BMJ Open Primary care doctor and nurse consultations among people who live in slums: a retrospective, cross-sectional survey in four countries

Improving Health in Slums Collaborative

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ABSTRACT

Objectives To survey on the availability and use of primary care services in slum populations.

Design Retrospective, cross-sectional, household. individual and healthcare provider surveys.

Setting Seven slum sites in four countries (Nigeria, Kenya, Pakistan and Bangladesh).

Participants Residents of slums and informal settlements.

Primary and secondary outcome measures Primary care consultation rates by type of provider and facility. Results We completed 7692 household, 7451 individual adult and 2633 individual child surveys across seven sites. The majority of consultations were to doctors/nurses (in clinics or hospitals) and pharmacies rather than singlehanded providers or traditional healers. Consultation rates with a doctor or nurse varied from 0.2 to 1.5 visits per person-year, which was higher than visit rates to any other type of provider in all sites except Bangladesh, where pharmacies predominated. Approximately half the doctor/ nurse visits were in hospital outpatient departments and most of the remainder were to clinics. Over 90% of visits across all sites were for acute symptoms rather than chronic disease. Median travel times were between 15 and 45 min and the median cost per visit was between 2% and 10% of a household's monthly total expenditure. Medicines comprised most of the cost. More respondents reported proximity (54%-78%) and service quality (31%-95%) being a reason for choosing a provider than fees (23%-43%). Demand was relatively inelastic with respect to both price of consultation and travel time.

Conclusions People in slums tend to live sufficiently close to formal doctor/nurse facilities for their health-seeking behaviour to be influenced by preference for provider type over distance and cost. However, costs, especially for medicines are high in relation to income and use rates remain significantly below those of high-income countries.

INTRODUCTION

Strengthening primary care is recognised as the most 'inclusive, effective and efficient approach' to improving population health and well-being and as being key to achieving universal healthcare globally as codified in recent international declarations. However, recent high-profile analyses have shown that

Strength and limitations of this study

- ► This study provides the most comprehensive evidence across multiple nations to date on the facilities available to people who live in slums in general and on doctor and nurse consultations.
- We surveyed over 7000 individuals across seven slum sites in four counties on their access to and use of healthcare.
- We estimated consultation rates and provider types for primary care visits as well as the elasticity of demand for provider type with respect to time and cost of a visit.
- While several attempts were made to contact participants, our response rates ranged from 68% to 94% across the sites, and so our sample may miss some of the most vulnerable residents of the study areas.
- We could not make a reliable assessment of patient need for healthcare so it is difficult to interpret these results in terms of the equity of access to care.

little systematic evidence has been collected on services that are available, how often they are used, how much they cost and what type of service patients will choose under various constraints.^{2–5} It is widely believed though that people in low-income and middleincome countries (LMICs) have poor access to high-quality primary care services. 236-8

In this paper, we focus on a large and vulnerable group of people; those who live in slums. A recent Lancet series documented the many barriers that people in slums encounter in accessing services. 4 5 Following further review of the literature, most evidence relates to specific programmes, particularly those concerned with vaccination and childbirth. 10 The little available evidence suggests that in many urban slums, pharmacies and drug sellers are frequently the first and only point of contact with a health system. 11 12 However, consultation with a doctor or nurse is an essential component of primary care providing diagnosis, treatment, advice and



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referral. Outpatient doctor and nurse consultations can be provided by public and private facilities that range from 'single-handed', sometimes informal, practitioners in solo practices to large hospital outpatient departments.

The purpose of our study is to start to fill the above gaps in the literature, examining outpatient care services in seven slum sites across four countries: Nigeria, Kenya, Pakistan and Bangladesh. We compare visit rates to all providers that might offer primary care services including traditional/faith healers and pharmacies/medicine sellers. We then describe doctor and nurse services in more detail. Here, we aim to find out use rates of different facilities that provide outpatient doctor/nurse consultations for people who live in slums, including solo providers, clinics, hospitals and public versus private provision. We also aim to estimate how individuals trade-off characteristics like cost and time when choosing between types of provider of outpatient care.

METHODS Setting

Our aim was to examine the use of outpatient consultations with a doctor or nurse. The results reported in this article form part of a broader programme of work on health and healthcare in informal settlements described in detail elsewhere. ¹³

We conducted a series of household, individual and healthcare facility surveys across seven informal settlements in four countries: Nigeria, Kenya, Pakistan and Bangladesh. We selected sites that (1) fulfilled the UN definition of a 'slum' and (2) were named, geographically distinguishable, neighbourhoods within city boundaries. This also provided a geographical basis on which to survey available health services.

Study design and population

Household and individual surveys

The design and methods of the survey components of the Improving Health in Slums project have been published elsewhere. Briefly, we aimed to conduct a spatially referenced, household-based, retrospective, cross-sectional survey in seven sites, which are described in table 1. Key indicators for the health systems of the respective countries are reported in online supplemental table C1.

All structures in each site were first mapped using satellite imagery. The resulting maps were then 'ground-truthed' through participatory geospatial mapping and corrected as required. During this stage all households in each structure were identified, which formed the sampling frame for the household survey. We used an inhibitory sampling design with close pairs to generate a spatially regular and well-dispersed sample of 1200 households for each study site, ¹⁵ assuming a response rate of 80%. Within each household, all residents were identified and an adult over 18 and a child under 12 (should one be resident) were selected at random for the individual surveys. Adult women were oversampled compared with men at a ratio of 2:1 to achieve reasonable precision in both groups as we expected greater healthcare use among women. Up to three attempts were made to

Table	1 Summary of stu	udy sites		
Site	Location	Approximate population (000s)*	Approximate density (000s/km²)	Description of population and area
NG1	Ibadan, Nigeria	5.8	5	Resettled, mixed Yoruba and Hausa community at the edge of the city including a large proportion of recent migrants from the North. Structures are mostly permanent and well-spaced. Variable access to energy with poor sanitation.
NG2	Ibadan, Nigeria	5.5	14	Mostly Yoruba population inhabiting a central, historical part of the city. Building mostly permanent but dilapidated with access to energy but little sanitation.
NG3	Lagos, Nigeria	8.1	11	Mixed Yoruba, Ilajes and other ethnic group population in low-paying or no employment. High crime area with little development and temporary structures. Little access to basic services.
KE1	Nairobi, Kenya	24.4	52	Mixed but segregated ethnicity community of generally long-term multigenerational residents. Structures are temporary with little to no access to basic services.
KE2	Nairobi, Kenya	44.9	83	Mixed community of predominantly economic migrants at the edge of an industrial area. Structures are temporary with little to no access to basic services.
PK1	Karachi, Pakistan	33.5	91	Mixed ethnicity and religion, mostly permanent, population working in blue collar jobs. Structures are permanent and multistory with access to transient energy and sanitation services.
BD1	Dhaka, Bangladesh	60.0	171	Mostly Bengali, Muslim population working in manual services like rickshaw pulling and house work. Semi-permanent residential structures with variable access to water, sanitation and other services.

^{*}Estimated from data collected in this study.



complete each survey should the participant not be available at the initial attempt. For each survey instrument we sought consent from the respondent. They were provided with an oral and/or written explanation of the study and their involvement as required and then asked to provide written consent on both a paper and digital copy of the consent form. Due to an error with the sampling process, a follow-up telephone survey was conducted in PK1 to supplement the individual surveys with additional female respondents, which is described in online supplemental section B2.

Procedures

Three instruments were used in the household surveys: (i) a household level survey of demographic and socioeconomic characteristics, including monthly household expenditures across different categories; (ii) an individual adult survey enquiring about healthcare need, access and use, and health and well-being and (iii) a child (under 12 years of age) survey asking a caregiver about healthcare needs, access and use. Questions were adapted from similar studies to facilitate comparability. 16 The adult and child surveys both asked the respondents to provide details of the last time they used healthcare (if they had done so in the previous 12 months), including facility type (public clinic, private hospital, etc), who they saw (doctor, nurse, etc), the reason for the visit, the cost and time taken for the visit and questions regarding their satisfaction with the care provided. We included 'doctor's office' or 'chamber' among the list of responses to facilitytype, which generally refers to a solo clinician working alone in a private office—we refer to this category as 'single-handed'. Survey instruments were translated using an iterative process involving forward and independent backward translations (survey forms are in the online supplemental adult.pdf, child.pdf and household.pdf).

Outcomes and statistical analysis

Summary statistics

From the individual survey data we identified all reported outpatient consultations to any type of provider and calculated visit rates per patient-year for each type of provider (doctor/nurse, pharmacy, traditional/faith, other) for new and existing conditions and for adults and children under 12 for comparison. We report crude rates as well as age-standardised consultation rates calculated with respect to both the WHO reference population, ¹⁷ and INDEPTH population. ¹⁸ For doctor and nurse visits, we further examined the proportion of visits by facility type (single-handed, public/private hospital or public/private clinic) and reported provider type (doctor or nurse).

We estimated key characteristics of these visits including the median (IQR) time required for the visit, median (IQR) cost of the visit, proportion of households spending >10% of their monthly expenditure on a visit (as used by the WHO's Global Health Observatory), reason for choosing the provider and satisfaction by site and facility type.

Choice model

To estimate the role of price and travel time in the choice over a provider for a doctor or nurse for an outpatient consultation, we estimated a 'choice model'. We specified a random parameters logit model, ¹⁹ which we describe in detail in the online supplemental data. In the model, each option from a set of choices has an observed component (price and time), the utility of which is determined by observed (eg, age, sex) and unobserved (eg, taste, quality) characteristics. There are several examples of choice modelling for healthcare providers in LMICs. ²⁰ The 'choice set' we examined was: private clinic, public clinic, private hospital or public hospital. We also included 'single-handed' doctor's office for Bangladesh and Pakistan, since this type of consultation was rare or non-existent in our African sites.

We studied each site separately. There were four estimates of interest from each model: the predicted proportion of visits to each provider type 'holding fixed' price and travel time, the price elasticity of demand, the travel time elasticity of demand and the average change in price (willingness to pay (WTP)) to make an individual indifferent between two options, one of which is 15 min further travel away than the other. The elasticities and WTP were calculated separately for households whose monthly consumption expenditure was above and below (International dollars) Int\$ 100 per person per month. An elasticity is interpreted as the percentage change in demand you would expect for a 1% increase in price or travel time. We allowed preferences to vary by age, sex, secondary education, seeking care for an acute or communicable condition or for chronic or generalised pain and monthly consumption expenditure. The 'price' of a visit included the consultation fee plus the travel cost, which would be known up front to the individual, and not drugs or tests, which would not be known in advance. The prices and times of travel for providers not visited were imputed based on the above-listed individual covariates.

Patient and public involvement

Mapping of the study sites, identification of healthcare facilities and enumeration of resident households was conducted using a participatory process involving local residents. Healthcare facility managers and owners were consulted about identification of their facilities. The public were not involved in the design of the survey questionnaires, however feedback was sought from residents in a pilot survey in all sites to assess the time burden of participating. Patient and public focus groups were established to present the findings, receive feedback and provide contextualising interpretation of the results.

RESULTS

Household and individual sample

Overall, 7692 households participated in the surveys with 7451 individual adults and 2633 individual child surveys completed. The median response rate was 69%, varying

by site from 57% in site KE2 to 94% in site BD1. Table 2 reports demographic and socioeconomic statistics of the population-weighted sample of individual respondents by site, and for those reporting an outpatient consultation (population summaries are reported in online supplemental table C2).

Outpatient consultation rates across providers of all types

Figure 1 shows the visit rates per patient-year to different types of provider. Between 29% (BD1) and 61% (KE1) of visits were to doctors and nurses, while the majority of other visits were to a pharmacy. In only two sites (BD1 and KE2) were pharmacies visited more frequently than doctors or nurses. The proportion of outpatient consultations that were for new conditions ranged from 61% (NG2) to 84% (KE2). Proportionately very few health-care visits were made to traditional or faith healers.

Outpatient consultation rates to a doctor or nurse

Table 3 reports the outpatient consultation rates by study site for both adults and children (under 12 and under 5)—equivalent rates for new conditions only are reported in online supplemental table C3. Nigerian sites had consistently the lowest outpatient consultation rates, which were comparable for adults and children: approximately 0.2–0.4 outpatient visits to a doctor or nurse for a new condition per patient-year. Rates were higher in other sites, ranging, for adults, from approximately 0.8 (PK1) to 1.5 (BD1) visits per patient-year. Apart from Nigeria, outpatient consultation rates were higher for children than adults.

Doctor and nurse consultation rates by provider type

Figure 2 shows the proportion of outpatient consultations for a new condition by facility type. There were differences between the sites and countries. Single-handed facilities accounted for approximately 25% of adult visits in Bangladesh and Pakistan, and 50% and 20% of child visits in these countries, respectively. However, almost no visits to single-handed facilities were recorded in Nigeria and Kenya. Hospital outpatient departments and clinics accounted for comparable shares of outpatient consultations; in particular, for adults, hospital visit shares were 51% (NG1), 66% (NG2), 69% (NG3), 38% (KE1), 39% (KE2), 37% (PK1) and 21% (BD1). These figures were similar for children. Figure 3 shows the proportion of visits by provider (doctor or nurse). For the Pakistani and Bangladeshi communities, almost all outpatient consultations were with a doctor, whereas in Kenya and Nigeria a significant minority of consultations were with a nurse for both adults and children.

Choice of providers of doctor and nurse consultations

Table 4 reports travel times, waiting times and travel, drug, tests and other costs for the different types of facility for doctor and nurse consultations. Within each site the travel time to reach each type of facility was broadly similar with median travel times generally ranging from

15 to 30 min for all types of facility (see also online supplemental figure C1).

Bangladesh and Nigeria were the most expensive locations to seek treatment, both in relative and absolute terms, with median spending ranging from Int\$ 21 to 82 depending on facility type. Median spending in Kenyan facilities ranged from Int\$ 6 to 15, and in Pakistan Int\$ 16 to 42. Medication costs accounted the bulk of the cost of an outpatient consultation in all sites: the median proportion of the total cost of a visit accounted for by drugs was 67%-100%. Consultation fees in the Nigerian and Kenyan sites were generally under Int\$5 and often zero, whereas in Pakistan and Bangladesh they were higher (approximately Int\$5-15). The median expenditure for a visit was <10% of total monthly household expenditure for almost all types of consultation across all seven sites. However, the costs were highly skewed so that in all countries except Kenya over a third of consultations would constitute more than a third of a person's total monthly household expenditure.

Table 5 reports the results from the choice model. All elasticities were below zero, showing people prefer less costly and nearer services. However, the mean estimated elasticities were almost all between zero and minus one, with the exception of in Kenya, suggesting demand was relatively inelastic with respect to both price and time. Figure 4 compares predicted share of visits to different providers, net of costs and travel times, to actual proportions of visits: there was little qualitative difference between the two. This expressed choice is similar to survey responses; only 23%–43% of respondents reported 'low fees' being a reason they chose a provider (online supplemental table C4). Demand was generally more elastic in poorer households (table 5).

The most frequently cited reasons for choosing a particular healthcare facility and provider were proximity (54%–78% of respondents), service quality (31%–95%) and cordiality (21%-65%) (online supplemental table C4). Generally, the majority of respondents were either 'very satisfied' or 'satisfied' with their visit and rated most aspects of the visit either 'very good' or 'good', aside from waiting time where negative responses were more common. Respondents were more likely to be 'very satisfied' with care at public clinics in four of the seven sites, with comparable satisfaction with other providers in the remaining sites. Respondents were also least likely to report 'very satisfied' for single-handed facilities and private clinics. The most common medical reason for seeking care was 'communicable' or 'acute conditions' (35%–69%) with only 2%–6% of respondents reporting a chronic condition as the reason for the visit (see online supplemental figure C2 and C3).

