)</i>	Skip
314	If paying for medical expenses was difficult, how did you get it?	1. Drew from savings <input type="checkbox"/> 2. Borrowing from someone <input type="checkbox"/> 3. Assisted by relatives <input type="checkbox"/> 4. Did extra work <input type="checkbox"/> 5. Sell capital assets such as cows <input type="checkbox"/> 6. Cut back on other things, food, drinks, clothes, 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 317
316	How much did you borrow?	Amount in Le_____	
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 (public) <input type="checkbox"/>	
318	How long does it take to reach the nearby HF from your home?	Time in minutes_____	
319	What form of transportation did you use to reach the location where you obtained treatment?	1. Personal Vehicle <input type="checkbox"/> 2. Public Transport <input type="checkbox"/> 3. Ambulance <input type="checkbox"/> 4. Motor Bike (Okada) <input type="checkbox"/> 5. Bicycle <input type="checkbox"/> 6. Others (specify)_____	

PLEASE EXPLAIN THE SOCIAL HEALTH INSURANCE SCHEME SCENARIO TO THE RESPONDENT BEFORE YOU ADMINISTER QUESTIONS IN SECTIONS C & D.

D. Willingness to Join the SLeSHI Scheme

No.	Questions	Response Code <i>(check the appropriate option or state nos.)</i>	Skip
400	Based on the scenario above, will you be willing to join SLeSHI when established?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	If "No" skip to 402
401	If "Yes", why will you join?	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 problems frequently <input type="checkbox"/> 5. Others (specify)_____	
402	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 functional HF in our area <input type="checkbox"/> 6. No qualified medical personnel in the HF <input type="checkbox"/> 7. Contributing money for sickness in advance is a taboo <input type="checkbox"/> 8. Scope of illness covered by the Scheme is limited <input type="checkbox"/> 9. Others (specify)_____	Stop the interview here

E. Willingness to Pay for the SLeSHI Scheme

No.	Questions	Response Code <i>(check the appropriate option or state nos.)</i>	Skip
500	Now that you have agreed to join the SLeSHI Scheme, how frequently would you prefer to pay?	1. Monthly <input type="checkbox"/> 2. Quarterly <input type="checkbox"/> 3. Half-yearly <input type="checkbox"/> 4. Yearly <input type="checkbox"/> 5. Others (specify)_____	
501	Assuming you were to pay Le 20,000 per month per head as premium for the SLeSHI Scheme, will you be willing to pay?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know <input type="checkbox"/>	If either "No" or "Don't know" skip to 503
502	If the premium is set at Le 30,000 per month per head for the SLeSHI Scheme, would you be willing to pay?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know <input type="checkbox"/>	If either "No" or "Don't know" skip to 504
503	If the premium is set at Le 10,000 per month per head for the SLeSHI Scheme, would you be willing to pay?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know <input type="checkbox"/>	
504	What is the Maximum Amount will you be willing to pay per head based on your choice mode of payment?	Amount in Le_____	
505	If the answer is Le 0.00 in 401, then tell us why is you and your household not willing to pay for the Scheme?	1. I doubt whether it will be managed properly <input type="checkbox"/> 2. It should be the responsibility of the government <input type="checkbox"/> 3. Because of lack of money <input type="checkbox"/> 4. The wealthy people should pay for the programme <input type="checkbox"/> 5. Other (specify)_____	