

PW-ABS-904
ISSN 90816

Technical Note No. 27

**COST RECOVERY PILOT TESTS
IN THE NON-HOSPITAL SECTOR
HOUSEHOLD SURVEY OF THE DEMAND FOR HEALTH CARE
IN THE BOBOYE,
ILLELA AND SAY DISTRICTS
OCTOBER-DECEMBER 1992**

HEALTH CARE UTILIZATION PATTERNS

By
François Pathé Diop, Ph.D.
Abt Associates Inc.

Submitted to:
**US AID Mission to Niger
and the
Studies and Programming Office, Ministry of Public Health**

Niamey, Niger

May 1993

Health Financing and Sustainability (HFS) Project

Abt Associates Inc., Prime Contractor
4800 Montgomery Lane, Suite 600
Bethesda, Maryland, 20814
Tel: 301-913-0500 FAX 301-652-3916

Management Sciences for Health, Subcontractor
The Urban Institute, Subcontractor

A.I.D. Contract No. DPE-5974-Z-00-9026-00

ABSTRACT

The Ministry of Public Health of Niger has been implementing cost recovery pilot tests within the non-hospital sector since April 1992. Through applied research activities, two cost recovery systems for non-hospital services are being tested. This report contains the initial results of the baseline survey conducted between October and December 1992 in the framework of the cost recovery pilot tests. It describes the methodology used for the baseline survey and the types of demand for health care in the three districts of Boboye, Say, and Illela.

Some 600 households were surveyed in each district. The information obtained on what 2,800 sick persons did to get over their illness constitutes the basis for the analysis contained in this report. Analysis of types of demand for health care reveals that in the period prior to the start of cost recovery and before the improvement in the availability of medicine in public health facilities, the inhabitants of the Say, Boboye, and Illela districts mainly relied on household remedies to get over their illness at home.

The informal market, represented largely by street vendors, has become the main source of medicine for the poorest households in rural areas. The frequency with which health care is administered at home and the large sums spent on it suggest that poor households in the three districts of Boboye, Illela, and Say devote a large share of income to health. The little use made of public health facilities suggests that people have lost confidence in non-hospital health centers. Given the lack of organized private sector health care in the rural areas where 80 percent of the population live, rehabilitation of public health facilities in the non-hospital sector is a prerequisite for any effort to improve the health of the majority of the people of Niger.

TABLE OF CONTENTS

| | |
|--|-----|
| LIST OF FIGURES | iv |
| LIST OF EXHIBITS | vi |
| EXECUTIVE SUMMARY | ix |
| 1.0. INTRODUCTION | 12 |
| 2.0. THE METHODOLOGY EMPLOYED IN THE BASELINE SURVEY | 14 |
| 2.1. OBJECTIVES | 14 |
| 2.2. SAMPLING DESIGN | 14 |
| 2.3. DATA COLLECTION INSTRUMENTS | 15 |
| 2.4. ORGANIZATION OF THE BASELINE SURVEY | 17 |
| 2.4.1. Baseline Survey Personnel | 17 |
| 2.4.2. Organization of Data Collection | 18 |
| 2.4.3. Data Processing | 19 |
| 2.5. INFORMATION ABOUT THE SAMPLE | 19 |
| 3.0. NATURE OF THE SAMPLE | 22 |
| 3.1. MAIN FEATURES OF THE HOUSEHOLDS | 22 |
| 3.2. SOURCES OF THE MONETARY INCOMES OF HOUSEHOLDS | 26 |
| 3.3. INDIVIDUAL CHARACTERISTICS | 30 |
| 4.0. DEMAND FOR CURATIVE CARE | 34 |
| 4.1. SENSATION OF SICKNESS | 34 |
| 4.2. SYMPTOMS | 38 |
| 4.3. THE DECISION TO SEEK HEALTH CARE | 42 |
| 4.4. HEALTH CARE AT HOME | 45 |
| 4.5. USE MADE OF PUBLIC HEALTH FACILITIES | 53 |
| 4.6. EXPENDITURE RELATED TO ILLNESS | 58 |
| 4.6.1. Level of Expenditure | 58 |
| 4.6.2. Weighting of Illness-related Expenditure | 60 |
| 5.0. THE UTILIZATION OF PREVENTIVE CARE | 66 |
| 6.0. CONCLUSION | 72 |
| APPENDICES | 73 |
| Appendix A: Additional Exhibits | 74 |
| Appendix B: Costs of the Baseline Survey | 109 |
| Appendix C: Productivity of the Interviewers | 111 |
| Appendix D: Questionnaires for the Baseline Survey | 113 |

LIST OF FIGURES

| | |
|--|----|
| <p>FIGURE 01: Household monthly monetary expenditure per capita: summary</p> | 25 |
| <p>FIGURE 02a: Annual monetary income (CFAF) by source of income and level of monetary expenditure: District of SAY</p> | 29 |
| <p>FIGURE 02b: Annual monetary income (CFAF) by source of income and level of monetary expenditure: District of BOBOYE</p> | 29 |
| <p>FIGURE 02c: Annual monetary income (CFAF) by source of income and level of monetary expenditure: District of ILLELA</p> | 29 |
| <p>FIGURE 03a: HEALTH CARE AT HOME: People who used medicine available at home, by stratum. Sick persons interviewed</p> | 46 |
| <p>FIGURE 03b: HEALTH CARE AT HOME: People who used medicine available at home, by income group. Sick persons interviewed</p> | 46 |
| <p>FIGURE 04a: HEALTH CARE AT HOME: People who bought medicine before visiting a health facility, by stratum. Sick persons interviewed</p> | 49 |
| <p>FIGURE 04b: HEALTH CARE AT HOME: People who bought medicine before visiting a health facility, by income group. Sick persons interviewed.</p> | 49 |
| <p>FIGURE 05: HEALTH CARE AT HOME: SOURCE OF MEDICINES PURCHASED. People who bought medicine before visiting a health facility</p> | 51 |
| <p>FIGURE 06a: PUBLIC HEALTH FACILITY: People attending a public health facility in the previous two weeks, by stratum. Sick persons interviewed</p> | 55 |

| | | |
|-------------|---|----|
| FIGURE 06b: | | |
| | PUBLIC HEALTH FACILITY: People attending a public health facility in the previous two weeks, by income group. Sick persons interviewed | 56 |
| FIGURE 07: | | |
| | ILLNESS-RELATED EXPENDITURE: Average monetary expenditure related to sickness in the two previous weeks. Sick persons interviewed | 59 |
| FIGURE 08: | | |
| | VACCINATION: Percentage of children registered as vaccinated. Children from 12 to 59 months | 68 |
| FIGURE 09a: | | |
| | INCIDENCE OF ILLNESS-RELATED EXPENDITURE: Ratio of illness-related expenditure to monthly monetary expenditure. Households interviewed. District of SAY | 61 |
| FIGURE 09b: | | |
| | INCIDENCE OF ILLNESS-RELATED EXPENDITURE: Ratio of illness-related expenditure to monthly monetary expenditure. Households interviewed. District of BOBOYE. | 62 |
| FIGURE 09c: | | |
| | INCIDENCE OF ILLNESS-RELATED EXPENDITURE: Ratio of illness-related expenditure to monthly monetary expenditure. Households interviewed. District of ILLELA. | 63 |
| FIGURE 10a: | | |
| | HEALTH CARE AT HOME: Expenditure on medicine, by source of purchase. Households interviewed. SAY | 65 |
| FIGURE 10b: | | |
| | HEALTH CARE AT HOME: Expenditure on medicine, by source of purchase. Households interviewed. BOBOYE | 65 |
| FIGURE 10c: | | |
| | HEALTH CARE AT HOME: Expenditure on medicine, by source of purchase. Households interviewed. ILLELA | 65 |

LIST OF EXHIBITS

| | |
|--|-------|
| EXHIBIT 01: | |
| INFORMATION ABOUT THE SAMPLE: | |
| Number of clusters, number of households and number of individuals interviewed | 20 |
| EXHIBIT 02: | |
| INFORMATION ABOUT THE SAMPLE: | |
| Number of individuals eligible for individual interviews and the number of individual interviews completed | 21 |
| EXHIBIT 03: | |
| DISTRIBUTION OF HOUSEHOLDS: | |
| According to socio-demographic characteristics of heads of household in each district. Households interviewed in the districts of Say, Boboye, and Illela | 22 |
| EXHIBIT 04: | |
| DISTRIBUTION OF HOUSEHOLDS: | |
| According to socio-economic characteristics of households in each district. Households interviewed in the districts of Say, Boboye, and Illela | 24 |
| EXHIBIT 05: | |
| DISTRIBUTION OF THE SAMPLE: | |
| By age, ethnic group, and sex in the districts of Say, Boboye, and Illela | 32 |
| EXHIBIT 06: | |
| DISTRIBUTION OF THE SAMPLE: | |
| According to school attendance: individuals over six years of age in the districts of Say, Boboye, and Illela | 33 |
| EXHIBIT 07: | |
| SENSATION OF ILLNESS: Percentage of people claiming to have been ill in the two weeks prior to the interview. | |
| Breakdown by socio-demographic characteristics: residents present at the time of the interview and visitors in the districts of Say, Boboye, and Illela | 36 |
| EXHIBIT 08: | |
| SENSATION OF ILLNESS: Percentage of people claiming to have been ill in the two weeks prior to the interview. | |
| Breakdown by household income group: residents present at the time of the interview and visitors in the districts of Say, Boboye, and Illela | 37 |
| EXHIBIT 09 | |
| SYMPTOMS: Percentage of people claiming to have had a symptom in the two weeks prior to the interview. Breakdown by socio-demographic characteristics sick persons interviewed | 39-41 |

| | |
|-------------|--|
| EXHIBIT 10: | |
| | THE DECISION TO SEEK HEALTH CARE: Percentage of people saying they used health care of some kind in the two weeks prior to the interview. Breakdown according to socio-demographic characteristics: sick persons interviewed in the districts of Say, Boboye, and Illela 44 |
| EXHIBIT 11: | |
| | HEALTH CARE AT HOME: percentage of people saying they used medicine available at home before visiting a health facility in the two weeks prior to the interview. Breakdown by socio-demographic characteristics: sick persons interviewed in the districts of Say, Boboye, and Illela 47 |
| EXHIBIT 12: | |
| | HEALTH CARE AT HOME: Percentage of people saying they bought medicine in the two weeks prior to the interview before visiting a health facility. Breakdown according to socio-demographic characteristics: sick persons interviewed in the districts of Say, Boboye, and Illela. 48 |
| EXHIBIT 13: | |
| | HEALTH CARE AT HOME: Geographical distribution of sick persons buying medicine before visiting a health facility, according to source of supply in each district. Sick persons buying medicine before visiting a health facility in the districts of Say, Boboye, and Illela 50 |
| EXHIBIT 14: | |
| | HEALTH CARE AT HOME: Geographical distribution of sick persons buying medicine before visiting a health facility according to source of supply and household income group. Sick persons buying medicine before visiting a health facility in the districts of Say, Boboye, and Illela 52 |
| EXHIBIT 15: | |
| | HEALTH CARE OUTSIDE THE HOME: Percentage of individuals seeking health care outside the home. Breakdown by first choice of health care: Sick persons interviewed in the districts of Say, Boboye, and Illela 53 |
| EXHIBIT 16: | |
| | PUBLIC HEALTH FACILITY: Percentage of sick persons attending a public health facility in the two weeks prior to the interview. Breakdown by socio-demographic group: sick persons interviewed in the districts of Say, Boboye, and Illela 57 |
| EXHIBIT 17: | |
| | MONETARY EXPENDITURE (CFAF) RELATED TO ILLNESS : All kinds of health care. Average illness-related outlays in the two weeks prior to the interview, by type of health care. Sick persons interviewed in the districts of Say, Boboye, and Illela 60 |

EXHIBIT 18:
VACCINATION: Percentage of children whose health records were examined and percentage of children with a record of having received specific doses of vaccines. Children aged 12 to 59 months in the districts of Say, Boboye, and Illela 66

EXHIBIT 19:
VACCINATION: Percentage of children whose health records were examined and percentage of children with a record of having received specific doses of vaccines. Breakdown by availability of a health facility in the village and by district. Children aged 12 to 59 months 69

EXHIBIT 20:
VACCINATION: Percentage of children whose health records were examined and percentage of children with a record of having received specific doses of vaccines. Breakdown by income group and by district. Children aged 12 to 59 months in the districts of Say, Boboye, and Illela 70

LIST OF APPENDIX A EXHIBITS 74-75

EXECUTIVE SUMMARY

The Ministry of Public Health of Niger has been implementing cost recovery pilot tests within the non-hospital sector since April 1992. Through applied research activities, two cost recovery systems for non-hospital services are being tested.

The decision to conduct pilot tests arose from the November 1989 Kollo national seminar on cost recovery, organized by the Office of the Director of Studies and Programming of the Ministry of Public Health, with the technical assistance of Abt Associates Inc. and the Tulane University and with financial assistance provided by USAID. Abt Associates Inc. has maintained its technical support for the cost recovery pilot tests initiative in the non-hospital sector alongside the technical assistance it provides in the area of cost reduction and recovery in the hospital sector.

Currently, the pilot test project is guaranteed technical assistance under the Health Financing and Sustainability (HFS) Project, financed centrally by USAID, and for which Abt Associates Inc. is the prime contractor. Besides helping the Ministry of Public Health to develop policies to finance health programs, HFS will carry out applied research in the following areas: protection for the very poor, social financing, quality of health care, and incentives for providers of services.

The pilot tests occur at the health center level and focus on testing two ways of paying for health care: (i) direct payment, whereby the patient just pays a lump sum each time he or she is ill and (ii) an indirect form of payment, including a surcharge on the local price of medicine and a small fee for each bout of illness. The pilot tests are carried out in the Boboye district, in the department of Dosso, and in Say, in the department of Tillabery. The indirect form of payment is being tested in the Boboye district; the direct payment method is being tried out in Say. A third district, Illela, in the department of Tahoua, is under observation for control purposes.

Two household surveys of the demand for health care are contemplated, in order to measure changes in the use of health services and the impact of those changes on different socio-economic groups, especially the poor. A baseline survey is conducted before charges are collected; a final survey is planned after the start of cost recovery.

This report contains the initial results of the baseline survey conducted between October and December 1992 in the framework of the cost recovery pilot tests. It describes the methodology used for the baseline survey and the types of demand for health care in the three districts of Boboye, Say, and Illela. A report containing more in-depth analysis of the findings will be produced in the course of the next few months.

The baseline survey on the demand for health care was conducted between October and December 1992 in the districts of Say, Boboye, and Illela. Some 600 households were surveyed in each district. In those households, 14,410 individual household members were interviewed, of whom 13,667 were residents and

the rest visitors. In those two groups, 2,800 people said they had been ill some time during the two weeks prior to the survey. The information obtained on what these 2,800 sick persons did to get over their illness constitutes the basis for the analysis contained in this report.

Analysis of types of demand for health care reveals that in the period prior to the start of cost recovery and before the improvement in the availability of medicine in public health facilities, the inhabitants of the Say, Boboye, and Illela districts mainly relied on household remedies to get over their illness at home. During that period, most sick people use medicine they have at home or buy medicine, before any visit to a given medical facility. The prevalence of such behavior is similar in all three districts and among different socio-economic groups within each district. About half all those falling ill in each district used medicine available at home before visiting a health center; in each of the three districts, about one third of sick people bought medicine before visiting a health facility, if indeed there was a visit. Thus, household or self-medication is very common in all three districts.

In each of the three districts, of the sick people who bought medicine before going to a health facility, about a quarter bought it at a pharmacy. The remaining three-quarters obtained stocks from a village health worker, the market, or a street vendor. Resorting to a village health worker is more common in Say than in the other two districts. Indeed, most poor people in the Boboye and Illela districts buy their medicine from street vendors or at the market.

The demand for public health facility services is very weak in the period prior to cost recovery. Indeed, no more than 10 percent of sick persons in Illela, 13 percent in Say, and 17 percent in Boboye attended a public health facility in the two weeks prior to the interview. The ones who did visit a health facility were usually people living in the villages where such facilities are located. Moreover, sick people in poorer homes tend to use public health facilities less than people with equivalent illnesses in better-off households.

On average, sick people spent 350 CFAF to cure their illness in the two weeks prior to the interview. Roughly half that amount was spent buying medicine before any visit to a health center. Medicine bought following a prescription from a public health facility is the main expenditure item for health care outside the home.

The public health issues raised by these types of demand for health care have to do, on the one hand, with the use made of health resources and the effectiveness of the health care received and, on the other, with public confidence in public health facilities.

In the absence of any vigorous health education programs on the proper use of medicine, and in the absence, moreover, of quality controls for medicine, the informal market, in the shape of street vendors, has become the main source of medicine for the poorest households in rural areas. The frequency with which health care is administered at home and the large sums spent on it suggest that poor households in the three districts of Boboye, Illela, and Say devote a large share of income to health. However, it is doubtful that they receive high quality health care in return. The frequency with which medicine is bought from

street vendors, the quality of whose stock is very difficult to control, indicates a large amount of wastage of health resources in the three districts. The immediate policy implication of this conclusion is that there is a need for coherent policy with regard to medicine, as part of a wider mobilization of resources, and rationalization of the way they are used, within the health sector.

The little use made of public health facilities suggests that people have lost confidence in non-hospital health centers. Given the lack of organized private sector health care in the rural areas where 80 percent of the population live, the immediate policy implications of the low use of public health facilities is obvious. Rehabilitation of public health facilities in the non-hospital sector is a prerequisite for any effort to improve the health of the majority of the people of Niger.

The cost recovery pilot tests are an applied research effort to find a solution to these questions. In the Boboye and Say districts, the public health facilities are expected to regain people's trust. The availability of medicine in the health facilities and the relatively low fees charged, compared to the expense that households go to in order to cure sick members of the family before the beginning of cost recovery, should make it possible for public health facilities to get off to a new start and extend the access of poor people to better quality health care.

1.0. INTRODUCTION

The need to generate internal resources and to use them more rationally within the framework of an effort to strengthen national capacity to improve the health of the population has been a recurrent theme of the past few years. Policymakers have at their disposal a limited number of instruments, for several different scenarios, to deal with this problem. At the November 1989 Kollo seminar on cost recovery, the Ministry of Public Health of Niger specified alternative ways of financing health services in the non-hospital sector; the Ministry planned to test those alternatives before choosing a policy for funding health services in that sector. The Kollo seminar was organized by the Office of the Director of Studies and Programming of the Ministry of Public Health, with the technical assistance of Abt Associates Inc. and the financial assistance of USAID. Abt Associates Inc. has maintained its technical support for the cost recovery pilot tests initiative in the non-hospital sector alongside the technical assistance it provides in the area of cost reduction and recovery in the hospital sector.

The Ministry of Public Health has been implementing cost recovery pilot tests in the non-hospital sector since April 1992. The pilot tests constitute a research effort designed to discover appropriate ways to finance health care within the framework of the mobilization of local resources and participation by the population in the financing of non-hospital health services.

Currently, the pilot test project is guaranteed technical assistance under the Health Financing and Sustainability (HFS) Project, financed centrally by USAID, and for which Abt Associates Inc. is the prime contractor. HFS, which conducts applied research in the field of health financing in several countries is in a position to contribute considerable institutional resources to the pilot tests project. The applied research—in this case, the pilot tests—is entirely in line with one of the key themes of HFS's own applied research, namely the recovery of the costs of health care. Thus, besides helping the Ministry of Public Health to develop policies to finance health programs, HFS will carry out applied research in the following areas: responsibility for the very poor, social funding, quality of health care, and ways to motivate providers of services.

The pilot tests are geared to the health center level and focus on testing two ways of paying for health care: (i) direct payment, whereby the patient just pays a lump sum each time he or she is ill and (ii) an indirect form of payment, including a surcharge on the local price of medicine and a small fee for each bout of illness. The idea is, on the one hand, to rationalize the use of the resources generated by the participation of the population in financing health care, pilot tests as part of the application of complaint and standardized treatment strategies, and essential medicines with a view to improving cost-benefit ratios in the provision of health care; and, on the other, to strengthen administrative capacities and to involve the population—the main beneficiaries—in the running of health facilities.

The pilot tests are carried out in the Boboye district, in the department of Dosso, and in Say, in the department of Tillabery. The indirect form of

payment is being tested in the Boboye district; the direct payment method is being tried out in Say. Since the pilot tests are being conducted in a dynamic environment, a third district, Illela, in the department of Tahoua, is under observation for control purposes. It will serve to show the extent of changes that would occur during the pilot test period independently of any effects of the project's implementation.

The districts being tested were selected by the Ministry of Public Health. For practical reasons, and especially to make it easier for the Ministry to do a follow-up, the tests were limited to districts not too far away from Niamey, the capital. In other words, the project area is not representative of the whole of the country. Nevertheless, for purposes of providing the information needed to choose which form of payment should be the principal component of cost recovery policy in the non-hospital sector, the two districts selected do provide data typical of the country's rural environment.

How the two forms of payment fare from various point of view, including volume of resources generated and effects on the use of public health facility services, is evaluated on the basis of activity statistics, financial data provided by the health facilities, and data from the household surveys. Two household surveys on the demand for health care serve to measure changes in the use of services and the impact of those changes on different socio-economic groups, especially the poor. A baseline survey is conducted before expenses begin to be perceived; a final survey is planned for the second sector after the start of cost recovery.

This report contains the initial results of the baseline survey conducted between October and December 1992 in the framework of the cost recovery pilot tests. It attempts to describe the methodology used for the baseline survey and the types of demand for health care in the three districts of Boboye, Say, and Illela. The data from the baseline survey are still being processed and a report containing more in-depth analysis of the findings will be produced in the course of the next few months.

The report is structured as follows. The first section describes the methodology employed for the baseline survey. The second section describes the main characteristics of the households and individual members of the interviewed households in each of the three districts. There follows, in the third section, a descriptive analysis of curative care. Finally, the fourth section contains a brief analysis of vaccination coverage in the three districts.

2.0. THE METHODOLOGY EMPLOYED IN THE BASELINE SURVEY

This section describes the methodology used for the baseline survey. First, it recalls the objectives of the household surveys; second, it explains how the sampling plan is to be implemented; third, it discusses the tools used to collect the data; fourth, there is an outline of how the baseline survey is organized; and, finally, a fifth sub-section discusses the results in terms of the completeness of the interviews carried out in the survey.

2.1. OBJECTIVES

The long term goal of the household surveys is to provide information on demand for health care which, combined with data from the health facilities, might help improve both the provision of pharmaceutical products and the financial viability of health services in Niger.

The immediate objectives of the household surveys are:

- a. to provide information on the use made of health facilities by sick persons.
- b. to provide information on expenditures on health care, including outlays for medicine, consultation, examinations, and related travel expenses.
- c. to gather comparative information on the way demand for health care by households and individual household members varies according to the two health care payment mechanisms being tested by the cost recovery pilot project.

Objective c could only be reached after carrying out the final survey, scheduled for the end of 1993. The data obtained in the baseline survey can contribute to goals a and b for the base period prior to the introduction of cost recovery. Analysis of the baseline survey also makes it possible to compare the status of current demand for health care in each of the three districts in the area of the project.

2.2. SAMPLING DESIGN

Immediate objective c, which aims to compare the effects of different mechanisms for recovering the costs of medical care, imposes certain constraints on the sampling design to be used in the household survey. Thus, it was necessary to have three (3) independent samples in order to be able to compare them two by two.

The size of the sample required in each district was estimated to be 3,983 individuals, or in other words some 600 households in each district. However, in order to facilitate the field work, 612 households were selected in each district. Thus, the overall size of the sample for the household surveys was established a priori as 1,836 households.

To draw the sample by lot, recent demographic data for small geographic units was needed. The most recent source providing detailed figures on households and population was the General Census of the Population of 1988.

The 1988 Census had divided the national territory a priori into census districts (*Zones de Dénombrement- ZD*) of about 1,500 individuals each. The Census counted some 544,000 individuals via household surveys, of whom 205,000 were in Boboye, 163,000 in Say, and 176,000 in Illela; in these three districts there were thus 161 ZD, 80 ZD, and 113 ZD, respectively.

Apart from the 1988 Census data, the team was also able to use the latest (November 1988) update on the distribution of health installations in Niger. It lists the health facilities, their source of funding, location, and so on. With some additional work, it was possible to relate them to the Census zones (ZD) and use them as an auxiliary variable for stratification purposes.

Given the correlation between frequency of use of medical services and distance from health installations, the sample for each district was corrected to take this variable into account. The indication that at least one health installation was available in the ZD was used to stratify the sampling frame in each district into two strata: one stratum with a health facility, for which 5 ZD were selected; and a stratum without a health facility, for which 29 ZD were selected. Such stratification will improve the comparability of samples obtained in different districts.

The households to be surveyed were selected according to a three stage stratified cluster sampling design. Within each stratum, the ZD were subdivided into sub-zones (*Sous-Zones de Dénombrement-SZD*) of approximately 72 households each. At a first stage, the ZD were selected with a probability of selection proportional to the number of SZD; at the second stage of selection, one SZD was chosen randomly in each ZD; at the third stage of selection, eighteen (18)—or one in four—households were selected at random in each SZD.

2.3. DATA COLLECTION INSTRUMENTS

The principal data collection instruments for the baseline survey are the surveys questionnaires. Other useful instruments include the list of sample elements and maps of the ZD selected, the interviewer's manual, the team leader's guide and, finally, follow-up fact sheets which allow interviewers and team leaders to verify that interviews are complete.

The questionnaires were based on the cumulative experience of Abt Associates Inc. with data collection on the demand for medical care in Zaïre and Sokoto State in Nigeria. The finalization of the questionnaire consisted mainly of adapting the Zaïre and Sokoto State Nigeria questionnaires to the objectives of the cost recovery pilot tests, to the household surveys, and to Niger's environment.

For the study of curative and preventive care behavior and its economic determinants, four questionnaires were designed: (i) a household questionnaire; (ii) a curative care questionnaire; (iii) a preventive care questionnaire; and (iv) an income questionnaire.

The household questionnaire has two main objectives: (i) to identify the sick persons and children under five who constitute the samples for analyses of the demand for medical care; and (ii) to gather information on the socio-economic characteristics of individual household members and on household expenditures. The household survey is administered to all households included in the survey sample.

The objectives of the curative care questionnaire are to obtain: (i) a description of illness; (ii) a description of the type of care selected and the amount spent to cure the illness, either in money or in kind. The curative care questionnaire is administered to all residents and visitors who claim to have been ill or to have experienced an injury or an accident during the two weeks prior to the household interview.

With respect to the "two weeks", a choice had to be made between choosing a longer period, which would have meant that more individual household members could have been included, thereby reducing the unit cost of each datum but increasing the risk of mistakes caused by poor memory, and a short period for which there would be fewer lapses of memory but relatively higher unit costs per datum. In addition, it is easy to determine statistically the size of sample needed to obtain the desired degree of precision concerning the parameters of interest, whatever retrospective period is used, whereas there is no way to measure and adjust for systematic errors, such as memory lapses, related to the length of time that has passed. In the end, it was decided to take a retrospective period that would minimize mistakes due to forgetfulness.

Although both payments systems apply to curative care, their effects on the demand for preventive care were recorded as a performance criterion. The objective of the preventive care questionnaire is to gather information on the use made of pre-natal and natal services and on the utilization of preventive care for children of pre-school age. The preventive care questionnaire is individually administered to resident or visiting women between the ages of 15 and 49 who have been pregnant during the twelve months preceding the interview or who have a child of under five years of age currently living with them.

Finally, the income questionnaire records information on the levels and sources of monetary incomes of individual household members who have engaged in an economic activity during the twelve months preceding the interview.

The four questionnaires were translated into the local languages of Hawsa and Zarma. That was considered sufficient because the Hawsa and Zarma ethnic groups constitute a large area of the study area population. Secondly, among other ethnic groups including Peulh, Sonrhai and Gourmantche, adults are very likely to be able to communicate in one of the two languages.

The objectives of the interviewer's manual are: (i) to familiarize the selected interviewers with the household survey objectives, methodology, and organization; (ii) to prepare them for the interview setting and to upgrade their interviewing skills; (iii) to standardize the way questions are asked and replies recorded; (iv) to familiarize the interviewers with the structure and content of the household survey questionnaires and to give specific instructions regarding each specific question; and (v) to assist the interviewers with the

daily management of their interviews. To complete the team leader's training, a team leader's guide was produced. This guide includes a set of instructions regarding contact with local authorities, organization of the field team activities, and verification and control of interviews. Furthermore, the team leader's guide presents procedures to be used for the third degree selection of households in the field. Finally, the guide provides instructions regarding management of household survey resources.

2.4. ORGANIZATION OF THE BASELINE SURVEY

The Baseline Survey was organized in accordance with its two main functions, namely: (i) data collection and (ii) data entry and processing. In order to ensure that those two functions were performed as professionally as possible, the survey personnel were selected on the basis of criteria related to each function; the selected candidates were given specific training; and they were organized into teams to carry out well-defined tasks.

2.4.1. Baseline Survey Personnel

The Baseline Survey personnel consists of (i) data collection personnel and (ii) data entry personnel. The required number of data collection personnel was completed thanks to the Office of the Director of Statistics and National Accounts, which supplied the survey with statistics agents, three (3) of whom took part in training field survey personnel and two (2) acted as supervisors during data collection in the field.

Selection and training of survey personnel was organized according to three phases: pre-selection of interviewers, training of interviewers, and final selection and organization of field survey personnel.

The selection and training activities took place at the Ecole Nationale de Santé Publique à Niamey between October 1 and October 15, 1992. In keeping with the household survey protocol, the next step was to pre-select twenty-five (25) female candidates and ten (10) male candidates to receive interviewer training. The gender composition of the group of pre-selected candidates was due to the need to ensure enough female interviewers as male interviewers would not be allowed under certain circumstances to interview female respondents for cultural reasons. The data collection personnel was finally selected from this pool of candidates who received training as interviewers.

The data collection personnel is composed of (i) two (2) supervisors, (ii) six (6) team leaders, (iii) eighteen (18) interviewers, three per team, and (iv) seven (7) drivers.