DISCUSSION

We found that people living in slums make use of a range of primary care providers, both public and private, and from individual clinicians to hospital outpatient

		Nigeria						Kenya				Pakistan		Bangladesh	
	•	NG1		NG2		NG3		KE1		KE2		PK1		BD1	
Variable		All	D/N												
Adults															
z		1278	391	840	215	802	201	1008	405	1085	377	1112	498	066	257
Household size		3.6 (1.8)	3.8 (1.8)	4.7 (1.4)	4.9 (1.3)	4.6 (1.8)	4.7 (1.8)	3.5 (2.1)	3.1 (2.0)	2.5 (1.4)	2.4 (1.3)	5.5 (2.6)	5.5 (2.5)	4.3 (1.9)	4.4 (2.0)
Wealth quintile	Bottom	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(%	Lower	2	က	ဇ	0	-	-	15	13	0	0	0	0	0	0
	Middle	49	48	51	47	24	24	59	61	55	54	83	83	21	19
	Upper	48	49	46	53	75	75	25	26	44	45	15	15	78	77
	Тор	0	0	0	0	0	0	0	0	-	-	3	2	-	က
Monthly	Total	300 (248)	362 (250)	342 (274)	349 (268)	560 (364)	580 (363)	232 (136)	213 (127)	243 (127)	274 (152)	1122 (631)	1179 (667)	463 (234)	505 (257)
household expenditure (Int\$)	Per person	(98) 66	108 (79)	95 (78)	101 (87)	136 (101)	142 (104)	84 (62)	87 (63)	118 (81)	130 (92)	223 (125)	230 (138)	116 (58)	126 (61)
Age		39.0 (16.7)	39.9 (17.4)	47.8 (16.6)	51.3 (17.7)	42.0 (15.0)	43.8 (15.2)	37.6 (13.6)	40.1 (14.7)	34.3 (11.1)	34.4 (11.0)	37.6 (12.6)	39.2 (13.1)	34.6 (12.3)	36.6 (12.7)
Sex (% male)		45	35	49	20	47	45	46	34	46	42	20	42	53	41
Education (%)	Primary/ Middle	22	19	34	36	16	19	09	55	39	38	7	10	61	28
	Secondary	46	52	22	52	54	49	34	38	51	49	79	92	31	30
	Tertiary	24	22	6	6	32	31	9	7	8	12	14	14	8	12
Children (under 12)	12)														
z		128	36	69	13	79	24	537	320	421	205	528	367	658	136
Household size		4.9 (1.5)	4.9 (1.4)	4.7 (1.4)	4.9 (1.3)	4.9 (1.4)	5.1 (1.4)	5.2 (1.8)	5.2 (1.9)	4.4 (1.4)	4.3 (1.4)	7.5 (3.0)	7.4 (2.9)	4.9 (1.6)	5.4 (1.8)
Wealth quintile	Lowest	0	0	0	0	0	0	0	0	0	0	0	0	0	0
(%)	Lower	2	-	က	0	-	0	13	13	0	0	0	0	0	0
	Middle	48	62	51	47	25	37	09	99	55	55	84	85	25	20
	Upper	90	37	46	53	74	63	27	30	44	45	15	14	74	78
	Top	0	0	0	0	0	0	0	-	0	0	-	-	-	2
Monthly	Total	365 (315)	359 (227)	437 (310)	417 (254)	579 (336)	626 (386)	284 (29)	274 (152)	276 (132)	286 (143)	1304 (733)	1324 (740)	472 (235)	525 (252)
household expenditure (Int\$)	Per person	74 (58)	75 (49)	93 (60)	92 (59)	123 (68)	130 (75)	56 (29)	130 (92)	(37)	70 (36)	184 (112)	194 (117)	100 (46)	104 (50)
Age		6.9 (3.6)	6.0 (3.4)	6.7 (3.7)	4.9 (3.3)	6.5 (3.9)	6.2 (3.8)	5.9 (3.7)	5.5 (3.8)	5.6 (3.6)	5.1 (3.7)	6.0 (3.7)	5.4 (3.4)	5.5 (3.7)	4.7 (3.7)
Sex (% male)		44	33	22	51	43	40	55	52	48	46	53	53	52	62

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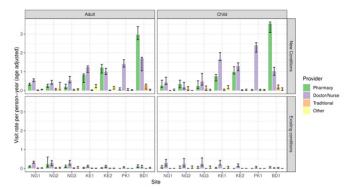


Figure 1 Age-adjusted (to INDEPTH population) visit rates per person-year to different outpatient care providers for adults and children (under 12) for new and existing conditions.

departments. While there are considerable differences between slums and countries, we found across all sites that: traditional healers were seldom consulted for health needs, reflecting previous evidence;²¹ doctors and nurses were frequently consulted, more so than pharmacies in all sites other than Bangladesh; formal clinics/hospital

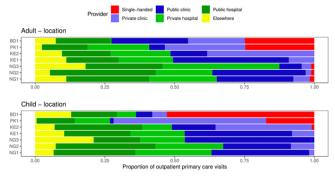


Figure 2 Proportion of outpatient doctor and nurse consultations for a new condition by facility type.

outpatient departments were more popular than 'single-handed' settings; the costs of medication exceeded those of consultations and demand was relatively inelastic with respect to consultancy and travel cost.

The various providers of doctor and nurse consultations were all in relative proximity to the slum precinct; the majority of respondents reported requiring <30 min to reach their provider of choice. It is noteworthy that

Table 3 Outpatient primary care consultation rates and outpatient doctor and nurse consultation rates (visits per person-year (95% CI))

	Outpatient consultation (all con-	ditions)	
Site	Crude	WHO age adjusted	INDEPTH age adjusted
Adults			
NG1	0.42 (0.40 to 0.44)	0.42 (0.40 to 0.44)	0.40 (0.38 to 0.42)
NG2	0.39 (0.35 to 0.43)	0.32 (0.30 to 0.34)	0.29 (0.27 to 0.31)
NG3	0.28 (0.26 to 0.30)	0.31 (0.29 to 0.33)	0.29 (0.27 to 0.31)
KE1	1.07 (1.03 to 1.11)	1.17 (1.13 to 1.21)	1.04 (1.00 to 1.08)
KE2	0.93 (0.89 to 0.97)	1.06 (1.02 to 1.10)	0.95 (0.91 to 0.99)
PK1	0.79 (0.75 to 0.83)	0.85 (0.81 to 0.89)	0.77 (0.73 to 0.81)
BD1	1.52 (1.46 to 1.58)	1.73 (1.67 to 1.79)	1.59 (1.53 to 1.65)
Children (under 12)			
NG1	0.29 (0.19 to 0.39)	_	_
NG2	0.15 (0.05 to 0.25)	-	-
NG3	0.34 (0.20 to 0.48)	_	_
KE1	1.74 (1.62 to 1.86)	-	-
KE2	1.30 (1.18 to 1.42)	-	_
PK1	1.85 (1.73 to 1.97)	-	-
BD1	1.04 (0.96 to 1.12)	-	_
Children (under 5)			
NG1	0.30 (0.14 to 0.46)	-	_
NG2	0.21 (0.03 to 0.39)	-	-
NG3	0.40 (0.16 to 0.64)	_	_
KE1	2.57 (2.35 to 2.79)	-	-
KE2	1.68 (1.50 to 1.86)	_	_
PK1	2.46 (2.24 to 2.68)	-	-
BD1	1.50 (1.36 to 1.63)	-	-

Figure 3 Proportion of outpatient consultations for a new condition by doctor or nurse.

relatively frequent use was made of hospital outpatient departments, which accounted for as much as 50% of doctor or nurse outpatient consultations in some sites. We also found low use of individually owned and operated practices. This is in contrast to what we expected, perhaps because of the substantial literature on quality of care in 'single-handed' practices, much of it emanating from India. 36 7 22

There was evidence that many households spent a significant proportion of their money on healthcare. While we found evidence that the up-front cost of a visit, including consultancy fees and travel costs, were relatively low and had only a small effect on demand for services, the total cost of a visit was much higher and often differed little between public and private facilities. Indeed, the consultancy fees even at private providers were often zero. The WHO's Global Health Observatory use the proportion of households spending >10% of their expenditure on healthcare as a marker of national health system performance and report figures of 15%, 5%, 13% and 25% for Nigeria, Kenya, Pakistan and Bangladesh, respectively (online supplemental table A1). The relative differences between countries reflect those found in this study. In both data sources, Kenya has the lowest rates of high spending relative to household spending which may be attributed to the National Hospital Insurance Fund. Nevertheless, our results suggest the proportion of slum households meeting the 10% threshold is much higher (generally >50%) than the above national averages.

Most of the cost of a primary care visit was accounted for by the cost of drugs, which reflects findings from another LMIC-based study that showed high mark-ups on medication.²³ Kenya is the only country in our study with any public funding for medication, and while respondents there did report the lowest cost to access care of any of our sites, drugs were still the biggest source of expenditure.²⁴ Much of the literature on healthcare access in LMICs has focused on the deleterious effect of user and consultation fees, and it has been shown that even very small costs can suppress demand and do so nonselectively and to the detriment of children.²⁵ However, our evidence suggests that the costs of treatment may be a larger problem for access to care in urban areas. Few visits resulted in spending on medical tests.

Patient choice

The finding that people will frequently attend a formal facility such as a hospital outpatient department, bypassing other facilities/providers on the way, shows that people are likely willing to trade convenience and cost for perceptions of quality. We have quantified and explored these trade-offs formally by use of a 'choice model'. An immediate limitation is that we are not 'comparing like for like' since we must assume that demand for a provider type is heavily determined by the type of symptom a person is experiencing. That said, it must also be assumed that when the situation is perceived to be more serious, the more a person will eschew local in favour of more distant providers. In that sense our findings are all the more impressive, representing an underestimate of preference for formal providers when the complaint is more serious. Nevertheless, higher elasticities among the poorest people is a cause for concern.

Overall demand for healthcare

Despite the availability of a range of providers, and study participants reporting that they were able to access healthcare when they needed it, age-adjusted use rates in our study sites were substantially lower than in high-income countries (HICs) despite a high burden of disease. In Nigeria, respondents consulted a doctor or nurse once every 3 years to once every 6-9 months in Bangladesh. Yet in the USA the crude consultation rate was 3.9 visits per person-year,²⁶ and in the UK it was 5.5 visits per personyear.²⁷ Healthcare use in our study population is lower than in HIC, and there is evidence that health needs are not being met. For instance, very few visits were reported for chronic conditions and follow-up despite the prevalence of chronic illness, which has been reported to be high in other slum populations. 28 Lack of consultation for symptoms that do not cause immediate distress may be a reason that patients presenting with cancer in LMICs are much more likely than in HICs to be in stage 3 or 4.^{29 30}

Policy recommendations

Our findings, interpreted in the context of the literature, provide the basis for an emerging policy to improve access to high-quality care in urban areas. First, while in rural areas the predominant consideration is often the existence of local services, in urban areas there are a wide variety of services in close proximity. The imperative in urban areas should therefore be to make better use of the services that already exist. For example, we have found a relatively high use of pharmacies rising to two-thirds of all healthcare contacts in Bangladesh. 11 This suggests, for example, that they might provide a good focus for dissemination of preventive health advice.

Second, our findings on expressed preference show that, in the context of the city, distance to facilities does not significantly suppress demand. These observations suggest that it might be a mistake to pursue, in urban areas, a policy to ensure yet closer location of many services to where people live. Such services would inevitably be more

Table 4 Summary of time and costs of outpatient doctor and nurse consultations by study site for adults and children combined

combined						
		Facility type				
			Clinics		Hospitals	
Variable		Single-handed	Private	Public/NGO	Private	Public/NGC
NG1						
Travel time (r	nin)	-	15 (5, 30)	15 (10, 20)	15 (10, 30)	15 (10, 30)
Waiting time	(min)	-	5 (2, 10)	10 (5, 40)	5 (2, 10)	30 (10, 60)
Costs (Int\$)	Consultation	-	0 (0, 3)	0 (0, 2)	0 (0, 8)	0 (0, 3)
	Drugs	-	17 (4, 73)	15 (8, 23)	21 (10, 42)	17 (10, 25)
	Tests	_	0 (0, 7)	1 (0, 4)	2 (0, 8)	2 (0, 8)
	Travel	-	0 (0, 4)	0 (0, 5)	2 (0, 8)	2 (0, 10)
	Total	_	42 (5, 88)	21 (13, 33)	42 (21, 61)	23 (14, 42)
Total cost as expenditure	% of monthly h/h	-	9 (2, 21)	7 (3, 15)	11 (6, 19)	9 (4, 16)
	spending >10% of enditure on visit (%)	-	43	32	56	43
NG2						
Travel time (r	min)	-	20 (12, 44)	10 (5, 20)	15 (10, 30)	20 (10, 30)
Waiting time	(min)	-	30 (12, 55)	15 (5, 30)	10 (5, 30)	30 (13, 60)
Costs (Int\$)	Consultation	_	0 (0, 1)	0 (0, 1)	0 (0, 0)	0 (0, 4)
	Drugs	_	5 (1, 11)	15 (8, 29)	20 (8, 42)	17 (11, 29)
	Tests	_	0 (0, 0)	0 (0, 4)	0 (0, 8)	0 (0, 8)
	Travel	_	0 (0, 0)	0 (0, 4)	0 (0, 8)	0 (0, 8)
	Total	_	13 (9, 32)	20 (13, 34)	29 (13, 78)	29 (17, 42)
Total cost as expenditure	% of monthly h/h	-	11 (6, 46)	5 (3, 13)	11 (4, 23)	13 (5, 30)
	spending >10% of enditure on visit (%)	-	50	32	56	55
NG3						
Travel time (r	min)	_	22 (10, 41)	10 (9, 20)	20 (14, 30)	30 (10, 40)
Waiting time	(min)	_	10 (5, 12)	20 (5, 50)	10 (5, 30)	46 (10, 120)
Costs (Int\$)	Consultation	_	0 (0, 0)	1 (0, 2)	0 (0, 8)	0 (0, 4)
, ,	Drugs	_	25 (12, 42)	13 (8, 22)	42 (21, 49)	17 (8, 30)
	Tests	_	0 (0, 19)	0 (0, 4)	0 (0, 13)	7 (0, 17)
	Travel	_	0 (0, 0)	0 (0, 2)	2 (0, 3)	2 (0, 4)
	Total	_	56 (29, 81)	20 (11, 34)	47 (33, 81)	34 (17, 60)
Total cost as expenditure	% of monthly h/h	-	10 (3, 16)	4 (2, 9)	9 (4, 15)	7 (3, 12)
Households	spending >10% of enditure on visit (%)	-	50	17	43	33
KE1						
Travel time (r	min)	-	10 (5, 20)	15 (10, 30)	20 (10, 30)	28 (10, 45)
Waiting time	(min)	-	30 (5, 42)	60 (18, 94)	20 (5, 42)	30 (20, 120)
Costs (Int\$)	Consultation	_	0 (0, 2)	0 (0, 0)	0 (0, 2)	0 (0, 1)
	Drugs	_	9 (2, 13)	5 (2, 9)	7 (2, 18)	6 (0, 9)
	Tests	_	2 (0, 6)	0 (0, 3)	0 (0, 6)	0 (0, 6)
	Travel	_	2 (0, 5)	0 (0, 2)	2 (0, 3)	1 (0, 4)
	Total	_	13 (8, 30)	6 (2, 12)	11 (4, 30)	8 (2, 24)

Continued



Table 4 Continued

lable 4 Co	ontinued 					
		Facility type				
			Clinics		Hospitals	
Variable		Single-handed	Private	Public/NGO	Private	Public/NGO
Total cost as expenditure	s % of monthly h/h	-	5 (1, 21)	3 (1, 11)	5 (1, 11)	3 (1, 11)
	spending >10% of enditure on visit (%)	-	43	27	29	26
KE2						
Travel time (min)	_	18 (10, 30)	20 (15, 30)	30 (15, 50)	35 (30, 58)
Waiting time	(min)	-	10 (5, 20)	30 (10, 60)	15 (5, 30)	40 (20, 88)
Costs (Int\$)	Consultation	_	0 (0, 1)	0 (0, 1)	0 (0, 3)	1 (0, 3)
	Drugs	_	8 (4, 14)	6 (2, 11)	9 (5, 19)	11 (7, 28)
	Tests	_	3 (0, 6)	0 (0, 2)	9 (0, 19)	6 (2, 11)
	Travel	_	1 (0, 2)	1 (0, 1)	2 (1, 4)	2 (2, 4)
	Total	_	9 (4, 19)	6 (4, 13)	13 (6, 31)	15 (4, 48)
Total cost as expenditure	% of monthly h/h	-	3 (1, 9)	3 (1, 8)	4 (1, 14)	5 (1, 15)
	spending >10% of enditure on visit (%)	-	19	21	29	31
PK1						
Travel time (min)	10 (5, 15)	5 (5, 10)	20 (14, 30)	15 (10, 30)	30 (15, 30)
Waiting time	(min)	10 (0, 25)	10 (10, 20)	52 (12, 98)	25 (10, 60)	30 (14, 60)
Costs (Int\$)	Consultation	3 (3, 5)	3 (3, 6)	0 (0, 1)	6 (1, 29)	0 (0, 0)
	Drugs	12 (6, 16)	9 (6, 19)	12 (4, 16)	16 (5, 44)	16 (0, 31)
	Tests	0 (0, 0)	0 (0, 0)	0 (0, 0)	0 (0, 0)	0 (0, 0)
	Travel	0 (0, 0)	0 (0, 0)	1 (0, 2)	2 (0, 6)	2 (0, 6)
	Total	18 (11, 25)	16 (9, 24)	17 (11, 25)	42 (18, 104)	19 (7, 55)
Total cost as expenditure	% of monthly h/h	1 (1, 4)	2 (1, 3)	1 (0, 3)	2 (4, 9)	2 (0, 4)
	spending >10% of enditure on visit (%)	6	9	8	25	12
BD1						
Travel time (min)	20 (15, 30)	30 (20, 60)	30 (20, 30)	35 (19, 60)	30 (24, 60)
Waiting time	(min)	45 (30, 90)	60 (30, 90)	85 (30, 128)	20 (19, 30)	60 (30, 120)
Costs (Int\$)	Consultation	12 (6, 15)	12 (1, 15)	0 (0, 0)	0 (0, 4)	0 (1, 4)
	Drugs	26 (15, 47)	32 (14, 61)	15 (5, 24)	27 (20, 60)	21 (9, 41)
	Tests	21(8, 46)	31 (0, 61)	11 (1, 20)	6 (6, 6)	31 (9, 48)
	Travel	2 (2, 3)	2 (1, 3)	3 (2, 5)	2 (2, 2)	3 (2, 6)
	Total	52 (30, 89)	82 (26, 128)	22 (15, 39)	36 (32, 62)	45 (18, 96)
Total cost as expenditure	% of monthly h/h	13 (6, 23)	17 (5, 32)	6 (2, 10)	11 (10, 16)	9 (3, 17)
	spending >10% of enditure on visit (%)	58	67	28	75	44

All values are median (IQR) if the number of recorded visits (n) was five or more. h/h, household; NGO, non-governmental organisation.

Table 5 Price and travel time elasticities of demand and willingness to pay for nearer services for households by total monthly per person household consumption expenditure, values are posterior mean (95% credible intervals)

	Price elasticity of	demand	Time elasticity of	demand	Willingness to pa travel time (Int\$)	y for 15 min less
	<int\$100 pppm<="" th=""><th>≥Int\$100 pppm</th><th><int\$100 pppm<="" th=""><th>≥Int\$100 pppm</th><th><int\$100 pppm<="" th=""><th>≥Int\$100 pppm</th></int\$100></th></int\$100></th></int\$100>	≥Int\$100 pppm	<int\$100 pppm<="" th=""><th>≥Int\$100 pppm</th><th><int\$100 pppm<="" th=""><th>≥Int\$100 pppm</th></int\$100></th></int\$100>	≥Int\$100 pppm	<int\$100 pppm<="" th=""><th>≥Int\$100 pppm</th></int\$100>	≥Int\$100 pppm
NG1	-0.62	-0.27	-1.01	-0.47	8.45	7.20
	(-0.89 to -0.36)	(-0.46 to -0.10)	(-1.76 to -0.26)	(-1.04 to -0.18)	(–0.95 to 22.69)	(1.94 to 14.51)
NG2	-0.96	-0.47	-0.29	-0.36	1.35	3.00
	(-1.43 to -0.49)	(-0.75 to -0.17)	(-0.96 to 0.42)	(-0.88 to -0.21)	(-2.07 to 5.03)	(-2.06 to 9.49)
NG3	-0.45	-0.03	0.00	0.00	-2.39	-2.87
	(-1.23 to 0.23)	(-0.53 to 0.43)	(-0.84 to 1.02)	(-0.61 to 0.78)	(-39.37 to 41.45)	(-27.97 to 33.16)
KE1	-1.92	-0.62	-0.34	-0.16	1.15	1.50
	(-2.46 to -1.26)	(-1.18 to -0.06)	(-0.94 to 0.22)	(-0.63 to 0.31)	(-0.39 to 3.25)	(–1.23 to 5.44)
KE2	-1.94	-1.49	-0.27	-0.27	1.13	1.03
	(-2.44 to -1.26)	(-1.96 to -0.89)	(-0.87 to 0.42)	(-0.81 to 0.40)	(–1.08 to 3.60)	(-0.86 to 3.10)
PK1	-0.30	-0.69	-1.52	-0.98	6.93	6.19
	(-1.72 to 1.05)	(-1.31 to -0.04)	(-2.70 to -0.32)	(-1.61 to -0.30)	(2.03 to 16.04)	(2.13 to 12.65)
BD1	-0.79	-0.28	-1.09	-0.21	12.20	7.03
	(-2.38 to 0.72)	(-1.63 to 0.76)	(-1.88 to -0.36)	(-0.59 to 0.17)	(-46.93 to 72.03)	(–18.30 to 34.48)

dispersed into small and 'single-hande' providers where care has been shown to be of low quality (even when the practitioners are medically qualified⁶), and that training has little effect on improving care quality.⁷

Third, overall use is low while people with serious disease such as cancer and tuberculosis present late. At the supply side this should be tackled by improving care quality, such as improved diagnosis, as suggested above and also by mitigating the main cost—namely medicines. On the demand side, there is a need to continue research into barriers to appropriate health seeking for symptoms of serious disease.

Strengths and limitations

The response rates differed by study site. We made up to three callbacks for each sampled household to minimise selection bias, but non-responsive or nonconsenting households may have differed from those that participated, particularly as slums can be highly dynamic places. There only exist one longitudinal study of slum populations,³¹ while it does not capture healthcare use statistics, it does suggest the material circumstances and levels of health spending have not varied significantly year-to-year³² (the COVID-19 pandemic notwithstanding). Nevertheless, the findings between slums in this article are qualitatively similar in terms of behaviour and agree with other studies in this area, thus we believe these results can be used to guide policy for these populations. The age-standardised consultation rates were based on the INDEPTH and WHO reference populations¹⁷ enabling us to make age-adjusted comparisons between study sites. However, the reference population may be out of date and may not be the most appropriate population for broader international comparisons. However, estimated rates differed little between reference populations. Clinical officers were not included in this study as a

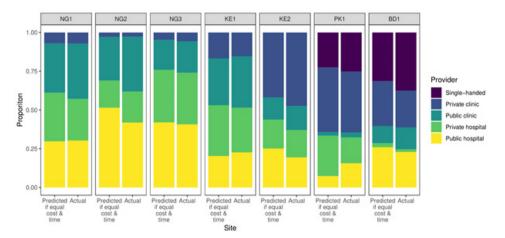


Figure 4 Predicted proportions of visits to different provider types for an outpatient doctor and nurse consultation if price and travel time were all equivalent versus actual proportions of visits.



category, and we do not how respondents might identify or categorise them (eg, as a 'doctor' or 'other'); further research is required into the role of clinical officers in these locations. Indeed, a limitation of our study was that the type of provider (nurse or doctor) was self-reported, which means the provider could be misclassified. Further research is required to determine what effect this might have for healthcare use surveys like this. We cannot make a reliable comparison of individuals based on their health status as no reliable clinical or epidemiological indicators were captured. Differences between sites may well be attributable to large differences in population health, however we suggest that this would be unlikely. Any observed relationships, or lack thereof, may be driven by other underlying processes and confirmatory studies are needed to address some of the questions raised here. Finally, slum populations are often highly mobile, which could result in rapidly shifting population characteristics. The cross-sectional data here may therefore not provide a complete picture of slums around the world and we caution against making broad generalisations.

CONCLUSION

There have been big 'pro-poor' improvements in key indicators, such as infant and under-five mortality, in the last 20 years. But these have been largely achieved by preventive services such as immunisation, improved nutrition and rehydration therapy. Further improvements, for example, in cancer care, will require improved clinical care along the pathways from seeking care for the first symptom to definitive treatment. We hope that our findings contribute to the debate about how to improve primary care services by supporting understanding of when, where and how the residents of poorer urban areas make contact with the health system when health needs arise.

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Contributors Improving Health in Slums Collaborative drafted the manuscript and conducted the analyses. All members of the collaborative were involved in the design of the project, data collection, data analysis and approved the final manuscript. SIW submitted the manuscript. RJL is the guarantor.

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Individual Questionnaire

[To be completed by the randomly selected adult (18+) from within the household. Note: first complete introduction and consent]

The next set of questions will ask you about the last time that you needed health care, whether or not you received that care. Please think back to the last time.

Module 4: Health Service Use

Q401	Have you needed health care in the last 12 months (whether or not you received health care)? [INFORM THE RESPONDANT THAT THIS CAN BE INPATIENT CARE, OUTPATIENT CARE, MEDICATION, TRADITIONAL		
	CARE, OR ANY OTHER INTERVENTION	1. Yes	
	FOR THEIR HEALTH]	2. No	Q402
0.100			Q443
Q402	The last time you needed health care,	1. Yes>	Q403
	did you get health care?	2. No>	Q402
Q402b	Which reason(s) best explains why you	1. Could not afford the cost of the visit	
[ONUNCIE	did not get health care?	2. No transport available	
[ONLY IF	ICUA OCCE ALL THAT THE DECRONDENT	3. Could not afford the cost of	
402 = "NO"1	[CHOOSE ALL THAT THE RESPONDENT	transport	
"NO"]	INDICATES]	4. You were previously badly treated5. Could not take the time off work or	
		had other commitments	
		6. The health care provider's drugs or	
		equipment were inadequate	
		7. The health care provider's skills	
		were inadequate	
		8. You did not know where to go	
		9. You tried but were denied health	
		care	
		10. You thought you were not sick	
		enough	
		97. Other, please specify	

Inpatient Hospital Care

The next two questions ask about <u>any</u> overnight stay in a hospital or other health care facility you had in the last year.

Q4	In the last 12 months, have you ever stayed overnight in a hospital or long-term health care facility?	1. 2. 3.	Yes, a hospital Yes, long-term care facility Yes, other provider (Please specify)	
	[Select all that apply]			
		4.	No →	Q423

Q404	Over the last 12 months, how many different times were you a patient in a hospital / long-term care facility for at least one night?	times 98. Don't know	
		IF "00" (NO OVERNIGHT STAYS) →	Q423

I would like you to ask about your <u>last inpatient stay only</u>.

Q405	What type of hospital or facility was it? Remember we are asking now about your last (most recent) overnight stay. [ONE ANSWER ONLY]	 Public hospital Private hospital Charity or church-run hospital Old person's home or long-term care facility
		97. Other, please specify [BANGLADESH: remove option 3, replace with "NGO clinical or health care facility and community health clinic"]
Q405a	Please name the facility	Free text
Q405b	Which reason(s) best describes why you chose this health care provider? [CHOOSE ALL THAT THE RESPONDENT INDICATES]	 Nearness of the facility Service providers are cordial Good service available Short waiting time Qualified doctors available Low fees/low treatment cost Good waiting arrangement Confidentiality is maintained Do not know where else to go Medicine is also available Availability of diagnostic service Recommendation from someone Other (please specify)
Q405c	 Which reason best describes why you were last hosp [RESPONDENT CAN SELECT ONLY ONE MAIN REASON Communicable disease (infections, malaria, tuberculosis, HIV) Maternal and perinatal conditions (pregnancy) Nutritional deficiencies Acute conditions (diarrhoea, fever, flu, headaches, cough, other) Injury (not work related, see 8 below) Surgery Sleep problems Occupation/work related condition/injury Chronic pain in your joints / arthritis (joints, back, neck) Diabetes or related complications 	

Q406	How did you get there?	Private vehicle Public transportation	
	[SELECT ALL THAT THE RESPONDENT MENTIONS]	3. Taxicab	
		4. Ambulance or emergency vehicle	
		5. Bicycle	
		6. Walked	
		7. Boda boda, rickshaw, other private	
		transport other than a vehicle	
		8. Don't know	
		[BANGLADESH: add option Rickshaw]	
Q406a	About how long did it take you to get there?	[BANGLADESH: add Option Nickshaw]	
Q400u	About now long and it take you to get there:	hours: minutes	
		98. Don't know	
Q406b	· · · · · · · · · · · · · · · · · · ·		
	first consultation with a health professional?	hours: minutes	
		98. Don't know	
Q407	Who paid for this inpatient stay?	1. Respondent	
		2. Spouse / Partner	
	Anyone else?	3. Son / Daughter	
		4. Other family member	
	[SELECT ALL RESPONSES.	5. Non-family member	
	PROBE TO SEE IF ANYONE ELSE PAID OR	6. Mandatory insurance scheme	
	CONTRIBUTED TO PAYING FOR THE CARE?]	7. Voluntary insurance scheme	
		8. Hospitalisation was free →	Q413
Q408	Thinking about you last inpatient stay, how much	a. [Health care provider's] fees:	
	did you or your family / household members pay		
	<u>out-of-pocket</u> for:		
		b. Medicines:	
	[WRITE "0" IF THE SERVICE WAS FREE – IF A		
	PERSON DID NOT HAVE MEDICINES OR TESTS,		
	ENTER 99990 FOR "NOT APPLICABLE, DID NOT	c. Tests:	
	HAVE."]		
	[USE LOCAL CURRENCY]		
	[OSE LOCAL CORRENCY]	d. Transport:	
		u. Transport.	
		o Othor	
		e. Other,	
0400	About how much in total was said out of sailet	please specify:	
Q409	About how much in total was paid out-of-pocket for this inpatient visit?		
	Tor this inpatient visit:		
	[USE LOCAL CURRENCY]		

Q410	Overall, how <u>satisfied</u> were you with the care you received during your last overnight stay?	2. Satis 3. Neit 4. Dissa		d nor dissatis	sfied	
_	ur <u>last overnight visit</u> to a <u>hospital or long-term care</u> , how would you rate the following:	Very good	Good	Moderate	Bad	Very bad
Q411	the amount of time you <u>waited</u> before being attended to?	1	2	3	4	5
Q412	your experience of <u>being treated respectfully</u> ?	1	2	3	4	5
Q413	how <u>clearly</u> health care providers explained things to you?	1	2	3	4	5
Q414	your experience of being involved in making decisions for your treatment?	1	2	3	4	5
Q415	the way the health services ensured that you could talk privately to providers?	1	2	3	4	5
Q416	the <u>ease</u> with which you could see a health care provider you were happy with?	1	2	3	4	5
Q417	the <u>cleanliness</u> in the health facility?	1	2	3	4	5

Outpatient Care

Now I will shift away from questions about overnight stays – to questions about health care you received that did <u>not</u> include an overnight hospital stay. The following questions are about care you received at a hospital, health centre, clinic, pharmacy, or private office including traditional health care but where you did <u>not</u> stay overnight.

Q418	Over the last 12 months did you receive any health	1.	Yes	
	care NOT including an overnight stay?	2.	No →	Q443
Q419	In total, how many times did you receive health care or consultation in the <u>last 12 months</u> ?		times	

Q420	What was the last (most recent) health care	1. Private doctor's office	
	facility you visited in the last 12 months?	2. Private clinic or health care facility	
		3. Private hospital	
	[READ OUT RESPONSES, SELECT ONE OPTION	4. Public clinic or health care facility	
	ONLY.]	5. Public hospital	
		6. Charity or church run clinic	
		7. Charity or church run hospital	
		8. Traditional Healer [USE LOCAL TERMS]	
		9. Pharmacy	
		97. Other, please specify:	
		[BANGLADESH: remove options 6 and 7,	
		replace with "NGO clinic or health care	
		facility and community health clinic"]	
Q420a	Please name the provider	Free text	·

Sidiff	
Which reason(s) best describes why you chose	Nearness of the facility
this health care provider?	Service providers are cordial
	3. Good service available
	4. Short waiting time
-	5. Qualified doctors available
	6. Low fees/low treatment cost
	7. Good waiting arrangement
	8. Confidentiality is maintained
	9. Do not know where else to go
	10. Medicine is also available
	11. Availability of diagnostic service
	12. Recommendation from someone
	97. Other (please vspecify)
	Medical doctor (including surgeon,
provider you visited?	gynecologist, psychiatrist,
	ophthalmologist)
	2. Nurse
THE MAIN REASON FOR THE VISIT]	3. Midwife
	4. Dentist
[AFTER Q426 SUBSTITUTE THE TYPE OF HEALTH	5. Physiotherapist or chiropractor
CARE PROVIDER SELECTED BY THE PATIENT	6. Traditional medicine practitioner [USE
WHEN YOU SEE [HEALTH CARE PROVIDER] IN	LOCAL NAME]
BRACKETS.]	7. Pharmacist, druggist
	8. Don't know
What was the sex of the [HEALTH CARE	1. Male
	2. Female
-	1. Chronic
	2. New
:	3. Both
som, or rounne one on up.	4. Routine check-up
Which reason hest describes why you needed this	
which reason best describes why you needed this	VISIC;
[RESPONDENT CAN SELECT ONLY ONE MAIN REAS	ON FOR VISIT
•	11. Problems with your heart, including
	unexplained pain in chest
,	1
	12. Problems with your mouth, teeth or
	swallowing
	13. Problems with your breathing
· ·	14. High blood pressure / hypertension
	15. Stroke / sudden paralysis of one side of
	body
6. Surgery	16. Generalised pain (stomach, muscle or
7. Sleep problems	other non-specific pain)
8. Occupation/work related condition/injury	17. Depression or anxiety
9. Chronic pain in your joints / arthritis (joints,	18. Cancer
hack neck)	97. Other, please specify
back, riceky	, , , , , , , , , , , , , , , , , , ,
	this health care provider? [CHOOSE ALL THAT THE RESPONDENT INDICATES] Which was the last (most recent) health care provider you visited? [THE PERSON WHO PROVIDED THE CARE FOR THE MAIN REASON FOR THE VISIT] [AFTER Q426 SUBSTITUTE THE TYPE OF HEALTH CARE PROVIDER SELECTED BY THE PATIENT WHEN YOU SEE [HEALTH CARE PROVIDER] IN BRACKETS.] What was the sex of the [HEALTH CARE PROVIDER] for a chronic (ongoing) condition, new condition, both, or routine check-up? Which reason best describes why you needed this [RESPONDENT CAN SELECT ONLY ONE MAIN REASON IN Communicable disease (infections, malaria, tuberculosis, HIV) Maternal and perinatal conditions (pregnancy) Nutritional deficiencies Acute conditions (diarrhoea, fever, flu, headaches, cough, other) Injury (not work related, see 8 below) Surgery Sleep problems Occupation/work related condition/injury

Q422	Thinking about your <u>last visit</u> , how did you get	Private vehicle	
	there?	2. Public transportation	
		3. Taxicab	
	[CIRCLE ALL THAT THE RESPONDENT	4. Ambulance or emergency vehicle	
	MENTIONS.]	5. Bicycle	
		6. Walked	
		8. Don't know	
		o. Bon canon	
		[BANGLADESH: add option Rickshaw]	
Q423	About how long did it take you to get there?		
		hours: minutes	
		98. Don't know	
Q423a	About how long did you wait between arrival		
	and first consultation with a health professional?		
	·	hours: minutes	
0.42.4		98. Don't know	
Q424	Who paid for this most recent visit?	1. Respondent	
		2. Spouse / Partner	
	Anyone else?	3. Son / Daughter	
	f	4. Other family member	
	[SELECT ALL RESPONSES.	5. Non-family member	
	PROBE TO SEE IF ANYONE ELSE PAID OR	6. Mandatory insurance scheme	
	CONTRIBUTED TO PAYING FOR THE CARE?]	7. Voluntary insurance scheme	
		8. It was free →	Q431
Q425	Thinking about your last <u>visit</u> , how much did you	a. [HEALTH CARE PROVIDER'S] fees:	
	or your family / household members pay for:		
	[WRITE "0" IF THE SERVICE WAS FREE – IF A	b. Medicines:	
	PERSON DID NOT HAVE MEDICINES OR TESTS,		
	ENTER 99998 FOR "NOT APPLICABLE, DID NOT		
	HAVE."]	c Tosts:	
		c. Tests:	
	[USE LOCAL CURRENCY]		
		d. Transport:	
		e. Other,	
		please specify:	
		piedse specify.	
		f. Total costs:	
1	1		1

Q426	Overall, how <u>satisfied</u> were you with the care	1.	Very satisfied	
	you received during your last visit?	2.	Satisfied	
		3.	Neither satisfied nor dissatisfied	
		4.	Dissatisfied	
		5.	Very dissatisfied	

1	or <u>last visit</u> to a <u>health care provider</u> , how would you e following:	Very good	Good	Moderate	Bad	Very bad
Q427	the amount of time you <u>waited</u> before being attended to?	1	2	3	4	5
Q428	your experience of being treated respectfully?	1	2	3	4	5

-	or <u>last visit</u> to a <u>health care provider</u> , how would you e following:	Very good	Good	Moderate	Bad	Very bad
Q429	how <u>clearly</u> health care providers explained things to you?	1	2	3	4	5
Q430	your experience of being involved in making decisions for your treatment?	1	2	3	4	5
Q431	the way the health services ensured that you could talk privately to providers?	1	2	3	4	5
Q432	the <u>ease</u> with which you could see a health care provider you were happy with?	1	2	3	4	5
Q433	the <u>cleanliness</u> in the health facility?	1	2	3	4	5

Care at home

Now I would like to ask you to think about care you received from a health care worker or provider while at home, place of work or at an education centre. For the following questions please think about health care accessed in the past year only.