SCHEDULE OF BASELINE SURVEY ACTIVITIES

| ACTIVITIES | DATE | |
|--|-------------------|--------------------|
| | START | FINISH |
| Finalize preparations | August 8, 1992 | September 30, 1992 |
| Selection and Training of Interviewers | October 1, 1992 | October 15, 1992 |
| Data Collection in the Field | October 26, 1992 | December 10, 1992 |
| Data entry | November 16, 1992 | February 13, 1993 |
| Processing of data | December 4, 1992 | ongoing |

As regards the data entry and processing personnel, a data processing manager was hired on a temporary basis before the training of interviewers. The data processing manager received the same training as the interviewers to make sure that he was familiar with the structure and content of the household survey questionnaires. He directed the data entry team consisting of (i) a sorting team and (ii) a team to enter the data into the computer.

Of the pool of candidates trained as interviewers, two (2) agents were set aside to form a sorting group responsible for sorting and classifying completed questionnaires both before and after data entry.

A test was held on December 1, 1992 to select data entry agents. Out of thirty-two (32) candidates, four (4) were selected to form a data entry team.

2.4.2. Organization of Data Collection

Two teams were assigned to each of the three districts. Each team was responsible for combing through the seventeen (17) clusters and carrying out the household and individual household member interviews in each of the clusters.

The team was scheduled to spend two and a half days in each cluster. The experience with the data collection showed that the scheduled period of time was sufficient for establishing contact with village authorities, selecting households, carrying out the interviews, and reviewing completed questionnaires.

The delay in the delivery of questionnaires (due to the time it took to print them and the constraint of having only one supervisory vehicle), had two consequences. First, the movement of field teams from cluster to cluster, and ultimately the completion of the field survey, was delayed. Second, the delivery of questionnaires ended up using a relatively large portion of supervision time compared to the provision of technical support to individual teams.

In the end, one team in six managed to cover the seventeen clusters in the forty (40) days allotted. The other five teams took forty-four (44) days to cover their clusters. Thus, data collection began on October 26, 1992 and finished in the one hundred and two (102) survey clusters on December 10, 1992.

2.4.3. Data Processing

Data entry was sub-divided into four activities: (i) preparation, (ii) selection and training of data entry agents, (iii) data entry, and (iv) ordering and editing of the data. Preparation involved: (i) organizing the data entry process; (ii) establishing a unit within the BCS in charge of classifying and preparing already filled-in questionnaires for data entry and of keeping track of the whereabouts of the questionnaires during the data entry process; and (iii) drawing up data entry programs. These activities were completed on November 25, 1992.

Selection and training of data entry personnel got underway at the same time as the selection and training of survey personnel. Two candidates were selected from the pool of all those who had received interviewer training to assist the person in charge of data entry.

After a two-day training for the four data entry agents selected, data entry got underway on December 9, 1992. It was completed on February 13, 1993. The ordering and editing of the data obtained began while the data were still being entered. Editing will continue until June 1993.

2.5. INFORMATION ABOUT THE SAMPLE

The results of the baseline survey, in terms of coverage, are indicated below. Exhibit 01 provides a breakdown by cluster and household.

All 102 sub-zones (SZD) in the household survey sample were traced and 18 households selected in each of them, in line with the baseline survey framework. Of the 1,836 households due to be interviewed, 1,825, or 99 percent, were in fact interviewed. Similar percentages were obtained in all three districts.

The number of individual household members interviewed was 4,116 in Illela; 4,723 in Say; and 5,571 in Boboye. Of all those individuals interviewed, only individual household members and residents there at the time, and visitors, were eligible for the survey's individual questionnaires. The total number of individuals present at the time was 3,876 in Illela, 4,610 in Say, and 5,181 in Boboye.

In short, 14,410 individual household members were interviewed in the baseline survey. Of them, 13,667 were residents there at the time and visitors; these two categories were tested for eligibility for the curative care questionnaire, the preventive care questionnaire, and the income questionnaire.

Exhibit 01.
INFORMATION ABOUT THE SAMPLE.
Number of clusters, Number of households and Number of individuals interviewed.

| | DISTRICT | | | |
|--------------------------------------|----------|--------|--------|----------|
| | SAY | BOBOYE | ILLELA | TOGETHER |
| No. clusters | 34 | 34 | 34 | 102 |
| No. households targeted | 612 | 612 | 612 | 1,836 |
| No. households covered | 605 | 611 | 609 | 1,825 |
| Proportion (%) of households covered | 98.9 | 99.8 | 99.5 | 99.4 |
| No. individuals interviewed | 4,723 | 5,571 | 4,116 | 14,410 |
| Residents present | 4,563 | 5,010 | 3,840 | 13,413 |
| Residents absent | 112 | 390 | 240 | 742 |
| Visitors (VIS) | 47 | 171 | 36 | 254 |
| Residents present and visitors | 4,610 | 5,181 | 3,876 | 13,667 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH01

Exhibit 02 shows the ratio of completed individual interviews to the total of those interviewed in households and identified as eligible for individual curative care, preventive care, or income interviews. The proportion of completed interviews is very high. Taking all three districts together, 98 percent of those eligible for the curative care interview completed their interview; the figure for the preventive care questionnaire was 99 percent; for the income questionnaire it was 98 percent. These high levels were observable in each district for all individual questionnaires.

Exhibit 02.
INFORMATION ABOUT THE SAMPLE.
 Number of individuals eligible for individual interviews
 and the number of individual interviews completed.

| TYPE OF QUESTIONNAIRE | DISTRICT | | | |
|---|----------|--------|--------|----------|
| | SAY | BOBOYE | ILLELA | TOGETHER |
| CURATIVE CARE | | | | |
| No. individuals eligible | 653 | 1,353 | 899 | 2,905 |
| No. individuals interviewed | 644 | 1,309 | 886 | 2,833 |
| Proportion (%) interviewed | 98.6 | 96.7 | 98.5 | 97.7 |
| PREVENTIVE CARE | | | | |
| No. individuals eligible | 545 | 682 | 544 | 1,770 |
| No. individuals interviewed | 545 | 669 | 538 | 1,752 |
| Proportion (%) interviewed | 100.0 | 98.1 | 98.9 | 99.0 |
| INCOME | | | | |
| No. individuals eligible | 1,798 | 1,790 | 1,328 | 4,916 |
| No. individuals interviewed | 1,787 | 1,734 | 1,290 | 4,811 |
| Proportion (%) interviewed | 99.4 | 96.9 | 97.1 | 97.8 |
| COST RECOVERY PILOT TESTS | | | | |
| BASELINE SURVEY, OCTOBER-DECEMBER, 1992 | | | | |
| HFS\NIGER93\EXH02 | | | | |

3.0. NATURE OF THE SAMPLE

This section provides a brief summary of the socio-economic and demographic characteristics of the samples in the three districts beginning with the main features of the households. Second, there is a brief discussion of the sources of the monetary incomes of the households. Finally, this section deals with the socio-demographic characteristics of individual household members.

3.1. MAIN FEATURES OF THE HOUSEHOLDS

Exhibit 03 summarizes the main socio-demographic features of heads of household. As one might expect, the heads of household in all three districts are relatively senior. Over 56 percent of heads of household in Say are at least 45 years old; in Boboye, the proportion was 61 percent; and in Illela, 52 percent.

Exhibit 03
DISTRIBUTION OF HOUSEHOLDS ACCORDING TO
SOCIO-DEMOGRAPHIC CHARACTERISTICS OF HEADS OF HOUSEHOLD
IN EACH DISTRICT
HOUSEHOLDS INTERVIEWED
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | DISTRICT | | |
|--|---------------|-----------------|----------------|
| | SAY-DIRECT | BOBOYE-INDIRECT | ILLELA-CONTROL |
| AGE in years | | | |
| 0-14 | 1.7% | .2% | - |
| 15-44 | 42.8% | 39.1% | 47.7% |
| 45 + | 55.6% | 60.8% | 52.3% |
| TOTAL | 100.0% | 100.0% | 100.0% |
| SEX OF HEAD OF HOUSEHOLD | | | |
| MASCULINE | 94.3% | 97.4% | 92.0% |
| FEMININE | 5.7% | 2.6% | 8.0% |
| TOTAL | 100.0% | 100.0% | 100.0% |
| ETHNIC GROUP OF HEAD OF HOUSEHOLD | | | |
| ZARMA | 20.6% | 78.0% | .5% |
| HAWSA | 8.5% | 4.9% | 80.3% |
| PEULH | 42.3% | 14.3% | 2.6% |
| OTHERS | 28.6% | 2.8% | 16.6% |
| TOTAL | 100.0% | 100.0% | 100.0% |
| Number of households | 601 | 609 | 610 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXH03

In almost all households, the recognized head is a man. In Say, over 94 percent of households have a male head. In Boboye, the proportion is 97 percent; and in Illela, the figure is 92 percent.

The information provided by heads of household as to the ethnic group they say they belong to is a first indication of heterogeneity in the ethnic composition of the three districts. As we shall see below, the ethnic characteristics of the heads of household closely reflects the overall ethnic composition of the people included in the three samples.

Exhibit 04 indicates size of household, monthly household monetary expenditure, and physical features of the main buildings occupied by the household members.

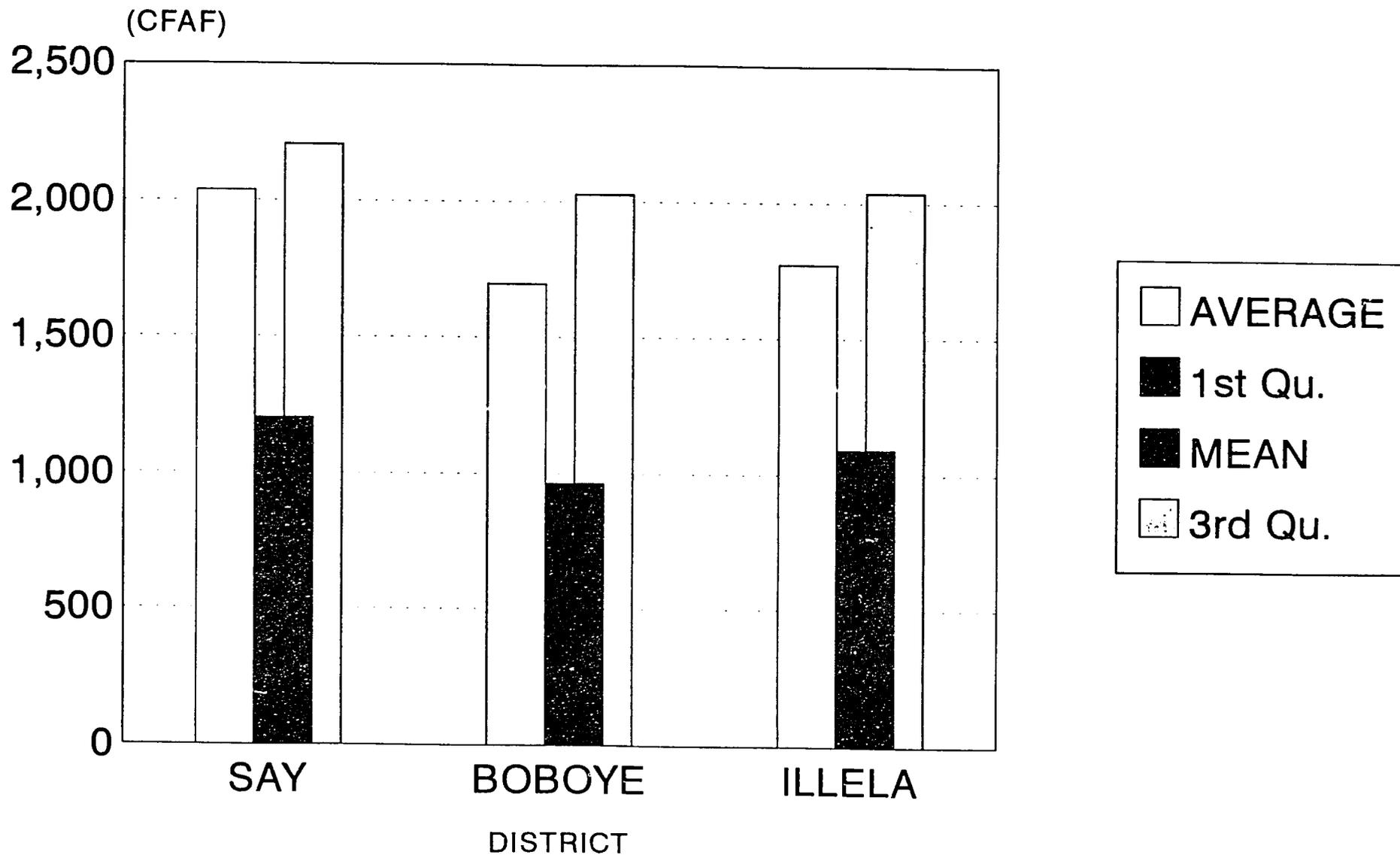
Exhibit 04 and figure 01 indicate the distribution of per capita monthly expenditure by district as an average and for each quartile. The first quartile, Q(25), indicates that 25 percent of households declared per capita monthly expenditure of less than the figure given for Q(25); at the other extreme, the last quartile, Q(75), shows that 25 percent of households declared per capita monthly expenditure of more than the amount given for Q(75).

Exhibit 04
**DISTRIBUTION OF HOUSEHOLDS ACCORDING TO SOCIO-ECONOMIC CHARACTERISTICS
 OF HOUSEHOLDS IN EACH DISTRICT
 HOUSEHOLDS INTERVIEWED
 IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA**

| | DISTRICT | | |
|--|------------|-----------------|----------------|
| | SAY-DIRECT | BOBOYE-INDIRECT | ILLELA-CONTROL |
| SIZE OF HOUSEHOLD | | | |
| < 5 | 22.9% | 12.0% | 28.3% |
| 5-7 | 34.4% | 28.1% | 39.2% |
| 8-11 | 24.6% | 37.2% | 23.6% |
| 12 et + | 18.0% | 22.8% | 8.9% |
| TOTAL | 100.0% | 100.0% | 100.0% |
| AVERAGE | 8 | 9 | 7 |
| MONTHLY MONETARY EXPENSES PER CAPITA (CFAF) | | | |
| Q(25) | 583 | 508 | 625 |
| MEDIAN | 1200 | 964 | 1092 |
| Q(75) | 2207 | 2028 | 2039 |
| AVERAGE | 2038 | 1697 | 1772 |
| CONSTRUCTION MATERIAL -RESIDENCE | | | |
| HARD-SEMI HARD | 2.2% | 2.8% | .2% |
| MUD | 47.6% | 67.6% | 99.0% |
| STRAW and other | 50.3% | 29.6% | .8% |
| TOTAL | 100.0% | 100.0% | 100.0% |
| Number of households | 601 | 609 | 610 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH04

Figure 01. HOUSEHOLD MONTHLY MONETARY EXPENDITURE PER CAPITA SUMMARY



While the data were being collected, the exchange rate was approximately US\$1= 256 CFAF. Thus, in dollars, average per capita monthly monetary expenditure was US\$7.96 in the Say district, US\$6.62 in Boboye, and US\$6.92 in Illela.

Households in Boboye are larger than those in Say and Illela: the average sizes are 9, 8, and 7 people per household, respectively, in the three districts. Indeed, in Boboye, more than 22 percent of all households contain 12 or more people, and 12 percent have less than five. In contrast, in Illela, less than 9 percent of households have 12 or more people, and over 28 percent have less than five. In Say, the distribution falls in between those registered for Boboye and Illela.

From the point of view of habitat, the households in the three districts are much more heterogeneous. The prevalence of the Peulh ethnic group in pastoral society partially explains why the majority of the dwellings in Say are made of straw. On the other hand, in Illela, almost all the houses are built of mud. It should be noted that hard or semi-hard building materials are practically non-existent in all three districts.

The three districts show roughly comparable levels of monthly monetary expenditure per capita, although they are rather higher in Say than they are in Boboye and Illela (see Figure 01). On average, households in Say spent about 2,000 CFAF per capita in the month prior to the interview, compared to average per capita expenditure of 1,700 CFAF in Boboye and Illela. The 25 percent of all households in the three districts that spent least had average monthly per capita outlays of 600 CFAF. At the other extreme, the 25 percent of households that spent most in all three districts declared average per capita expenditures of 2,000 CFAF.

It is worth noting that households in the first, poorest, decile of the three districts spent on average no more than 200 CFAF (see Appendix A, Exhibit A01). At the other extreme, households in the top, best-off, decile had average per capita monthly monetary outlays of about 8,500 CFAF in Say; 6,800 CFAF in Boboye; and 7,300 CFAF in Illela. It is obvious that in each district, there are huge disparities among rural households in terms of liquidity.

In the following pages of this report, monthly monetary expenditure is used as an indicator of household income. This procedure is legitimate for the purposes of the pilot tests, particularly since the level of monetary expenditures by rural households shows that there is capacity to acquire goods and services in a market in which monetary forms of payment are becoming more and more common.

3.2. SOURCES OF THE MONETARY INCOMES OF HOUSEHOLDS

Measuring income is a delicate task in an agrarian environment, like the rural areas of Niger, in which subsistence farming is common. However, as the economy becomes monetarized, events generating monetary incomes are fairly rare, above all in the countryside. For that reason, measurements of monetary income in rural areas are relatively reliable.

The relevance of measuring monetary incomes in the context of cost recovery pilot tests stems from their impact on the structure of the health, and particularly the medicine, market. Under normal circumstances, the ability of households and of individual household members to have access to pharmaceutical products depends mainly on the volume and regularity of the monetary incomes at their disposal: in other words, the choice of medical care is largely determined by households' and individuals' liquidity constraints, quite apart from their preferences. Likewise, as regards the two forms of payment being tried out by the pilot tests, the ability and desire of households and individual household members to participate in a local financing scheme based on one or other of those forms of payment will partially depend on liquidity constraints and their monthly variations.

The Baseline Survey used the individual household member as the unit for measuring monetary income. All individuals aged 15 years or more who had performed any economic activity at all were questioned about the amount and sources of income generated during the 12 months prior to the interview. Monetary income derived from the sale of agricultural produce was registered product by product. Similarly, income accruing from the sale of livestock was noted down for each type of animal. Finally, note was also taken of commercial profit, salary income and family gifts and transfers in the 12 months up to the interview. These data make it possible to construct a table of volumes and types of monetary income in the three districts.

The data for household monetary income are summarized in Figure 02, which details the distribution of monthly monetary expenditure by deciles within each district. Deciles divide the findings on monthly monetary expenditure per head of household into ten uniform shares of 10 percent, going from Decile 1 (the poorest 10 percent of households) to Decile 10 (the best-off 10 percent of households).

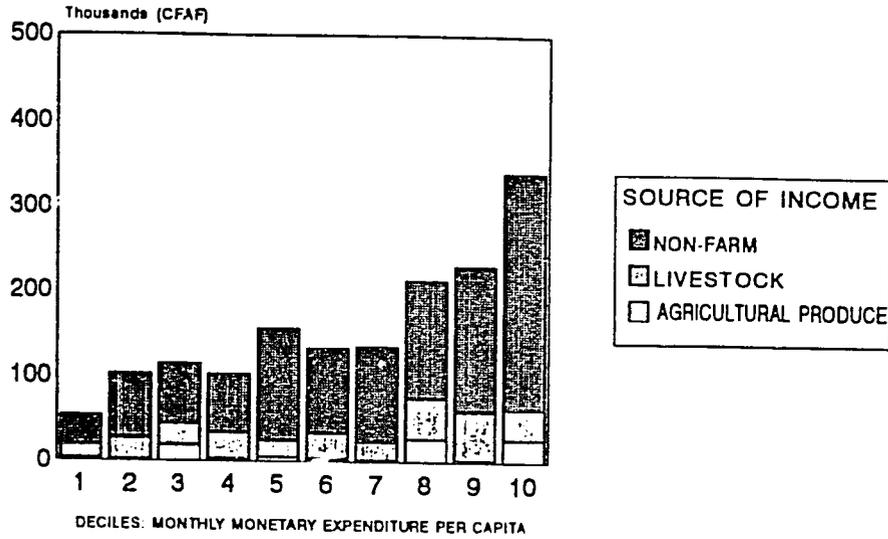
The sum of the annual monetary incomes declared by economically active household members yields average annual monetary incomes per household of approximately 162,000 CFAF in Say, 160,000 CFAF in Boboye, and 54,000 CFAF in Illela (see Figure 02). It is worth noting that the levels of monetary income declared by the economically active household members are similar for the two test districts of Boboye and Say. However, the annual monetary incomes of the test districts are almost three times higher than in the control district of Illela.

A glance at Figure 02 reveals that the pattern of sources of income does not vary greatly in the three districts. In all three districts, more than 75 percent of monetary income derives from non-agricultural activities. The second most important source of monetary income in all three districts is the sale of livestock. This source of monetary income is particularly important in Say, compared to the other two districts, as a result of the relatively strong presence in Say of the Peulh ethnic group, who lead a pastoral life. Finally, in all three districts, on average less than 10 percent of monetary income is generated by the sale of farm produce.

As regards monetary income accruing from the sale of livestock, different overall volumes were noted in Boboye and Say; however, within those different amounts, the proportions of income derived from different types of livestock were

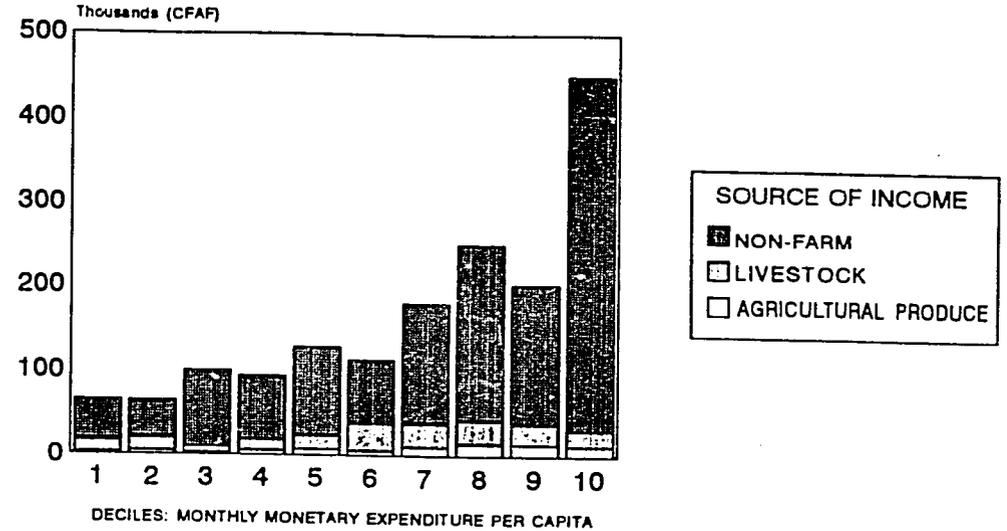
similar in the two test districts. In both, approximately 70 percent of monetary incomes from the sale of livestock came from the sale of cattle; 20 to 25 percent was generated by the sale of smaller livestock (see Appendix A: Exhibits A06a, A06b, and A06c). It is worth noting that in the district of Illela, the sale of oxen and the sale of smaller livestock generated on average similar amounts of monetary income.

Figure 02a. ANNUAL MONETARY INCOME (CFAF)
BY SOURCE OF INCOME AND LEVEL OF MONETARY EXPENDITURE
DISTRICT OF SAY



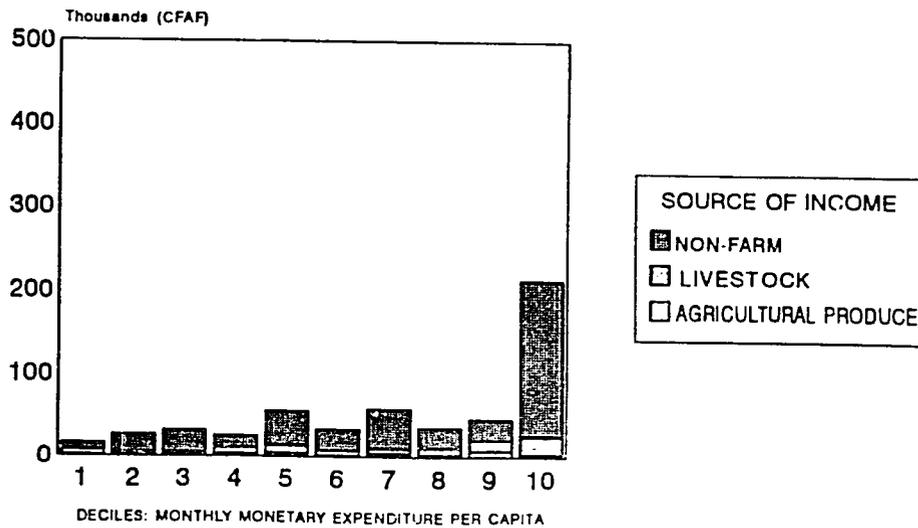
COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HPS/WIGER/BSV/1002a

Figure 02b. ANNUAL MONETARY INCOME (CFAF)
BY SOURCE OF INCOME AND LEVEL OF MONETARY EXPENDITURE
DISTRICT OF BOBOYE



COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HPS/WIGER/BSV/1002b

Figure 02c. ANNUAL MONETARY INCOME (CFAF)
BY SOURCE OF INCOME AND LEVEL OF MONETARY EXPENDITURE
DISTRICT OF ILLELA



COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HPS/WIGER/BSV/1002c

In all three districts, more than three-quarters of the monetary income declared by household members comes from non-agricultural activities. As **Figure 02** shows clearly, the monetary income generated by non-farming activities in the test districts is twice as high as that generated in the control district of Illela. These differences are mainly due to differences in the relative prevalence of salaried income in the three districts (see **Appendix A: Exhibits A08a, A08b, and A08c**). Thus, between 20 and 30 percent of non-farming monetary income derives from direct wages, either in the form of a wage or as a commission, in both Boboye and Say. In Illela, the figure is about 4 percent.

Given the respective amounts of monetary income accruing from the sale of farm produce, the sale of livestock, and from wages in all three districts, small-scale trading generates much more average income in absolute terms in Boboye and Say than it does in Illela. In relative terms, however, small-scale trading yields similar proportions of income in all three districts.

The prevalence of gifts as a source of monetary income in the Boboye and Illela districts correlates with the shortage of intermediate age in those two districts, as we note below. Without doubt, such gifts are transfers caused by migratory patterns more common in Boboye and Illela than in Say.

In short, the annual monetary income declared by economically active adults in the two test districts of Say and Boboye is on average three times higher than in the control district of Illela. Indeed, much more monetary income, in absolute terms, derives from the sale of smaller livestock, the sale of heavy beasts, and from non-farming activities in the two test districts than in the control district. In all three districts, the monetary incomes directly generated by non-farming activities amount to more than 75 percent of annual monetary incomes. In all three districts, the sale of livestock is the second most important source of monetary income. In Illela, the sale of sheep and goats brings in about the same amount of income as the sale of heavier livestock. By contrast, in Boboye and Say, most of the direct monetary income from life stock comes from the sale of heavy beasts. This is particularly true of Say due to the predominance of the Peulh ethnic group in that district. Finally, the amount of income from wages in the Boboye and Say districts explains many of the differences in declared monetary income between Boboye and Say, on the one hand, and the control district of Illela, on the other.

3.3. INDIVIDUAL CHARACTERISTICS

Exhibit 05 summarizes the status of the population in the three districts. The age structure in all three districts is typical of a population with a high birth rate. About half the population is under 15 years of age: in this respect the three sample areas are similar. The Boboye and Illela samples, however, are characterized by a marked shortage of men of intermediate age, which can only be explained by very different patterns of emigration in those two districts. Indeed, in those districts, the proportion of males between the ages of 15 and 44 is as low as 39 percent. In this respect, the sex and age structure of the Say district is more balanced than those of Boboye and Illela.

The contrast between Say, on the one hand, and Boboye and Illela, on the other, is also noticeable with regard to ethnic composition. Boboye and Illela show a high degree of ethnic homogeneity, with a strong quantitative presence of the Zarma and Hawsa groups, respectively. Say has a variety of ethnic groups, although the Peulh and Zarma groups predominate; the other groups, such as the Gourmantche, have a relatively strong presence there.

Schooling indicators are weak in all three districts (Exhibit 06). The percentage of persons over six years of age who have attended state school is 16 in Say, 13 in Boboye, and 9 percent in Illela. The gap between male and female schooling ratios is particularly marked in Illela and Boboye; much less so in the Say district.

In short, households in all three districts are presided over by men, most of whom are over 45 years old. The households are usually large: the average number of members per household varies from 7 in Illela to 9 in Boboye. Monthly monetary outlays are relatively higher among Say households, where they amount to 2,000 CFAF per head, compared to some 1,700 CFAF in Boboye and Illela. Finally, hard or semi-hard construction materials are rarely found in the three districts. Most homes are built of mud, except in Say where the strong quantitative presence of the Peulh ethnic group would appear to explain a rather high proportion of straw dwellings.

All three districts have a young population; more than half of it under 15 years of age. Whereas the structure of the population is fairly balanced in the Say district, in Boboye and in Illela there is a pronounced shortage of men of intermediate age. Boboye and Illela are relatively homogenous from an ethnic point of view, with the Zarma and Hawsa groups predominating, respectively; Say, on the other hand, contains a mosaic of ethnic groups, including Peulh, Zarma, and the Gourmantche group.

Schooling indicators are poor in all three districts. A priori, the particularly low levels of education among women are a constraint on the use of curative care in case of illness.