Q434	Over the last 12 months, have you received a visit in	1. Yes	
	your home or place of work or education from any	2. No→	Q444
	health care worker or provider?	8. Don't know→	Q444
Q434a	What was discussed with the health care worker?	1. Family planning	
		2. Healthy life-style	
	[SELECT ALL THAT APPLY]	3. Advice for common illness	
		4. Vaccines for pregnant women and	
		children	
		5. Diet and nutrition	
		6. Other (specify)	
		8. Don't know	
Q434b	What, if any, materials were distributed by the health	1. Family planning materials	
	care worker?	2. De-worming tablets	
		3. Medicine for common cold or fever	
		4. Vitamin(s)	
		5. Calcium	
		6. Iron tablet(s)	
		7. Other (specify)	

[Name of	Siurrij			
		8.	Don't know	ĺ

M-health

Q435	In the last 12 months have you used or	1. Yes	0472
	attempted to use your mobile phone or other	2. No→	Q472
	digital communication device (e.g.: laptop,		
	tablet) to access health information, advice or		
	care for yourself, where information about your		
	health was received or given?		
Q436	Which ways of accessing health advice or	1. Contacted someone (via text message, chat	
	information have you used?	website, e-mail, video call etc.)	
		2. Researched health information without	
	[SELECT ALL THAT APPLY]	speaking to someone (via Google, health	
		website etc.)>	
Q437	Have you had any problems when using your	1. Yes	
	mobile phone or other device for this purpose?	2. No →	Q448
Q437a	What were the problem(s):	1. No airtime/data/wifi	
		2. Poor connectivity/signal	
	[SELECT ALL THAT THE RESPONDENT	3. Device not sufficiently charged	
	INDICATES]	4. No response from the	
	-	person/organisation contacted	
		5. Unable to read the textual message	
		received	
		6. Unable to find the information needed on	
		web/social media	
		7. Unable to read the relevant text found	
		97. Other	
		37. Other	

Now I would like to ask you to think about the <u>last time</u> you used or attempted to use your mobile phone or other digital communication device to access health information, advice or care for yourself, where information about your health was received or given. For the following questions please think about the <u>most recent time only</u>.

Q438	Which ways of accessing health or health care information did you use?		
		1. Contacted someone (via text message, chat	Q450
	[SELECT ALL THAT APPLY.]	website, e-mail, video call etc.)>	
		2. Researched health information without	
		speaking to someone (via Google, health	Q451
		website etc.)>	
Q439	Who did you receive this information or what	Medical Doctor	
	service did you use to get this information?	2. Nurse	
		3. Midwife	
	[REMEMBER WE ARE ASKING NOW ABOUT	4. Dentist	
	YOUR LAST (MOST RECENT) USE OF A DIGITAL	Physiotherapist or chiropractor	
	CHANNEL FOR SEEKING HEALTH INFORMATION,	6. Traditional medicine practitioner	
	ADVICE OR CARE.]	7. Pharmacist, druggist	
		8. Users and/or provider of health	
		related app.	
Q440	Please provide name of	[Free text]	
	person/organisation/website/social media site		

[Name of Country]

[Name of Slum]

-	and phone number or web address/e-mail		
	address		
Q441	address Why did you choose to get health information this way? [QUESTION REFERS TO WHY THE RESPONDENT CHOSE TO USE M-HEALTH RATHER THAN SEEING A PROVIDER IN PERSON] [CHOOSE ALL THAT THE RESPONDENT INDICATES]	 I could seek the health information, advice or care at a time I chose I could seek the health information, advice or care in a place I chose The problem was urgent The problem was not urgent Service providers are cordial I would not have to wait at a facility I trust the provider I needed more information than I usually receive from a health worker I had no money to get to see a health worker It was cheaper than going to see a health worker I had more privacy during the communication than when seeing a health worker I did not want other people to know I was seeking health, information advice or care This was the only option that was available at that time 	
Q442	Which reason best describes why you needed this [RESPONDENT CAN SELECT ONLY ONE MAIN REAST. Communicable disease (infections, malaria, tuberculosis, HIV) 2. Maternal and perinatal conditions (pregnancy) 3. Nutritional deficiencies 4. Acute conditions (diarrhoea, fever, flu, headaches, cough, other) 5. Injury (not work related, see 8 below) 6. Surgery 7. Sleep problems 8. Occupation/work related condition/injury 9. Chronic pain in your joints / arthritis (joints, back, neck) 10. Diabetes or related complications		
Q443	Was there a cost associated with accessing this health advice or information?	1. Yes 2. No→	Q458
Q444	Thinking about the last time you last accessed health advice or information, how much did you or your family / household members pay (Do not include cost of airtime/data):	8. Don't know	
Q445	Overall, how <u>satisfied</u> were you with the information, advice or care you received?	 Very satisfied Satisfied Neither satisfied nor dissatisfied Dissatisfied Very dissatisfied 	

Q446	Did you seek information, advice or care about	1. Yes	
	the same problem from a health worker face-	2. No	
	to-face after this digital contact?		

Now I would like you to think about your most recent contact again. I want to know your impression of your most recent contact for health information, advice or care. I would like you to rate your experiences using the following questions:

	last time you accessed health advice or information with a computer, or other electronic device, , how would you rate owing:	Very good	Good	Moderate	Bad	Very bad
FOR RE	SPONDENTS WHO HAVE REPORTED A CONTACTING SOMEONE					
Q447	your experience of being treated respectfully?	1	2	3	4	5
Q448	how <u>clearly</u> health care providers explained things to you?	1	2	3	4	5
Q449	the <u>ease</u> with which you could make contact with a health care provider you were happy with?	1	2	3	4	5
FOR RE	FOR RESPONDENTS WHO HAVE REPORTED RESEARCHING HEALTH INFO					
Q450	how understandable was the information or advice?	1	2	3	4	5

Unpaid care

Now I would like to ask you to think about the last time you provided/receive care from someone for a long-term physical or mental illness or disability or for getting old and weak. For the following questions please think about care provided or received in the past year only.

Q451	During the past year, did you provide help to a relative or friend (adult or child), because this	Yes, for a person living in the same household
	person has a long-term physical or mental illness	2. Yes, for a person living in a separate
	or disability, or is getting old and weak?	household 3. No → Q473
Q451a	Please tell me the kind of care provided:	You helped with personal care, such as going to the toilet, washing, getting
	[PLEASE SELECT ALL THAT APPLY]	dressed, or eating 2. You helped with medical care, like changing bandages, and giving medicines 3. You helped with household activities, such as meal preparation, shopping, cleaning, laundry 4. You watched over them since their behaviour can be upsetting or dangerous to themselves or others
Q451b	Is/was this one-off or regular care?	1. One-off 2. Regular
Q451c	Approximately how many hours a week do/did you spend providing this help?	hours per week

Q452	During the past year, did you receive help from a relative or friend (adult or child) because you	1.	Yes, from a person living in the same household		
	have a long-term physical or mental illness or	2.	Yes, from a person living in a separate		
	disability or are getting old and weak?		household		
		3.	No →	Q474	
Q452a	Please tell me the kind of care provided:	1.	You were helped with personal care,		
			such as going to the toilet, washing,		
	[PLEASE SELECT ALL THAT APPLY]		getting dressed, or eating		
		2.	You were helped with medical care, like		
			changing bandages, and giving		
			medicines		
		3.	You were helped with household		
			activities, such as meal preparation,		
			shopping, cleaning, laundry		
		4.	You were watched over since your		
			behaviour can be upsetting or		
			dangerous to yourself or others		
Q452b	Is/was this one-off or regular care?		1. One-off		
			2. Regular		
Q452c	Approximately how many hours a week do you receive this help?		hours per week		

Module 5: Health Status and Wellbeing

We will now as you a series of questions about your health and well-being. Please try to answer as honestly and accurately as possible. All responses will be kept in the strictest confidence.

Q501	In general would you say your health is:	1. Excellent
		2. Very good
		3. Good
		4. Fair
		5. Poor
Q502	Compared to one year ago, how would you rate	Much better than one year ago
	your health in general now?	2. Somewhat better now than one year ago
		3. About the same
		4. Somewhat worse now that one year ago
		5. Much worse now than one year ago

Please select the response that best describes you

Q503	Physical		Your health does not limit you in vigorous activities (such as running,	
2303	functioning	1.	lifting heavy objects)	
	Tunctioning	2	Your health limits you a little in vigorous activities (such as running,	
		۷.	lifting heavy objects)	
		2	Your health limits you a little in moderate activities (such as moving a	
		J.	table, playing with children)	
		4	Your health limits you a lot in moderate activities (such as moving a	
		٠,	table, playing with children)	
		5	Your health limits you a little in bathing and dressing	
			Your health limits you a lot in bathing and dressing	
Q504	Role limitations	1.	You have no problems with your work or other regular daily activities	
Q304	Note illitations	1.	as a result of your physical health or emotional problems	
		2.		
		۷.	your physical health	
		2	You <u>accomplish less than you would like</u> as a result of emotional	
		٦.	problems	
		1	You are <u>limited</u> in the kind of work or other activities as a result of you	
		4.	physical health and accomplish less than you would like as a result of	
			emotional problems	
Q505	Social functioning	Vour he	ealth limits your social activities (like visiting friends, relatives, etc.):	
Q303	Social functioning		none of the time	
			a little of the time	
			some of the time	
			most of the time	
			all of the time	
Q506	Pain		You have no pain	
Q300	I dili		You have pain but it does not interfere with your normal work (both	
		۷.	outside the home and housework)	
		3	You have pain that interferes with your normal work (both outside	
]	the home and housework) <u>a little bit</u>	
		Δ	You have pain that interferes with your normal work (both outside	
		7.	the home and housework) moderately	
		5	You have pain that interferes with your normal work (both outside	
]	the home and housework) <u>quite a bit</u>	
		6	You have pain that interferes with your normal work (both outside	
]	the home and housework) extremely	
	1	1	the nome and nousework) extremely	

[Name of	f Country]			
Q507	Mental health	1. None of the time		
Q507				
	You feel tense or	2. A little of the time		
	downhearted and	3. Some of the time		
	low:	4. Most of the time		
0500	\ru	5. All of the time		
Q508	Vitality	1. None of the time		
	You have a lot of	2. A little of the time		
	energy:	3. Some of the time		
		4. Most of the time		
		5. All of the time		
and 10 m	neans you feel 'compl	etely satisfied'.	0 to 10. Zero means you feel 'not at all satis	fied',
Q509		ed are you with life as a whole these		
	days? [0-10]			
			u do in your life are, on a scale from 0 to 10. nile', and 10 means 'completely worthwhile'	
Q510	Overall, to what ex	tent do you feel the things you do in		
	your life are worth	while? [0-10]		
experien	ce the feeling 'at all' y		e from 0 to 10. Zero means you did not enced the feeling 'all of the time' yesterday	
Q511	How about happy?	[0-10]		
QJII	Trow about nappy:	[0-10]		
Q512	How about worried	[? [0-10]		
Q513	How about depress	sed? [0-10]		

Individual (child) Questionnaire

[THE PERSON COMPLETING THE QUESTIONNAIRE SHOULD BE THE RESPONSIBLE ADULT FOR THE RANDOMLY SELECTED CHILD]

[The child's name is referred to as {NAME}]

The next set of questions will ask you about the last time that you needed health care, whether or not you received that care. Please think back to the last time.

Module 4: Health Service Use

Q401	Has {NAME} needed health care in the last 12 months (whether or not {NAME} received health care)?		
	[INFORM THE RESPONDANT THAT THIS CAN BE INPATIENT CARE, OUTPATIENT CARE, MEDICATION, TRADITIONAL CARE, OR ANY OTHER INTERVENTION FOR THEIR HEALTH	1. Yes 2. No	Q402 Q443
Q402	The last time {NAME} needed health	1. Yes	
0.4001	care, did {NAME} get health care?	2. No	
Q402b [ONLY IF 402 = "NO"]	Which reason(s) best explains why {NAME} did not get health care? [CHOOSE ALL THAT THE RESPONDENT INDICATES]	 Could not afford the cost of the visit No transport available Could not afford the cost of transport You or your child were previously badly treated Could not take the time off work or had other commitments The health care provider's drugs or equipment were inadequate The health care provider's skills were inadequate You did not know where to go You tried but were denied health care You thought you or your child were not sick enough Other, please specify 	

Inpatient Hospital Care

The next two questions ask about <u>any</u> overnight stay in a hospital or other health care facility {NAME} had in the last year.

[Name	of	Country]
Name	Ωf	Sluml

Q403	In the last 12 months, has {NAME} ever stayed	1.	Yes, a hospital	
	overnight in a hospital, long-term care facility, or	2.	Yes, long-term care facility	
	other provider?	3.	Yes, other provider (Please specify)	
	[Select all that apply]			
		4.	No →	Q423

Q404	Over the last 12 months, how many different times was {NAME} a patient in a hospital / long-term care facility for at least one night?	times 98. Don't know	
		IF "00" (NO OVERNIGHT STAYS) →	Q423

I would like you to ask about {NAME}'s last inpatient stay only.

Q405	What type of hospital or facility was it?	Public hospital	
	Remember we are asking now about {NAME}'s	2. Private hospital	
	last (most recent) overnight stay.	3. Charity or church-run hospital	
		4. Old person's home or long-term care	
	[ONE ANSWER ONLY]	facility	
		97. Other, please specify	
		[BANGLADESH: remove option 3, replace with	
		"NGO clinical or health care facility and	
		community health clinic"]	
Q405a	Please name the facility	Free text	
Q405b	Which reason(s) best describes why you chose	1. Nearness of the facility	
	this health care provider?	2. Service providers are cordial	
	[CHOOSE ALL THAT THE RESPONDENT INDICATES]	3. Good service available	
		4. Short waiting time	
		5. Qualified doctors available	
		6. Low fees/low treatment cost	
		7. Good waiting arrangement	
		8. Confidentiality is maintained	
		9. Do not know where else to go	
		10. Medicine is also available	
		11. Availability of diagnostic service	
		12. Recommendation from someone	
		97. Other (please specify)	
Q405c	Which reason best describes why {NAME} was last	hospitalised?	
	 [RESPONDENT CAN SELECT ONLY ONE MAIN REASC	AN EOD VISIT LISE SHOWCARD IN ADDENDIN 1	
	I LUESPONDENT CAN SELECT ONLY ONE MAIN REASC	IN FOR VISIT. USE SHOWCARD IN APPENDIX.]	

	Communicable disease (infections, malaria, tuberculosis, HIV)	11. Problems with your heart, including unexplained pain in chest	
	2. Maternal and perinatal conditions	12. Problems with your mouth, teeth or	
	(pregnancy) 3. Nutritional deficiencies	swallowing 13. Problems with your breathing	
	4. Acute conditions (diarrhoea, fever, flu,	14. High blood pressure / hypertension	
	headaches, cough, other)	15. Stroke / sudden paralysis of one side of	
	5. Injury (not work related, see 8 below)	body	
	6. Surgery	16. Generalised pain (stomach, muscle or	
	7. Sleep problems	other non-specific pain)	
	Occupation/work related condition/injury	17. Depression or anxiety	
	9. Chronic pain in your joints / arthritis (joints,	18. Cancer	
	back, neck)	97. Other, please specify	
	10. Diabetes or related complications		
Q406	How did you get there?	1. Private vehicle	
		2. Public transportation	
	[CIRCLE ALL THAT THE RESPONDENT MENTIONS]	3. Taxicab	
		4. Ambulance or emergency vehicle	
		5. Bicycle	
		6. Walked	
		7. Boda boda, rickshaw, other private	
		transport other than a vehicle	
		8. Don't know	
		[BANGLADESH: add option Rickshaw]	
Q406a	About how long did it take you to get there?		
	The state of the s		
		hours: minutes	
O406b	About how long did you wait between arrival and	98. Don't know	
Q406b	About how long did you wait between arrival and first consultation with a health professional?	98. Don't know	
Q406b	About how long did you wait between arrival and first consultation with a health professional?		
Q406b	I	98. Don't know hours: minutes	
·	first consultation with a health professional?	98. Don't know hours: minutes 98. Don't know	
Q406b	I	98. Don't know 98. Don't know 1. Respondent	
·	first consultation with a health professional? Who paid for this inpatient stay?	98. Don't know 98. Don't know 1. Respondent 2. Spouse / Partner	
·	first consultation with a health professional?	98. Don't know 98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter	
·	first consultation with a health professional? Who paid for this inpatient stay? Anyone else?	98. Don't know 98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member	
·	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES.	98. Don't know 98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member	
·	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme	
·	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES.	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?]	98. Don't know 98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free → Common the control of the control	Q413
·	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how much did you or your family / household	98. Don't know 98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free → Common the control of the control	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how much did you or your family / household members pay out-of-pocket for:	98. Don't know 98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free → Common the control of the control	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how much did you or your family / household members pay out-of-pocket for: [WRITE "O" IF THE SERVICE WAS FREE – IF A	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how much did you or your family / household members pay out-of-pocket for: [WRITE "0" IF THE SERVICE WAS FREE – IF A PERSON DID NOT HAVE MEDICINES OR TESTS,	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how much did you or your family / household members pay out-of-pocket for: [WRITE "0" IF THE SERVICE WAS FREE – IF A PERSON DID NOT HAVE MEDICINES OR TESTS, ENTER 99990 FOR "NOT APPLICABLE, DID NOT	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how much did you or your family / household members pay out-of-pocket for: [WRITE "0" IF THE SERVICE WAS FREE – IF A PERSON DID NOT HAVE MEDICINES OR TESTS,	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free	Q413
Q407	first consultation with a health professional? Who paid for this inpatient stay? Anyone else? [CIRCLE ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR CONTRIBUTED TO PAYING FOR THE CARE?] Thinking about {NAME}'s last inpatient stay, how much did you or your family / household members pay out-of-pocket for: [WRITE "0" IF THE SERVICE WAS FREE – IF A PERSON DID NOT HAVE MEDICINES OR TESTS, ENTER 99990 FOR "NOT APPLICABLE, DID NOT	98. Don't know 1. Respondent 2. Spouse / Partner 3. Son / Daughter 4. Other family member 5. Non-family member 6. Mandatory insurance scheme 7. Voluntary insurance scheme 8. Hospitalisation was free	Q413

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[
		d.	Tran	sport:			
		e.	Othe	er,			
Q409	About how much in total was paid out-of-pocket		p.ca.				
Q103	for this inpatient visit?						
	[USE LOCAL CURRENCY]						
Q410	Overall, how satisfied were you with the care	1.	-	satisfied			
	{NAME} received during his/her last [hospital]	2.	Satis				
	stay?	3.			d nor dissatis	stied	
		4.		atisfied	•		
E (51.6	AATV I I I I I I I I I I I I I I I I I I I	5.	very	dissatisfied			
	ME)'s last overnight visit to a hospital or long-term	Ve	ry	Good	Moderate	Bad	Very
<u>care rac</u>	<u>illity</u> , how would you rate the following:	go	bc	dood	Moderate	Dau	bad
Q411	the amount of time you <u>waited</u> before being attended to?	1		2	3	4	5
Q412	your experience of being treated respectfully?	1	•	2	3	4	5
Q413	how <u>clearly</u> health care providers explained things to you?	1	:	2	3	4	5
Q414	your experience of being involved in making decisions for {NAME}'s treatment?	1		2	3	4	5
Q415	the way the health services ensured that you	1		2	3	4	5
	could talk privately to providers?						
Q416	the <u>ease</u> with which you could see a health care	1		2	3	4	5
	provider you were happy with?						
Q417	the <u>cleanliness</u> in the health facility?	1		2	3	4	5

Outpatient Care

Now I will shift away from questions about overnight stays – to questions about health care {NAME} received that did <u>not</u> include an overnight hospital stay. The following questions are about care {NAME} received at a hospital, health centre, clinic, pharmacy, or private office including traditional health care but where {NAME} did <u>not</u> stay overnight.

Q418	Over the last 12 months did {NAME} receive any	1. Yes	
	health care NOT including an overnight stay?	2. No →	Q443
Q419	In total, how many times did {NAME} receive health care or consultation in the last 12 months?	times	

Now I would like you to think about the most recent visit – and ask you specifically about {NAME}'s <u>last or most recent</u> visit:

[IVallic OI	-	
Q420	What was the last (most recent) health care facility {NAME} visited in the last 12 months? [READ OUT RESPONSES, CHOOSE ONE OPTION ONLY.]	 Private doctor's office Private clinic or health care facility Private hospital Public clinic or health care facility Public hospital Charity or church run clinic Charity or church run hospital Traditional Healer [USE LOCAL TERMS] Pharmacy Other, please specify:
		[BANGLADESH: remove options 6 and 7, replace with "NGO clinic or health care facility and community health clinic"]
Q420a	Please name the provider	Free text
Q420b	Which reason(s) best describes why you chose this health care provider? [CHOOSE ALL THAT THE RESPONDENT INDICATES]	1. Nearness of the facility 2. Service providers are cordial 3. Good service available 4. Short waiting time 5. Qualified doctors available 6. Low fees/low treatment cost 7. Good waiting arrangement 8. Confidentiality is maintained 9. Do not know where else to go 10. Medicine is also available 11. Availability of diagnostic service 12. Recommendation from someone 97. Other (please specify)
Q421	Which was the last (most recent) health care provider {NAME} visited? [THE PERSON WHO PROVIDED THE CARE FOR THE MAIN REASON FOR THE VISIT] [AFTER Q426 SUBSTITUTE THE TYPE OF HEALTH CARE PROVIDER SELECTED BY THE PATIENT WHEN YOU SEE [HEALTH CARE PROVIDER] IN BRACKETS.]	 Medical doctor (including surgeon, gynecologist, psychiatrist, ophthalmologist) Nurse / midwife Dentist Physiotherapist or chiropractor Traditional medicine practitioner [USE LOCAL NAME] Pharmacist, druggist Don't know
Q421a	What was the sex of the [HEALTH CARE PROVIDER]?	1. Male 2. Female
Q421b	Was this <u>visit</u> to [HEALTH CARE PROVIDER] for a chronic (ongoing) condition, new condition, both, or routine check-up?	 Chronic New Both Routine check-up
Q421c	Which reason best describes why {NAME} needed	this visit?
	[RESPONDENT CAN SELECT ONLY ONE MAIN REAS	JIN FUK VISIT.

	1. Communicable disease (infections, malaria,	11. Problems with your heart, including	
	tuberculosis, HIV)	unexplained pain in chest	
	2. Maternal and perinatal conditions	12. Problems with your mouth, teeth or	
	(pregnancy)	swallowing	
	3. Nutritional deficiencies	13. Problems with your breathing	
	4. Acute conditions (diarrhoea, fever, flu,	14. High blood pressure / hypertension	
	headaches, cough, other)	15. Stroke / sudden paralysis of one side of	
	5. Injury (not work related, see 8 below)	body	
	6. Surgery	16. Generalised pain (stomach, muscle or	
	7. Sleep problems	other non-specific pain)	
	8. Occupation/work related condition/injury	17. Depression or anxiety	
	9. Chronic pain in your joints / arthritis (joints,	18. Cancer	
	back, neck)	97. Other, please specify	
	10. Diabetes or related complications		
Q422	Thinking about {NAME}'s last visit, how did you	Private vehicle	
	get there?	2. Public transportation	
		3. Taxicab	
	[CIRCLE ALL THAT THE RESPONDENT	4. Ambulance or emergency vehicle	
	MENTIONS.]	5. Bicycle	
		6. Walked	
		8. Don't know	
		[BANGLADESH: add option Rickshaw]	
Q423	About how long did it take you to get there?		
		hours: minutes	
		industrimates	
		98. Don't know	
Q423a	About how long did you wait between arrival		
	and first consultation with a health professional?	hours: minutes	
		nours. Illinutes	
		98. Don't know	
Q424	Who paid for this most recent visit?	1. Respondent	
		2. Spouse / Partner	
	Anyone else?	3. Son / Daughter	
		4. Other family member	
1			
	[SELECT ALL RESPONSES.	5. Non-family member	
	[SELECT ALL RESPONSES. PROBE TO SEE IF ANYONE ELSE PAID OR	5. Non-family member6. Mandatory insurance scheme	
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Q425	Thinking about {NAME}'s last <u>visit</u> , how much did you or your family / household members pay for:	a.	[HEALTH CARE PROVIDER'S] fees:	
	[WRITE "0" IF THE SERVICE WAS FREE – IF A PERSON DID NOT HAVE MEDICINES OR TESTS, ENTER 99998 FOR "NOT APPLICABLE, DID NOT	b.	Medicines:	
	HAVE."] [USE LOCAL CURRENCY]	C.	Tests:	
		d.	Transport:	
		e.	Other,	
			please specify:	
		f.	Total costs:	
Q426	Overall, how satisfied were you with the care	1.	Very satisfied	
	{NAME} received during your last visit?	2.	Satisfied	
		3.	Neither satisfied nor dissatisfied	
		4.	Dissatisfied	
		5.	Very dissatisfied	

I want to know your impression of your most recent visit for health care. I would like you to rate your experiences using the following questions:

	AME}'s <u>last visit</u> to a <u>health care provider</u> , how you rate the following:	Very good	Good	Moderate	Bad	Very bad
Q427	the amount of time you <u>waited</u> before being attended to?	1	2	3	4	5
Q428	your experience of being treated respectfully?	1	2	3	4	5

_	AME}'s <u>last visit</u> to a <u>health care provider</u> , how you rate the following:	Very good	Good	Moderate	Bad	Very bad
Q429	how <u>clearly</u> health care providers explained things to you?	1	2	3	4	5
Q430	your experience of being <u>involved in making</u> <u>decisions</u> for {NAME}'s treatment?	1	2	3	4	5
Q431	the way the health services ensured that you could talk privately to providers?	1	2	3	4	5
Q432	the <u>ease</u> with which you could see a health care provider you were happy with?	1	2	3	4	5
Q433	the <u>cleanliness</u> in the health facility?	1	2	3	4	5

Q501	In general would you say {NAME}'s health is:	1. Excellent
		2. Very good
		3. Good
		4. Fair
		5. Poor
Q502	Compared to one year ago, how would you rate	 Much better than one year ago
	{NAME}'s health in general now?	2. Somewhat better now than one year ago
		3. About the same
		4. Somewhat worse now that one year ago
		5. Much worse now than one year ago

SUPPLEMENTARY INFORMATION

A Health system indicators

Table A1 reports major health system and population health indicators for the participating countries.

Table A1. Key indicators of health care systems in participating countries (Source: World Bank and WHO Global Health Observatory[1])

Key indicators	Nigeria	Kenya	Pakistan	Bangladesh
Life expectancy	54	66	67	72
GDP per capita (PPP; Int\$)	5,991	3,468	5.572	4,372
Under five mortality (per 1,000 births)	120	41	69	30
Out of pocket expenditure as % of all health expenditures	75%	28%	65%	72%
Government health expenditure per capita (Int\$)	27	52	40	16
Proportion with expenditures on healthcare greater than 10% of total household expenditure	15%	5%	13%	25%
Antenatal care coverage – at least four visits	49%	105%	51%	37%
ARV coverage among those with HIV	53%	68%	10%	22%
Hib (Hib3) coverage among one-year-olds	57%	92%	75%	98%
Tetanus coverage among neonates	60%	88%	85%	98%
Tuberculosis effective treatment coverage	20%	39%	64%	58%
Average of 13 International Heath Regulation core capacity scores	51	58	51	78

GDP: gross domestic product; Hib: Haemophilus influenzae type b vaccine; Int\$: international dollar; PPP: purchasing power parity

B Supplementary information on methods

B1 Definitions of health care facilities

Table B1 Definitions of healthcare facilities used in the mapping and surveying of healthcare facilities at each site

Facility type	Definition
Clinic/centre	A facility used for the diagnosis and treatment of outpatients. Allopathic only.
	Subcategories include specialist clinics: vaccination; family planning; eye and vision;
	ear, nose, and throat; maternity and antenatal care; palliative care; and general
	primary or community care.
Dental clinic	A facility providing dentistry/dental care.
Hospital/secondary care	A health care organization that has a governing body, an organized medical staff and
facility	professional staff and inpatient facilities and provides medical nursing and related
	services for ill and injured patients 24 hrs per day, seven days per week
Residential or nursing care	Facilities that provide inpatient care specializing in nursing or long-term residential
facility	care but which are not hospital
Laboratory or sonologist	A room or building equipped for testing, researching, or studying fluids, materials, or
clinic	tissues from patients.
Pharmacy or medical store	A facility used by pharmacists for the compounding and dispensing of medicinal
	preparations and other associated professional and administrative services
Transportation services	Provider who moves a patient, specimen, or equipment from one location or another
General shop or kiosk	Non-specialised vendor without healthcare professional selling health care products
selling healthcare products	such as pain killers, first aid, or spectacles
Traditional practitioner	A practitioner of non-allopathic, traditional, alternative, or faith-based health services.
	Sub-categories include: traditional medicine, faith-based services, homeopathy,
	acupuncture, bone healing, and cupping.
Traditional products vendor	Vendor specialising in traditional (non-allopathic) medical products such as herbs.

B2 Supplementary Survey in Site PK1

An error with the electronic survey forms was identified following data collection in site PK1. The household survey form was completed successfully, including the household roster, however due to an error in the code to generate a randomly sampled adult the first recorded adult was instead sampled. This resulted in an almost exclusively male sample, which was not identified in the field at the time. After identification of this error we aimed to complete a set of individual surveys with randomly sampled women from the household rosters. However, the Covid-19 pandemic had started, so a telephone survey was deemed to be safer for the field workers. We sampled 400

households with at least one adult women and who had provided consent and contact details for follow-up from the original sample of households. Field workers then followed the same procedures as the main survey. Survey weights were modified for the sample from PK1 to reweight gender back to the population proportion.

B3 Statistical methods

Choice model

Choices

We define the choice set facing individual as: private clinic, public clinic, private hospital, and public hospital. In sites BD1 and PK1 we also include "private office" as a fifth option as a number of visits were recorded to these locations, whereas there were little to no visits to this type of provider in the other sites.

Choice-varying covariates

We consider two covariates that vary for each individual and choice: the price of the visit and the time to travel to the provider. The price includes consultation fees and transport cost. The price is reported in local currency (Naira, Kenyan Shillings, Pakistani Rupees, Taka). The time to provider is the travel time reported for the visit in minutes. We standardize both cost and time (dividing by the standard deviation) to ensure all variables are on the same scale to facilitate model fitting.

Individual-level covariates

From the survey data we extract the following individual level variables: age, sex, secondary education or not, if the visit was for an acute or communicable condition (excluding HIV), if the visit was for generalised or chronic pain, and if the monthly consumption expenditure was above Int\$100 per person per month. For use in the models we standardize the age variable to facilitate model fitting.

Statistical Model

We take a Bayesian approach to model specification and fitting given the complex hierarchical structure of the model.

Each individual $i \in 1: N$ chooses from $k \in 1: K$ possible options (K is either 4 or 5). The healthcare provider options are described by a vector of choice attributes for each individual $X_{ik} = \left[C_{ik}, C_{ik}^2, T_{ik}\right]'$. This vector includes the cost, cost squared, and time. We include cost squared to allow for more flexibility between demand and price. Each individual has "part worth" preferences over the choice attributes β_i so that the utility of each choice for each individual is:

$$u_{ik} = \theta_k + X_{ik}\beta_i + u_{ik}$$

where u_{ik} is IID Gumbel distributed and θ_k are choice constant terms. Given the assumed distribution of the random error, the probability an individual chooses choice k is

$$\Pr(y_{ik} = k | X_{ik}, \beta_i, \theta_k) = \frac{\exp(\theta_k + X_{ik}\beta_i)}{\sum_{j=1}^K \exp(\theta_j + X_{ij}\beta_i)}$$

For more information see[2].

Hierarchical prior on model parameters

The model parameters β_i are allowed to vary by individual – they are so-called "random parameters". To model these parameters we use a hierarchical prior that "partially pools" information across individuals. We also allow these parameters to vary according to a vector of individual-level covariates W_i and further, we allow for correlation between parameters so that, for example, individuals more sensitive to price might be less sensitive to distance. In particular,

$$\beta_i \sim MVN(\beta + \Gamma W_i, \Sigma)$$

where β are mean values, Γ is a matrix that "loads" the individual covariates on to the parameters, and Σ is a covariance matrix. We can decompose the covariance matrix as $\Sigma = \operatorname{diag}(\tau)\Omega \operatorname{diag}(\tau)$, where τ is a scale vector and Ω is the correlation matrix of the variation across individuals. The correlation matrix can be further decomposed as $\Omega = L_{\Omega}L'_{\Omega}$ where L_{Ω} is the lower-triangular Cholesky decomposition. Therefore,

$$\beta_i = \beta + \Gamma W_i + \text{diag}(\tau) L_{\Omega} z_i$$
$$z_i \sim N(0,1)$$

Missing data

We use an imputation-type procedure for the costs and times that we do not observe, i.e. for the choices not taken. The model below is part of the overall model and is estimated at the same time

so that the uncertainty in the imputed costs and times is carried through to the overall results. We explain the procedure for costs but use an identical model for times. Given that both variables are (often heavily) right-skewed we use log costs and time for the missing data models. We observe N values for log cost, one for each individual: $c_{ik}^{(obs)}$. We specify:

$$c_{ik}^{(obs)} = \mu_k + Z_i \gamma + u_i$$

where μ_k is a choice-specific intercept, Z_i is a vector of individual level covariates that may predict the cost of the visit (age, age squared, sex, reason for visit), γ are model parameters, and $u_i \sim N(0, \sigma_u^2)$ are IID error terms. We fit the above model using the observed data and then for the unobserved costs we sample from:

$$c_{ik}^{(mis)} \sim N(\mu_k + Z_i \gamma, \sigma_u^2)$$

so that the cost covariate is

$$C_{ik} = \begin{cases} \exp\left(c_{ik}^{(obs)}\right) & if \ y_{ik} = 1\\ \exp\left(c_{ik}^{(mis)}\right) & if \ y_{ik} = 0 \end{cases}$$

Priors

We specify weakly informative priors on the model parameters (all N(0,1) except for the correlation matrix for which we use the lkj prior).

Estimation

We use Stan 2.19 to fit the model[3].

Elasticity of demand

To quantify the response to price or travel time we calculate the price and travel time elasticity of demand. We do this by calculating the arc elasticity:

$$\frac{(\Pr 1 - \Pr 0)/((\Pr 1 + \Pr 0)/2)}{(p_1 - p_0)/((p_1 + p_0)/2)}$$

where p_1 and p_0 are different prices or times and Pr1 and Pr0 are the probabilities of visiting a provider under each of the two prices or times, respectively.