**Exhibit 05
DISTRIBUTION OF THE SAMPLE
BY AGE, ETHNIC GROUP, AND SEX
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA**

| | DISTRICT | | | | | |
|------------------------------|------------|--------|-----------------|--------|----------------|--------|
| | SAY-DIRECT | | BOBOYE-INDIRECT | | ILLELA-CONTROL | |
| | SEX | | SEX | | SEX | |
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| AGE in years | | | | | | |
| 0-4 | 17.8% | 16.9% | 19.5% | 16.2% | 20.3% | 18.4% |
| 5-9 | 18.7% | 18.7% | 20.6% | 17.8% | 19.6% | 18.1% |
| 10-14 | 14.3% | 14.6% | 15.9% | 14.4% | 13.8% | 11.1% |
| 15-19 | 11.1% | 10.0% | 10.2% | 10.6% | 8.5% | 8.5% |
| 20-24 | 6.3% | 5.8% | 4.5% | 7.4% | 4.1% | 6.5% |
| 25-29 | 6.0% | 6.5% | 3.8% | 7.1% | 4.9% | 9.4% |
| 30-34 | 3.5% | 6.1% | 2.9% | 5.3% | 4.3% | 8.5% |
| 35-39 | 3.8% | 4.7% | 4.3% | 5.1% | 5.2% | 4.7% |
| 40-44 | 3.4% | 3.4% | 3.2% | 4.0% | 4.0% | 4.1% |
| 45-49 | 3.0% | 3.3% | 3.6% | 2.9% | 5.5% | 2.3% |
| 50-54 | 3.5% | 3.3% | 3.4% | 2.9% | 3.0% | 3.1% |
| 55 + | 8.5% | 6.6% | 8.1% | 6.4% | 6.9% | 5.2% |
| TOTAL | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| ETHNIC GROUP | | | | | | |
| ZARMA | 22.8% | 21.7% | 77.3% | 80.6% | .4% | .6% |
| HAWSA | 6.6% | 8.2% | 5.3% | 4.5% | 83.8% | 82.8% |
| PEULH | 43.6% | 44.7% | 14.5% | 12.4% | 2.2% | 2.6% |
| OTHERS | 27.0% | 25.4% | 2.8% | 2.5% | 13.5% | 14.0% |
| TOTAL | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| NUMBER OF INDIVIDUALS | 2319 | 2291 | 2433 | 2748 | 1821 | 2055 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXH05

Exhibit 06
 DISTRIBUTION OF THE SAMPLE
 ACCORDING TO SCHOOL ATTENDANCE: INDIVIDUALS OVER SIX YEARS OF AGE
 IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | DISTRICT | | | | | |
|--------------------------------------|------------|--------|-----------------|--------|----------------|--------|
| | SAY-DIRECT | | BOBOYE-INDIRECT | | ILLELA-CONTROL | |
| | SEX | | SEX | | SEX | |
| | MALE | FEMALE | MALE | FEMALE | MALE | FEMALE |
| SCHOOL ATTENDANCE | | | | | | |
| YES, STATE | 18.7% | 14.2% | 17.2% | 9.8% | 13.2% | 4.9% |
| YES, MEDERSA | 2.9% | 2.6% | 1.1% | .4% | .7% | .3% |
| NO | 78.4% | 83.1% | 81.7% | 89.8% | 86.1% | 94.8% |
| TOTAL | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| PERSONS OVER SIX YEARS OF AGE | 1849 | 1872 | 2092 | 2309 | 1561 | 1662 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH06

4.0. DEMAND FOR CURATIVE CARE

The sequential nature of the demand for health care is well-known: the sequence begins with the sensation of sickness, followed by the decision to do something to remedy the illness, with the patient either acting on his own or using the services of a practitioner, who in turn may be either modern or traditional. Simultaneously, these choices involve expenditure in kind, including time, or in cash in order to acquire the combination of services and products needed to treat the illness. At this stage in the analysis of the findings of the baseline survey, we shall not attempt to provide more than a descriptive analysis of the demand for curative care. Nevertheless, this section follows the above-mentioned sequence.

The descriptive analysis will allow us to summarize the different patterns of demand for curative care in the three districts. It does not attempt to provide an explanation of the various components of curative care in the three districts, but rather to measure their incidence. The data will suggest relationships between particular factors in the behavior of the sick, such as income and the use of curative care; however at this stage in the analysis no attempt will be made to test hypotheses concerning the direction or magnitude of such relationships. More in-depth analysis of the survey data will be undertaken to that effect in due course, thereby making it possible to gauge the effects of other variables, as in a multiple regression approach.

The sensation of sickness will be described in the first sub-section below. Second, the incidence of symptoms described by the sick will be discussed as elements that enable us to compare needs in different districts and within each district. The third sub-section quantifies any activity undertaken to cure the illness. Given the frequency of health care administered at home (self-medication), the fourth section analyzes that phenomenon in some depth. The fifth sub-section describes the use made of public health facilities. Finally, expenditure related to sickness is described in the last sub-section.

4.1. SENSATION OF SICKNESS

The sensation of sickness is here based on the respondents' own declaration, which can depend on a number of factors, including socio-demographic and cultural factors. Exhibit 07 registers the number and percentage of persons who said they had been ill in the three districts of Say, Boboye, and Illela.

The incidence of people declaring that they had been ill in the three districts is relatively low compared to levels observed in other non-African environments; it is, nevertheless, higher than in other African countries¹.

In Say, 14 percent of residents and visitors present at the time of the interview said they had been ill in the two preceding weeks. The incidence of

¹In countries like El Salvador, The Dominican Republic, Colombia, and Peru, the number of people who claim to have been ill in the two weeks prior to the interview varies between 35 and 47 percent. In Zaire, by contrast, levels as low as 11 percent have been recorded. Bitran, R. A. and K. McInnes (1992), *Health Care Demand in Latin America: Lessons Drawn from the Dominican Republic and El Salvador, An EDI Seminar Paper*. Abt Associates Inc., Cambridge, Massachusetts; December.

people claiming to have been ill is higher in Boboye and Illela, where the ratios were 26 and 23 percent, respectively.

Exhibit 07
SENSATION OF ILLNESS
PERCENTAGE OF PEOPLE CLAIMING TO HAVE BEEN ILL
IN THE TWO WEEKS PRIOR TO THE INTERVIEW.
BREAKDOWN BY SOCIO-DEMOGRAPHIC CHARACTERISTICS:
RESIDENTS PRESENT AT THE TIME OF THE INTERVIEW AND VISITORS
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | DISTRICT | | | | | | | | | | | |
|---------------------|------------------|--------------|------------------|---------------|------------------|--------------|------------------|---------------|------------------|--------------|------------------|---------------|
| | SAY-DIRECT | | | | BOBOYE-INDIRECT | | | | ILLELA-CONTROL | | | |
| | CLAIMED SICKNESS | | NUMBER OF PEOPLE | | CLAIMED SICKNESS | | NUMBER OF PEOPLE | | CLAIMED SICKNESS | | NUMBER OF PEOPLE | |
| | YES | NO | | | YES | NO | | | YES | NO | | |
| AGE in years | | | | | | | | | | | | |
| 0-14 | 13.6% | 86.4% | 2328 | 100.0% | 25.9% | 74.1% | 2693 | 100.0% | 23.5% | 76.5% | 1957 | 100.0% |
| 15-44 | 12.6% | 87.4% | 1633 | 100.0% | 23.7% | 76.3% | 1788 | 100.0% | 21.0% | 79.0% | 1423 | 100.0% |
| 45 + | 20.3% | 79.7% | 650 | 100.0% | 33.8% | 66.2% | 700 | 100.0% | 29.6% | 70.4% | 496 | 100.0% |
| ETHNIC GROUP | | | | | | | | | | | | |
| ZARMA | 14.5% | 85.5% | 1025 | 100.0% | 26.0% | 74.0% | 4094 | 100.0% | 16.7% | 83.3% | 18 | 100.0% |
| HAWSA | 13.3% | 86.7% | 340 | 100.0% | 24.4% | 75.6% | 254 | 100.0% | 23.4% | 76.6% | 3209 | 100.0% |
| PEULH | 15.4% | 84.6% | 2038 | 100.0% | 26.9% | 73.1% | 693 | 100.0% | 25.8% | 74.2% | 94 | 100.0% |
| OTHERS | 12.2% | 87.8% | 1208 | 100.0% | 32.6% | 67.4% | 140 | 100.0% | 22.7% | 77.3% | 555 | 100.0% |
| STRATA | | | | | | | | | | | | |
| WITH HF | 19.1% | 80.9% | 575 | 100.0% | 28.2% | 71.8% | 794 | 100.0% | 24.9% | 75.1% | 596 | 100.0% |
| WITHOUT HF | 13.5% | 86.5% | 4036 | 100.0% | 25.9% | 74.1% | 4387 | 100.0% | 23.0% | 77.0% | 3280 | 100.0% |
| TOTAL | 14.2% | 85.8% | 4611 | 100.0% | 26.2% | 73.8% | 5181 | 100.0% | 23.3% | 76.7% | 3876 | 100.0% |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH07

Exhibit 08
SENSATION OF ILLNESS:
PERCENTAGE OF PEOPLE CLAIMING TO HAVE BEEN ILL
IN THE TWO WEEKS PRIOR TO THE INTERVIEW.
BREAKDOWN BY HOUSEHOLD INCOME GROUP:
RESIDENTS PRESENT AT THE TIME OF THE INTERVIEW AND VISITORS
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| INCOME GROUP | DISTRICT | | | | | | | | | | | |
|--------------|------------------|--------------|------------------|---------------|------------------|--------------|------------------|---------------|------------------|--------------|------------------|---------------|
| | SAY-DIRECT | | | | BOBOYE-INDIRECT | | | | ILLELA-CONTROL | | | |
| | CLAIMED SICKNESS | | NUMBER OF PEOPLE | | CLAIMED SICKNESS | | NUMBER OF PEOPLE | | CLAIMED SICKNESS | | NUMBER OF PEOPLE | |
| | YES | NO | | | YES | NO | | | YES | NO | | |
| LOW | 11.5% | 88.5% | 1296 | 100.0% | 24.2% | 75.8% | 1667 | 100.0% | 24.0% | 76.0% | 863 | 100.0% |
| LOW-AVERAGE | 12.5% | 87.5% | 1083 | 100.0% | 25.3% | 74.7% | 1279 | 100.0% | 22.8% | 77.2% | 1136 | 100.0% |
| AVERAGE-HIGH | 13.9% | 86.1% | 1186 | 100.0% | 28.2% | 71.8% | 1213 | 100.0% | 22.1% | 77.9% | 1117 | 100.0% |
| HIGH | 19.8% | 80.2% | 1046 | 100.0% | 28.5% | 71.5% | 1022 | 100.0% | 25.2% | 74.8% | 760 | 100.0% |
| TOTAL | 14.2% | 85.8% | 4611 | 100.0% | 26.2% | 73.8% | 5181 | 100.0% | 23.3% | 76.7% | 3876 | 100.0% |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH08

As might be expected, within each district there were more illness claims at either end of the age spectrum compared to intermediate groups, thereby reflecting the different incidence of illness depending on age.

There are, however, no significant ethnic differences within each district. Likewise, the differences between villages with public health facilities and villages without such a facility are negligible. Exhibit 08 indicates that there is no correlation between sensation of illness and rural income groups in the three districts.

In short, illness claims are higher in Boboye and Illela than in Say. The differences observed between the averages of the different districts are also observed within each socio-economic group.

4.2. SYMPTOMS

Of the symptoms reported by the respondents themselves, fever, coughing, and diarrhea are used to give a rough idea of the different needs of the three districts and of different socio-economic groups. Exhibit 09 records the incidence of self-reported fever, coughing, and diarrhea in the two weeks prior to the interview.

The percentage of sick persons claiming to have suffered fever in the two weeks prior to the interview is over 70 percent in the three districts. In Say, the proportion is only slightly higher, at 74 percent, whereas in Boboye it was as high as 86 percent and in Illela 90 percent. Within each district, there are no significant differences between socio-demographic and socio-economic groups. The differences that are indeed evident between Say, on the one hand, and the districts of Boboye and Illela, on the other, can be seen at the socio-demographic and socio-economic group level, as defined in the three tables of Exhibit 09.

The percentage of sick persons who said they had suffered from a cough in the two weeks prior to the interview was 14 percent in Say, 24 percent in Boboye, and 13 percent in Illela: in other words, it is more common to find people claiming to have had a cough in Boboye than in the other two districts. The incidence of claims to have had a cough does not vary from one socio-demographic, or socio-economic, group to another within a given district. However, the differences observed between the districts of Say and Illela, on the one hand, and Boboye, on the other are reflected within each socio-demographic group.

The percentage of sick persons who said they had suffered from diarrhea in the two weeks prior to the interview varies between 15 percent in Say and 24 percent in Boboye. The incidence of self-reported diarrhea varies according to age: in all three districts the percentage of sick persons claiming to have suffered diarrhea in the two weeks prior to the interview is higher among children than in older age groups. Apart from this difference depending on age, there are no significant differences between socio-demographic groups in the three districts.

Exhibit 09
SYMPTOMS:
PERCENTAGE OF PEOPLE CLAIMING TO HAVE HAD A SYMPTOM
IN THE TWO WEEKS PRIOR TO THE INTERVIEW
BREAKDOWN BY SOCIO-DEMOGRAPHIC CHARACTERISTICS OF SICK PERSONS INTERVIEWED

| | FEVER | | COUGH | | DIARRHEA | | NUMBER OF SICK PERSONS | |
|---------------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------------|---------------|
| | YES | NO | YES | NO | YES | NO | | |
| AGE in years | | | | | | | | |
| 0-14 | 79.5% | 20.5% | 13.6% | 86.4% | 21.8% | 78.2% | 308 | 100.0% |
| 15-44 | 65.3% | 34.7% | 12.1% | 87.9% | 6.0% | 94.0% | 199 | 100.0% |
| 45 + | 73.6% | 26.4% | 14.7% | 85.3% | 12.4% | 87.6% | 129 | 100.0% |
| SEX | | | | | | | | |
| MALE | 74.8% | 25.2% | 12.5% | 87.5% | 17.8% | 82.2% | 337 | 100.0% |
| FEMALE | 72.8% | 27.2% | 14.4% | 85.6% | 11.7% | 88.3% | 298 | 100.0% |
| ETHNIC GROUP | | | | | | | | |
| ZARMA | 74.8% | 25.2% | 10.9% | 89.1% | 15.6% | 84.4% | 147 | 100.0% |
| HAWSA | 77.8% | 22.2% | 8.9% | 91.1% | 13.3% | 86.7% | 45 | 100.0% |
| PEULH | 75.6% | 24.4% | 15.7% | 84.3% | 14.7% | 85.3% | 299 | 100.0% |
| OTHERS | 67.8% | 32.2% | 12.6% | 87.4% | 14.7% | 85.3% | 143 | 100.0% |
| INCOME GROUP | | | | | | | | |
| LOW | 71.6% | 28.4% | 11.0% | 89.0% | 12.9% | 87.1% | 264 | 100.0% |
| HIGH | 75.2% | 24.8% | 14.8% | 85.2% | 16.2% | 83.8% | 359 | 100.0% |
| STRATA | | | | | | | | |
| WITH HF | 75.2% | 24.8% | 15.6% | 84.4% | 13.8% | 86.2% | 109 | 100.0% |
| WITHOUT HF | 73.5% | 26.5% | 13.0% | 87.0% | 15.3% | 84.7% | 529 | 100.0% |
| TOTAL | 73.8% | 26.2% | 13.5% | 86.5% | 15.0% | 85.0% | 638 | 100.0% |

(continued)

Exhibit 09 (continued)
DISTRICT OF BOBOYE

| | FEVER | | COUGH | | DIARRHEA | | NUMBER OF SICK PERSONS | |
|---------------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------------|---------------|
| | YES | NO | YES | NO | YES | NO | | |
| AGE in years | | | | | | | | |
| 0-14 | 88.9% | 11.1% | 24.0% | 76.0% | 29.8% | 70.2% | 667 | 100.0% |
| 15-44 | 82.6% | 17.4% | 20.6% | 79.4% | 16.7% | 83.3% | 407 | 100.0% |
| 45 + | 82.3% | 17.7% | 28.6% | 71.4% | 19.9% | 80.1% | 231 | 100.0% |
| SEX | | | | | | | | |
| MALE | 84.4% | 15.6% | 24.4% | 75.6% | 22.7% | 77.3% | 578 | 100.0% |
| FEMALE | 86.8% | 13.2% | 23.2% | 76.8% | 25.0% | 75.0% | 727 | 100.0% |
| ETHNIC GROUP | | | | | | | | |
| ZARMA | 86.1% | 13.9% | 24.9% | 75.1% | 25.3% | 74.7% | 1018 | 100.0% |
| HAWSA | 78.7% | 21.3% | 16.4% | 83.6% | 29.5% | 70.5% | 61 | 100.0% |
| PEULH | 86.7% | 13.3% | 21.7% | 78.3% | 13.3% | 86.7% | 180 | 100.0% |
| OTHERS | 81.0% | 19.0% | 16.7% | 83.3% | 26.2% | 73.8% | 42 | 100.0% |
| INCOME GROUP | | | | | | | | |
| LOW | 85.7% | 14.3% | 19.9% | 80.1% | 24.1% | 75.9% | 680 | 100.0% |
| HIGH | 85.9% | 14.1% | 28.1% | 71.9% | 24.2% | 75.8% | 608 | 100.0% |
| STRATA | | | | | | | | |
| WITH HF | 81.9% | 18.1% | 19.1% | 80.9% | 18.1% | 81.9% | 215 | 100.0% |
| WITHOUT HF | 86.5% | 13.5% | 24.7% | 75.3% | 25.1% | 74.9% | 1094 | 100.0% |
| TOTAL | 85.7% | 14.3% | 23.8% | 76.2% | 24.0% | 76.0% | 1309 | 100.0% |

COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXH09

Exhibit 09 (cont.)
DISTRICT OF ILLELA

| | FEVER | | COUGH | | DIARRHEA | | NUMBER OF SICK PERSONS | |
|---------------------|--------------|-------------|--------------|--------------|--------------|--------------|---------------------------|---------------|
| | YES | NO | YES | NO | YES | NO | | |
| AGE in years | | | | | | | | |
| 0-14 | 93.3% | 6.7% | 11.5% | 88.5% | 27.1% | 72.9% | 451 | 100.0% |
| 15-44 | 88.7% | 11.3% | 11.6% | 88.4% | 17.1% | 82.9% | 292 | 100.0% |
| 45 + | 83.8% | 16.2% | 17.6% | 82.4% | 19.0% | 81.0% | 142 | 100.0% |
| SEX | | | | | | | | |
| MALE | 88.3% | 11.7% | 12.9% | 87.1% | 25.5% | 74.5% | 411 | 100.0% |
| FEMALE | 92.0% | 8.0% | 12.2% | 87.8% | 19.8% | 80.2% | 474 | 100.0% |
| ETHNIC GROUP | | | | | | | | |
| ZARMA | 66.7% | 33.3% | | 100.0% | | 100.0% | 3 | 100.0% |
| HAWSA | 89.9% | 10.1% | 13.2% | 86.8% | 21.2% | 78.8% | 695 | 100.0% |
| PEULH | 82.6% | 17.4% | 13.0% | 87.0% | 17.4% | 82.6% | 23 | 100.0% |
| OTHERS | 90.1% | 9.9% | 11.7% | 88.3% | 25.2% | 74.8% | 111 | 100.0% |
| INCOME GROUP | | | | | | | | |
| LOW | 89.8% | 10.2% | 13.2% | 86.8% | 21.4% | 78.6% | 453 | 100.0% |
| HIGH | 90.9% | 9.1% | 12.0% | 88.0% | 23.7% | 76.3% | 418 | 100.0% |
| STRATA | | | | | | | | |
| WITH HF | 87.4% | 12.6% | 8.4% | 91.6% | 21.0% | 79.0% | 143 | 100.0% |
| WITHOUT HF | 90.8% | 9.2% | 13.3% | 86.7% | 22.7% | 77.3% | 743 | 100.0% |
| TOTAL | 90.3% | 9.7% | 12.5% | 87.5% | 22.5% | 77.5% | 886 | 100.0% |

COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXH09

In short the percentage of sick persons who claimed to have suffered from fever is relatively high in all three districts. The incidence of self-reported coughing is higher in Boboye compare to the districts Say and Illela. In addition, the incidence of self-reported diarrhea is lower in Say than in Boboye and Illela. It is worth noting that the incidence of these symptoms does not vary between socio-demographic and economic groups within the sale district, with the exception of diarrhea, which is more common among children, as one might expect. A partial conclusion might be that there are no important differences between the needs of socio-demographic and socio-economic groups in the different districts: the degree of need is much more related to geographical and demographic factors than it is to social or economic factors. By comparing these findings with the data on utilization of health services it might be possible to reach conclusions concerning the equity of the health system in the three districts, with respect to access to services by different socio-economic groups.

4.3. THE DECISION TO SEEK HEALTH CARE

Exhibit 10 summarizes all efforts undertaken to cure an illness in the two weeks prior to the interview. Such efforts include self-medication or any other health care in the home of the sick person, or medical care requested from a doctor or a traditional healer outside the home.

In the Boboye district, about 80 percent of those who felt ill did something to get over their illness. However, the proportion was lower in Say (72 percent) and Illela (69 percent).

The incidence of people taking steps to cure an illness does not vary significantly according to age or sex within each district. However, it does appear to vary according to ethnic group in Boboye and Say. Indeed, between 24 and 38 percent of the sick people in the Peulh and other ethnic groups, including the Gourmantche, say they took no steps at all to cure their illness. In Say, 62 percent of sick people in the Peulh group, the most numerous group in the district, stated that they had used some kind of health care in the two weeks prior to the interview. Among the Zarma, the figure was 80 percent.

The incidence of sick people taking steps to cure their illness is higher in villages with a public health facility than in those which lack one. The differences are much more marked in the Say and Illela districts than they are in Boboye.

Likewise, the propensity to seek health care to get over an illness is much higher among sick people belonging to better-off groups than in lower income groups (see Exhibit 11). This correlation of income with propensity to seek health care can be observed in all three districts.

In short, the propensity to seek some kind of health care to cure an illness is fairly high in all three districts. Ethnic groups other than the Zarma and Hawsa are characterized by a relatively low propensity to seek health care of any kind. Sick persons living in villages with a public health facility are more likely to seek care than similarly sick persons in villages without such a facility. Likewise, sick persons belonging to relatively higher income groups

have a greater propensity to seek health care than those belonging to lower income groups.

Exhibit 10
 THE DECISION TO SEEK HEALTH CARE:
 PERCENTAGE OF PEOPLE SAYING THEY USED HEALTH CARE OF SOME KIND
 IN THE TWO WEEKS PRIOR TO THE INTERVIEW
 BREAKDOWN ACCORDING TO SOCIO-DEMOGRAPHIC CHARACTERISTICS: SICK PERSONS
 INTERVIEWED IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | DISTRICT | | | | | | | | | | | | | | |
|---------------------|-----------------|--------------|------------------------|---------------|-----------------|--------------|------------------------|-------------|---------------|-----------------|--------------|------------|------------------------|---------------|--|
| | SAY-DIRECT | | | | BOBOYE-INDIRECT | | | | | ILLELA-CONTROL | | | | | |
| | ANY HEALTH CARE | | NUMBER OF SICK PERSONS | | ANY HEALTH CARE | | NUMBER OF SICK PERSONS | | | ANY HEALTH CARE | | | NUMBER OF SICK PERSONS | | |
| | YES | NO | | | YES | NO | NA | | | | YES | NO | NA | | |
| AGE in years | | | | | | | | | | | | | | | |
| 0-14 | 69.2% | 30.8% | 308 | 100.0% | 84.0% | 15.9% | .1% | 667 | 100.0% | 64.7% | 35.0% | .2% | 451 | 100.0% | |
| 15-44 | 69.3% | 30.7% | 199 | 100.0% | 81.1% | 18.2% | .7% | 407 | 100.0% | 70.2% | 29.8% | .2% | 292 | 100.0% | |
| 45 + | 79.8% | 20.2% | 129 | 100.0% | 88.7% | 11.3% | | 231 | 100.0% | 77.5% | 22.5% | | 142 | 100.0% | |
| SEX | | | | | | | | | | | | | | | |
| MALE | 69.4% | 30.6% | 337 | 100.0% | 84.9% | 14.7% | .3% | 578 | 100.0% | 72.5% | 27.3% | .2% | 411 | 100.0% | |
| FEMALE | 73.5% | 26.5% | 298 | 100.0% | 83.1% | 16.6% | .3% | 727 | 100.0% | 65.2% | 34.8% | .2% | 474 | 100.0% | |
| ETHNIC GROUP | | | | | | | | | | | | | | | |
| ZARMA | 80.3% | 19.7% | 147 | 100.0% | 86.3% | 13.3% | .4% | 1018 | 100.0% | 66.7% | 33.3% | | 3 | 100.0% | |
| HAWSA | 95.6% | 4.4% | 45 | 100.0% | 98.4% | 1.6% | | 61 | 100.0% | 70.8% | 29.1% | .1% | 695 | 100.0% | |
| PEULH | 61.9% | 38.1% | 299 | 100.0% | 66.7% | 33.3% | | 180 | 100.0% | 52.2% | 47.8% | | 23 | 100.0% | |
| OTHERS | 74.8% | 25.2% | 143 | 100.0% | 76.2% | 23.8% | | 42 | 100.0% | 55.0% | 45.0% | | 111 | 100.0% | |
| INCOME GROUP | | | | | | | | | | | | | | | |
| LOW | 62.9% | 37.1% | 264 | 100.0% | 77.8% | 21.9% | .3% | 680 | 100.0% | 64.9% | 34.9% | .2% | 453 | 100.0% | |
| HIGH | 78.0% | 22.0% | 359 | 100.0% | 90.3% | 9.4% | .3% | 608 | 100.0% | 72.7% | 27.3% | .2% | 418 | 100.0% | |
| STRATA | | | | | | | | | | | | | | | |
| WITH HF | 97.2% | 2.8% | 109 | 100.0% | 92.1% | 7.9% | | 215 | 100.0% | 81.1% | 18.2% | .7% | 143 | 100.0% | |
| WITHOUT HF | 66.2% | 33.8% | 529 | 100.0% | 82.4% | 17.3% | .4% | 1094 | 100.0% | 66.2% | 33.8% | | 743 | 100.0% | |
| TOTAL | 71.5% | 28.5% | 638 | 100.0% | 84.0% | 15.7% | .3% | 1309 | 100.0% | 68.6% | 31.3% | .1% | 886 | 100.0% | |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH10

4.4. HEALTH CARE AT HOME

Health care at home includes (i) any visit by a healer to the home of the sick person, without the latter having had to leave the home, (ii) use of medicine available at home prior to any visit to a healer outside the home, and (iii) the purchase of medicine prior to any visit to a healer outside the home. The incidence of visits by healers to the homes of sick people is very low among the samples of sick persons in the three districts: only in a few cases, in which the description of the illness suggests that it might have been of a psychological nature, did a traditional healer visit the home. Consequently, the analysis of health care at home will focus on the use of medicine available at home and on the purchase of medicine prior to any recourse to healers outside the home.

Exhibit 11 describes the propensity to use medicine available at home prior to any recourse to a healer outside the home of the sick person. Approximately 50 percent of sick persons in Say and Boboye say they used medicine available at home before visiting a health facility. The incidence of this phenomenon is similar for the different age groups and sexes, although in Illela it is slightly more common among men than among women.

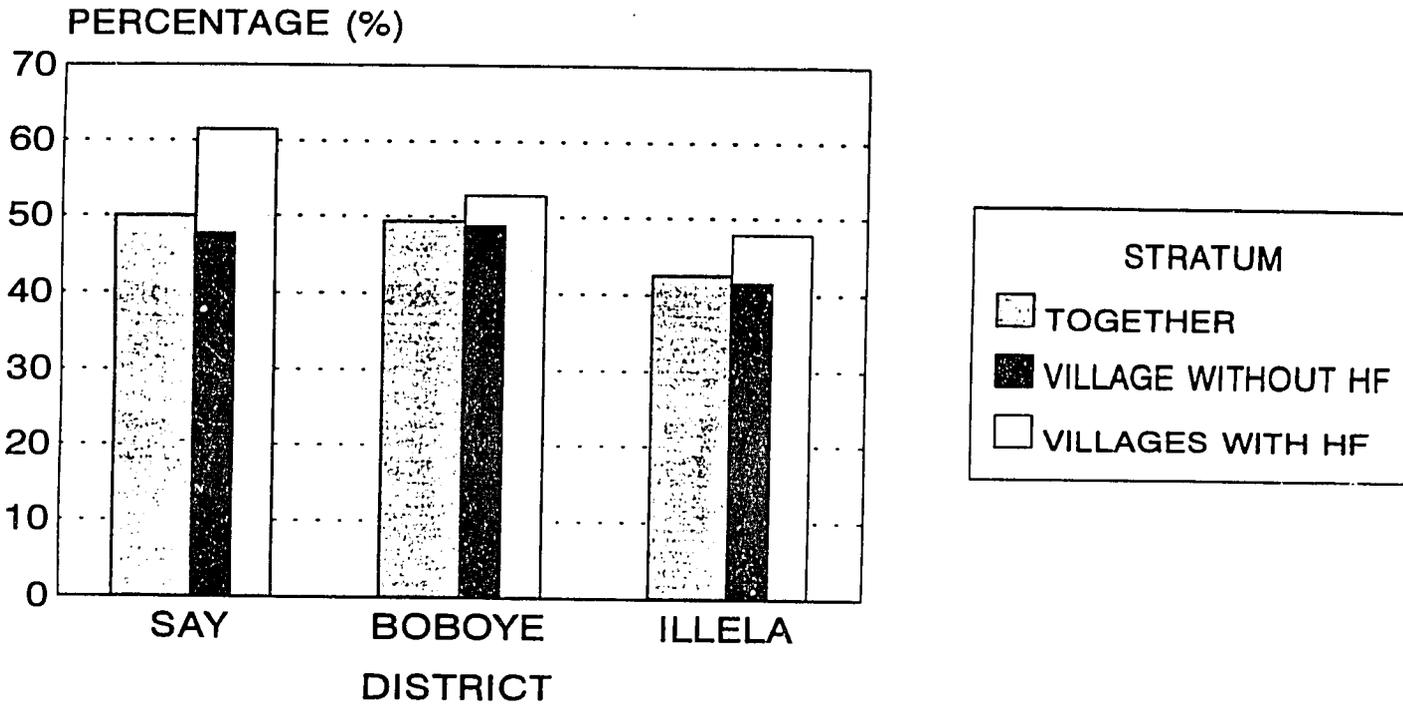
Comparing ethnic groups, the use of medicine available at home is less common among the Peulh in Say. In Boboye, too, sick members of the Peulh group are less inclined to use medicine available at home than similarly sick people in the Zarma group.

In the districts of Boboye and Illela, sick people living in villages with a health facility have about the same propensity to use medicine available in the home as those living in villages without a health facility (see Figure 03a). In Say, on the other hand, sick people living in villages with a health facility have a higher propensity to use medicine at home than similarly sick people in villages without a health facility.

In this regard, observed differences in behavior of the different income groups are negligible (see Figure 03b). The propensity to use medicine available at home does not vary according to household income group in the three districts of Say, Boboye, and Illela.

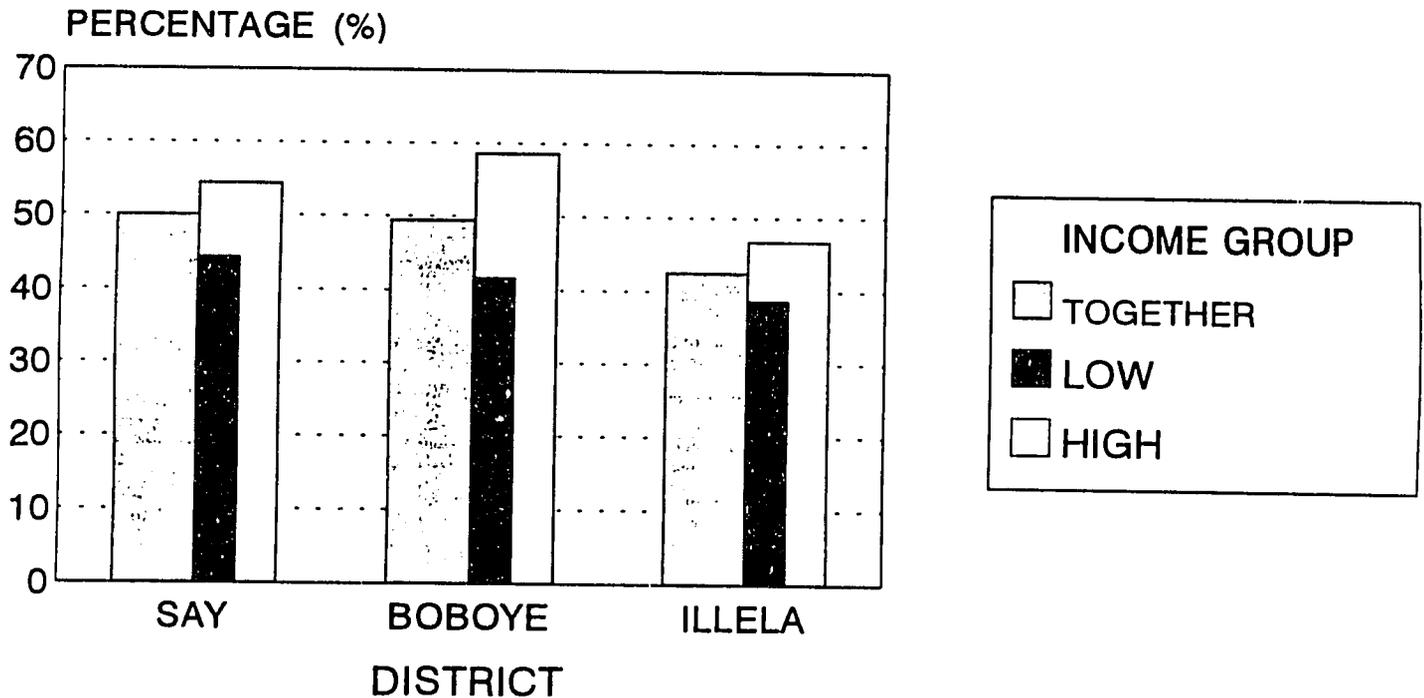
In short, almost half all sick persons in the three districts had recourse to medicine available at home to cure an illness in the two weeks prior to the interview. This practice is observed for all age groups and varies only slightly from one sex to another. Among ethnic groups, a low propensity towards this kind of self-medication is only to be seen among the Peulh in Say and Boboye. The relatively strong presence of this ethnic group among the sick living in villages without a health facility partly explains the comparatively low use of medicine available at home by sick people in the Say district.

Figure 03a. HEALTH CARE AT HOME
 PEOPLE WHO USED MEDICINE AVAILABLE AT HOME, BY STRATUM
 SICK PERSONS INTERVIEWED



COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER 1992
 HFS\NIGER93\FIG03a.

Figure 03b. HEALTH CARE AT HOME
 PEOPLE WHO USED MEDICINE AVAILABLE AT HOME, BY INCOME GROUP
 SICK PERSONS INTERVIEWED



COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER 1992
 HFS\NIGER93\FIG03b.

46

Exhibit 11
HEALTH CARE AT HOME:
PERCENTAGE OF PEOPLE SAYING THEY USED MEDICINE AVAILABLE AT HOME
BEFORE VISITING A HEALTH FACILITY IN THE TWO WEEKS PRIOR TO THE INTERVIEW.
BREAKDOWN BY SOCIO-DEMOGRAPHIC CHARACTERISTICS: SICK PERSONS INTERVIEWED
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | DISTRICT | | | | | | | | | | | | |
|---------------------|----------------------------|-------|------------------------|--------|----------------------------|-------|------------------------|--------|----------------------------|-------|------------------------|-----|--------|
| | SAY-DIRECT | | | | BOBOYE-INDIRECT | | | | ILLELA-CONTROL | | | | |
| | MEDICINE AVAILABLE AT HOME | | NUMBER OF SICK PERSONS | | MEDICINE AVAILABLE AT HOME | | NUMBER OF SICK PERSONS | | MEDICINE AVAILABLE AT HOME | | NUMBER OF SICK PERSONS | | |
| | YES | NO | | | YES | NO | | | YES | NO | NA | | |
| AGE in years | | | | | | | | | | | | | |
| 0-14 | 47.9% | 52.1% | 308 | 100.0% | 46.7% | 53.3% | 667 | 100.0% | 42.5% | 57.2% | .2% | 451 | 100.0% |
| 15-44 | 49.0% | 51.0% | 199 | 100.0% | 52.0% | 48.0% | 407 | 100.0% | 39.0% | 60.6% | .3% | 292 | 100.0% |
| 45 + | 55.8% | 44.2% | 129 | 100.0% | 52.6% | 47.4% | 231 | 100.0% | 50.0% | 50.0% | | 142 | 100.0% |
| SEX | | | | | | | | | | | | | |
| MALE | 51.3% | 48.7% | 337 | 100.0% | 50.7% | 49.3% | 578 | 100.0% | 49.0% | 51.0% | | 411 | 100.0% |
| FEMALE | 48.0% | 52.0% | 298 | 100.0% | 48.3% | 51.7% | 727 | 100.0% | 37.0% | 62.6% | .4% | 474 | 100.0% |
| ETHNIC GROUP | | | | | | | | | | | | | |
| ZARMA | 59.2% | 40.8% | 147 | 100.0% | 53.8% | 46.2% | 1018 | 100.0% | 33.3% | 66.7% | | 3 | 100.0% |
| HAWSA | 53.3% | 46.7% | 45 | 100.0% | 56.7% | 43.3% | 61 | 100.0% | 42.5% | 57.3% | .1% | 595 | 100.0% |
| PEULH | 39.1% | 60.9% | 299 | 100.0% | 24.4% | 75.6% | 180 | 100.0% | 17.4% | 82.6% | | 23 | 100.0% |
| OTHERS | 61.5% | 38.5% | 143 | 100.0% | 38.1% | 61.9% | 42 | 100.0% | 37.3% | 61.8% | .9% | 111 | 100.0% |
| INCOME GROUP | | | | | | | | | | | | | |
| LOW | 44.3% | 55.7% | 264 | 100.0% | 41.7% | 58.3% | 680 | 100.0% | 38.7% | 61.3% | | 453 | 100.0% |
| HIGH | 54.3% | 45.7% | 359 | 100.0% | 58.6% | 41.4% | 608 | 100.0% | 46.8% | 52.8% | .5% | 418 | 100.0% |
| STRATA | | | | | | | | | | | | | |
| WITH HF | 61.5% | 38.5% | 109 | 100.0% | 52.8% | 47.2% | 215 | 100.0% | 47.9% | 52.1% | | 143 | 100.0% |
| WITHOUT HF | 47.6% | 52.4% | 529 | 100.0% | 48.7% | 51.3% | 1094 | 100.0% | 41.6% | 58.1% | .3% | 743 | 100.0% |
| TOTAL | 50.0% | 50.0% | 638 | 100.0% | 49.4% | 50.6% | 1309 | 100.0% | 42.6% | 57.1% | .2% | 886 | 100.0% |

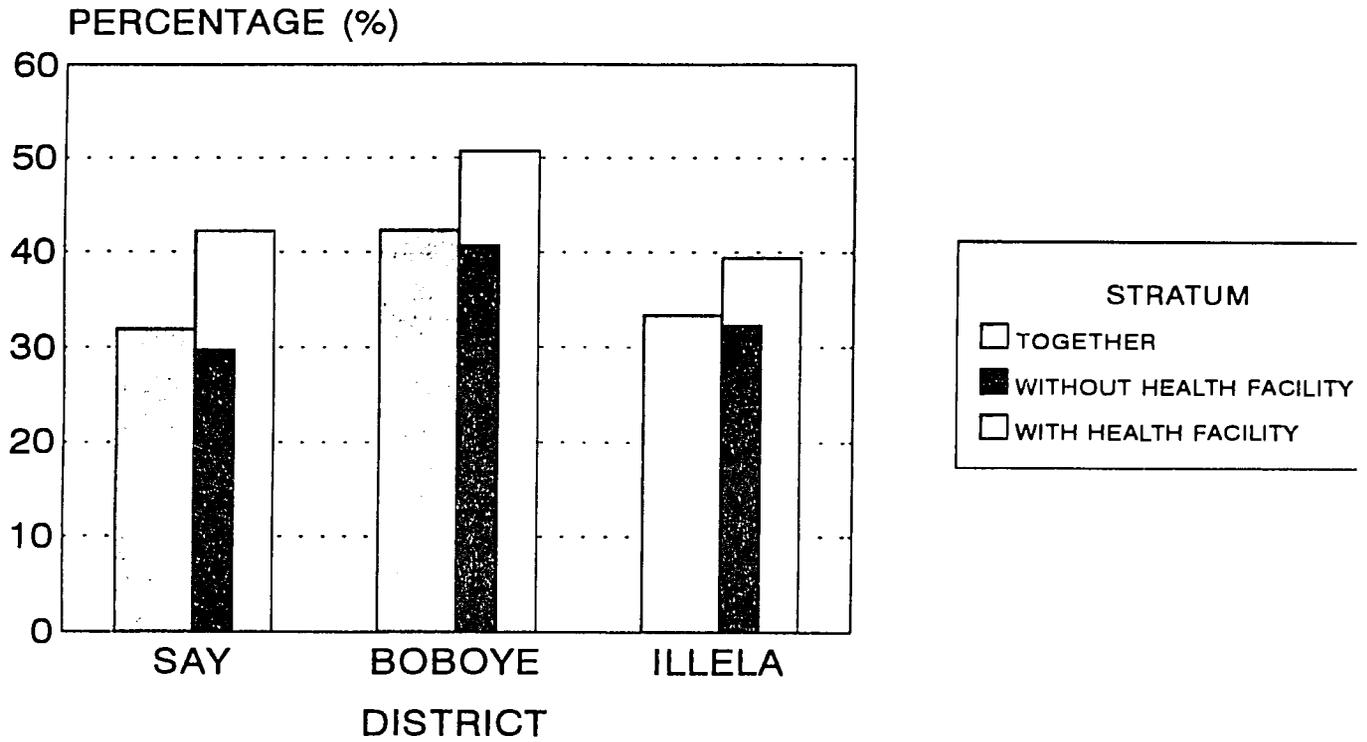
COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992; HFS\NIGER93\EXH11

Exhibit 12
HEALTH CARE AT HOME:
PERCENTAGE OF PEOPLE SAYING THEY BOUGHT MEDICINE IN THE TWO WEEKS
PRIOR TO THE INTERVIEW BEFORE VISITING A HEALTH FACILITY.
BREAKDOWN ACCORDING TO SOCIO-DEMOGRAPHIC CHARACTERISTICS: SICK PERSONS INTERVIEWED
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | DISTRICT | | | | | | | | | | | | |
|---------------------|-----------------------|--------------|------------|------------------------|-----------------|-----------------------|--------------|------------------------|----------------|-----------------------|--------------|------------------------|---------------|
| | SAY-DIRECT | | | | BOBOYE-INDIRECT | | | | ILLELA-CONTROL | | | | |
| | PURCHASED MEDICINE SM | | | NUMBER OF SICK PERSONS | | PURCHASED SM MEDICINE | | NUMBER OF SICK PERSONS | | PURCHASED SM MEDICINE | | NUMBER OF SICK PERSONS | |
| | YES | NO | nd | | | YES | NO | | | YES | NO | | |
| AGE in years | | | | | | | | | | | | | |
| 0-14 | 31.3% | 68.4% | .3% | 308 | 100.0% | 44.4% | 55.6% | 667 | 100.0% | 31.6% | 68.4% | 451 | 100.0% |
| 15-44 | 29.1% | 70.9% | | 199 | 100.0% | 39.9% | 60.1% | 407 | 100.0% | 36.0% | 64.0% | 292 | 100.0% |
| 45 + | 36.4% | 63.6% | | 129 | 100.0% | 40.6% | 59.4% | 231 | 100.0% | 34.5% | 65.5% | 142 | 100.0% |
| SEX | | | | | | | | | | | | | |
| MALE | 31.8% | 68.0% | .3% | 337 | 100.0% | 41.1% | 58.9% | 578 | 100.0% | 35.6% | 64.4% | 411 | 100.0% |
| FEMALE | 31.3% | 68.7% | | 298 | 100.0% | 43.3% | 56.7% | 727 | 100.0% | 31.6% | 68.4% | 474 | 100.0% |
| ETHNIC GROUP | | | | | | | | | | | | | |
| ZARMA | 37.0% | 63.0% | | 147 | 100.0% | 45.0% | 55.0% | 1018 | 100.0% | 33.3% | 66.7% | 3 | 100.0% |
| HAWSA | 44.4% | 53.3% | 2.2% | 45 | 100.0% | 46.7% | 53.3% | 61 | 100.0% | 35.0% | 65.0% | 695 | 100.0% |
| PEULH | 26.4% | 73.6% | | 299 | 100.0% | 24.4% | 75.6% | 180 | 100.0% | 39.1% | 60.9% | 23 | 100.0% |
| OTHERS | 32.9% | 67.1% | | 143 | 100.0% | 42.9% | 57.1% | 42 | 100.0% | 24.3% | 75.7% | 111 | 100.0% |
| INCOME GROUP | | | | | | | | | | | | | |
| LOW | 33.7% | 66.3% | | 264 | 100.0% | 38.4% | 61.6% | 680 | 100.0% | 31.2% | 68.8% | 453 | 100.0% |
| HIGH | 30.4% | 69.3% | .3% | 359 | 100.0% | 47.1% | 52.9% | 608 | 100.0% | 36.4% | 63.6% | 418 | 100.0% |
| STRATA | | | | | | | | | | | | | |
| WITH HF | 42.2% | 57.8% | | 109 | 100.0% | 50.7% | 49.3% | 215 | 100.0% | 39.4% | 60.6% | 143 | 100.0% |
| WITHOUT HF | 29.7% | 70.1% | .2% | 529 | 100.0% | 40.7% | 59.3% | 1094 | 100.0% | 32.3% | 67.7% | 743 | 100.0% |
| TOTAL | 31.9% | 68.0% | .2% | 638 | 100.0% | 42.3% | 57.7% | 1309 | 100.0% | 33.4% | 66.6% | 886 | 100.0% |

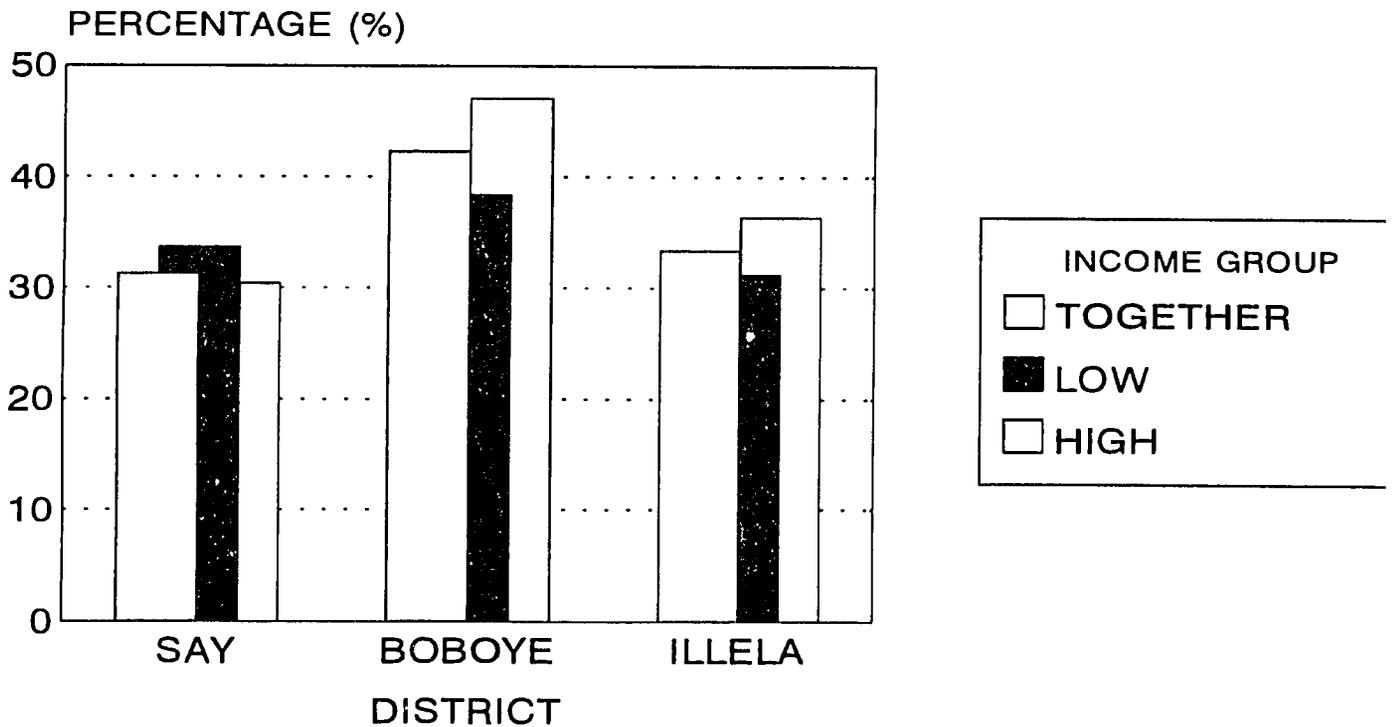
COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH12

Figure 04a. HEALTH CARE AT HOME
 PEOPLE WHO BOUGHT MEDICINE BEFORE VISITING A HEALTH FACILITY, BY STRATUM
 SICK PERSONS INTERVIEWED



COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER 1992
 HFS\NIGER93\FIG04a.

Figure 04b. HEALTH CARE AT HOME
 PEOPLE WHO BOUGHT MEDICINE BEFORE VISITING A HEALTH FACILITY, BY INCOME GROUP
 SICK PERSONS INTERVIEWED



COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER 1992
 HFS\NIGER93\FIG04b.

49

Exhibit 12 describes the propensity to buy medicine before going to a healer outside the home of the sick person. About 32 percent of sick persons in Say bought medicine before resorting to a health facility. In Boboye and Illela, the figures were 42 percent and 33 percent, respectively. The data show no variation in this regard between age groups or from one sex to another and this finding is consistent in all three districts. In Say and Boboye, sick persons belonging to the Peulh ethnic group are characterized by a low propensity to buy medicine before resorting to a healer. The incidence of purchase of medicine to cure an illness before visiting a health facility is similar for all income groups in each district (see **Figure 04b**).

Given the widespread habit of buying medicine before visiting a health facility, it is interesting, from the point of view of public health, to specify where those medicines are bought.

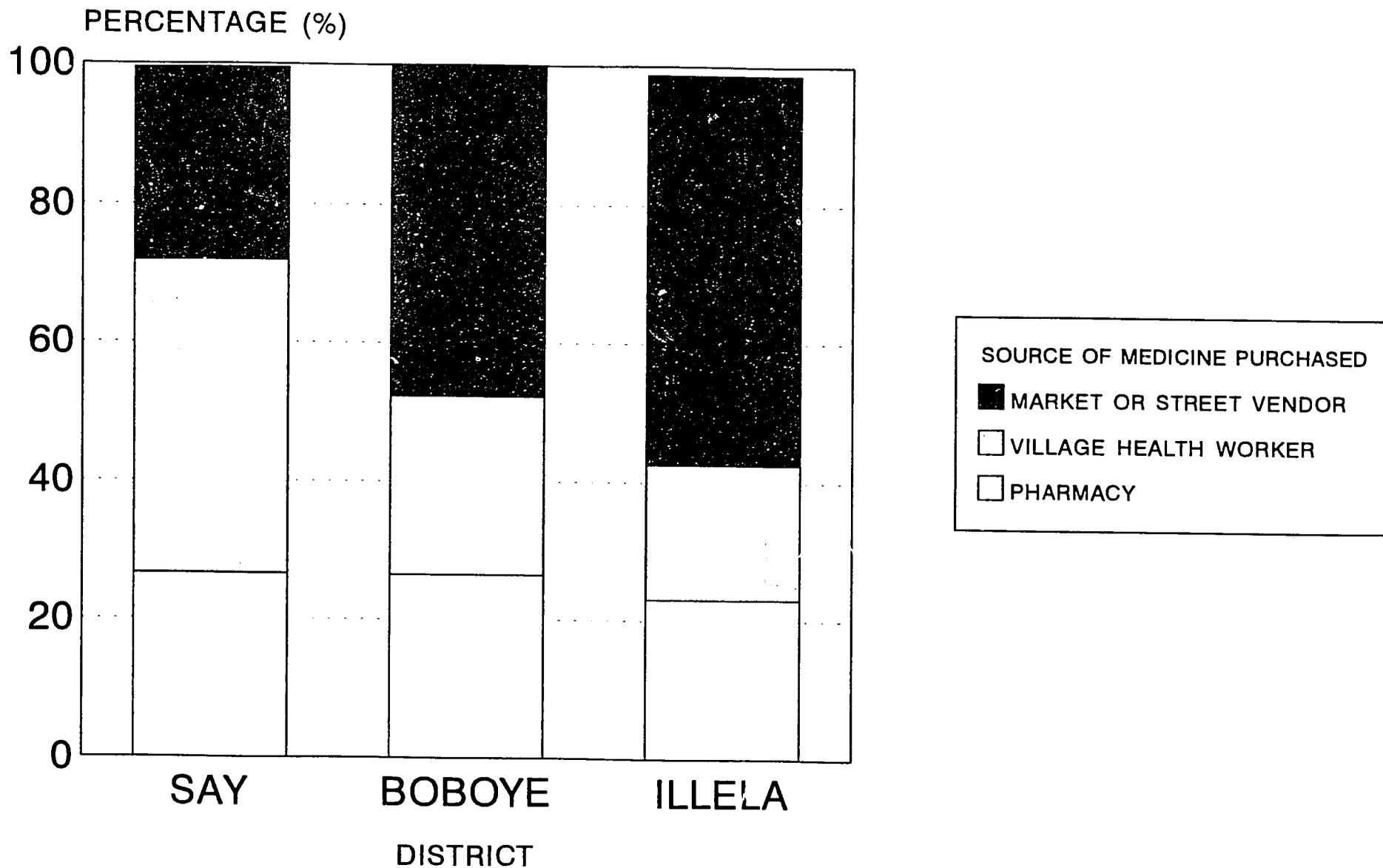
Exhibit 13
HEALTH CARE AT HOME:
GEOGRAPHICAL DISTRIBUTION OF SICK PERSONS BUYING MEDICINE BEFORE VISITING
A HEALTH FACILITY ACCORDING TO SOURCE OF SUPPLY IN EACH DISTRICT:
SICK PERSONS BUYING MEDICINE BEFORE VISITING A HEALTH FACILITY IN THE
DISTRICTS OF SAY, BOBOYE, AND ILLELA

| DISTRICT | SOURCE OF PURCHASE OF MEDICINE | | | | NO. INDIVIDUALS |
|---------------------------|--------------------------------|---------|--------|------|-----------------|
| | PHARMACY HEALTH WORKER | VILLAGE | MARKET | NA | |
| SAY-DIRECT 100.0% | 26.6% | 45.3% | 27.6% | .5% | 204 |
| BOBOYE-INDIRECT 100.0% | 26.5% | 25.8% | 47.5% | .2% | 556 |
| ILLELA-CONTROL 100.0% | 23.0% | 19.6% | 56.1% | 1.4% | 297 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH13

Exhibit 13 shows the geographical distribution of sick people who bought medicine before visiting a health facility in the two weeks prior to the interview by source of supply. The percentages of those buying medicine at a pharmacy are similar in the three districts. In all three districts about 25 percent of all sick people bought their medicine from a pharmacy. The remaining 75 percent bought either from village health workers or at the market, meaning both the regular market place and street vendors (see **Figure 05**).

Figure 05. HEALTH CARE AT HOME: SOURCE OF MEDICINES PURCHASED
PEOPLE WHO BOUGHT MEDICINE BEFORE VISITING A HEALTH FACILITY



There are marked differences with regard to recourse to supply sources other than pharmacies between Say, on the one hand, and the districts of Boboye and Illela, on the other. The incidence of purchase of medicine from village health workers is much higher in Say than in the other two districts. In fact, in Say, 45 percent of sick persons purchasing medicines before visiting a health facility bought them from a village health worker; only 28 percent bought them on the market. At the other extreme, in Illela, 56 percent of the sick bought their medicine on the market, while 20 percent purchased them from a village health worker. Comparatively speaking, Boboye is much closer to Illela, in this respect, than it is to Say, with 26 percent of sick persons buying medicine from a village health worker and 48 percent buying on the market.

Exhibit 14
HEALTH CARE AT HOME:
GEOGRAPHICAL DISTRIBUTION OF SICK PERSONS BUYING MEDICINE BEFORE VISITING
A HEALTH FACILITY ACCORDING TO SOURCE OF SUPPLY AND HOUSEHOLD INCOME GROUP:
SICK PERSONS BUYING MEDICINE BEFORE VISITING A HEALTH FACILITY IN THE
DISTRICTS OF SAY, BOBOYE, AND ILLELA

| SUPPLY SOURCE OF MEDICINE: HOME CARE | DISTRICT | | | | | |
|--|------------------------|--------|-----------------|--------|----------------|--------|
| | SAY-DIRECT | | BOBOYE-INDIRECT | | ILLELA-CONTROL | |
| | HOUSEHOLD INCOME GROUP | | | | | |
| | LOW | HIGH | LOW | HIGH | LOW | HIGH |
| PHARMACY | 12.4% | 37.6% | 19.7% | 33.1% | 19.9% | 26.3% |
| HEALTH WORKER | 61.8% | 32.1% | 23.6% | 28.5% | 17.7% | 19.7% |
| MARKET | 25.8% | 29.4% | 56.4% | 38.4% | 62.4% | 51.3% |
| NA | | .9% | .4% | | | 2.6% |
| TOTAL | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| NUMBER OF INDIVIDUALS | 89 | 110 | 261 | 288 | 142 | 152 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH14

A cross-check with the sick persons' income group reveals that purchasing medicine from a pharmacy is much more common among sick people belonging to higher income groups than it is among the low income groups (see Exhibit 14). In all three districts, the poor in fact resort far more to the village health worker, the street vendor, or to the market to buy their medicine.

In short, a high proportion of sick people either used medicine available at home or bought some before going to a health facility in the two weeks prior to the interview. This tendency to use self-medication is common to all three districts and cuts across different socio-demographic and socio-economic groups. In the three districts, about a quarter of the sick persons who bought medicine before attending a health facility did so at a pharmacy. The remaining three-quarters acquired their medicine from a village health worker, a street vendor, or at the market. Most sick people in the Say district got their medicine from a health worker; in Boboye and Illela, medicines were mostly bought at the market or from street vendors.

4.5. USE MADE OF PUBLIC HEALTH FACILITIES

The demand for medical care outside the home is very slight in all three districts (see Exhibit 15). In Say, about 15 percent of sick persons sought outside medical care to cure their illness; the figure for Boboye was 20 percent, and that for Illela 14 percent. Almost all those who did seek medical care outside the home attended a public health facility.

Exhibit 15
HEALTH CARE OUTSIDE THE HOME:
PERCENTAGE OF INDIVIDUALS SEEKING HEALTH CARE OUTSIDE THE HOME
BREAKDOWN BY FIRST CHOICE OF HEALTH CARE:
SICK PERSONS INTERVIEWED
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| DISTRICT | HEALTH CARE OUTSIDE THE HOME | | | | | | SICK |
|-----------------|------------------------------|-------|--------|---------|--------|-------|--------|
| | NO | YES | PUBLIC | PRIVATE | HEALER | OTHER | |
| SAY-DIRECT | 84.8% | 12.7% | .2% | 1.9% | .5% | 638 | 100.0% |
| BOBOYE-INDIRECT | 80.4% | 15.6% | .1% | 3.6% | .3% | 1309 | 100.0% |
| ILLELA-CONTROL | 85.6% | 10.2% | .5% | 3.5% | .3% | 886 | 100.0% |

COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXH15

Exhibit 16 registers how often sick people used public health facilities in the two weeks prior to the interview. In Say, about 13 percent of sick people attended a public health facility. In the districts of Boboye and Illela, the figure was 17 percent and 10 percent, respectively. Overall, in all three districts, there was a similar —low— level of attendance at public health facilities.