C Additional Results

Table C1. Respondent care needs and outpatient primary care use, N(%)

Outcome	NG1	NG2	NG3	KE1	KE2	PK1	BD1
Adults							
Total	1,278 (100%)	840 (100%)	802 (100%)	1,008 (100%)	1,085 (100%)	1,112 (100%)	990 (100%)
Needed healthcare in the previous 12 months	772 (60%)	490 (58%)	418 (52%)	710 (70%)	906 (84%)	623 (56%)	959 (97%)
Received care when last needed	762 (60%)	481 (57%)	404 (50%)	674 (67%)	884 (81%)	596 (54%)	918 (93%)
Outpatient visit in last 12 months	626 (49%)	367 (44%)	309 (39%)	665 (66%)	867 (80%)	531 (48%)	900 (91%)
Outpatient visit to doctor or nurse	391 (31%)	215 (26%)	201 (25%)	405 (40%)	377 (35%)	498 (45%)	257 (26%)
Outpatient visit to doctor or nurse for new condition or routine visit	293 (23%)	132 (16%)	151 (19%)	310 (31%)	315 (29%)	291 (26%)	174 (18%)
Children (under 12)		, ,				, ,	
Total	128 (100%)	69 (100%)	79 (100%)	537 (100%)	421 (100%)	528 (100%)	658 (100%)
Needed healthcare in the previous 12 months	68 (53%)	29 (42%)	41 (52%)	482 (90%)	368 (87%)	409 (77%)	635 (97%)
Received care when last needed	68 (53%)	28 (41%)	41 (52%)	466 (87%)	363 (86%)	397 (75%)	627 (95%)
Outpatient visit in last 12 months	53 (41%)	24 (35%)	39 (49%)	462 (86%)	358 (85%)	374 (71%)	608 (92%)
Outpatient visit to doctor or nurse	36 (28%)	13 (19%)	24 (30%)	320 (60%)	205 (49%)	367 (70%)	136 (21%)
Outpatient visit to doctor or nurse for new condition	27 (21%)	11 (16%)	19 (24%)	283 (53%)	190 (45%)	329 (62%)	120 (18%)

Table C2. Summary statistics of study populations and national comparisons (DHS surveys – national results and urban results in parentheses where relevant)

		Nigeria				Kenya			Pakistan		Bangladesh	
Variable		NG1	NG2	NG3	DHS 2018	KE1	KE2	DHS 2014	PK1	DHS 2017/8	BD1	DHS 2014
					Н	ouseholds	;					
N (completed	N (completed) 1,286 845 812 -		1,018	1,089	-	988	-	1,035	-			
Response rat	e (%)	83	69	68	99.3	69	57	99	73	96	94	99
Household si	ze	3.7 (1.9)	3.4 (1.8)	4.2 (2.0)	4.3	3.2 (2.2)	3.4 (1.7)	3.9	5.7 (3.0)	6.6	3.8 (1.8)	4.5
	Bottom	0	0	0	20 (4.2)	0	0	20 (6)	0	20 (3)	0	20 (7)
Wealth	Lower	2	1	1	20 (8.1)	14	0	20 (8)	0	20 (7)	0	20 (6)
quintile (%)	Middle	50	59	23	20 (18.8)	59	53	20 (11)	84	20 (17)	21	20 (12)
quintile (78)	Upper	48	40	76	20 (30.6)	27	46	20 (26)	14	20 (31)	78	20 (26)
	Тор	0	0	0	20 (38.4)	7	1	20 (49)	2	20 (42)	1	20 (49)
Monthly expenditure (Int\$),	Total	312 [197, 487]	323 [210, 496]	502 [319, 815]	-	193 [131, 305]	187 [133, 295]	-	1,010 [672, 1,471]		490 [321, 770]	-
median [IQR]	Per person	97 [59, 162]	106 [69, 172]	144 [94, 231]	-	74 [45, 125]	96 [61, 156]	-	196 [146, 294]	-	110 [80, 162]	-
					lı	ndividuals						
	Under 5	11	9	10	15.4	13	12	14	11	13	11	10
	5 – 19	34	31	33	36.4	37	26	38	30	36	32	34
Age (%)	20 – 44	36	35	39	32.0	37	51	33	41	34	45	36
	45 – 64	14	17	15	11.8	11	10	11	15	13	10	15
	65 and over	5	8	3	4.1	3	1	4	3	4	2	6
Male (%)		49	47	50	-	50	55	-	50	-	53	-
Education	Completed primary	13	16	17	24.7	25	23	16	13	9	31	9
Education over 18s (%)	Completed secondary	24	31	34	31.7	13	30	11	9	9	4	4
(70)	Completed tertiary	11	6	20	12.1	5	6	7	0	12	4	10
Currently wo (%)	rking over 18	72	76	74	75.5	65	77	81	57	96	75	98

Table C3. Outpatient primary care consultation rates and outpatient doctor and nurse consultation rates (visits per person-year (95% CI)).

Site	Outpatient consult	ation (new conditions)		Outpatient consulta	consultation (all conditions)			
	Crude	WHO age adjusted	INDEPTH age	Crude	WHO age adjusted	INDEPTH age		
			adjusted			adjusted		
Adults								
NG1	0.31 (0.29, 0.33)	0.30 (0.28, 0.32)	0.30 (0.28, 0.32)	0.42 (0.40, 0.44)	0.42 (0.40, 0.44)	0.40 (0.38, 0.42)		
NG2	0.25 (0.23, 0.27)	0.21 (0.19, 0.23)	0.20 (0.18, 0.22)	0.39 (0.35, 0.43)	0.32 (0.30, 0.34)	0.29 (0.27, 0.31)		
NG3	0.21 (0.19, 0.23)	0.23 (0.21, 0.25)	0.22 (0.20, 0.24)	0.28 (0.26, 0.30)	0.31 (0.29, 0.33)	0.29 (0.27, 0.31)		
KE1	0.77 (0.73, 0.81)	0.77 (0.73, 0.81)	0.72 (0.68, 0.76)	1.07 (1.03, 1.11)	1.17 (1.13, 1.21)	1.04 (1.00, 1.08)		
KE2	0.76 (0.72, 0.80)	0.73 (0.69, 0.77)	0.70 (0.66, 0.74)	0.93 (0.89, 0.97)	1.06 (1.02, 1.10)	0.95 (0.91, 0.99)		
PK1	0.60 (0.56, 0.64)	0.58 (0.54, 0.62)	0.56 (0.52, 0.60)	0.79 (0.75, 0.83)	0.85 (0.81, 0.89)	0.77 (0.73, 0.81)		
BD1	1.08 (1.04, 1.12)	1.21 (1.15, 1.26)	1.16 (1.12, 1.20)	1.52 (1.46, 1.58)	1.73 (1.67, 1.79)	1.59 (1.53, 1.65)		
Children (under	· 12)							
NG1	0.23 (0.15, 0.31)	-	-	0.29 (0.19, 0.39)	-	-		
NG2	0.12 (0.04, 0.20)	-	-	0.15 (0.05, 0.25)	-	-		
NG3	0.26 (0.14, 0.38)	-	-	0.34 (0.20, 0.48)	=	-		
KE1	1.51 (1.41, 1.61)	-	-	1.74 (1.62, 1.86)	=	-		
KE2	1.21 (1.11, 1.31)	-	-	1.30 (1.18, 1.42)	=	-		
PK1	1.68 (1.56, 1.80)	-	-	1.85 (1.73, 1.97)	-	-		
BD1	0.91 (0.83, 0.99)	-	-	1.04 (0.96, 1.12)	-	-		
Children (under	5)							
NG1	0.24 (0.10, 0.38)	-	-	0.30 (0.14, 0.46)	-	-		
NG2	0.13 (0.00, 0.27)	-	-	0.21 (0.03, 0.39)	-	-		
NG3	0.38 (0.14, 0.62)	-	-	0.40 (0.16, 0.64)	-	-		
KE1	2.17 (1.97, 2.37)		-	2.57 (2.35, 2.79)	-	-		
KE2	1.62 (1.44, 1.80)	-	-	1.68 (1.50, 1.86)	=	-		
PK1	2.33 (2.11, 2.55)	-	-	2.46 (2.24, 2.68)	=	-		
BD1	1.35 (1.21, 1.49)	-	-	1.50 (1.36, 1.63)	-	-		

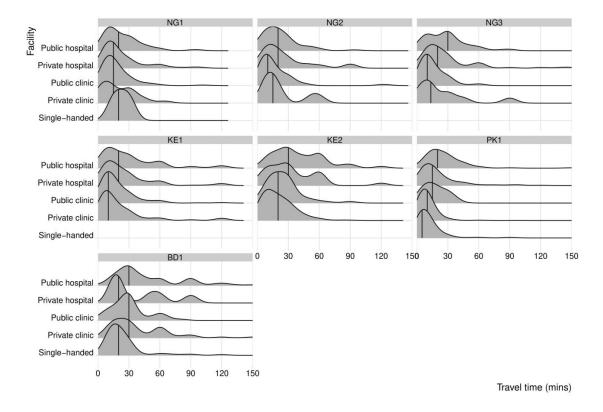
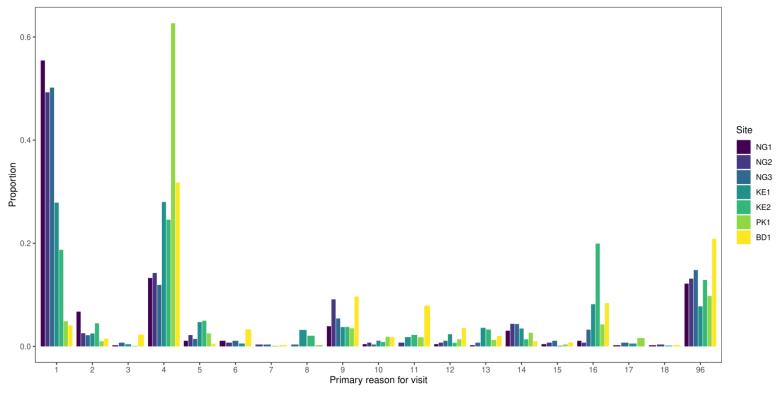


Figure C1 Distribution of reported travel times to different providers by study site with vertical lines indicating the median of the distribution.

Figure C2 Reported "primary reason" for visiting the doctor or nurse.



The reasons for visiting were: 1 Communicable disease (infections, malaria, tuberculosis, HIV), 2 Maternal and perinatal conditions (pregnancy), 3 Nutritional deficiencies, 4 Acute conditions (diarrhoea, fever, flu, headaches, cough, other), 5 Injury (not work related, see 8 below), 6 Surgery, 7 Sleep problems, 8 Occupation/work related condition/injury, 9 Chronic pain in your joints / arthritis (joints, back, neck), 10 Diabetes or related complications, 11 Problems with your heart, including unexplained pain in chest, 12 Problems with your mouth, teeth or swallowing, 13 Problems with your breathing, 14 High blood pressure / hypertension, 15 Stroke / sudden paralysis of one side of body, 16 Generalised pain (stomach, muscle or other non-specific pain), 17 Depression or anxiety, 18 Cancer, 96 Other (Specify)

Table C4 Percentage of respondents reporting reasons for choosing a healthcare providers by provider type

	Nigeria			Kenya		Pakistan	Bangladesh
	NG1	NG2	NG3	KE1	KE2	PK1	BD1
Nearness of the facility	63	69	57	78	72	61	54
Service providers are cordial	34	24	32	21	22	29	65
Good services available	38	32	44	31	37	37	95
Short waiting times	17	11	16	7	3	9	7
Qualified doctors are available	24	29	35	22	17	51	26
Low fees/treatment costs	28	33	43	36	24	36	39
Good waiting arrangement	12	9	15	3	2	7	5
Confidentiality is maintained	13	10	21	1	1	18	0
Don't know where else to go	7	15	7	12	6	5	3
Medicines are available	21	17	25	35	22	9	4
Diagnostics are available	11	12	11	13	4	1	11
Recommendation	11	6	11	16	8	9	20

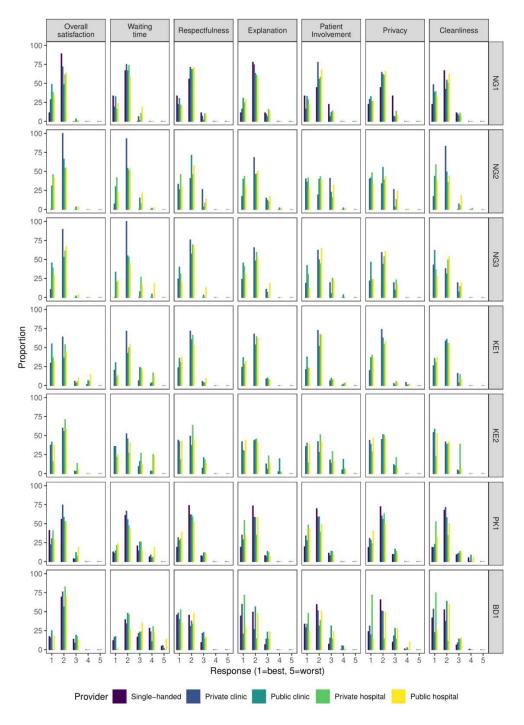


Figure C3. Satisfaction with outpatient consultations by type of facility and by site. Responses were on five-point Likert scales, either Very satisfied to very dissatisfied (Overall satisfaction) or Very good to very bad (Other questions).

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- 1 World Health Organization. Global Health Observatory. 2021.https://www.who.int/data/gho (accessed 6 Jun 2021).
- J. Borah B. A mixed logit model of health care provider choice: analysis of NSS data for rural India. *Health Econ* 2006;**15**:915–32. doi:10.1002/hec.1166
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Household Questionnaire

[THE PERSON COMPLETING THE HOUSEHOLD QUESTIONNAIRE SHOULD BE THE HEAD OF HOUSEHOLD IF AVAILABLE. WHERE UNAVAILABLE, ANY SPOUSE OF THE HEAD OF HOUSEHOLD SHOULD BE SELECTED TO COMPLETE THE HOUSEHOLD QUESTIONNAIRE. IN THE CASE THAT NEITHER THE HEAD OF HOUSEHOLD NOR ANY SPOUSE IS AVAILABLE, PLEASE COMPLETE THE HOUSEHOLD QUESTIONNAIRE WITH ANY OTHER AVAILABLE ADULT MEMBER OF THE HOUSEHOLD, AGED 18+]

Module 1: Household Schedule

Lin e no	Usual residents and visitors	Respondent	Relationship to head of household	Sex	Residence		Age	Marital status
1	Q101A	Q101B	Q101C	Q101D	Q102A	Q102B	Q103	Q104
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the respondent. [WHEN THE RESPONDENT RESPONDS FOR THEMSELF, REFER TO 'YOU' OR 'YOUR'] [AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON (Q101A-C), ASK QUESTIONS 102A-C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS 103-111 FOR EACH PERSON.]	Is this the respondent? 1 Yes 2 No	What is the relationship of [NAME] to the head of the household? 01 head; 02 spouse; 03 son or daughter; 04 son-in-law or daughter-in-law; 05 grandchild; 06 parent; 07 parent-in-law; 08 sibling; 09 other relative; 10 adopted/foster/ stepchild; 11 not related; 98 don't know	Is [NAME] male or female? 01 Male; 02 Female	Does [NAME] usually live here? 01 Yes; 02 No	Did [NAME] sleep here last night? 01 Yes; 02 No	How old is [NAME]? [IN YEARS; ASK TO SEE ID IF RESPONDEN T UNSURE OF OWN AGE] 999 = Don't know	[IF AGED 16 OR OLDER] What is [NAME]'s current marital status: 01 married or living together; 02 divorced / separated; 03 widowed; 04 Never-married and never lived together
01								
02								
03								
05								
06								
07								
08								
09								
10								

Line	Ever attended	school	Current work	Migration status				Health status
no.			status					
1	Q105A	Q105B	Q106	Q107A	Q107B	Q107C	Q107D	Q108
	[IF AGED 6	[IF AGED 6 OR	Is [NAME]	Has [NAME] always lived in	How long has	Where was [NAME]	Where has [NAME]	Does [NAME] have
	OR OLDER]	OLDER]	currently	this area/neighbourhood?	[NAME] been living	living before?	lived for most of their	any physical or
	_	_	working?		(continuously) in		life	mental health
	Has [NAME]	What is the		01 Yes; 02 No; 08 Don't know	this area?	01 in the same area/		conditions or illness
	ever	highest level	01 Yes; 02			neighbourhood; 02 In	01 in the same area/	lasting or expected to
	attended	of school	No	[DEFINE AS HAVING BEEN		another "slum" area	neighbourhood; 02 In	last for 12 months or
	school?	[NAME] has		BORN HERE IF UNSURE]	MONTHS]	in this country; 03 In	another "slum" area	more?
		attended?	[DEFINE	_	1	"non-slum" urban	in this country; 03 In	
	01 Yes;		'CURRENTLY	[IF "YES" GO TO Q110, IF		area in this country;	"non-slum" urban	01 Yes;
	02 No	What is the	WORKING'	"NO" CONTINUE WITH		04 In a rural area in	area in this country;	02 No
	08 Don't	highest grade	AS HAVING	Q109B-D]		this country; 05	04 In a rural area in	
	know [IF	[NAME]	WORKED IN			Outside the country.	this country; 05	
	"NO" OR	completed at	THE LAST				Outside the country.	
	"DON'T	that level?	WEEK IF			SENSITIVE		
	KNOW" GO		UNSURE]			TRANSLATION	SENSITIVE	
	TO Q107]					REQUIRED	TRANSLATION	
							REQUIRED	
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
		<u> </u>	<u> </u>	1		1	1	1

Health insurance	status				Digital communica	tion		
Q109A	Q109B	Q109C	Q109D	Q109E	Q110A	Q110B	Q110C	Q110D
Is [NAME] covered by any kind of insurance plan? [IF "NO" Q111A, IF "YES" continue with Q110B-E]	What type of health insurance is (NAME) covered by? [SELECT ALL THAT RESPONDENT INDICATES] Mutual health organisation/ community-based health insurance; Health insurance through employer; Social security; Other privately purchased health insurance; Other, please specify	How much does your household pay for [NAME]'s health insurance each year?	Is [NAME] covered by insurance only because of his/her relationship to someone else who has health insurance?	Who is enrolled in the insurance plan that gives [NAME] health insurance?	Does [NAME] carry a mobile phone day-to- day? 01 Yes; 02 No; 08 Don't know	Is [NAME] able to use a computer, tablet or other form of digital communication other than a mobile phone, day-to-day? O1 Yes; O2 No; O8 Don't know	How do they usually access use of a mobile phone? 1. They have no access 2. They ask another household member to communicate for them 3. They borrow a phone from another member of the household when they need to use one	How do they usually access the internet? 1. They have no access 2. They ask another member of the household to communicate for them 3. They borrow a device from another member of the household when they need to use one

Q112A. Just to make sure that I have a complete listing: are there any other people such as small children or infants that we have not listed?