In all three districts, moreover, the figure did not vary much according to the age of the sick person. Likewise, within each district, there was little variation between men and women. However, of the ethnic groups, it is notable that in Say sick people belonging to the Peulh and "other" ethnic groups, including the Gourmantche, stand out by having particularly low rates of attendance at public health facilities in the two weeks prior to the interview.

The biggest differentials are to be observed between sick people living in villages with health facilities and those living in places where there was no health facility (see **Figure 06a**). Thus, in Say, 42 percent of the sick persons living in villages with a health facility made use of it in the two weeks prior to the interview. That figure drops to 6 percent in the case of sick people living in villages without a health facility. In other words, in Say the propensity to use the services of a public health facility is seven times greater among those who live in a village with such a facility than among sick people living in villages without such a facility.

Similar differentials based on the presence or absence of a public health facility in the village where a sick person lives can be observed in Illela. Approximately 36 percent of those living in villages with a health facility made use of its services. In villages without health facilities, the proportion drops as low as 5 percent. In Boboye, the differentials are less marked than they are in the Say and Illela districts.

These findings suggest that, as things are today, distance is a major deterrent against utilization of public health services in the hospital (sub-) sector.

Finally, sick persons belonging to the highest income groups are more likely to make use of services provided by public health facilities than sick people from the lowest income groups (see **Figure 06b**). Differentials related to income group are more marked in Say than those observed in the districts of Boboye and Illela.

In short, in all three districts of Say, Boboye, and Illela, little use is made of public health facilities. No significant correlations were noted between the use of such facilities and age or sex of the sick persons. But in Say sick people from the Peulh ethnic group were particularly uninclined to attend public health facilities. The findings discussed in this sub-section suggest that distance from health facilities acted as a deterrent for people living in villages without such a facility.

Figure 06a. PUBLIC HEALTH FACILITY
PEOPLE ATTENDING A PUBLIC HEALTH FACILITY IN THE PREVIOUS TWO WEEKS, BY STRATUM
SICK PERSONS INTERVIEWED

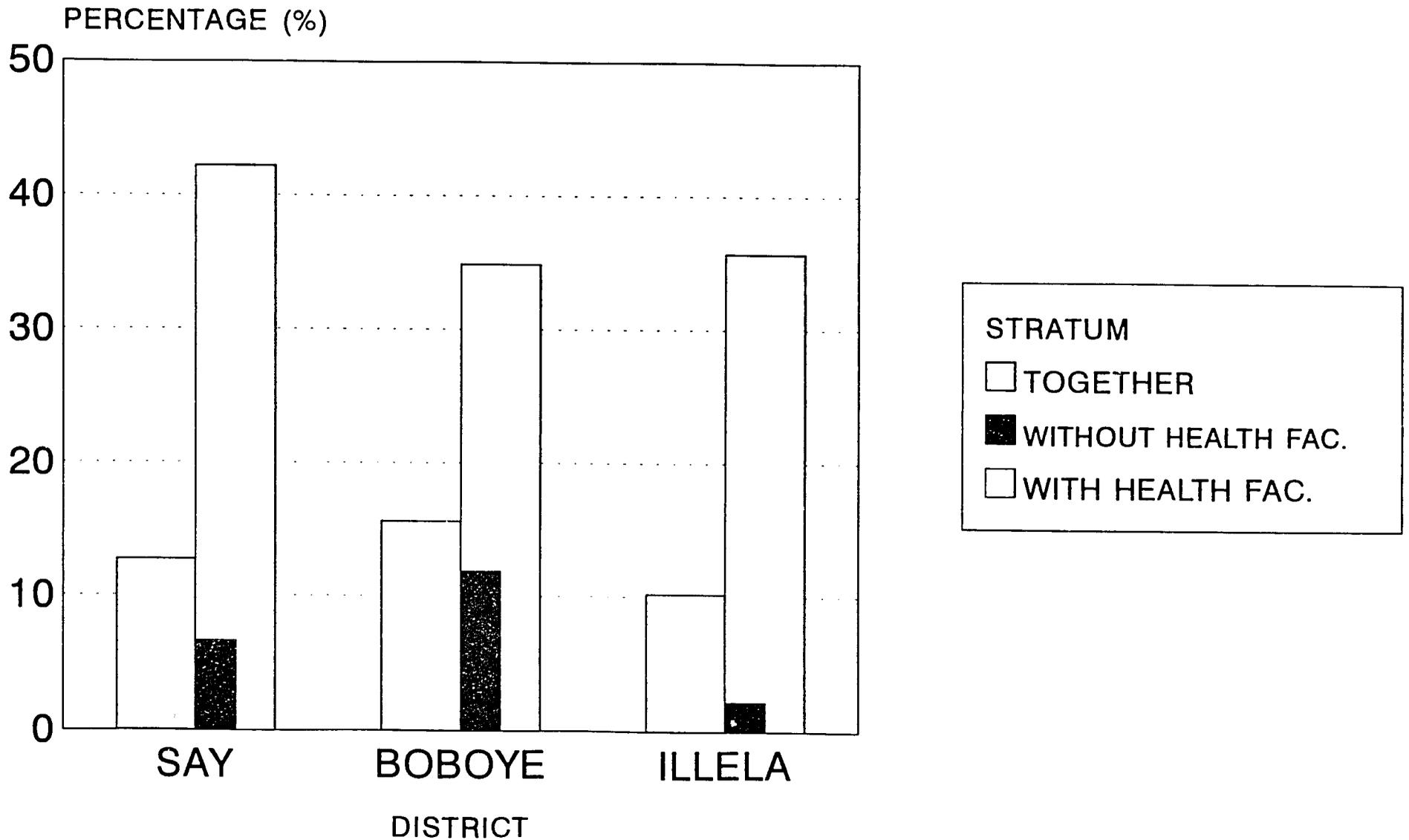


Figure 06b. PUBLIC HEALTH FACILITY
PEOPLE ATTENDING A PUBLIC HEALTH FACILITY IN THE PREVIOUS TWO WEEKS, BY INCOME GROUP
SICK PERSONS INTERVIEWED

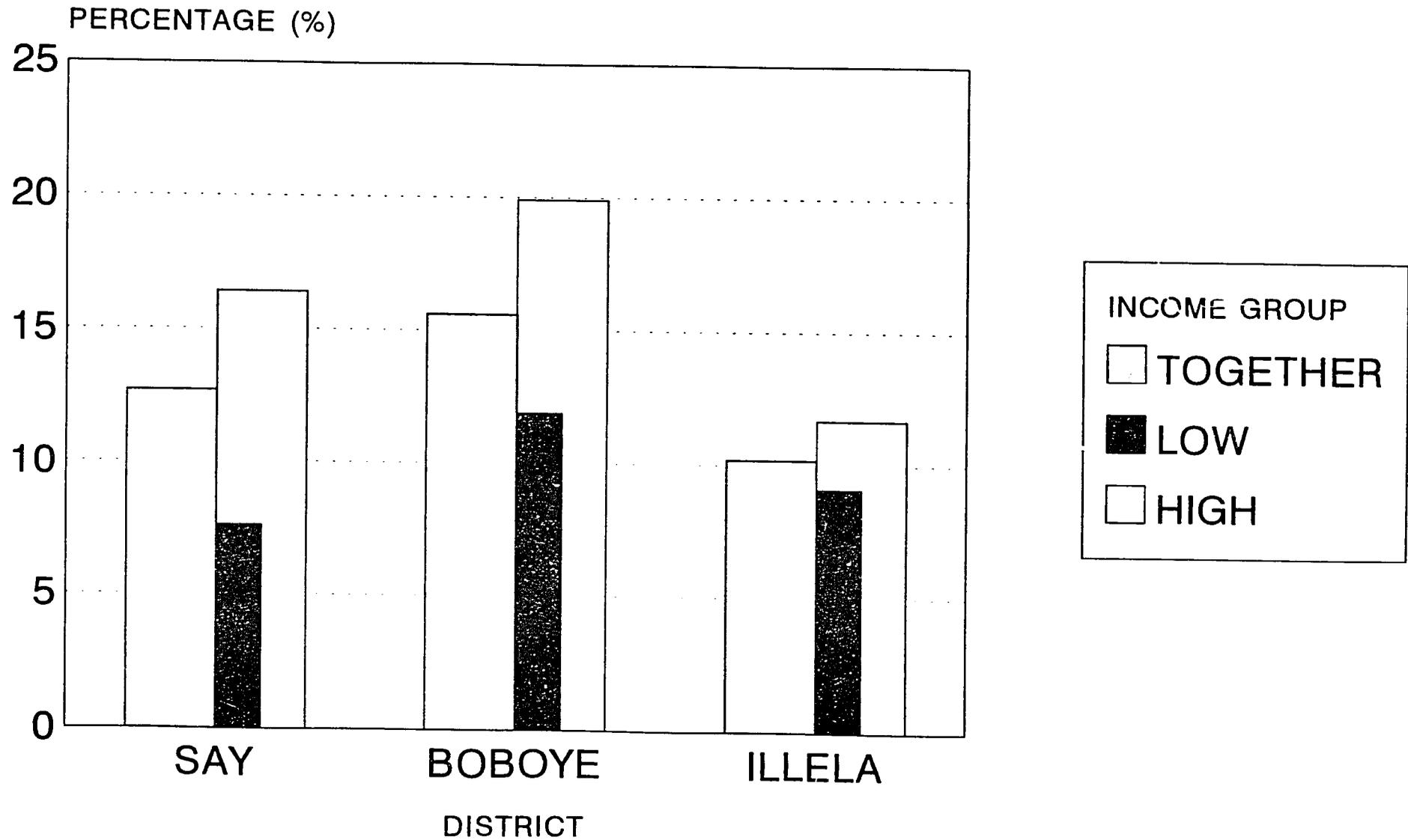


Exhibit 16
 PUBLIC HEALTH FACILITY
 PERCENTAGE OF SICK PERSONS ATTENDING A PUBLIC HEALTH FACILITY
 IN THE TWO WEEKS PRIOR TO THE INTERVIEW.
 BREAKDOWN BY SOCIO-DEMOGRAPHIC GROUP: SICK PERSONS INTERVIEWED
 IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | District | | | | | | | | | | | |
|---------------------|--------------------------|-------|------------------------|--------|--------------------------|-------|------------------------|--------|--------------------------|--------|------------------------|--------|
| | SAY-DIRECT | | | | BOBOYE-INDIRECT | | | | ILLELA-CONTROL | | | |
| | ATTENDED HEALTH FACILITY | | NUMBER OF SICK PERSONS | | ATTENDED HEALTH FACILITY | | NUMBER OF SICK PERSONS | | ATTENDED HEALTH FACILITY | | NUMBER OF SICK PERSONS | |
| | YES | NO | | | YES | NO | | | YES | NO | | |
| AGE in years | | | | | | | | | | | | |
| 0-14 | 13.0% | 87.0% | 308 | 100.0% | 15.0% | 85.0% | 667 | 100.0% | 8.2% | 91.8% | 451 | 100.0% |
| 15-44 | 14.1% | 85.9% | 199 | 100.0% | 17.0% | 83.0% | 407 | 100.0% | 13.0% | 87.0% | 292 | 100.0% |
| 45 + | 10.1% | 89.9% | 129 | 100.0% | 15.2% | 84.8% | 231 | 100.0% | 10.6% | 89.4% | 142 | 100.0% |
| SEX | | | | | | | | | | | | |
| MALE | 11.3% | 88.7% | 337 | 100.0% | 15.9% | 84.1% | 578 | 100.0% | 9.7% | 90.3% | 411 | 100.0% |
| FEMALE | 14.4% | 85.6% | 298 | 100.0% | 15.4% | 84.6% | 727 | 100.0% | 10.5% | 89.5% | 474 | 100.0% |
| ETHNIC GROUP | | | | | | | | | | | | |
| ZARMA | 20.4% | 79.6% | 147 | 100.0% | 15.4% | 84.6% | 1018 | 100.0% | | 100.0% | 3 | 100.0% |
| HAWSA | 24.4% | 75.6% | 45 | 100.0% | 23.0% | 77.0% | 61 | 100.0% | 11.2% | 88.8% | 695 | 100.0% |
| PEULH | 9.0% | 91.0% | 299 | 100.0% | 12.2% | 87.8% | 180 | 100.0% | 8.7% | 91.3% | 23 | 100.0% |
| OTHERS | 9.1% | 90.9% | 143 | 100.0% | 26.2% | 73.8% | 42 | 100.0% | 7.2% | 92.8% | 111 | 100.0% |
| INCOME GROUP | | | | | | | | | | | | |
| LOW | 7.6% | 92.4% | 264 | 100.0% | 11.9% | 88.1% | 680 | 100.0% | 9.1% | 90.9% | 453 | 100.0% |
| HIGH | 16.4% | 83.6% | 359 | 100.0% | 19.9% | 80.1% | 608 | 100.0% | 11.7% | 88.3% | 418 | 100.0% |
| STRATA | | | | | | | | | | | | |
| WITH HF | 42.2% | 57.8% | 109 | 100.0% | 34.9% | 65.1% | 215 | 100.0% | 35.7% | 64.3% | 143 | 100.0% |
| WITHOUT HF | 6.6% | 93.4% | 529 | 100.0% | 11.8% | 88.2% | 1094 | 100.0% | 5.2% | 94.8% | 743 | 100.0% |
| TOTAL | 12.7% | 87.3% | 638 | 100.0% | 15.6% | 84.4% | 1309 | 100.0% | 10.2% | 89.8% | 886 | 100.0% |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH16

57

In the current situation, in which services provided by public health facilities are free of charge, individuals from the highest income groups have a greater propensity to use them than those from the lowest income groups. Introducing cost recovery in that context through a uniform charge could have a negative impact on the equity of the health system. In the event of a change of policy in that direction, the possibility of using graded scales of medical fees could be contemplated in order to minimize the negative impact of cost recovery on equity.

4.6. EXPENDITURE RELATED TO ILLNESS

In the two weeks prior to the interview, only a small proportion of sick people sought medical care outside the home. Of those who did so, the majority attended a public health facility. What is more, in Say, less than 3 percent of those seeking health care outside the home attended more than one such facility, whereas 6 percent did so in Boboye and Illela. In other words, in the two week period studied, the events which gave rise to health-related expenditure were generated by health care at home and by visits to public health facilities.

As regards health care at home, the expenditure includes payments to individuals providing health care to the sick in their homes, if such a visit occurs, and payments for the purchase of medicine prior to any visit to a health facility. IN the event of health care outside the home, the expenditure related to the first health facility chosen includes travel and accommodation expenses, the cost of consultations and medicine, and the cost of medical tests. For most people seeking health care outside the home, the main expenditure related to the first health facility chosen is the cost of medicine.

4.6.1. Level of Expenditure

In Exhibit 17, travel and accommodation expenses are included in the calculation of expenditure related to illness. These expenses are minor, however, given that most sick people get to the health facilities on foot. On average, sick persons in Say spent 360 CFAF or US\$1.41, to cure their illness in the two weeks prior to the interview. In Boboye, the figure was 330 CFAF or US\$1.29 dollars; in Illela, sick people spent on average 370 CFAF, or US\$1.45. Thus there are no significant differences in the amount of expenses related to illness among the three districts.

What differences there are with regard to health-related expenditure among the three districts is to be observed in the structure, rather than the level. Thus Boboye stands out as having a particularly low percentage of expenditure related to the first health facility chosen.

Expenditure related to health care at home accounts for a large part of total expenses connected with illness in the two weeks prior to the interview (see Figure 07). In fact, in all three districts, almost half the amount spent on illness was spent on health care at home. Payments for medicine constituted the bulk of those outlays for health care at home.

Figure 07. ILLNESS-RELATED EXPENDITURE
 AVERAGE MONETARY EXPENDITURE RELATED TO SICKNESS IN THE TWO PREVIOUS WEEKS
 SICK PERSONS INTERVIEWED

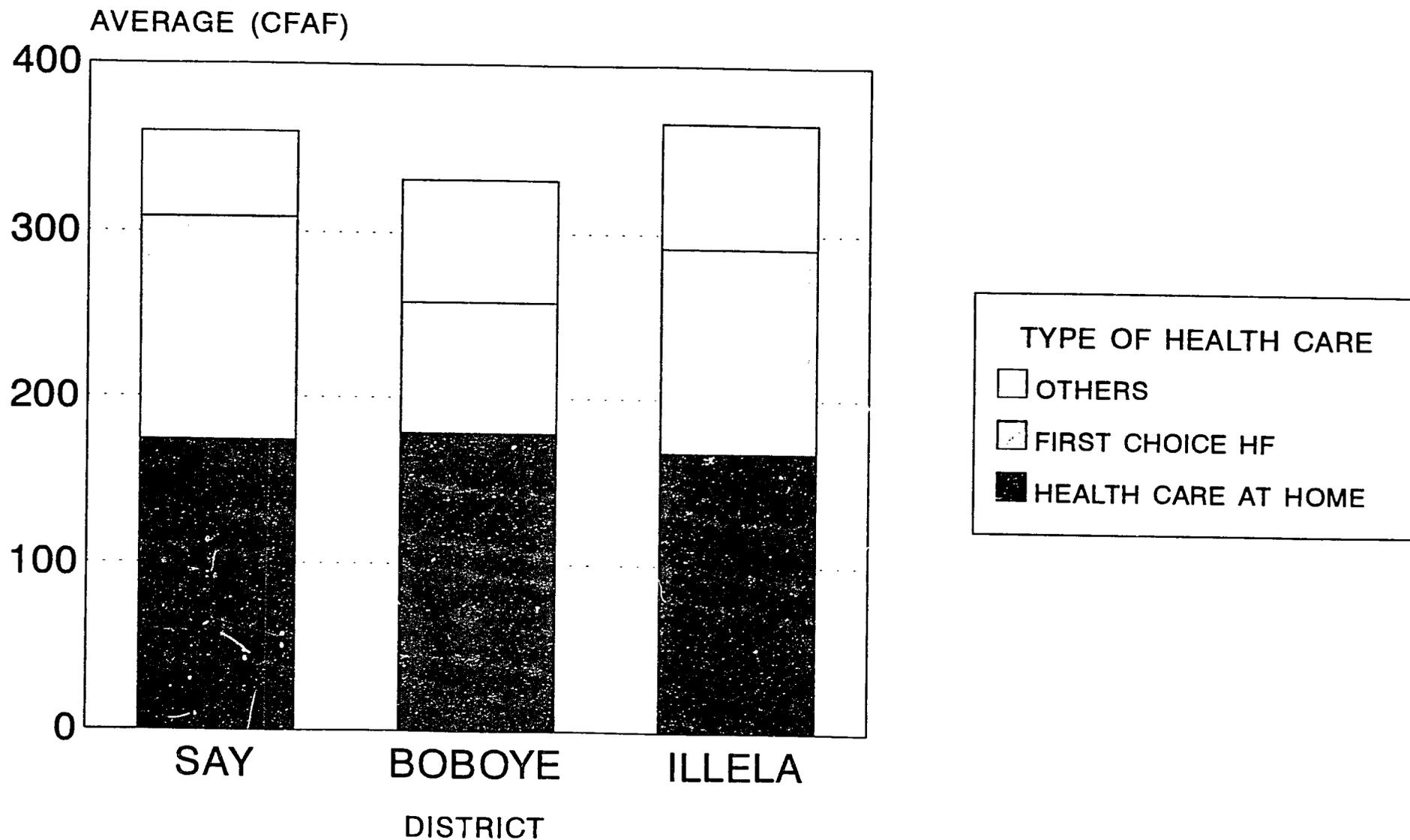


Exhibit 17
**MONETARY EXPENDITURE (CFAF) RELATED TO ILLNESS : ALL KINDS OF HEALTH CARE
 AVERAGE ILLNESS-RELATED OUTLAYS IN THE TWO WEEKS PRIOR TO THE INTERVIEW
 BY TYPE OF HEALTH CARE: SICK PERSONS INTERVIEWED
 IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA**

| TYPE OF HEALTH CARE | DISTRICT | | |
|---|------------|------------------|----------------|
| | SAY-DIRECT | BOBOYE--INDIRECT | ILLELA-CONTROL |
| HOME CARE EXPENSES | 173.9 | 178.7 | 167.7 |
| of which COST OF MEDICINE HOME CARE | 131.4 | 163.1 | 134.3 |
| EXPENSES HF FIRST CHOICE | 134.9 | 79.6 | 124.0 |
| OTHER EXPENSES | 50.4 | 72.8 | 73.9 |
| TOTAL EXPENSES | 359.2 | 331.0 | 365.6 |
| NUMBER OF SICK PERSONS | 638 | 1309 | 886 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH17

In short, people who said that they had been ill in the two weeks prior to the interview spent the following amounts to cure their illness during those two weeks: 360 CFAF in Say, 330 CFAF in Boboye, and 370 CFAF in Illela. Outlays for medicine constituted a large part of that expenditure, including medicine bought before visiting a health facility and medicine bought on the basis of a prescription provided by a public health facility.

4.6.2. Weighting of Illness-related Expenditure

By adding up the expenses related to illness in a given household, it is possible to determine the weighting of such illness-related expenditure, as a percentage of total household monthly expenditure. However, since the illness-related outlays were measured for the two weeks prior to the interview, in order to get a monthly figure such expenses have been first multiplied by two (2) (see Appendix A: Exhibits A09a, A09b, and A09c).

Figure 09a. INCIDENCE OF ILLNESS-RELATED EXPENDITURE
RATIO OF ILLNESS-RELATED EXPENDITURE TO MONTHLY MONETARY EXPENDITURE
HOUSEHOLDS INTERVIEWED: DISTRICT OF SAY

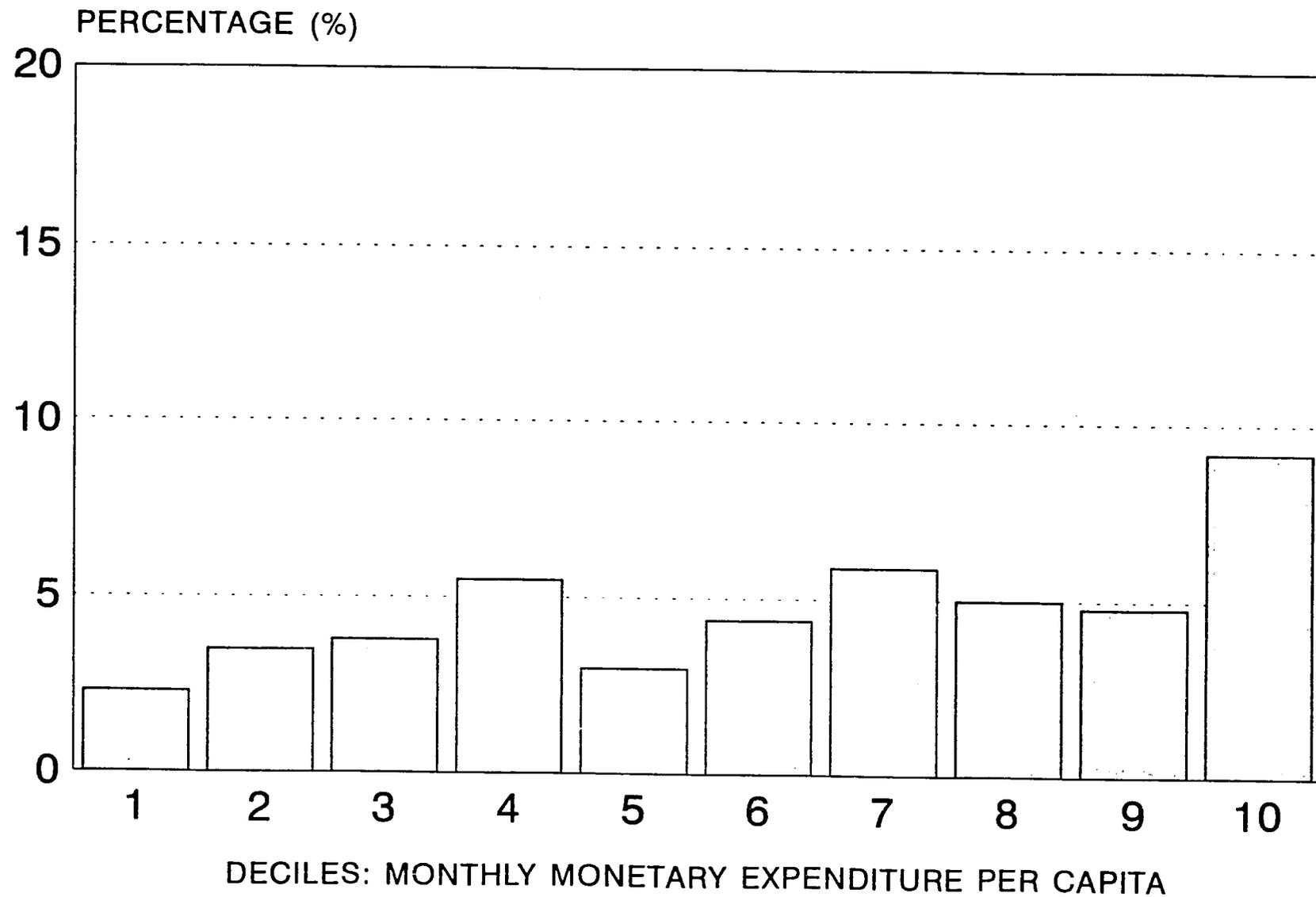


Figure 09b. INCIDENCE OF ILLNESS-RELATED EXPENDITURE
RATIO OF ILLNESS-RELATED EXPENDITURE TO MONTHLY MONETARY EXPENDITURE
HOUSEHOLDS INTERVIEWED: DISTRICT OF BOBOYE

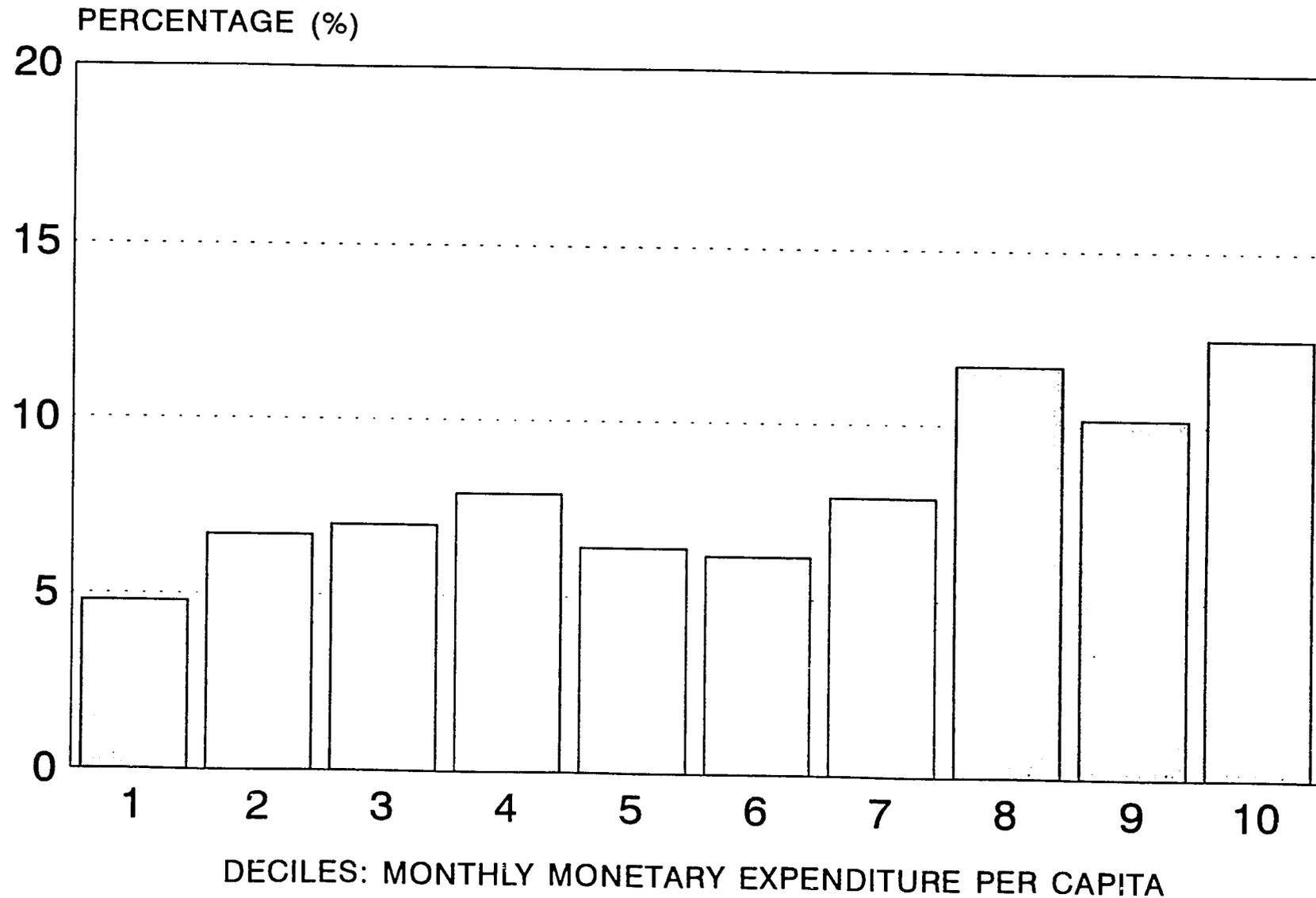
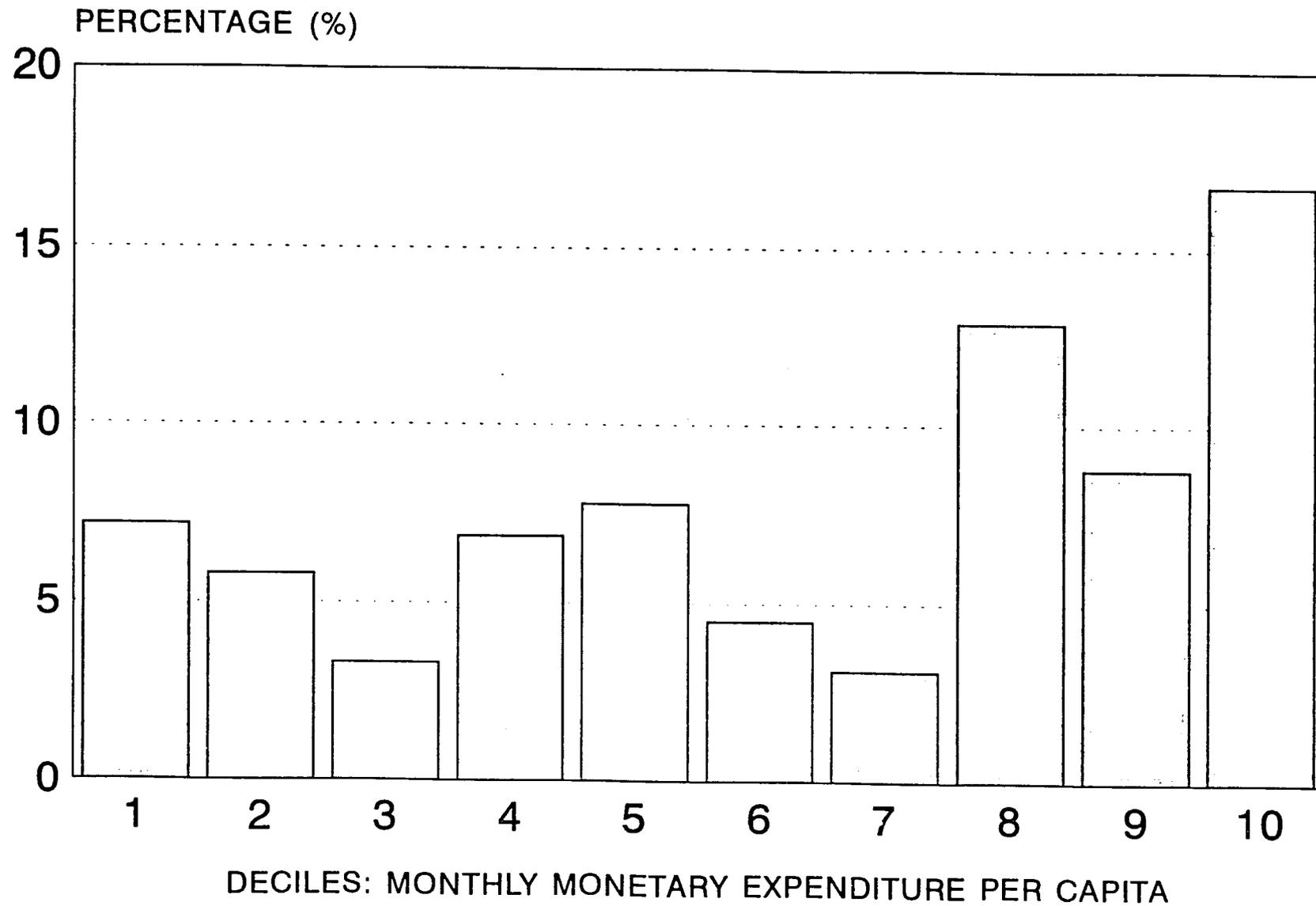


Figure 09c. INCIDENCE OF ILLNESS-RELATED EXPENDITURE
RATIO OF ILLNESS-RELATED EXPENDITURE TO MONTHLY MONETARY EXPENDITURE
HOUSEHOLDS INTERVIEWED: DISTRICT OF ILLELA



The percentage of illness-related expenditure in a household's total monthly expenditure is used here as an indicator of the incidence of illness-related outlays. Figures 09a to 09c show the variation in the incidence of illness-related expenses from one district to another, and from one income group to another within a given district. In Say, about six percent of monthly household expenditure was devoted to curing the illness of a household member. The figure was higher—10 percent—in the districts of Boboye and Illela. This difference between Say and the other two districts is partly related to the relatively lower perception of illness in Say as compared with the other two districts (see section IV.1).

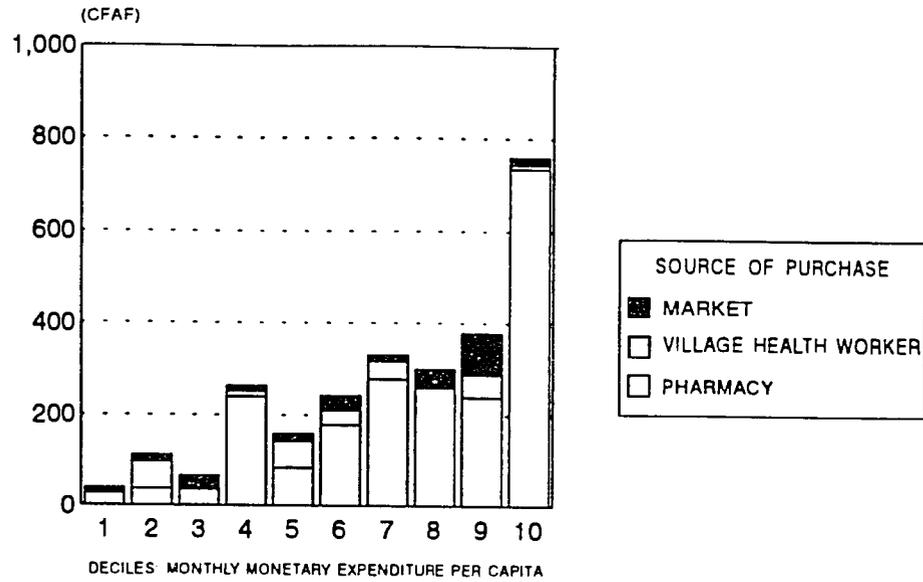
Within each district, the weighting of illness-related expense is higher among higher income groups than it is in the poorest households. This variation according to income group is mainly due to the differences observed in the sources of medicines purchased. Most poor people acquire their medicine from a village health worker, or else from street vendors or at the market; better-off households, in contrast, buy their medicine from a pharmacy.

This phenomenon is particularly noticeable in the purchase of medicine for health care at home (see Figures 10a, 10b, and 10c). It is not just the level of expenditure that increases dramatically among the better-off groups, as compared with the poorest groups, but also the proportion of medicine bought at a pharmacy.

As was noted already in Section IV.4, in Boboye and Say a relatively high proportion of sick persons bought their medicine from street vendors or at the market, compared to those in Say. Figures 10b and 10c show for the districts of Boboye and Illela, respectively, that the incidence of purchases of medicine from street vendors is much more marked among the poorest groups compared to those that are better-off.

In short, households in Say devote on average 6 percent of their total monthly outlays to curing sickness; in Boboye and Illela, the proportion is 10 percent. Higher income groups spend a higher proportion of their outlays on medical care, because of their greater propensity to buy their medicine from a pharmacy. This differential is most obvious when one observes the poorest households in Boboye and Illela where medicine is frequently bought from street vendors.

Figure 10a. HEALTH CARE AT HOME: EXPENDITURE ON MEDICINE
HOUSEHOLDS INTERVIEWED DISTRICT OF SAY



COST RECOVERY PILOT TESTS
BASELINE SURVEY - OCTOBER-DECEMBER, 1992
HFSWGER93JFIG10a

Figure 10c. HEALTH CARE AT HOME: EXPENDITURE ON MEDICINE
HOUSEHOLDS INTERVIEWED DISTRICT OF ILLELA

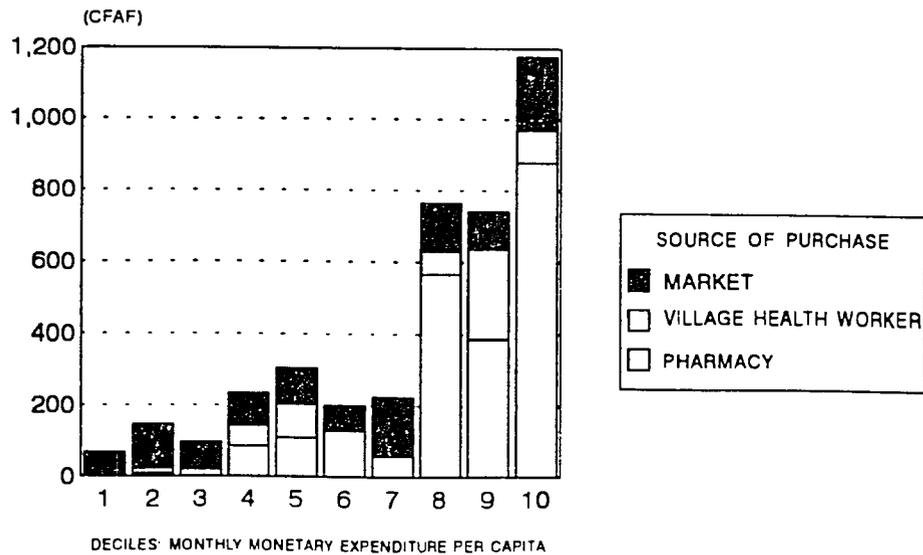
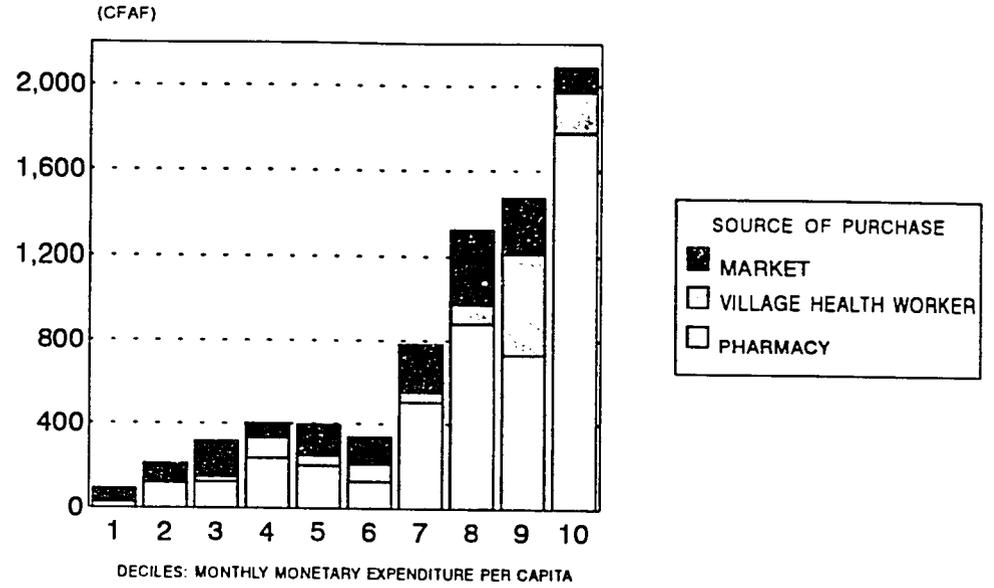


Figure 10b. HEALTH CARE AT HOME: EXPENDITURE ON MEDICINE
HOUSEHOLDS INTERVIEWED: DISTRICT OF BOBOYE



COST RECOVERY PILOT TESTS
BASELINE SURVEY - OCTOBER-DECEMBER, 1992
HFSWGER93JFIG10b

5.0. THE UTILIZATION OF PREVENTIVE CARE

Initial analysis of the use made of preventive care is limited to vaccination coverage in the three districts. By interviewing women with at least one child under five years of age living with them, it was possible to gather information on vaccination based on those children's health records (*cartes de santé*). The analysis is based on children between 12 and 59 months of age.

Exhibit 18
VACCINATION
PERCENTAGE OF CHILDREN WHOSE HEALTH RECORDS WERE EXAMINED AND PERCENTAGE
OF CHILDREN WITH A RECORD OF HAVING RECEIVED SPECIFIC DOSES OF VACCINES
CHILDREN AGED 12 TO 59 MONTHS
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

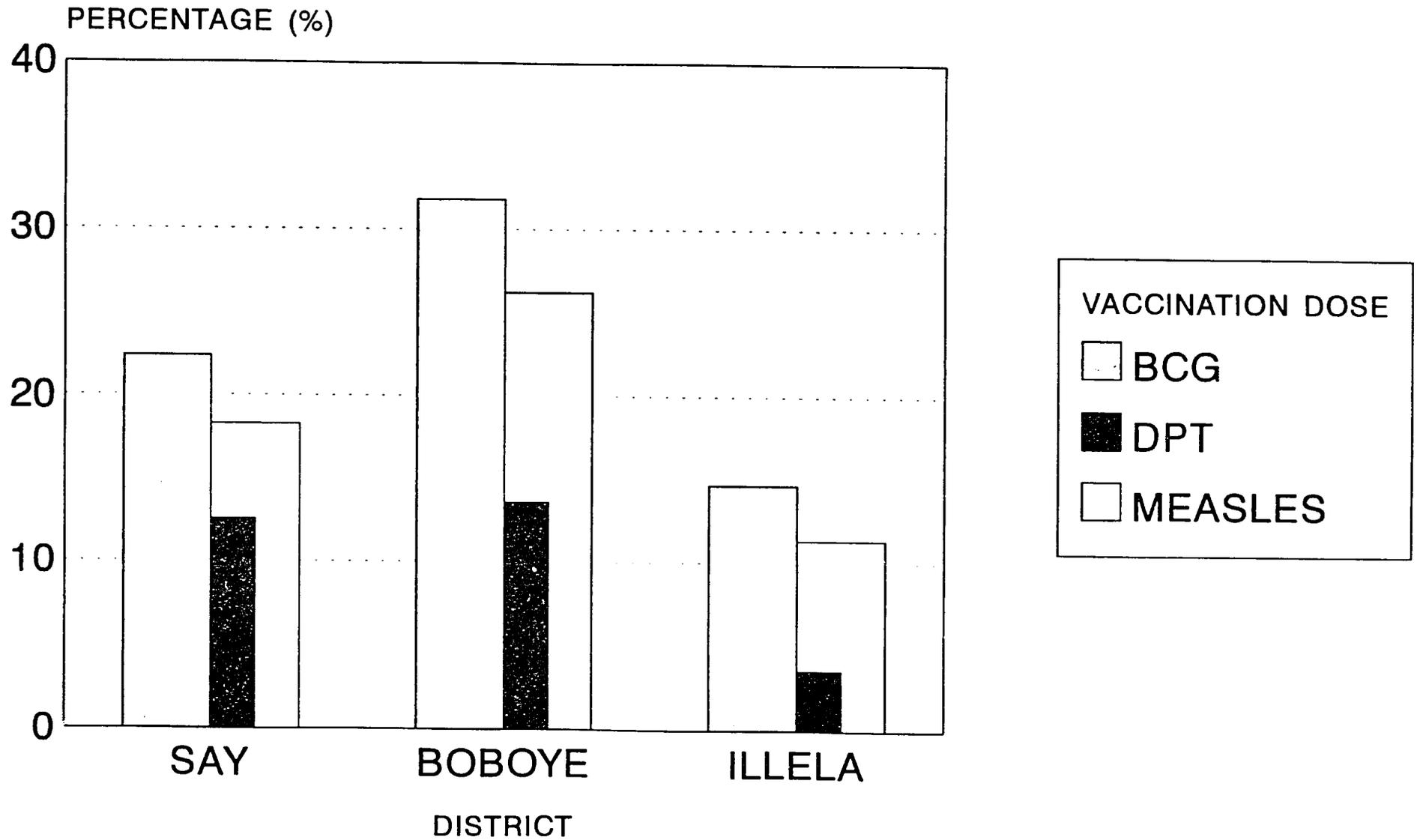
| | DISTRICT | | |
|------------------------|-------------------|------------------------|-----------------------|
| | <u>SAY-DIRECT</u> | <u>BOBOYE-INDIRECT</u> | <u>ILLELA-CONTROL</u> |
| HEALTH RECORD EXAMINED | 24.24 | 38.91 | 20.86 |
| BCG | 22.37 | 31.80 | 14.71 |
| DPT1 | 18.64 | 20.41 | 8.75 |
| DPT2 | 15.59 | 16.86 | 5.03 |
| DPT3 | 12.54 | 13.61 | 3.54 |
| POLIO1 | 17.46 | 20.27 | 7.45 |
| POLIO2 | 13.73 | 15.98 | 3.91 |
| POLIO3 | 11.19 | 13.31 | 3.35 |
| MEASLES | 18.31 | 26.18 | 11.36 |
| CHILDREN 12-59 MONTHS | 590 | 676 | 537 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH18

Exhibit 18 shows the percentages of children whose health record indicates they have been administered a given dosage of vaccine. In Say, about 22 percent of the children have been vaccinated against tuberculosis (BCG); in Boboye, the figure is 32 percent; and in Illela it is 15 percent. Thus, the likelihood of a child receiving a BCG vaccination in Boboye is twice as great as it is for a child living in Illela (see **Figure 08**).

The percentage of children having had their third dose of DPT is very low in all three districts: 13 percent in Say, 14 percent in Boboye, and 4 percent in Illela. The incidence of vaccination against measles is also very low in all three districts. However, the percentage of children vaccinated against measles is noticeably higher in Say and in Boboye than in Illela.

Figure 08. VACCINATION
PERCENTAGE OF CHILDREN REGISTERED AS VACCINATED
CHILDREN FROM 12 TO 59 MONTHS



**Exhibit 19
VACCINATION
PERCENTAGE OF CHILDREN WHOSE HEALTH RECORDS WERE EXAMINED AND PERCENTAGE
OF CHILDREN WITH A RECORD OF HAVING RECEIVED SPECIFIC DOSES OF VACCINES.
BREAKDOWN BY AVAILABILITY OF A HEALTH FACILITY IN THE VILLAGE AND BY
DISTRICT:
CHILDREN AGED 12 TO 59 MONTHS
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA**

| | DISTRICT | | | | | |
|------------------------------|------------|------------|-----------------|------------|----------------|------------|
| | SAY-DIRECT | | BOBOYE-INDIRECT | | ILLELA-CONTROL | |
| | VILLAGE | | VILLAGE | | VILLAGE | |
| | WITH HF | NO HF | WITH HF | NO HF | WITH HF | NO HF |
| HEALTH RECORD EXAMINED | 57.4 | 20.4 | 67.6 | 33.8 | 53.6 | 14.8 |
| BCG | 50.8 | 19.1 | 58.8 | 27.0 | 36.9 | 10.6 |
| DPT1 | 45.9 | 15.5 | 47.1 | 15.7 | 28.6 | 5.1 |
| DPT2 | 41.0 | 12.7 | 43.1 | 12.2 | 19.0 | 2.4 |
| DPT3 | 37.7 | 9.6 | 41.2 | 8.7 | 17.9 | .9 |
| POLIO1 | 41.0 | 14.7 | 46.1 | 15.7 | 20.2 | 5.1 |
| POLIO2 | 36.1 | 11.2 | 43.1 | 11.1 | 15.5 | 1.8 |
| POLIO3 | 32.8 | 8.7 | 40.2 | 8.5 | 16.7 | .9 |
| MEASLES | 47.5 | 14.9 | 45.1 | 22.8 | 26.2 | 8.6 |
| CHILDREN 12-59 MONTHS | 61 | 529 | 102 | 574 | 84 | 453 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXH19

In Exhibit 19, the vaccination coverage data are crossed with the availability of a health facility in the village where the mother of the child lives. As might be expected, children living in a village with a health facility have a much higher vaccination rate than those living in villages without one. In all three districts, the likelihood of a child being vaccinated against tuberculosis (BCG) is twice as high for children living in a village with a health facility than for children living in places without such access. The same finding is observed with regard to measles.

As regards the multiple dose vaccinations, it is not just the incidence of the first dose that is higher in villages with a health facility. The continuity of the vaccination is also more common in villages with a health facility than in those without one.

Exhibit 20 shows levels of vaccination coverage according to the income group to which the child's household belongs. In the Say and Boboye districts, vaccination coverage is slightly higher for children from higher income groups. In Illela, where vaccination coverage is very low, there are no significant differences based on income group.

Exhibit 20
VACCINATION
PERCENTAGE OF CHILDREN WHOSE HEALTH RECORDS WERE EXAMINED AND PERCENTAGE
OF CHILDREN WITH A RECORD OF HAVING RECEIVED SPECIFIC DOSES OF VACCINES.
BREAKDOWN BY INCOME GROUP AND BY DISTRICT
CHILDREN AGED 12 TO 59 MONTHS
IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | DISTRICT | | | | | |
|------------------------------|--------------|------------|-----------------|------------|----------------|------------|
| | SAY-DIRECT | | BOBOYE-INDIRECT | | ILLELA-CONTROL | |
| | INCOME GROUP | | INCOME GROUP | | INCOME GROUP | |
| | LOW | HIGH | LOW | HIGH | LOW | HIGH |
| HEALTH RECORD EXAMINED | 19.7 | 29.3 | 35.0 | 44.0 | 21.9 | 19.7 |
| BCG | 18.5 | 26.8 | 27.9 | 36.9 | 15.2 | 14.2 |
| DPT1 | 13.7 | 24.3 | 15.4 | 27.0 | 9.9 | 7.5 |
| DPT2 | 11.5 | 20.3 | 12.3 | 22.9 | 6.7 | 3.1 |
| DPT3 | 8.9 | 16.7 | 9.1 | 19.5 | 4.2 | 2.8 |
| POLI01 | 12.1 | 23.6 | 15.4 | 26.6 | 8.8 | 5.9 |
| POLI02 | 9.9 | 18.1 | 10.7 | 22.9 | 5.3 | 2.4 |
| POLI03 | 8.0 | 14.9 | 8.6 | 19.5 | 4.2 | 2.4 |
| MEASLES | 15.3 | 21.7 | 23.0 | 30.4 | 12.0 | 10.6 |
| CHILDREN 12-59 MONTHS | 314 | 276 | 383 | 293 | 283 | 254 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992.
HFS\NIGER93\EXH20

In short, vaccination coverage is very limited in the three districts of Say, Boboye, and Illela. Children living in a village where there is a health facility are twice as likely to receive vaccination than those living in a village without one. In Say and in Boboye, children from the higher income groups have a better chance of being vaccinated than children from poorer strata. However, these differences are not found in Illela, where vaccination coverage is very low.

6.0. CONCLUSION

The baseline survey of demand for health care was carried out between October and December 1992 in the districts of Say, Boboye, and Illela. About 600 households were interviewed in each district. In those households, 14,410 individuals were interviewed, including 13,667 residents present at the time and visitors. This de facto population was tested as regards eligibility for curative care questionnaire, the preventive care questionnaire, and the income questionnaire. This report has described the methodology employed and the initial findings of the baseline survey.

The analysis of the findings in this report focused on a description of the patterns of demand for health care in the three districts before cost recovery pilot tests got underway, that is, before health facilities started covering their costs.

The perception of illness, measured as the number of people stating that they had been ill, is relatively higher in Boboye and Illela than in Say. Within each district, the perception of illness does not vary from one socio-demographic or socio-economic group to another.

With regard to the symptoms described by the sick persons themselves — fever, coughing or diarrhea in the two weeks prior to the interview — health care needs were similar for the different socio-demographic and economic groups in the three districts. The level of need is determined much more by geographical and demographic factors than by social or economic factors. Complaints of coughing are much more frequent in Boboye than in Illela or Say. Self-diagnosed diarrhea is more common in Boboye and Illela than in Say. In all three districts, complaints of fever are very frequent. With the exception of variations based on age, a similar number of people complain of diarrhea in all socio-demographic and socio-economic groups.

Analysis of the patterns of demand for health care shows that in the period prior to cost recovery and greater availability of medicine in public health facilities, the populations of Say, Boboye and Illela mainly relied on health care at home to cure illnesses occurring in each household. In that period, most sick persons either used medicine already at hand in their homes or else bought some before visiting a health facility. This pattern of behavior is about equally prevalent in all three districts and cuts across socio-economic divisions within each district. About half all sick people in all three districts used medicine available at home before any visit to a health facility; almost a third bought some medicine before visiting a health facility, if indeed they visited one at all. Thus health care at home, or self-medication, is very common in all three districts.

Of the sick people buying medicines before visiting a health facility, a quarter —in each of the three districts— bought them at a pharmacy. The remaining three-quarters acquired them from a village health worker, at the market, or from street vendors. Obtaining medicine from a village health worker is more common in Say than in the other two districts. In effect, most of the poor in Boboye and Illela buy their medicine from street vendors or at the market.

Attendance at public health facilities is very infrequent in the period prior to cost recovery. In fact, in the two weeks prior to the interview, only 10 percent of sick people in Illela attended a public health facility; in Say, the figure was 13 percent, and in Boboye 17 percent. It was mainly residents of areas with a health facility who visited them. In today's circumstances, in which the services provided by the health facilities is free of charge, sick people from higher income groups are more likely to public health facilities than people from lower income groups. In such a context, introducing cost recovery via a uniform tariff could have a negative impact on the equity of the health system. In the event of a policy shift in that direction, the alternative of using graded scales of medical fees could be contemplated as one way to minimize the negative impact of cost recovery on equity.

On average, sick people spent 350 CFAP on curing an illness in the two weeks prior to the interview. Almost half of that amount was spent on buying medicine before any visit to a health facility. Outlays for medicine bought on the basis of a prescription issued by a public health facility were the main item in expenditure on health care outside the home.

The public health issues raised by these types of demand for health care in the three districts have to do, on the one hand, with the use made of health resources and the effectiveness of the health care received and, on the other, with public confidence in public health facilities.

The data analyzed suggest that sick people, that is to say the consumers of health services, perceive the services provided by health facilities and the purchase of medicine at the market as alternative ways of curing an illness. However, on the one hand, such purchases of medicine from street vendors or at the market account for rather modest amounts of expenditure of 25 CFAP to 100 CFAP, and, on the other, their services are more accessible geographically. In other words, in the absence of any vigorous health education programs on the proper use of medicine, and in the absence, moreover, of quality controls for medicine, the informal market, in the shape of street vendors, has become the main source of medicine for the poorest households in rural areas.

The frequency with which health care is administered at home and the large sums spent on it suggest that poor households in the three districts of Boboye, Illela, and Say devote a large share of income to health. However, it is doubtful that they receive high quality health care in return. The frequency with which medicine is bought from street vendors, the quality of whose stock is very difficult to control, indicates a large amount of wastage of health resources in the three districts.

The low rate of attendance at public health facilities suggests that people have lost confidence in public facilities in the non-hospital sector. Rehabilitation of these health facilities would appear to be urgently required if, on the one hand, they are to serve as people's first point of contact with the health system and as major instruments for any health policy, and if, in addition, they are to serve indirectly as effective vehicles for transferring resources to the poor in rural areas.

The cost recovery pilot tests are an applied research effort to find a solution to these questions. In the Boboye and Say districts, the public health facilities are expected to regain people's trust. The availability of medicine in the health facilities and the relatively low fees charged, compared to the expense that households go to in order to cure sick members of the family before the beginning of cost recovery, should make it possible for public health facilities to get off to a new start and extend the access of poor people to better quality health care.

APPENDIX A: ADDITIONAL EXHIBITS

15

List of Appendix A Exhibits

| | | |
|---------------|--|----|
| Exhibit A01: | Monthly monetary expenditure per capita (CFAF). | 78 |
| Exhibit A02a: | Say district: Sources of household monetary income. | 79 |
| Exhibit A03a: | Say district: Sources of household monetary income. Breakdown by level of income. | 80 |
| Exhibit A04a: | Say district: Monetary income from farming. | 81 |
| Exhibit A05a: | Say district: monetary income from sale of livestock. | 82 |
| Exhibit A06a: | Say district: Sources of income from sale of livestock. Breakdown by type of livestock. | 83 |
| Exhibit A07a: | Say district: Monetary income from non-farming sources. | 84 |
| Exhibit A08a: | Say district: non-farming monetary income, by source. | 85 |
| Exhibit A09a: | Incidence of illness-related expenditure: Say district. | 86 |
| Exhibit A10a: | Illness-related expenditure (CFAF) by type of outlay: Say district. | 87 |
| Exhibit A11a: | Health care at home: Expenditure (CFAF) on medicine before visiting a health facility. Say district. | 88 |
| Exhibit A02b: | Boboye district: Sources of household monetary income. | 89 |
| Exhibit A03b: | Boboye district: Sources of household monetary income according to level of income. | 90 |
| Exhibit A04b: | Boboye district: Monetary income from farming. | 91 |
| Exhibit A05b: | Boboye district: monetary income from sale of livestock. | 92 |
| Exhibit A06b: | Boboye district: Sources of income from sale of livestock. Breakdown by type of livestock. | 93 |

| | | |
|---------------|---|-----|
| Exhibit A07b: | Boboye district: Monetary income from non-farming sources. | 94 |
| Exhibit A08b: | Boboye district: non-farming monetary income, by source. | 95 |
| Exhibit A09b: | Incidence of illness-related expenditure: Boboye district. | 96 |
| Exhibit A10b: | Illness-related expenditure (CFAF) by type of outlay: Boboye district. | 97 |
| Exhibit A11b: | Health care at home: Expenditure (CFAF) on medicine before visiting a health facility: Boboye District. | 98 |
| Exhibit A02C: | Illela district: Sources of household monetary income. | 99 |
| Exhibit A03C: | Illela district: Sources of household monetary income according to level of income. | 100 |
| Exhibit A04C: | Illela district: Monetary income from farming. | 101 |
| Exhibit A05C: | Illela district: monetary income from sale of livestock. | 102 |
| Exhibit A06C: | Illela district: Sources of income from sale of livestock. Breakdown by type of livestock. | 103 |
| Exhibit A07C: | Illela district: Monetary income from non-farming sources. | 104 |
| Exhibit A08C: | Illela district: non-farming monetary income, by source. | 105 |
| Exhibit A09C: | Incidence of illness-related expenditure: Illela district. | 106 |
| Exhibit A10C: | Illness-related expenditure (CFAF) by type of outlay: Illela district. | 107 |
| Exhibit A11C: | Health care at home: Expenditure (CFAF) on medicine before visiting a health facility. Illela district. | 108 |

APPENDIX A.