Q112B. Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

Q112C. Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?

Module 2: Household characteristics

IN-COUNTRY TEAMS TO DELETE AS APPROPRIATE

I would like to ask you some questions about your dwelling or home. [BANGLADESH VERSION]

Q201	What is the main source of drinking water for	Piped into dwelling→	Q206
	members of your household?	2. Piped to yard/plot→	Q206
		3. Public tap/standpipe	
		4. Tube well or Borehole	
		5. Dugwell: Protected well	
		6. Dugwell: Unprotected well	
		7. Protected spring	
		8. Unprotected spring	
		9. Rainwater→	Q206
		10. Tanker truck	
		11. Cart with small tank	
		12. Surface water	
		(river/dam/lake/pond/stream/canal/irri	
		gation channel)	
		13. Bottled water	
		97. Other	
Q202	Where is that water source located?	1. In own dwelling→	Q206
		2. In own yard/plot→	Q206
		3. Elsewhere	
Q203	How long does it take to go there, get water,	Naimata	
	and come back?	Minutes	
02024	NATION OF THE PROPERTY OF THE	998. Don't know	
Q203A	Who usually goes to this source to fetch the	1. Adult woman	
	water for your household	2. Adult man	
		3. Female child	
		4. Male child	
		5. No one person usually fetches the	
0204	De conseile de de la conseile de la	water	
Q204	Do you share this source with other	1. Yes	0206
	households?	2. No→	Q206
Q205	How many households use this source of	No. of households if less than 10:	
	water?	The of measured at the strict 120.	
		95. 10 of more households	
		98. Don't know	
Q206	Do you do anything to the water to make it	1. Yes	
	safer to drink?	2. No	Q207
		8. Don't know→	Q207
Q206A	What do you usually do to make the water	1. Boil	Ψ=0,
QZUOA	safer to drink?	Add bleach/chlorine	
	Salei to utilik!	Strain through a cloth	
	Anything else?	4. Use water filter	
	Anything else:	(ceramic/sand/composite/etc.)	
	[DECORD ALL MENTIONED]		
	[RECORD ALL MENTIONED]	5. Solar disinfection	
		6. Let it stand and Settle	
		97. Other	

[Name of	-		
Q207	What kind of toilet facility do members of your household usually use? [IF RESPONDENT INDICATES 'FLUSH' OR 'POUR FLUSH', THEN PROBE WITH: WHERE DOES IT FLUSH TO?]	 Flush/pour flush to piped sewer system Flush/pour flush to septic tank Flush/pour flush to pit latrine Flush/pour flush to somewhere else Flush/pour flush don't know where Ventilated improved pit latrine Pit latrine with slab Pit latrine without slab/Open pit Composting toilet Bucket toilet Hanging toilet/hanging latrine 	
Q208	Do you share this toilet facility with other	12. No facility/bush/field	Q210
Q209	households? How many households use this toilet facility	2. No	Q210
Q210	Does your household have: [RECORD ALL THAT APPLY]	1. Electricity 2. Solar Electricity 3. Radio 4. Television 5. Mobile telephone 6. Non-mobile telephone 7. Refrigerator 8. Almirah/wardrobe 9. Electric Fan 10. Blu-ray/DVD/VCD Player 11. Water pump 12. IPS/Generator 13. Air conditioner 14. Computer Laptop	
Q210A	Does this household receive a cash transfer or any social assistance from the government, NGO's, CBO's, Churches or Other organizations? [DEFINE AS HAVE RECEIVED IN THE LAST MONTH IF UNSURE]	1. Yes 1. No→	Q211
Q210B	For what reason does the household receive a cash transfer or social assistance? Any other reason? [RECORD ALL MENTIONED]	 Orphaned children 18 years or younger Elderly person Person with severe disability Urban food subsidy Food aid for person in arid and semiarid lands Health voucher Food/cash for work School feeding Hunger safety net programme Other 	

livame or			
Q211	What type of fuel does your household mainly	3. Electricity	
	use for cooking?	4. LPG	
		5. Natural Gas	
		6. Biogas	
		7. Kerosene	
		8. Coal, lignite	
		9. Charcoal	
		10. Wood	
		11. Straw/shrubs/grass	
		12. Agricultural crop	
		13. Animal dung	
		14. No food cooked in household	Q215
		97. Other	
Q212	Where is cooking usually done?	1. In a room used for living or sleeping	
		2. In a separate room used as kitchen	
		3. In a separate building used as kitchen	
		4. Outdoor	
	f	7. Other, please specify:	
Q213	[MAIN MATERIAL OF THE FLOOR- RECORD	1. Natural floor (earth/sand)	
	OBSERVATION]	2. Rudimentary floor: wood planks	
		3. Rudimentary floor: palm/bamboo	
		Finished floor: Parquet or polished wood	
		5. Finished floor: ceramic tiles	
		6. Finished floor: Cement	
		7. Finished floor: Carpet 97. Other	
Q214	[MAIN MATERIAL OF THE ROOF- RECORD	Natural roof: no roof	
Q214	OBSERVATION]	Natural roof: floroof Natural roof: thatch/palm leaf	
	OBSERVATION	3. Rudimentary roof: palm/bamboo	
		4. Rudimentary roof: wood planks	
		5. Rudimentary roof: cardboard	
		6. Finished roof: tin	
		7. Finished roof: wood	
		8. Finished roof: ceramic tiles	
		9. Finished roof: cement	
		10. Finished roof: roofing shingles	
		97. Other	
Q215	[MAIN MATERIAL OF THE EXTERIOR WALLS-	Natural walls: no walls	
	RECORD OBSERVATION]	2. Natural walls: cane/palm/trunks	
		3. Natural walls: dirt	
		4. Rudimentary walls: bamboo with mud	
		5. Rudimentary walls: stone with mud	
		6. Rudimentary walls: plywood	
		7. Rudimentary walls: cardboard	
		8. Finished walls: tin	
		9. Finished walls: cement	
		10. Finished walls: stone with lime/cement	
		11. Finished walls: brick	
		12. Finished walls: woodplanks/shingles	
		97. Other	
Q216	How many rooms in this household are used	Rooms	
	for sleeping?		

[Name of	-	,	
Q217	Does any member of this household own:	 A car/truck/microbus An autobike/tempo/CNG A rickshaw/van A bicycle A motorcycle or motor scooter 	
Q217A	Does your household own this structure (house, flat, shack)?		Q217 B Q217 C
Q217B	Does your household own the land on which the structure (house, flat, shack) sits?	1. Yes 2. No	
Q217C	Do you pay rent?	Pays rent/lease No rent with consent of owner No rent: squatting	
Q218	Does your household own any homestead?	4. Yes 5. No	
Q218A A	Does your household own any land (other than the homestead land)?		Q222
Q219 Q220	Does this household own any livestock, herds, other farm animals or poultry? How many of the following animals does this	1. Yes 2. No→	Q224
	household own? Buffaloes? Cows? Goats or sheep? Chickens or ducks? Other farm animals?		
Q221	Does any member of this household have a bank account?	1. Yes 2. No	
Q222	In the past 7 days were there days when your household did not have enough food or money to buy food?	1. Yes 2. No	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one mobile phone in the household	 Everyday Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days Never 	
Q224	How many days in the month does someone in the household have data or access to wifi (for accessing internet for searching the web, using social media or using Email) for at least one of your digital communication devices in the household (smart phone, laptop, tablet)?	 Everyday Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days Never 	

I would like to ask you some questions about your dwelling or home. KENYA VERSION

Q201	What is the main source of drinking water for	Piped into dwelling→	Q206
	members of your household?	2. Piped to yard/plot→	Q206
		3. Public tap/standpipe	
		4. Tube well or Borehole	
		5. Dugwell: Protected well	
		6. Dugwell: Unprotected well	
		7. Protected spring	
		8. Unprotected spring	
		9. Rainwater→	Q206
		10. Tanker truck	4_00
		11. Cart with small tank	
		12. Surface water	
		(river/dam/lake/pond/stream/	
		canal/irrigation channel)	
		13. Bottled water	
		97. Other	
Q202	Where is that water source located?	1. In own dwelling→	Q206
QZUZ	Where is that water source locateu:	2. In own yard/plot	Q206
		3. Elsewhere	Q200
Q203	How long does it take to go there got water	3. Elsewhere	
Q203	How long does it take to go there, get water, and come back?	Minutes	
	and come back?	998. Don't know	
Q203A	Who usually goes to this source to fetch the	1. Adult woman	
	water for your household	2. Adult man	
	,	3. Female child	
		4. Male child	
		5. No one person usually fetches the	
		water	
Q204	Do you share this source with other	1. Yes	
	households?	2. No→	Q206
Q205	How many households use this source of water?	No. of households if less than 10:	
		95. 10 of more households	
		98. Don't know	
Q206	Do you do anything to the water to make it	1. Yes	
Q200	safer to drink?	2. No	Q207
	Salet to drillk:	8. Don't know	Q207
02064	NATIONAL ALICE CONTRACTOR AND ALICE		Q207
Q206A	What do you usually do to make the water	1. Boil	
	safer to drink?	2. Add bleach/chlorine	
	Anathin a dee2	3. Strain through a cloth	
	Anything else?	4. Use water filter	
	[DECORD ALL MENTIONES]	(ceramic/sand/composite/etc.)	
	[RECORD ALL MENTIONED]	5. Solar disinfection	
		6. Let it stand and Settle	
		7. Cover the water container	
		97. Other	
Q207	What kind of toilet facility do members of	Flush/pour flush to piped sewer system	
		1. 2. Elizabeta a conflictable to a conflictable.	
	your household usually use?	2. Flush/pour flush to septic tank3. Flush/pour flush to pit latrine	

[Name of			ı
	[IF RESPONDENT INDICATES 'FLUSH' OR	4. Flush/pour flush to somewhere else	
	'POUR FLUSH', THEN PROBE WITH:	5. Flush/pour flush don't know where	
	WHERE DOES IT FLUSH TO?]	6. Ventilated improved pit latrine	
		7. Pit latrine with slab	
		8. Pit latrine without slab/Open pit	
		9. Composting toilet	
		10. Bucket toilet	
		11. Hanging toilet/hanging latrine	
		12. No facility/bush/field→	Q210
		97. Other	
Q208	Do you share this toilet facility with other	1. Yes	
4_00	households?	2. No→	Q210
Q209	How many households use this toilet facility		QLIO
Q203	Thow many households use this tollect delitey	No of household if less than 10 0	
		95. 10 or more households	
		98. Don't know	
Q210	Does your household have:	1. Electricity	
	[RECORD ALL THAT APPLY]	2. Radio	
		3. Television	
		4. Mobile telephone	
		5. Non-mobile telephone	
		6. Refrigerator	
		7. Solar panel	
		8. Table	
		9. Chair	
		10. Sofa	
		11. Bed	
		12. Cupboard	
		13. Clock	
		14. Microwave oven	
		15. Blu-ray/VCD/DVD Player	
		16. Cassette/CD Player	
Q210A	Does this household receive a cash transfer or	1. Yes	
QZIOA	any social assistance from the government,	2. No→	Q211
	NGOs, CBOs, Churches or other organisations?	Z. NO	QZII
	indos, CBOs, Charches of Other organisations:		
	[DEFINE AS HAVE DESCRIVED IN THE LAST		
	[DEFINE AS HAVE RECEIVED IN THE LAST		
02100	MONTH IF UNSURE] For what reason does the household receive a	1. Our bound shildness 10 years as	
Q210B		Orphaned children 18 years or	
	cash transfer or social assistance?	younger	
	Amu athan maaan 3	2. Elderly person	
	Any other reason?	3. Person with severe disability	
	[DECORD ALL MENTIONES]	4. Urban food subsidy	
	[RECORD ALL MENTIONED]	5. Food aid for person in arid and semi-	
		arid lands	
		6. Health voucher	
		7. Food/cash for work	
		8. School feeding	
		9. Hunger safety net programme	
		97. Other	

[Name of	Siumj		
Q211	What type of fuel does your household mainly use for cooking?	 Electricity LPG/Natural gas Biogas Parafin/Kerosene Coal, lignite Charcoal Wood Straw/shrubs/grass Agricultural crop Animal dung No food cooked in household	Q215
Q212	Where is cooking usually done?	 In a room used for living or sleeping In a separate room used as kitchen In a separate building used as kitchen Outdoor Other, please specify: 	
Q213	[MAIN MATERIAL OF THE FLOOR- RECORD OBSERVATION]	 Natural floor: earth/sand Natural floor: dung Rudimentary floor: wood planks Rudimentary floor: palm/bamboo Finished floor: Parquet or polished wood Finished floor: vinyl or asphalt strips Finished floor: ceramic tiles Finished floor: Cement Finished floor: Carpet Other 	
Q214	[MAIN MATERIAL OF THE ROOF- RECORD OBSERVATION]	 Natural roof: no roof Natural roof: thatch/grass/makuti Natural roof: dung/mud/sod Rudimentary roof: iron sheets Rudimentary roof: tin cans Finished roof: asbestos sheet Finished roof: concrete Finished roof: tiles Other 	
Q215	[MAIN MATERIAL OF THE EXTERIOR WALLS-RECORD OBSERVATION]	 Natural walls: no walls Natural walls: cane/palm/trunks Natural walls: dung/mud/sod Rudimentary walls: bamboo with mud Rudimentary walls: stone with mud Rudimentary walls: uncovered adobe Rudimentary walls: plywood Rudimentary walls: cardboard Rudimentary walls: reused wood Rudimentary walls: iron sheets Finished walls: cement Finished walls: stone with lime/cement Finished walls: brick Finished walls: covered adobe Finished walls: wood planks/shingles 	

		97. Other	
Q216	How many rooms in this household are used for sleeping?	Rooms	
Q217	Does any member of this household own:	 A watch A bicycle A motorcycle/scooter An animal-drawn cart A car/truck A boat with a motor 	
Q217A	Does your household own this structure (house, flat, shack)?	1. Yes 2. No	Q217B Q217C
Q217B	Does your household own the land on which the structure (house, flat, shack) sits?	1. Yes 2. No	Q218
Q217C	Does your household pay rent?	2. No6. Pays rent/lease7. No rent with consent of owner1. No rent: squatting	Q218
Q218	Does any member of this household own any agricultural land?	2. Yes 3. No →	Q222
Q219	Does this household own any livestock, herds, other farm animals or poultry?	1. Yes 2. No →	Q224
Q220	How many of the following animals does this household own? Local cattle (indigenous) Exotic/grade cattle Horses, donkeys, or camels? Goats or sheep? Pigs? Chickens? Other?		
Q221	Does any member of this household have a bank account?	1. Yes 2. No	
Q222	In the past 7 days were there days when your household did not have enough food or money to buy food?	1. Yes 2. No	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one mobile phone in the household	 Everyday Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days Never 	
Q224	How many days in the month does someone in the household have data or access to wifi (for accessing internet for searching the web, using social media or using Email) for at least one of your digital communication devices I the household (smart phone, laptop, tablet)?	 Everyday Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 	

[Name of Country]	
[Name of Slum]	
	5. Less than 7 days
	6. Never

I would like to ask you some questions about your dwelling or home. NIGERIA VERSION

			1
Q201	What is the main source of drinking water for	Piped into dwelling→	Q206
	members of your household?	2. Piped to yard/plot→	Q206
		Public tap/standpipe	
		4. Tube well or Borehole	
		Dugwell: Protected well	
		6. Dugwell: Unprotected well	
		7. Protected spring	
		8. Unprotected spring	
		9. Rainwater→	Q206
		10. Tanker truck	
		11. Cart with small tank	
		12. Surface water	
		(river/dam/lake/pond/stream/	
		canal/irrigation channel)	
		13. Bottled water	
0202	Where is that water source located?	97. Other	0206
Q202	where is that water source located?	1. In own dwelling	Q206
		2. In own yard/plot→	Q206
		3. Elsewhere	
Q203	How long does it take to go there, get water,	Minutes	
	and come back?	998. Don't know	
Q203A	Who usually goes to this source to fetch the	1. Adult woman	
QZOJA	water for your household	2. Adult man	
	water for your mouseriold	3. Female child	
		4. Male child	
		5. No one person usually fetches the	
0204	Do you share this source with other	water 1. Yes	
Q204	Do you share this source with other		0206
	households?	2. No→	Q206
Q205	How many households use this source of	No. of households if less than 10:	
	water?	No. of flousefloids if less than 10.	
		95. 10 of more households	
		98. Don't know	
Q206	Do you do anything to the water to make it	1. Yes	
Q200	Do you do anything to the water to make it safer to drink?		0207
	Salei to utilik!	2. No	
		8. Don't know→	Q207
Q206A	What do you usually do to make the water	1. Boil	
	safer to drink?	2. Add bleach/chlorine	
		3. Strain through a cloth	
	Anything else?	4. Use water filter	
		(ceramic/sand/composite/etc.)	
	[RECORD ALL MENTIONED]	5. Solar disinfection	
		6. Let it stand and Settle	
		7. Alum	
		97. Other	

[Name of			
Q207	What kind of toilet facility do members of your household usually use? [IF RESPONDENT INDICATES 'FLUSH' OR 'POUR FLUSH', THEN PROBE WITH: WHERE DOES IT FLUSH TO?]	 Flush/pour flush to piped sewer system Flush/pour flush to septic tank Flush/pour flush to pit latrine Flush/pour flush to somewhere else Flush/pour flush don't know where Ventilated improved pit latrine Pit latrine with slab Pit latrine without slab/Open pit Composting toilet Bucket toilet Hanging toilet/hanging latrine No facility/bush/field	Q210
Q208	Do you share this toilet facility with other households?	1. Yes 2. No→	Q210
Q209	How many households use this toilet facility	No of household if less than 10 95. 10 or more households 98. Don't know	
Q210	Does your household have: [RECORD ALL THAT APPLY]	 Electricity Radio Television Mobile telephone Non-mobile telephone Refrigerator Cable TV Generating Set Air conditioner Computer Electric Iron Fan 	
Q210A	Does this household receive a cash transfer or any social assistance from the government, NGOs, CBOs, churches or other organizations? [DEFINE AS HAVING RECEIVED IN THE LAST MONTH IF UNSURE]	1. Yes 2. No	Q211
Q210B	For what reason does the household receive a cash transfer or social assistance? Any other reason? [RECORD ALL MENTIONED]	 Orphaned children 18 years or younger Elderly person Person with severe disability Urban food subsidy Food aid for person in arid and semi-arid lands Health voucher Food/cash for work School feeding Hunger safety net programme Other 	
Q211	What type of fuel does your household mainly use for cooking?	 Electricity LPG Natural gas Biogas 	

[Name of Country]

[Name of	Slum]	<u>, </u>
		5. Kerosene 6. Coal, lignite 7. Charcoal 8. Wood 9. Straw/shrubs/grass 10. Agricultural crop 11. Animal dung 12. No food cooked in household→ Q215 97. Other
Q212	Where is cooking usually done?	 In a room used for living or sleeping In a separate room used as kitchen In a separate building used as kitchen Outdoors Other, please specify:
Q213	[MAIN MATERIAL OF THE FLOOR- RECORD OBSERVATION]	 Natural floor: earth/sand Natural floor: dung Rudimentary floor: wood planks Rudimentary floor: palm/bamboo Finished floor: parquet or polished wood Finished floor: vinyl or asphalt strips Finished floor: ceramic tiles Finished floor: carpet/rug Other
Q214	[MAIN MATERIAL OF THE ROOF- RECORD OBSERVATION]	1. Natural roof: no roof 2. Natural roof: thatch/palm leaf 3. Rudimentary roof: rustic mat 4. Rudimentary roof: palm/bamboo 5. Rudimentary roof: wood planks 6. Rudimentary roof: cardboard 7. Finished roof: metal/zinc 8. Finished roof: wood 9. Finished roof: ceramic tiles 10. Finished roof: cement 11. Finished roof: roofing shingles 97. Other
Q215	[MAIN MATERIAL OF THE EXTERIOR WALLS-RECORD OBSERVATION]	1. Natural walls: no walls 2. Natural walls: cane/palm/trunks 3. Natural walls: dirt (mud) 4. Rudimentary walls: bamboo with mud 5. Rudimentary walls: stone with mud 6. Rudimentary walls: plywood 7. Rudimentary walls: cardboard 8. Rudimentary walls: reused wood 9. Finished walls: cement 10. Finished walls: stone with lime/cement 11. Finished walls: bricks 12. Finished walls: cement blocks 13. Finished walls: wood planks/shingles 97. Other
Q216	How many rooms in this household are used for sleeping?	Rooms (Sleeping)

[Name of	-		
Q216A	How many rooms in total are in your	Dooms (Total)	
	household, including rooms for sleeping and	Rooms (Total)	
	all other rooms?		
Q217	Does any member of this household own:	1. A watch	
QZ17	Boes any member of this household own.	2. A bicycle	
	[DECORD ALL THAT ADDIV]		
	[RECORD ALL THAT APPLY]	3. A motorcycle or motor scooter	
		4. An animal-drawn cart	
		5. A car or truck	
		6. A boat with a motor	
		7. A canoe	
Q217A	Does your household own this structure	1. Yes	
QLITT	(house, flat, shack)?	2. No	
	(House, Hat, Shack):	2. NO	
			Q217B
			Q217C
Q217B	Does your household own the land on which	1. Yes	Q218
	the structure (house, flat, shack) sits?	2. No	Q218
Q217C	Do you pay rent?	8. Pays rent/lease	
Q2170	bo you pay reme.	9. No rent with consent of owner	
		1. No rent: squatting	
Q218	Does any member of this household own any	2. Yes	
	agricultural land?	3. No →	Q222
Q219	Does this household own any livestock, herds,	1. Yes	
	other farm animals or poultry?	2. No →	Q224
Q220	How many of the following animals does this		
	household own?		
	Tiouseriola owit:		
	A 4'11		
	Milk cows or bulls?		
	Horses, donkeys, or mules?		
	Goats?		
	Sheep?		
	Chickens/ducks?		
	Pigs?		
	Other farm animals?		
Q221	Does any member of this household have a	1. Yes	
	bank account?	2. No	
Q222	In the past 7 days were there days when your	1. Yes	
,	household did not have enough food or	2. No	
	_	2. 140	
	money to huy food?		
0222	money to buy food?	1 Francisco	
Q223	How many days in the month do you have air	1. Everyday	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one	2. Almost every day (over 21 days	
Q223	How many days in the month do you have air		
Q223	How many days in the month do you have air time (for calls and SMS) for at least one	2. Almost every day (over 21 days	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one	 Almost every day (over 21 days a month but not every day) More than half the days (over 	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) 	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days 	
	How many days in the month do you have air time (for calls and SMS) for at least one mobile phone in the household	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days Never 	
Q223	How many days in the month do you have air time (for calls and SMS) for at least one	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days 	
	How many days in the month do you have air time (for calls and SMS) for at least one mobile phone in the household	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days Never 	
	How many days in the month do you have air time (for calls and SMS) for at least one mobile phone in the household How many days in the month does someone in the household have data or access to wifi	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days Never Everyday Almost every day (over 21 days 	
	How many days in the month do you have air time (for calls and SMS) for at least one mobile phone in the household How many days in the month does someone	 Almost every day (over 21 days a month but not every day) More than half the days (over 14 but not as many as 21) More than 7 days but less than 14 Less than 7 days Never Everyday 	

 · · · · · · · · · · · · · · · · · · ·	
one of your digital communication devices I	3. More than half the days (over
the household (smart phone, laptop, tablet)?	14 but not as many as 21)
	4. More than 7 days but less than
	14
	5. Less than 7 days
	6. Never

I would like to ask you some questions about your dwelling or home. PAKISTAN VERSION

Q206 Q206
Q206
Q206
Q206
Q206
Q206
0207
Q207
Q207

[Name of	Siumj		
Q207	[RECORD ALL MENTIONED] What kind of toilet facility do members of your household usually use? [IF RESPONDENT INDICATES 'FLUSH' OR 'POUR FLUSH', THEN PROBE WITH:	 Use water filter (ceramic/sand/composite/etc.) Solar disinfection Let it stand and Settle Other Flush/pour flush to piped sewer system Flush/pour flush to septic tank Flush/pour flush to pit latrine Flush/pour flush to somewhere else Flush/pour flush don't know where 	
	WHERE DOES IT FLUSH TO?]	 6. Ventilated improved pit latrine 7. Pit latrine with slab 8. Pit latrine without slab/Open pit 9. Bucket toilet 10. Hanging toilet/hanging latrine 11. No facility/bush/field	Q210
Q208	Do you share this toilet facility with other households?	1. Yes 2. No→	Q210
Q209	How many households use this toilet facility	No of household if less than 10 95. 10 or more households 98. Don't know	
Q210	Does your household have: [RECORD ALL THAT APPLY]	 Electricity Radio Television Landline telephone Refrigerator Almirah/cabinet Chair Room cooler Air conditioner Washing machine Water pump Bed Clock Sofa Camera Sewing machine Computer Internet connection 	
Q210A	Does this household receive a cash transfer or any social assistance from the government, NGOs, CBOs, churches or other organizations? [DEFINE AS HAVING RECEIVED IN THE LAST MONTH IF UNSURE]	1. Yes 2. No	Q211
Q210B	For what reason does the household receive a cash transfer or social assistance? Any other reason?	98. Orphaned children 18 years or younger 99. Elderly person 100. Person with severe	
	[RECORD ALL MENTIONED]	disability 101. Urban food subsidy	
	[RECORD ALE MENTIONED]	TOT. OTDAIT TOOK SUDSILLY	

[Name of	Slumj	
		102. Food aid for person in arid and semi-arid lands 103. Health voucher 104. Food/cash for work 105. School feeding 106. Hunger safety net programme 3. Other
Q211	What type of fuel does your household mainly use for cooking?	 Electricity LPG Natural gas Biogas Kerosene Coal, lignite Charcoal Wood Straw/shrubs/grass Animal dung No food cooked in household→ Q215 Other
Q212	Where is cooking usually done?	 In a room used for living or sleeping In a separate room used as kitchen In a separate building used as kitchen Outdoors Other, please specify:
Q213	[MAIN MATERIAL OF THE FLOOR- RECORD OBSERVATION]	 Natural floor: earth/sand/mud Natural floor: dung Rudimentary floor: wood planks Rudimentary floor: palm/bamboo Finished floor: parquet or polished wood Finished floor: vinyl or asphalt strips Finished floor: ceramic tiles Finished floor: carpet Finished floor: carpet Finished floor: chips/terrazzo Finished floor: mats Finished floor: marble Other
Q214	[MAIN MATERIAL OF THE ROOF- RECORD OBSERVATION]	1. Natural roof: no roof 2. Natural roof: thatch/palm leaf 3. Natural roof: sod/grass 4. Rudimentary roof: rustic mat 5. Rudimentary roof: palm/bamboo 6. Rudimentary roof: wood planks 7. Rudimentary roof: cardboard 8. Finished roof: iron sheets/asbestos 9. Finished roof: reinforced brick cement/rcc metal 10. Finished roof: wood/t iron/mud

[Name of	Slum]		
		11. Finished roof: calamine/cement fiber12. Finished roof: ceramic tiles13. Finished roof: cement/rcc14. Finished roof: roofing shingles97. Other	
Q215	[MAIN MATERIAL OF THE EXTERIOR WALLS-RECORD OBSERVATION]	 Natural walls: no walls Natural walls: cane/palm/trunks Natural walls: dirt Natural walls: mud/stones Natural walls: bamboo/sticks/mud Rudimentary walls: unbaked bricks/mud Rudimentary walls: carton/plastic Rudimentary walls: bamboo with mud Rudimentary walls: stone with mud Rudimentary walls: uncovered adobe Rudimentary walls: plywood Rudimentary walls: reused wood Finished walls: baked bricks Finished walls: tent Finished walls: cement Finished walls: stone with lime/cement Finished walls: cement blocks Finished walls: covered adobe Finished walls: wood planks/shingles Other 	
Q216	How many rooms in this household are used for sleeping?	Rooms (Sleeping)	
Q217	Does any member of this household own:	 Watch Mobile telephone Bicycle Motorcycle or motor scooter An animal-drawn cart A car or truck or bus A tractor A boat with a motor A boat without a motor 	
Q217A	Does your household own this structure (house, flat, shack)?	 Yes No 	
Q217B	Does your household own the land on which	1. Yes	
Q217C	the structure (house, flat, shack) sits? Do you pay rent?	 No Pays rent/lease No rent with consent of owner No rent: squatting 	
Q218	Does any member of this household own any agricultural land?	2. Yes 3. No →	Q222
19			

[I Tallic O		<u> </u>	
Q219	Does this household own any livestock, herds,	1. Yes	
	other farm animals or poultry?	2. No →	Q224
Q220	How many of the following animals does this household own?		
	Milk cows or bulls?		
	Horses, donkeys or mules?		
	Goats?		
	Sheep?		
	Chickens?		
	Buffalo?		
	Camels?		
	Other?		
Q221	Does any member of this household have a	1. Yes	
0000	bank account?	2. No	
Q222	In the past 7 days were there days when your	1. Yes 2. No	
	household did not have enough food or money to buy food?	2. No	
Q223	How many days in the month do you have air	1. Everyday	
QZZ3	time (for calls and SMS) for at least one	2. Almost every day (over 21 days a	
	mobile phone in the household	month but not every day)	
		3. More than half the days (over 14	
		but not as many as 21)	
		4. More than 7 days but less than 14	
		5. Less than 7 days	
		6. Never	
Q224	How many days in the month does someone	1. Everyday	
	in the household have data or access to wifi	2. Almost every day (over 21 days a	
	(for accessing internet for searching the web,	month but not every day)	
	using social media or using Email) for at least	3. More than half the days (over 14 but	
	one of your digital communication devices I	not as many as 21)	
	the household (smart phone, laptop, tablet)?	4. More than 7 days but less than 14	
		5. Less than 7 days 6. Never	
		U. INEVEL	

Household income and expenditure

In the last part of this section, I will ask you about the <u>total income for the household in the last 30 days</u>. I would like to know about all sources of income. I know it may be difficult to calculate that figure, but please do try to give as accurate an amount as possible. Remember that all information will be kept strictly confidential. This information is important to assess overall health and wellbeing of people in your household compared to other, similar households.

Q225	I would like you to tell me your best estimate	1.	Less than 1000 KSh
	of the TOTAL income that this household has	2.	1000 – 2499 KSh
	had in the last 30 days.	3.	2500 – 4999 KSh
		4.	5000 – 7499 KSh
		5.	7500 – 9999 KSh
		6.	10000 – 14999 KSh
		7.	15000 – 20000 KSh
		8.	Above 20000 KSh

[Name	of	Country]
Name	٥f	Sluml

Q226	Did your household receive or earn any	Salaried/waged employment
	income from the following in the last 30 days?	2. Business
		3. Savings
		4. Agriculture
		Financial gifts/ support from any
		source
		6. Any other source of income

How much	in total did your household spend on the followir	ng items?
	DENT UNSURE, PLEASE PROMPT WITH "TO THE B APPROXIMATELY WHAT IT MIGHT HAVE BEEN?"]	EEST OF YOUR RECOLLECTION" THEN "CAN YOU
Q227a	FOOD in the last 7 days?	
		8. Don't know
Q227b	ENERGY (PARAFFIN, CHARCOAL) in the last 7 days?	
		8. Don't know
Q227c	WATER in the last 7 days?	
		8. Don't know
Q227d	TRANSPORT in the last 7 days?	
		8. Don't know
Q227e	FINANCIAL GIFT/SUPPORT TO OTHERS in the last 7 days?	
		8. Don't know
Q227f	ELECTRICITY in the last 30 days?	
		8. Don't know
Q227g	HEALTH CARE in the last 30 days?	
		8. Don't know
Q227h	RELIGIOUS OBLIGATIONS in the last 30 days?	
		8. Don't know
Q227i	RENT in the last month?	
		8. Don't know
Q227i	SCHOOL RELATED EXPENSES (school fees,	
<u> </u>	scholastic materials) in the last 30 days?	
		8. Don't know
Q227k	OTHER in the last 7 days?	
		8. Don't know

Module 3: Household Health Care Spending

I would like to ask you more specific questions about how much your household and all its members spent in cash or in-kind on all health care and services that did not require an overnight stay. We want expenses in the last 3 months. If payment was in-kind, please estimate a monetary value. Please exclude costs to be reimbursed by insurance.

In the	In the <u>last 3 months</u> , how much did your household spend on:				
Q301	Registration and consultation fees by doctors, nurses, or trained midwives that did <u>not</u> require an overnight stay?	8. Don't know			
Q302	Health-care by traditional or alternative healers? [USE COUNTRY-SPECIFIC TERMS]	8. Don't know			
Q303	Diagnostic and laboratory tests, such as x-rays or blood tests?	8. Don't know			
Q304	Medications or drugs (prescription, non-prescription, traditional, homeopathic)?	8. Don't know			
Q305	Dentists or dental care?	8. Don't know			
Q306	Ambulance or other transport?	8. Don't know			
Q307	Costs associated with overnight stays in a hospital or health facility? Please exclude any reimbursements from insurance and transportation costs.	8. Don't know			
Q308	Any other health care products or services that were not included above? Please specify: [PROMPT FOR FOOD COSTS IF PROVIDED TO HOUSEHOLD MEMBERS	8. Don't know			
	DURING HOSPITAL/CLINIC STAYS; PROMPT FOR HOME BASED CARE PROVIDED FOR HOUSEHOLD MEMBERS (ADULT OR CHILD) DUE TO LONG-TERM CONDITIONS OR GETTING OLD AND WEAK]				

[Name of Country]

[Name of Slum]

Finally, I want you to think of how you paid for your health care expenditures over the <u>last 12 months</u>. This includes costs for all fees, services and goods, including overnight stays.

Q309	In the <u>last 12 months</u> , have you borrowed from financial institutions, agencies (microfinance schemes, banks), or individuals to pay for <u>any health expenditures</u> ?	 Yes No Don't know 	
Q310	If you borrowed any money in the last 12 months to pay for health expenditures, are you expected to pay this back?	1. Yes → 2. No →	Q311 END
Q311	Have you started paying back the loan?	1. Yes → 2. No →	Q312 END
Q311A	Are you repaying or have you repayed the loan as a one-off payment or in installments?	Lump sum Installments	Q312A Q312B
Q312A	How much did you pay back?		Q401
Q312B	What is the monthly repayment on the loan including interest?		
	[FOR INFORMAL PAYMENT, PLEASE TEASE OUT THE AVERAGE MONTHLY REPAYMENT, IF ANY]	8. Don't know	

END: Thank you for your time in completing the household questionnaire. I will now move on to complete an individual questionnaire with a member of your household.