Exhibit A01
MONTHLY MONETARY EXPENDITURE PER CAPITA
(CFAF)

| MONTHLY MONETARY EXPENDITURE PER CAPITA | DISTRICT | | | | | |
|--|---|-------------------------|---|-------------------------|---|-------------------------|
| | SAY | | BOBOYE | | ILLELA | |
| | MONTHLY MONETARY EXPENSES PER CAP. | Number of households | MONTHLY MONETARY EXPENSES PER CAP. | Number of households | MONTHLY MONETARY EXPENSES PER CAP. | Number of households |
| 1 | 206.2 | 63 | 203.4 | 78 | 189.8 | 40 |
| 2 | 400.0 | 54 | 390.9 | 65 | 398.6 | 60 |
| 3 | 565.4 | 56 | 567.7 | 64 | 571.6 | 61 |
| 4 | 744.0 | 45 | 749.5 | 64 | 751.0 | 71 |
| 5 | 956.1 | 58 | 963.2 | 56 | 950.6 | 70 |
| 6 | 1229.8 | 53 | 1240.6 | 55 | 1229.6 | 66 |
| 7 | 1539.2 | 67 | 1598.0 | 52 | 1571.3 | 65 |
| 8 | 2087.3 | 68 | 2146.3 | 59 | 2095.3 | 54 |
| 9 | 3038.8 | 65 | 3039.4 | 47 | 3005.6 | 66 |
| 10 | 8524.3 | 64 | 6789.5 | 62 | 7310.7 | 54 |
| AGGREGATE | 2038.0 | 593 | 1696.5 | 602 | 1772.4 | 607 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA01.

APPENDIX A.

Exhibit A02a
 SAY DISTRICT
 SOURCES OF HOUSEHOLD MONETARY INCOME

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE MONETARY INCOME (CFAF) | | | | Number of house- holds |
|---|--------------------------------|---------------------------|-----------------------------------|------------------------------|------------------------------|
| | SALE FARM PRODUCE | SALE OF LIVE- STOCK | NON-FARMING MONETARY INCOME | ANNUAL MONETARY INCOME | |
| 1 | 2503.5 | 15678.6 | 34238.1 | 52420.2 | 63 |
| 2 | 1257.4 | 25370.4 | 75222.2 | 101850.0 | 54 |
| 3 | 18040.2 | 25578.1 | 70377.0 | 113995.3 | 56 |
| 4 | 2488.9 | 30138.9 | 69020.0 | 101647.8 | 45 |
| 5 | 4536.6 | 19406.9 | 131676.0 | 155619.5 | 58 |
| 6 | 3288.7 | 29599.5 | 99396.2 | 132284.4 | 53 |
| 7 | 1445.0 | 21506.7 | 111292.7 | 134244.4 | 67 |
| 8 | 25987.5 | 48604.4 | 137882.6 | 212474.6 | 68 |
| 9 | 2423.1 | 56933.8 | 170237.4 | 229594.3 | 65 |
| 10 | 25643.0 | 36050.0 | 279268.9 | 340961.8 | 64 |
| AGGREGATE | 9187.0 | 31357.0 | 121319.5 | 161863.6 | 593 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA02a.

Exhibit A03a
 SAY DISTRICT
 SOURCES OF HOUSEHOLD MONETARY INCOME
 ACCORDING TO LEVEL OF INCOME

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PERCENTAGE (%) OF ANNUAL MONETARY INCOME | | | | ANNUAL MONETARY INCOME (CFAF) |
|---|--|---------------------------|-----------------------------------|--------------|--|
| | SALE FARM PRODUCE | SALE OF LIVE- STOCK | NON-FARMING MONETARY INCOME | TOTAL | |
| 1 | 4.8 | 29.9 | 65.3 | 100.0 | 52420.2 |
| 2 | 1.2 | 24.9 | 73.9 | 100.0 | 101850.0 |
| 3 | 15.8 | 22.4 | 61.7 | 100.0 | 113995.3 |
| 4 | 2.4 | 29.7 | 67.9 | 100.0 | 101647.8 |
| 5 | 2.9 | 12.5 | 84.6 | 100.0 | 155619.5 |
| 6 | 2.5 | 22.4 | 75.1 | 100.0 | 132284.4 |
| 7 | 1.1 | 16.0 | 82.9 | 100.0 | 134244.4 |
| 8 | 12.2 | 22.9 | 64.9 | 100.0 | 212474.6 |
| 9 | 1.1 | 24.8 | 74.1 | 100.0 | 229594.3 |
| 10 | 7.5 | 10.6 | 81.9 | 100.0 | 340961.8 |
| AGGREGATE | 5.7 | 19.4 | 75.0 | 100.0 | 161863.6 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA03a.

APPENDIX A.

Exhibit A04a
 SAY DISTRICT
 MONETARY INCOME FROM FARMING

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE MONETARY INCOME FROM FARMING (CFAF) | | | Number of households |
|---|--|--------------------------|-------------------------|-------------------------|
| | MILLET | OTHER FARM PRODUCE | SALE FARM PRGDUCE | |
| 1 | 769.8 | 1733.7 | 2503.5 | 63 |
| 2 | 463.0 | 794.4 | 1257.4 | 54 |
| 3 | 15330.4 | 2709.8 | 18040.2 | 56 |
| 4 | 2222.2 | 266.7 | 2488.9 | 45 |
| 5 | 2295.3 | 2241.4 | 4536.6 | 58 |
| 6 | 86.8 | 3201.9 | 3288.7 | 53 |
| 7 | 803.2 | 641.8 | 1445.0 | 67 |
| 8 | 9927.2 | 16060.3 | 25987.5 | 68 |
| 9 | 2165.4 | 257.7 | 2423.1 | 65 |
| 10 | 17950.0 | 7693.0 | 25643.0 | 64 |
| AGGREGATE | 5376.3 | 3810.7 | 9187.0 | 593 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA04a.

APPENDIX A.

Exhibit A05a
 SAY DISTRICT
 MONETARY INCOME FROM SALE OF LIVESTOCK

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE MONETARY INCOME FROM SALE OF LIVESTOCK (CFAF) | | | | | Number of households |
|---|---|-------------------------------|-----------------|--------------------|----------------------|-------------------------|
| | SALE OF POULTRY | SALE OF SMALL LIVESTOCK | SALE OF OXEN | OTHER LIVESTOCK | SALE OF LIVESTOCK | |
| 1 | 506.3 | 4323.0 | 10849.2 | - | 15678.6 | 63 |
| 2 | 912.0 | 5291.7 | 18759.3 | 407.4 | 25370.4 | 54 |
| 3 | 1042.4 | 8901.8 | 14919.6 | 714.3 | 25578.1 | 56 |
| 4 | 1363.3 | 11808.9 | 16966.7 | - | 30138.9 | 45 |
| 5 | 798.3 | 4462.1 | 14146.6 | - | 19406.9 | 58 |
| 6 | 2103.3 | 6524.5 | 20594.3 | 377.4 | 29599.5 | 53 |
| 7 | 694.8 | 6483.6 | 14149.3 | 179.1 | 21506.7 | 67 |
| 8 | 1748.5 | 15620.6 | 29669.1 | 1566.2 | 48604.4 | 68 |
| 9 | 1836.9 | 10726.2 | 44164.6 | 206.2 | 56933.8 | 65 |
| 10 | 847.7 | 5721.9 | 28273.4 | 1207.0 | 36050.0 | 64 |
| AGGREGATE | 1176.6 | 8014.5 | 21674.9 | 491.0 | 31357.0 | 593 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA05a.

Exhibit A06a
 SAY DISTRICT
 SOURCES OF INCOME FROM SALE OF LIVESTOCK:
 BREAKDOWN BY TYPE OF LIVESTOCK

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PROPORTION (%) OF MONETARY INCOME DERIVED FROM LIVESTOCK | | | | | TOTAL | SALE OF LIVESTOCK (CFAF) |
|---|--|-------------------------------|--------------------------|-------------------------------|--|--------------|--------------------------------|
| | SALE OF POULTRY | SALE OF SMALL LIVESTOCK | SALE OF BIG BEASTS | SALE OF OTHER LIVESTOCK | | | |
| 1 | 3.2 | 27.6 | 69.2 | - | | 100.0 | 15678.6 |
| 2 | 3.6 | 20.9 | 73.9 | 1.6 | | 100.0 | 25370.4 |
| 3 | 4.1 | 34.8 | 58.3 | 2.8 | | 100.0 | 25578.1 |
| 4 | 4.5 | 39.2 | 56.3 | - | | 100.0 | 30138.9 |
| 5 | 4.1 | 23.0 | 72.9 | - | | 100.0 | 19406.9 |
| 6 | 7.1 | 22.0 | 69.6 | 1.3 | | 100.0 | 29599.5 |
| 7 | 3.2 | 30.1 | 65.8 | .8 | | 100.0 | 21506.7 |
| 8 | 3.6 | 32.1 | 61.0 | 3.2 | | 100.0 | 48604.4 |
| 9 | 3.2 | 18.8 | 77.6 | .4 | | 100.0 | 56933.8 |
| 10 | 2.4 | 15.9 | 78.4 | 3.3 | | 100.0 | 36050.0 |
| AGGREGATE | 3.8 | 25.6 | 69.1 | 1.6 | | 100.0 | 31357.0 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA06a.

APPENDIX A.

Exhibit A07a
 SAY DISTRICT
 MONETARY INCOME FROM NON-FARMING SOURCES

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE INCOME FROM NON-FARMING SOURCES (CFAF) | | | | | Number of households |
|---|--|----------------|----------------|------------------------------------|-----------------------------------|-------------------------|
| | SMALL- SCALE COMMERCE | WAGES | GIFTS | OTHER NON- FARMING INCOME | NON-FARMING MONETARY INCOME | |
| 1 | 29961.9 | - | 2685.7 | 1590.5 | 34238.1 | 63 |
| 2 | 69800.0 | 333.3 | 3866.7 | 1222.2 | 75222.2 | 54 |
| 3 | 54857.1 | 8534.1 | 2250.0 | 4735.7 | 70377.0 | 56 |
| 4 | 38306.7 | 9333.3 | 8820.0 | 12560.0 | 69020.0 | 45 |
| 5 | 61634.5 | 36565.7 | 18475.9 | 15000.0 | 131676.0 | 58 |
| 6 | 31720.8 | 2264.2 | 25618.9 | 39792.5 | 99396.2 | 53 |
| 7 | 43549.6 | 34899.8 | 13947.8 | 18895.5 | 111292.7 | 67 |
| 8 | 54070.6 | 18782.6 | 17580.9 | 47448.5 | 137892.6 | 68 |
| 9 | 44021.9 | 54880.1 | 27821.5 | 43513.8 | 170237.4 | 65 |
| 10 | 53709.4 | 108493.9 | 70209.4 | 46856.3 | 279268.9 | 64 |
| AGGREGATE | 48232.8 | 29145.1 | 19834.9 | 24106.7 | 121319.5 | 593 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA07a.

Exhibit A08a
SAY DISTRICT
NON-FARMING MONETARY INCOME, BY SOURCE

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PROPORTION (%) OF NON-FARMING MONETARY INCOME | | | | TOTAL | NON-FARMING MONETARY INCOME (CFAF) |
|---|---|-------------|-------------|------------------------------------|--------------|---|
| | SMALL- SCALE COMMERCE | WAGES | GIFTS | OTHER NON- FARMING INCOME | | |
| 1 | 87.5 | - | 7.8 | 4.6 | 100.0 | 34238.1 |
| 2 | 92.8 | .4 | 5.1 | 1.6 | 100.0 | 75222.2 |
| 3 | 77.9 | 12.1 | 3.2 | 6.7 | 100.0 | 70377.0 |
| 4 | 55.5 | 13.5 | 12.8 | 18.2 | 100.0 | 69020.0 |
| 5 | 46.8 | 27.8 | 14.0 | 11.4 | 100.0 | 131676.0 |
| 6 | 31.9 | 2.3 | 25.8 | 40.0 | 100.0 | 99396.2 |
| 7 | 39.1 | 31.4 | 12.5 | 17.0 | 100.0 | 111292.7 |
| 8 | 39.2 | 13.6 | 12.8 | 34.4 | 100.0 | 137882.6 |
| 9 | 25.9 | 32.2 | 16.3 | 25.6 | 100.0 | 170237.4 |
| 10 | 19.2 | 38.8 | 25.1 | 16.8 | 100.0 | 279268.9 |
| AGGREGATE | 39.8 | 24.0 | 16.3 | 19.9 | 100.0 | 121319.5 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA08a.

APPENDIX A.

Exhibit A09a
INCIDENCE OF ILLNESS-RELATED EXPENDITURE¹
SAY DISTRICT

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | EXPENDITURE CAUSED BY ILLNESS (CFAF) | MONTHLY MONETARY EXPENDITURE (CFAF) | Number of households |
|---|---|--|-------------------------|
| 1 | 46.0 | 1964.7 | 63 |
| 2 | 120.9 | 3493.1 | 54 |
| 3 | 184.1 | 4836.3 | 56 |
| 4 | 360.2 | 6519.1 | 45 |
| 5 | 238.3 | 7937.1 | 58 |
| 6 | 450.6 | 10171.3 | 53 |
| 7 | 671.3 | 11459.4 | 67 |
| 8 | 775.9 | 15588.4 | 68 |
| 9 | 920.9 | 19267.8 | 65 |
| 10 | 3367.7 | 36749.7 | 64 |
| AGGREGATE | 753.4 | 12324.1 | 593 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA09a.

1. Illness-related expenditure was calculated on the basis of outlays caused by the illness in the two weeks prior to the interview. Those figures were multiplied by two (2) to get monthly estimates.

APPENDIX A.

Exhibit A10a
ILLNESS-RELATED EXPENDITURE (CFAF) BY TYPE OF OUTLAY¹
SAY DISTRICT

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | TYPE OF EXPENDITURE ² | | | Number of households |
|---|--|---|---|-------------------------|
| | EXPENDITURE ON MEDICINE HEALTH CARE AT HOME | EXPENDITURE TREATMENT PUBLIC HEALTH FAC. | TOTAL ILLNESS- RELATED EXPENDITURE | |
| 1 | 39.7 | .0 | 46.0 | 63 |
| 2 | 109.8 | .0 | 120.9 | 54 |
| 3 | 66.3 | 28.6 | 184.1 | 56 |
| 4 | 262.4 | 97.8 | 360.2 | 45 |
| 5 | 157.2 | 29.3 | 238.3 | 58 |
| 6 | 241.1 | 28.3 | 450.6 | 53 |
| 7 | 331.9 | 66.3 | 671.3 | 67 |
| 8 | 299.4 | 341.2 | 775.9 | 68 |
| 9 | 401.5 | 308.6 | 920.9 | 65 |
| 10 | 758.8 | 1273.3 | 3367.7 | 64 |
| AGGREGATE | 275.1 | 233.4 | 753.4 | 593 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA10a.

1. See note 1, Exhibit A09a.
2. Other expenses, apart from medicine used in home care or treatment after a visit to a public health facility, include payments to the person who attended to the sick person at home, transport and accomodation costs, and expenses related to other types of care. However, these kinds of outlays are rare.

APPENDIX A.

Exhibit A11a
HEALTH CARE AT HOME
EXPENDITURE (CFAF) ON MEDICINE BEFORE VISITING A HEALTH FACILITY
SAY DISTRICT

| MONTHLY MONETARY EXPENDITURE PER CAPITA | SOURCE OF MEDICINE PURCHASED | | | TOTAL | Number of households |
|--|------------------------------|-----------------------------|-------------------------------|--------------|-------------------------|
| | PHARMACY | VILLAGE HEALTH WORKER | MARKET OR STREET VENDOR | | |
| DECILES | | | | | |
| 1 | - | 27.0 | 12.7 | 39.7 | 63 |
| 2 | 37.0 | 59.8 | 13.0 | 109.8 | 54 |
| 3 | - | 35.5 | 30.7 | 66.3 | 56 |
| 4 | 240.0 | 12.2 | 10.2 | 262.4 | 45 |
| 5 | 83.1 | 57.8 | 16.4 | 157.2 | 58 |
| 6 | 177.9 | 33.0 | 30.2 | 241.1 | 53 |
| 7 | 277.6 | 41.6 | 12.7 | 331.9 | 67 |
| 8 | 258.8 | 5.9 | 34.7 | 299.4 | 68 |
| 9 | 239.2 | 48.5 | 90.8 | 378.5 | 65 |
| 10 | 734.5 | 10.2 | 14.1 | 758.8 | 64 |
| AGGREGATE | 212.2 | 33.0 | 27.4 | 272.5 | 593 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA11a.

APPENDIX A.

Exhibit A02b
BOBOYE DISTRICT
SOURCES OF HOUSEHOLD MONETARY INCOME

| MONTHLY MONETARY EXPENDITURE PER CAPITA | AVERAGE MONETARY INCOME (CFAF) | | | | Number of house- holds |
|--|--------------------------------|-------------------------|---------------------------|-----------------------------------|------------------------------|
| | DECILES | SALE FARM PRODUCE | SALE OF LIVE- STOCK | NON-FARMING MONETARY INCOME | |
| 1 | 2273.4 | 14589.1 | 46796.2 | 63658.7 | 78 |
| 2 | 4443.8 | 15698.5 | 42470.8 | 62613.0 | 65 |
| 3 | 1991.0 | 8075.8 | 89170.3 | 99237.1 | 64 |
| 4 | 5415.2 | 12900.0 | 74527.5 | 92842.7 | 64 |
| 5 | 7009.0 | 16834.8 | 103998.2 | 127842.1 | 56 |
| 6 | 5758.4 | 32006.4 | 74838.5 | 112603.3 | 55 |
| 7 | 10267.7 | 27596.7 | 141871.2 | 179735.5 | 52 |
| 8 | 14859.7 | 26806.8 | 208774.6 | 250441.1 | 59 |
| 9 | 13566.0 | 24035.1 | 164906.8 | 202507.9 | 47 |
| 10 | 12118.5 | 18729.0 | 420375.9 | 451223.5 | 62 |
| AGGREGATE | 7390.3 | 19121.9 | 133449.0 | 159961.2 | 602 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA02b.

Exhibit A03b
BOBOYE DISTRICT
SOURCES OF HOUSEHOLD MONETARY INCOME
ACCORDING TO LEVEL OF INCOME

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PROPORTION (%) ANNUAL MONETARY INCOME | | | TOTAL | ANNUAL MONETARY INCOME (CFAF) |
|---|---------------------------------------|---------------------------|-----------------------------------|--------------|--|
| | SALE FARM PRODUCE | SALE OF LIVE- STOCK | NON-FARMING MONETARY INCOME | | |
| 1 | 3.6 | 22.9 | 73.5 | 100.0 | 63658.7 |
| 2 | 7.1 | 25.1 | 67.8 | 100.0 | 62613.0 |
| 3 | 2.0 | 8.1 | 89.9 | 100.0 | 99237.1 |
| 4 | 5.8 | 13.9 | 80.3 | 100.0 | 92842.7 |
| 5 | 5.5 | 13.2 | 81.3 | 100.0 | 127842.1 |
| 6 | 5.1 | 28.4 | 66.5 | 100.0 | 112603.3 |
| 7 | 5.7 | 15.4 | 78.9 | 100.0 | 179735.5 |
| 8 | 5.9 | 10.7 | 83.4 | 100.0 | 250441.1 |
| 9 | 6.7 | 11.9 | 81.4 | 100.0 | 202507.9 |
| 10 | 2.7 | 4.2 | 93.2 | 100.0 | 451223.5 |
| AGGREGATE | 4.6 | 12.0 | 83.4 | 100.0 | 159961.2 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA03b.

APPENDIX A.

Exhibit A04b
BOBOYE DISTRICT
MONETARY INCOME FROM FARMING

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE MONETARY INCOME FROM FARMING (CFAF) | | | Number of households |
|---|--|--------------------------|-------------------------|-------------------------|
| | MILLET | OTHER FARM PRODUCE | SALE FARM PRODUCE | |
| 1 | 858.3 | 1415.1 | 2273.4 | 75 |
| 2 | 1828.4 | 2615.4 | 4443.8 | 65 |
| 3 | 830.5 | 1160.5 | 1991.0 | 64 |
| 4 | 1981.3 | 3434.0 | 5415.2 | 64 |
| 5 | 3634.0 | 3375.0 | 7009.0 | 56 |
| 6 | 3239.7 | 2518.6 | 5758.4 | 55 |
| 7 | 6911.5 | 3356.2 | 10267.7 | 52 |
| 8 | 9307.6 | 5552.1 | 14859.7 | 59 |
| 9 | 3743.6 | 9822.3 | 13566.0 | 47 |
| 10 | 9521.0 | 2597.6 | 12118.5 | 62 |
| AGGREGATE | 4023.6 | 3366.7 | 7390.3 | 602 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA04b.

APPENDIX A.

Exhibit A05b
BOBOYE DISTRICT
MONETARY INCOME FROM SALE OF LIVESTOCK

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE MONETARY INCOME FROM SALE OF LIVESTOCK (CFAF) | | | | | Number of households |
|---|---|-------------------------------|-----------------|--------------------|----------------------|-------------------------|
| | SALE OF POULTRY | SALE OF SMALL LIVESTOCK | SALE OF OXEN | OTHER LIVESTOCK | SALE OF LIVESTOCK | |
| 1 | 531.1 | 3468.3 | 10589.7 | | 14589.1 | 78 |
| 2 | 450.0 | 5156.2 | 8076.9 | 2015.4 | 15698.5 | 65 |
| 3 | 466.8 | 2339.5 | 5269.5 | | 8075.8 | 64 |
| 4 | 1130.5 | 4269.5 | 7234.4 | 265.6 | 12900.0 | 64 |
| 5 | 666.1 | 6927.7 | 9017.9 | 223.2 | 16834.8 | 56 |
| 6 | 785.5 | 4957.3 | 24000.0 | 2263.6 | 32006.4 | 55 |
| 7 | 2013.9 | 2924.0 | 22610.6 | 48.1 | 27596.7 | 52 |
| 8 | 372.0 | 5222.9 | 21211.9 | | 26806.8 | 59 |
| 9 | 1692.6 | 3725.5 | 17712.8 | 904.3 | 24035.1 | 47 |
| 10 | 517.7 | 4066.1 | 14096.8 | 48.4 | 18729.0 | 62 |
| AGGREGATE | 816.8 | 4280.2 | 13471.8 | 553.2 | 19121.9 | 602 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA05b.

Exhibit A06b
BOBOYE DISTRICT
SOURCES OF INCOME FROM SALE OF LIVESTOCK
BREAKDOWN BY TYPE OF LIVESTOCK

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PROPORTION (%) OF MONETARY INCOME DERIVED FROM LIVESTOCK | | | | | TOTAL | SALE OF LIVESTOCK (CFAF) |
|---|--|-------------------------------|--------------------------|-------------------------------|--|--------------|--------------------------------|
| | SALE OF POULTRY | SALE OF SMALL LIVESTOCK | SALE OF BIG BEASTS | SALE OF OTHER LIVESTOCK | | | |
| 1 | 3.6 | 23.8 | 72.6 | - | | 100.0 | 14589.1 |
| 2 | 2.9 | 32.8 | 51.5 | 12.8 | | 100.0 | 15698.5 |
| 3 | 5.8 | 29.0 | 65.3 | - | | 100.0 | 8075.8 |
| 4 | 8.8 | 33.1 | 56.1 | 2.1 | | 100.0 | 12900.0 |
| 5 | 4.0 | 41.2 | 53.6 | 1.3 | | 100.0 | 16834.8 |
| 6 | 2.5 | 15.5 | 75.0 | 7.1 | | 100.0 | 32006.4 |
| 7 | 7.3 | 10.6 | 81.9 | .2 | | 100.0 | 27596.7 |
| 8 | 1.4 | 19.5 | 79.1 | - | | 100.0 | 26806.8 |
| 9 | 7.0 | 15.5 | 73.7 | 3.8 | | 100.0 | 24035.1 |
| 10 | 2.8 | 21.7 | 75.3 | .3 | | 100.0 | 18729.0 |
| AGGREGATE | 4.3 | 22.4 | 70.5 | 2.9 | | 100.0 | 19121.9 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA06b.

APPENDIX A.

Exhibit A07b
BOBOYE DISTRICT
MONETARY INCOME FROM NON-FARMING SOURCES

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE INCOME FROM NON-FARMING SOURCES (CFAF) | | | | | Number of households |
|---|--|----------|---------|------------------------------------|-----------------------------------|-------------------------|
| | SMALL- SCALE COMMERCE | WAGES | GIFTS | OTHER NON- FARMING INCOME | NON-FARMING MONETARY INCOME | |
| 1 | 25046.2 | - | 18557.7 | 3192.3 | 46796.2 | 78 |
| 2 | 4800.0 | 13846.2 | 11044.6 | 12780.0 | 42470.8 | 65 |
| 3 | 20742.2 | 1106.3 | 42675.0 | 24646.9 | 89170.3 | 64 |
| 4 | 24764.1 | 9750.0 | 18779.1 | 21234.4 | 74527.5 | 64 |
| 5 | 38116.1 | 13285.7 | 32325.0 | 20271.4 | 103998.2 | 56 |
| 6 | 5947.6 | 27381.8 | 18589.1 | 22920.0 | 74838.5 | 55 |
| 7 | 76430.8 | 34638.5 | 22782.7 | 8019.2 | 141871.2 | 52 |
| 8 | 65486.4 | 30569.5 | 82220.3 | 30498.3 | 208774.6 | 59 |
| 9 | 33996.3 | 66697.8 | 13123.4 | 51089.4 | 164906.8 | 47 |
| 10 | 81996.8 | 216588.8 | 56961.3 | 64829.0 | 420375.9 | 62 |
| AGGREGATE | 36809.5 | 39888.5 | 31752.8 | 24998.2 | 133449.0 | 602 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA07b.

Exhibit A08b
BOBOYE DISTRICT
NON-FARMING MONETARY INCOME, BY SOURCE

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PROPORTION (%) OF NON-FARMING MONETARY INCOME | | | | | TOTAL | NON-FARMING MONETARY INCOME (CFAF) |
|---|---|-------------|-------------|------------------------------------|--|--------------|---|
| | SMALL- SCALE COMMERCE | WAGES | GIFTS | OTHER NON- FARMING INCOME | | | |
| 1 | 53.5 | - | 39.7 | 6.8 | | 100.0 | 46796.2 |
| 2 | 11.3 | 32.6 | 26.0 | 30.1 | | 100.0 | 42470.8 |
| 3 | 23.3 | 1.2 | 47.9 | 27.6 | | 100.0 | 89170.3 |
| 4 | 33.2 | 13.1 | 25.2 | 28.5 | | 100.0 | 74527.5 |
| 5 | 36.7 | 12.8 | 31.1 | 19.5 | | 100.0 | 103998.2 |
| 6 | 7.9 | 36.6 | 24.8 | 30.6 | | 100.0 | 74838.5 |
| 7 | 53.9 | 24.4 | 16.1 | 5.7 | | 100.0 | 141871.2 |
| 8 | 31.4 | 14.6 | 39.4 | 14.6 | | 100.0 | 208774.6 |
| 9 | 20.6 | 40.4 | 8.0 | 31.0 | | 100.0 | 164906.8 |
| 10 | 19.5 | 51.5 | 13.6 | 15.4 | | 100.0 | 420375.9 |
| AGGREGATE | 27.6 | 29.9 | 23.8 | 18.7 | | 100.0 | 133449.0 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA08b.

APPENDIX A.

Exhibit A09b
 INCIDENCE OF ILLNESS-RELATED EXPENDITURE¹
 BOBOYE DISTRICT

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | EXPENDITURE CAUSED BY ILLNESS (CFAF) | MONTHLY MONETARY EXPENDITURE (CFAF) | Number of households |
|---|---|--|-------------------------|
| 1 | 98.3 | 2065.3 | 78 |
| 2 | 245.2 | 3667.4 | 65 |
| 3 | 389.8 | 5533.4 | 64 |
| 4 | 580.5 | 7322.3 | 64 |
| 5 | 530.0 | 8333.5 | 56 |
| 6 | 696.0 | 11180.6 | 55 |
| 7 | 1170.4 | 14768.2 | 52 |
| 8 | 2475.4 | 20978.7 | 59 |
| 9 | 2349.1 | 22968.9 | 47 |
| 10 | 6371.4 | 50770.8 | 62 |
| AGGREGATE | 1438.6 | 14180.8 | 602 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA09b.

1. See note 1, Exhibit A09a.

Exhibit A10b
ILLNESS-RELATED EXPENDITURE (CFAF) BY TYPE OF OUTLAY
BOBOYE DISTRICT

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | TYPE OF EXPENDITURE ² | | | Number of households |
|---|--|---|---|-------------------------|
| | EXPENDITURE ON MEDICINE HEALTH CARE AT HOME | EXPENDITURE TREATMENT PUBLIC HEALTH FAC. | TOTAL ILLNESS- RELATED EXPENDITURE | |
| 1 | 88.1 | 3.8 | 98.3 | 78 |
| 2 | 213.7 | | 245.2 | 65 |
| 3 | 318.8 | 16.4 | 389.8 | 64 |
| 4 | 402.0 | 82.8 | 580.5 | 64 |
| 5 | 399.8 | 41.8 | 530.0 | 56 |
| 6 | 338.7 | 54.5 | 696.0 | 55 |
| 7 | 785.8 | | 1170.4 | 52 |
| 8 | 1333.1 | 307.3 | 2475.4 | 59 |
| 9 | 1473.4 | 468.1 | 2349.1 | 47 |
| 10 | 2093.5 | 633.9 | 6371.4 | 62 |
| AGGREGATE | 708.4 | 151.9 | 1438.6 | 602 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA10b.

1. See note 1, Exhibit A09a.
2. See note 2, Exhibit A10a.

APPENDIX A.

Exhibit A11b
HEALTH CARE AT HOME
EXPENDITURE (CFAF) ON MEDICINE BEFORE VISITING A HEALTH FACILITY
BOBOYE DISTRICT

| MONTHLY MONETARY EXPENDITURE PER CAPITA | SOURCE OF MEDICINE PURCHASED | | | TOTAL | Number of households |
|--|------------------------------|-----------------------------|-------------------------------|--------------|-------------------------|
| | PHARMACY | VILLAGE HEALTH WORKER | MARKET OR STREET VENDOR | | |
| DECILES | | | | | |
| 1 | 28.2 | 14.1 | 45.8 | 88.1 | 78 |
| 2 | 116.9 | 10.6 | 86.2 | 213.7 | 65 |
| 3 | 124.7 | 24.2 | 169.8 | 318.8 | 64 |
| 4 | 239.1 | 95.3 | 67.7 | 402.0 | 64 |
| 5 | 202.7 | 49.1 | 144.5 | 396.3 | 56 |
| 6 | 126.5 | 85.6 | 125.6 | 337.8 | 55 |
| 7 | 505.4 | 51.9 | 224.6 | 781.9 | 52 |
| 8 | 882.2 | 89.8 | 348.3 | 1320.3 | 59 |
| 9 | 729.8 | 484.0 | 259.6 | 1473.4 | 47 |
| 10 | 1776.6 | 191.9 | 118.5 | 2087.1 | 62 |
| AGGREGATE | 455.4 | 98.9 | 151.4 | 705.8 | 602 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA11b.

APPENDIX A.

Exhibit A02c
 ILLELA DISTRICT
 SOURCES OF HOUSEHOLD MONETARY INCOME

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE MONETARY INCOME (CFAF) | | | | Number of house- holds |
|---|--------------------------------|---------------------------|-----------------------------------|------------------------------|------------------------------|
| | SALE FARM PRODUCE | SALE OF LIVE- STOCK | NON-FARMING MONETARY INCOME | ANNUAL MONETARY INCOME | |
| 1 | 2037.5 | 5531.3 | 8655.0 | 16223.8 | 40 |
| 2 | 2066.7 | 3759.6 | 21450.0 | 27276.3 | 60 |
| 3 | 2298.4 | 3248.4 | 26350.8 | 31897.5 | 61 |
| 4 | 3146.1 | 7087.3 | 15118.3 | 25351.8 | 71 |
| 5 | 3986.8 | 9277.9 | 42156.0 | 55420.6 | 70 |
| 6 | 1922.5 | 5641.7 | 26481.8 | 34046.0 | 66 |
| 7 | 4668.2 | 5058.8 | 48166.2 | 57893.2 | 65 |
| 8 | 2818.5 | 8499.1 | 24444.4 | 35762.0 | 54 |
| 9 | 7584.5 | 13442.0 | 25613.6 | 46640.2 | 66 |
| 10 | 3627.8 | 21772.2 | 188888.9 | 214288.9 | 54 |
| AGGREGATE | 3504.4 | 8271.2 | 41769.4 | 53545.0 | 607 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA02c.

**Exhibit A03c
ILLELA DISTRICT
SOURCES OF HOUSEHOLD MONETARY INCOME
ACCORDING TO LEVEL OF INCOME**

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PROPORTION (%) OF ANNUAL MONETARY INCOME | | | | ANNUAL MONETARY INCOME (CFAF) |
|---|---|------------------------------------|--|--------------|--|
| | SALE FARM PRODUCE | SALE OF LIVE- STOCK | NON-FARMING MONETARY INCOME | TOTAL | |
| 1 | 12.6 | 34.1 | 53.3 | 100.0 | 16223.8 |
| 2 | 7.6 | 13.8 | 78.6 | 100.0 | 27276.3 |
| 3 | 7.2 | 10.2 | 82.6 | 100.0 | 31897.5 |
| 4 | 12.4 | 28.0 | 59.6 | 100.0 | 25351.8 |
| 5 | 7.2 | 16.7 | 76.1 | 100.0 | 55420.6 |
| 6 | 5.6 | 16.6 | 77.8 | 100.0 | 34046.0 |
| 7 | 8.1 | 8.7 | 83.2 | 100.0 | 57893.2 |
| 8 | 7.9 | 23.8 | 68.4 | 100.0 | 35762.0 |
| 9 | 16.3 | 28.8 | 54.9 | 100.0 | 46640.2 |
| 10 | 1.7 | 10.2 | 88.1 | 100.0 | 214288.9 |
| AGGREGATE | 6.5 | 15.4 | 78.0 | 100.0 | 53545.0 |

**COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA03c.**

APPENDIX A.

**Exhibit A04c
ILLELA DISTRICT
MONETARY INCOME FROM FARMING**

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE MONETARY INCOME FROM FARMING (CFAF) | | | Number of households |
|--|--|-----------------------------------|----------------------------------|---------------------------------|
| | MILLET | OTHER FARM PRODUCE | SALE FARM PRODUCE | |
| 1 | 106.3 | 1931.3 | 2037.5 | 40 |
| 2 | 291.7 | 1775.0 | 2066.7 | 60 |
| 3 | 763.5 | 1534.8 | 2298.4 | 61 |
| 4 | 953.2 | 2193.0 | 3146.1 | 71 |
| 5 | 1548.2 | 2438.6 | 3986.8 | 70 |
| 6 | 539.4 | 1383.1 | 1922.5 | 66 |
| 7 | 2380.4 | 2287.8 | 4668.2 | 65 |
| 8 | 905.6 | 1913.0 | 2818.5 | 54 |
| 9 | 2055.3 | 5529.2 | 7584.5 | 66 |
| 10 | 1684.3 | 1943.5 | 3627.8 | 54 |
| AGGREGATE | 1170.0 | 2334.3 | 3504.4 | 607 |

**COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA04c.**

APPENDIX A.

Exhibit A05c.
ILLELA DISTRICT
MONETARY INCOME FROM SALE OF LIVESTOCK

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE MONETARY INCOME FROM SALE OF LIVESTOCK (CFAF) | | | | | Number of households |
|---|---|-------------------------------|-----------------|--------------------|----------------------|-------------------------|
| | SALE OF POULTRY | SALE OF SMALL LIVESTOCK | SALE OF OXEN | OTHER LIVESTOCK | SALE OF LIVESTOCK | |
| 1 | 18.8 | 3237.5 | 1550.0 | 725.0 | 5531.3 | 40 |
| 2 | 30.4 | 2145.8 | 1583.3 | | 3759.6 | 60 |
| 3 | 161.5 | 1406.6 | 1295.1 | 385.2 | 3248.4 | 61 |
| 4 | 56.3 | 3763.4 | 1647.9 | 1619.7 | 7087.3 | 71 |
| 5 | 123.6 | 4140.0 | 4700.0 | 314.3 | 9277.9 | 70 |
| 6 | 268.9 | 3584.8 | 878.8 | 909.1 | 5641.7 | 66 |
| 7 | 62.7 | 3342.3 | 1384.6 | 269.2 | 5058.8 | 65 |
| 8 | 139.8 | 5155.6 | 3203.7 | | 8499.1 | 54 |
| 9 | 203.4 | 5072.0 | 7181.8 | 984.8 | 13442.0 | 66 |
| 10 | 272.2 | 7361.1 | 13250.0 | 888.9 | 21772.2 | 54 |
| AGGREGATE | 136.0 | 3897.1 | 3612.0 | 626.0 | 8271.2 | 607 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA05c.

Exhibit A06c.
ILLELA DISTRICT
SOURCES OF INCOME FROM SALE OF LIVESTOCK
BREAKDOWN BY TYPE OF LIVESTOCK

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PROPORTION (%) OF MONETARY INCOME DERIVED FROM LIVESTOCK | | | | | TOTAL | SALE OF LIVESTOCK (CFAF) |
|---|--|-------------------------------|--------------------------|-------------------------------|--|--------------|--------------------------------|
| | SALE OF POULTRY | SALE OF SMALL LIVESTOCK | SALE OF BIG BEASTS | SALE OF OTHER LIVESTOCK | | | |
| 1 | .3 | 58.5 | 28.0 | 13.1 | | 100.0 | 5531.3 |
| 2 | .8 | 57.1 | 42.1 | - | | 100.0 | 3759.6 |
| 3 | 5.0 | 43.3 | 39.9 | 11.9 | | 100.0 | 3248.4 |
| 4 | .8 | 53.1 | 23.3 | 22.9 | | 100.0 | 7087.3 |
| 5 | 1.3 | 44.6 | 50.7 | 3.4 | | 100.0 | 9277.9 |
| 6 | 4.8 | 63.5 | 15.6 | 16.1 | | 100.0 | 5641.7 |
| 7 | 1.2 | 66.1 | 27.4 | 5.3 | | 100.0 | 5058.8 |
| 8 | 1.6 | 60.7 | 37.7 | | | 100.0 | 8499.1 |
| 9 | 1.5 | 37.7 | 53.4 | 7.3 | | 100.0 | 13442.0 |
| 10 | 1.3 | 33.8 | 60.9 | 4.1 | | 100.0 | 21772.2 |
| AGGREGATE | 1.6 | 47.1 | 43.7 | 7.6 | | 100.0 | 8271.2 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA06c.

APPENDIX A.

Exhibit A07c.
ILLELA DISTRICT
MONETARY INCOME FROM NON-FARMING SOURCES

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | AVERAGE INCOME FROM NON-FARMING SOURCES (CFAF) | | | | | Number of households |
|---|--|---------------|----------------|------------------------------------|-----------------------------------|-------------------------|
| | SMALL- SCALE COMMERCE | WAGES | GIFTS | OTHER NON- FARMING INCOME | NON-FARMING MONETARY INCOME | |
| 1 | 2250.0 | 2100.0 | 600.0 | 3705.0 | 8655.0 | 40 |
| 2 | 14370.0 | 1200.0 | 2870.0 | 3010.0 | 21450.0 | 60 |
| 3 | 10475.4 | 1514.8 | 5901.6 | 8459.0 | 26350.8 | 61 |
| 4 | 9481.7 | 67.6 | 1428.2 | 4140.8 | 15118.3 | 71 |
| 5 | 2571.4 | 5388.9 | 22307.1 | 11888.5 | 42156.0 | 70 |
| 6 | 12254.5 | 1000.0 | 10463.6 | 2763.6 | 26481.8 | 66 |
| 7 | 13846.2 | 1384.6 | 7846.2 | 25089.2 | 48166.2 | 65 |
| 8 | 8000.0 | - | 10444.4 | 6000.0 | 24444.4 | 54 |
| 9 | 10072.7 | 2727.3 | 6904.5 | 5909.1 | 25613.6 | 66 |
| 10 | 81777.8 | 1333.3 | 58666.7 | 47111.1 | 188888.9 | 54 |
| AGGREGATE | 15924.2 | 1710.7 | 12532.8 | 11601.6 | 41769.4 | 607 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA07c.

Exhibit A08c.
ILLELA DISTRICT
NON-FARMING MONETARY INCOME, BY SOURCE

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | PROPORTION (%) OF NON-FARMING MONETARY INCOME | | | | | NON-FARMING MONETARY INCOME (CFAF) |
|---|---|------------|-------------|------------------------------------|--------------|---|
| | SMALL- SCALE COMMERCE | WAGES | GIFTS | OTHER NON- FARMING INCOME | TOTAL | |
| 1 | 26.0 | 24.3 | 6.9 | 42.8 | 100.0 | 8655.0 |
| 2 | 67.0 | 5.6 | 13.4 | 14.0 | 100.0 | 21450.0 |
| 3 | 39.8 | 5.7 | 22.4 | 32.1 | 100.0 | 26350.8 |
| 4 | 62.7 | .4 | 9.4 | 27.4 | 100.0 | 15118.3 |
| 5 | 6.1 | 12.8 | 52.9 | 28.2 | 100.0 | 42156.0 |
| 6 | 46.3 | 3.8 | 39.5 | 10.4 | 100.0 | 26481.8 |
| 7 | 28.7 | 2.9 | 16.3 | 52.1 | 100.0 | 48166.2 |
| 8 | 32.7 | - | 42.7 | 24.5 | 100.0 | 24444.4 |
| 9 | 39.3 | 10.6 | 27.0 | 23.1 | 100.0 | 25613.6 |
| 10 | 43.3 | .7 | 31.1 | 24.9 | 100.0 | 188888.9 |
| AGGREGATE | 38.1 | 4.1 | 30.0 | 27.8 | 100.0 | 41769.4 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA08c.

APPENDIX A.

Exhibit A09c
INCIDENCE OF ILLNESS-RELATED EXPENDITURE¹
ILLELA DISTRICT

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | EXPENDITURE CAUSED BY ILLNESS (CFAF) | MONTHLY MONETARY EXPENDITURE (CFAF) | Number of households |
|---|---|--|-------------------------|
| 1 | 119.0 | 1641.6 | 40 |
| 2 | 169.2 | 2929.6 | 60 |
| 3 | 131.5 | 3927.6 | 61 |
| 4 | 339.9 | 4955.6 | 71 |
| 5 | 528.0 | 6731.1 | 70 |
| 6 | 397.7 | 8754.7 | 66 |
| 7 | 328.0 | 10419.8 | 65 |
| 8 | 1857.6 | 14105.5 | 54 |
| 9 | 1670.1 | 18949.3 | 66 |
| 10 | 5652.0 | 33552.9 | 54 |
| AGGREGATE | 1066.5 | 10542.9 | 607 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA09c.

1. See note 1, Exhibit A09a.

Exhibit A10c
**ILLNESS-RELATED EXPENDITURE (CFAF) BY TYPE OF OUTLAY
 ILLELA DISTRICT**

| MONTHLY MONETARY EXPENDITURE PER CAPITA DECILES | TYPE OF EXPENDITURE ² | | | Number of households |
|---|--|---|---|-------------------------|
| | EXPENDITURE ON MEDICINE HEALTH CARE AT HOME | EXPENDITURE TREATMENT PUBLIC HEALTH FAC. | TOTAL ILLNESS- RELATED EXPENDITURE | |
| 1 | 70.0 | 49.0 | 119.0 | 40 |
| 2 | 145.8 | 23.3 | 169.2 | 60 |
| 3 | 98.7 | 3.3 | 131.5 | 61 |
| 4 | 234.1 | 77.6 | 339.9 | 71 |
| 5 | 305.1 | 17.1 | 528.0 | 70 |
| 6 | 208.3 | 62.1 | 397.7 | 66 |
| 7 | 223.4 | 101.5 | 328.0 | 65 |
| 8 | 764.4 | 445.9 | 1857.6 | 54 |
| 9 | 740.2 | 313.6 | 1670.1 | 66 |
| 10 | 1175.9 | 875.0 | 5652.0 | 54 |
| AGGREGATE | 391.2 | 186.2 | 1066.5 | 607 |

COST RECOVERY PILOT TESTS
 BASELINE SURVEY: OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXHA10c.

1. See note 1, Exhibit A09a.
2. See note 2, Exhibit A10a.

APPENDIX A.

Exhibit A11c
HEALTH CARE AT HOME
EXPENDITURE (CFAF) ON MEDICINE BEFORE VISITING A HEALTH FACILITY
ILLELA DISTRICT

| MONTHLY MONETARY EXPENDITURE PER CAPITA | SOURCE OF MEDICINE PURCHASED | | | TOTAL | Number of households |
|--|------------------------------|----------|-----------------------------|--------|-------------------------|
| | DECILES | PHARMACY | VILLAGE HEALTH WORKER | | |
| 1 | 7.5 | - | 62.5 | 70.0 | 40 |
| 2 | 6.7 | 15.8 | 123.3 | 145.8 | 60 |
| 3 | - | 20.5 | 78.2 | 98.7 | 61 |
| 4 | 87.9 | 56.3 | 89.9 | 234.1 | 71 |
| 5 | 110.9 | 92.9 | 101.4 | 305.1 | 70 |
| 6 | 139.4 | 1.5 | 67.4 | 208.3 | 66 |
| 7 | 60.3 | - | 163.1 | 223.4 | 65 |
| 8 | 565.4 | 65.7 | 133.3 | 764.4 | 54 |
| 9 | 387.3 | 250.6 | 102.3 | 740.2 | 66 |
| 10 | 877.8 | 91.7 | 205.6 | 1175.0 | 54 |
| AGGREGATE | 216.3 | 62.3 | 112.4 | 391.1 | 607 |

COST RECOVERY PILOT TESTS
BASELINE SURVEY: OCTOBER-DECEMBER, 1992
HFS\NIGER93\EXHA11c.

APPENDIX B: COSTS OF THE BASELINE SURVEY

APPENDIX B.

COST OF THE BASELINE SURVEY (CFAF)

| Items | Training of Interviewers | Data collection | Data processing | Total |
|---|--------------------------|------------------|------------------|-------------------|
| I. Per Diem and Wages | | | | |
| I.1. Per Diem, drivers | 32,000 | 560,000 | | 592,000 |
| I.2. Per Diem, supervisor | 200,000 | 400,000 | | 600,000 |
| I.3. Wages | 1,750,000 | 5,280,000 | 3,230,356 | 10,260,356 |
| Sub-total I | 1,982,000 | 6,240,000 | 3,230,356 | 11,452,356 |
| II. Transport | | | | |
| II.1. Fuel | 48,860 | 993,736 | | 1,042,596 |
| II.2. Maintenance-Repair | | 222,435 | | 222,435 |
| II.3. Guide fees | | 72,000 | | 72,000 |
| Sub-total II | 48,860 | 1,288,171 | | 1,337,031 |
| III. Supplies | | | | |
| III.1. Outside services: Copying of Questionnaires | | 768,500 | | 768,500 |
| III.2. Supplies | 18,729 | 74,916 | 232,400 | 326,045 |
| III.3. Location-room | 200,000 | | | 200,000 |
| III.4. First aid kit | | 33,745 | | 33,745 |
| Sub-total III | 218,729 | 877,161 | 232,400 | 1,328,290 |
| TOTAL I+II+III | 2,249,589 | 8,405,332 | 3,462,756 | 14,117,677 |

| | | | | |
|------------------------------------|--------------|---------------|---------------|---------------|
| US DOLLARS (US\$1=256 CFAF) | 8,788 | 32,833 | 13,526 | 55,147 |
|------------------------------------|--------------|---------------|---------------|---------------|

APPENDIX C: PRODUCTIVITY OF THE INTERVIEWERS

APPENDIX C.

PRODUCTIVITY OF THE 18 INTERVIEWERS USED FOR THE BASELINE SURVEY:
 Number of questionnaires completed by interviewers by period and type of questionnaire

| Period in which data were collected : 1992 | Household questionnaire | Curative care questionnaire | Preventive care questionnaire | Income questionnaire |
|--|-------------------------|-----------------------------|-------------------------------|----------------------|
| 27/10 till 05/11 | 406 | 786 | 396 | 1,089 |
| 06/11 till 15/11 | 460 | 631 | 429 | 1,235 |
| 16/11 till 25/11 | 426 | 706 | 435 | 1,189 |
| 26/11 till 05/12 | 348 | 513 | 334 | 839 |
| 06/12 till 12/12 | 180 | 203 | 158 | 471 |
| THE WHOLE PERIOD | 1,820 | 2,839 | 1,752 | 4,823 |

1. The figures for completed questionnaires given in the exhibit are based on screened returns; as a result, the figures here may differ slightly from those given for the number of people interviewed in Exhibit 02.
2. NB: Interviewer productivity dropped dramatically as of November 28, 1992, due to interruptions in the supply of questionnaires for several teams. The availability of only one vehicle meant that it was impossible to keep teams adequately supplied with questionnaires in the last fifteen days of data collection in the field. The result was an increase in the costs of data collection in the field of approximately half a million CFAF.

APPENDIX D: QUESTIONNAIRES FOR THE BASELINE SURVEY

REPUBLIQUE DU NIGER
MINISTERE DE LA SANTE PUBLIQUE
DIRECTION DES ETUDES ET DE LA PROGRAMMATION
PROJET TESTS PILOTES DE RECOUVREMENT DES COUTS

ENQUETES MENAGE
SUR
LA DEMANDE DES SOINS DE SANTE

QUESTIONNAIRE MENAGE

NIAMEY, OCTOBRE 1992

1 1

AEN ATYPE

FEUILLE DE

IDENTIFICATION

IDENT1 ARRondissement: _____

IDENT2 CANTON . _____

IDENT3 ZONE DE DENOMBREMENT: [] []

IDENT4 VILLAGE : _____ []

IDENT5 MENAGE : [] []

CM CHEF DE MENAGE: _____

DOCUMENTATION

DOCUM1 DATE DE L'INTERVIEW: [] [] [] [] [] []
JOUR MOIS AN

DOCUM2 NOM DE L'ENQUETEUR: _____ [] []

DOCUM3 CHEF D'EQUIPE-OBSERVATION: _____

SAISIE

SAISI1 DATE DE SAISIE: [] [] [] [] [] []
JOUR MOIS AN

SAISI2 AGENT DE SAISIE: _____ [] []

100 CARACTERISTIQUES INDIVIDUELLES

| No D'ORDRE | NOM ET PRENOM | NOM...a-t-il vécu dans cette localité durant les six derniers mois ou est-il de passage? NOM.. est-il actuellement dans cette localité? | Quel est le lien de parenté entre ...NOM.. et le chef de ménage? | NOM.. est-il un homme ou une femme? | Quel est l'âge en année de NOM...? 99. ND | 10 ANS ET PLUS | | A quel groupe ethnique appartient ...NOM..? | SIX ANS ET PLUS | | | | |
|---|---------------|--|--|--|---|---|-----|---|--|---|--|--|--|
| | | | | | | Quelle est la situation matrimoniale de...NOM..? | | | NOM... a-t-il jamais fréquenté l'école moderne ou une medersa? | Quelle est la dernière classe que NOM...a complétée? | | | |
| IDENT6 | 101 | 102 | 103 | 104 | 105 | 106 | 107 | 108 | 109 | | | | |
| 01 | | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | | |
| 07 | | | | | | | | | | | | | |
| 08 | | | | | | | | | | | | | |
| 09 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |
| 102. SITUATION DE RESIDENCE 1. RESIDENT PRESENT 2. RESIDENT ABSENT 3. VISITEUR 9. NON DECLAREE | | 103. RELATION AVEC LE CM 01. CHEF DE MENAGE (CM) 02. EPOUX(SE) DU CM 03. FILS OU FILLE DU CM 04. PERE OU MERE DU CM 05. FRERE OU SOEUR DU CM 06. AUTRE RELATION 07. DOMESTIQUE 08. SANS RELATION 99. NON DECLAREE | | 104. SEXE 1. MASCULIN 2. FEMININ | | 106. SITUATION MATRIMONIALE 1. CELIBATAIRE 2. MARIE(E) 3. VEUF(VE) 4. DIVORCE(E) OU SEPRE(E) 8. NON CONCERNE(E) 9. NON DECLAREE | | 107. ETHNIE 1. DJERMA 2. HACUSSA 3. PEULH 4. SONRHAI 5. AUTRE 9. NON DECLAREE | | 108. FREQUENTE ECOLE MODERNE 1. OUI, ECOLE MODERNE 2. OUI, MEDERSA 3. NON | | 109. DERNIERE CLASSE COMPLETEE 1. CI 2. CP 3. CE1 4. CE2 5. CM1 6. CM2 7. SECONDAIRE ET PLUS 8. NC 9. ND | |

1/6

200 ELIGIBILITE (RESIDENT PRESENT ET VISITEUR UNIQUEMENT))

| No D'ORDRE | Avez-vous été malade ou avez-vous un accident ou une blessure durant les deux dernières semaines? 1. OUI 2. NON | Avez-vous eu des maux de tête, la diarrhée, ou de la fièvre, la toux, etc.. durant les deux dernières semaines? 1. OUI 2. NON | ENQUETEUR: SI OUI A 201A OU 201B, INSCRIRE "1", SINON INSCRIRE "2". 1=ELIGIBLE POUR LE QUESTIONNAIRE DES SOINS CURATIFS 2=NON ELIGIBLE | FEMMES AGEES DE 15 A 49 ANS | | | PERSONNES AGEES DE 15 ANS ET PLUS | | | | STATUT DE LA VISITE | |
|--|---|--|--|---|--|---|--|---|---|---|--|------|
| | | | | Avez-vous des enfants âgés de moins de cinq ans qui vivent actuellement avec vous? 1. OUI 2. NON | Avez-vous été en état de grossesse durant les douze derniers mois? 1. OUI 2. NON | ENQUETEUR:SI 202A=1 OU 202B=1 202=1 FEMME ELIGIBLE POUR QUESTIONNAIRE SOINS PREVENTIFS SINON 202=2 NON ELIGIBLE | Avez-vous exercé une activité quelconque durant les douze derniers mois? 1. OUI 2. NON | Avez-vous de la volaille ou du bétail quelconque? 1. OUI 2. NON | Avez-vous vendu un produit quelconque durant les douze derniers mois? 1. OUI 2. NON | ENQUETEUR SI 203A=1 OU 203B=1 OU 203C=1, 203=1 ELIGIBLE POUR LE QUESTIONNAIRE REVENUS; SINON 203=2 NON ELIGIBLE | | |
| IDENT8 | 201A | 201B | 201 | 202A | 202B | 202 | 203A | 203B | 203C | 203 | VIS1 | VIS2 |
| 01 | | | | | | | | | | | | |
| 02 | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | |
| 04 | | | | | | | | | | | | |
| 05 | | | | | | | | | | | | |
| 06 | | | | | | | | | | | | |
| 07 | | | | | | | | | | | | |
| 08 | | | | | | | | | | | | |
| 09 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| ENQUETEUR: ENCERCLER LE CODE "1" A LA COLONNE 201 ET ENCERCLER LE NUMERO D'ORDRE DE LA LIGNE CORRESPONDANTE. ATTENTION: VOUS DEVEZ REMPLIR UN QUESTIONNAIRE SOINS CURATIFS POUR TOUS LES INDIVIDUS DONT LE CODE "1" DE LA COLONNE 201 EST ENCERCLE. | | | | ENQUETEUR: ENCERCLER LE CODE "1" DE LA COLONNE 202 ET ENCERCLER LE NUMERO D'ORDRE DE LA LIGNE CORRESPONDANTE ATTENTION: VOUS DEVEZ REMPLIR UN QUESTIONNAIRE SOINS PREVENTIFS POUR TOUTES LES FEMMES DONT LE CODE "1" DE LA COLONNE 202 EST ENCERCLE. | | | ENQUETEUR: ENCERCLER LE CODE "1" DE LA COLONNE 203 ET ENCERCLER LE NUMERO D'ORDRE DE LA LIGNE CORRESPONDANTE ATTENTION: VOUS DEVEZ REMPLIR UN QUESTIONNAIRE REVENUS POUR LES INDIVIDUS DONT LE CODE "1" DE LA COLONNE 203 EST ENCERCLE. | | | | STATUT DE LA VISITE 1. COMPLET 2. PAS A LA MAISON 3. DIFFERE 4. REFUS 5. AUTRES | |

117

300 DEPENSES DU MENAGE

ENQUETEUR: LE CHEF DE MENAGE OU BIEN SON EPOUSE DOIVENT
ETRE PRESENTS POUR REpondRE A CETTE SECTION.
VOUS VOUS ASSUREREZ QUE CELUI: (CELLE) QUI
EFFECTUE PRINCIPALEMENT LES DEPENSES COURANTES
DU MENAGE AU MARCHÉ SOIT LE (LA) REpondANT (E)
OU SOIT PRESENT AU COURS DE L'ENTRETIEN.

| No QUESTION | QUESTIONS\INSTRUCTIONS | REponses | PASSEZ A | CODES |
|-------------|--|---|----------|---------------------------|
| 301 | ENQUETEUR: ECRIVEZ LE NOM DU (DE LA) REpondANT (E): _____ | | | |
| 302 | QUEL EST LE NUMERO D'ORDRE DU (DE LA) REpondANT (E)? ENQUETEUR: VERIFIER LE NOM ET LE NUMERO D'ORDRE DU (DE LA) REpondANT (E) AUX COLONNES IDENT8 ET 101 DU QUESTIONNAIRE MENAGE. | | | <input type="text"/> |
| 303 | Allez-vous au marché dans votre menage une fois par jour, deux fois par jour, une fois par semaine...? ENQUETEUR: LISEZ LES POSSIBILITES CI-CONTRE AVANT D'ENREGEISTRER LA REponse DE DE L'ENQUETE(E) ENQUETEUR: ENERCLEZ DANS LE TABLEAU CI-DESSOUS LA COLONNE CORRESPONDANT A LA FREQUENCE DECLAREE. | 01. 1 FOIS PAR JOUR 02. 2 FOIS PAR JOUR 03. 1 FOIS PAR SEMAINE 04. 2 FOIS PAR SEMAINE 05. 3 FOIS PAR SEMAINE 06. 1 FOIS PAR MOIS 07. 2 FOIS PAR MOIS 08. AUTRE (PPECISEZ) _____ | | <input type="text"/> |
| 304 | En moyenne, combien est-ce que vous dépensez chaque fois que vous allez au marché sans inclure les produits destinés à la vente? | | | FCFA <input type="text"/> |

ENQUETEUR: ENERCLEZ DANS LE TABLEAU CI-DESSOUS LA LIGNE CORRESPONDANT AU MONTANT DECLARE.

| MONTANT DECLARE A LA QUESTION 304 | FREQUENCE AU MARCHÉ DECLAREE A LA QUESTION 303 | | | | | | |
|-----------------------------------|--|-----------------|--------------------|--------------------|--------------------|-----------------|-----------------|
| | 1 FOIS PAR JOUR | 2 FOIS PAR JOUR | 1 FOIS PAR SEMAINE | 2 FOIS PAR SEMAINE | 3 FOIS PAR SEMAINE | 1 FOIS PAR MOIS | 2 FOIS PAR MOIS |
| 100 | 3000 | 6000 | 400 | 800 | 1200 | 100 | 200 |
| 150 | 4500 | 9000 | 600 | 1200 | 1800 | 150 | 300 |
| 200 | 6000 | 12000 | 800 | 1600 | 2400 | 200 | 400 |
| 300 | 9000 | 18000 | 1200 | 2400 | 3600 | 300 | 600 |
| 400 | 12000 | 24000 | 1600 | 3200 | 4800 | 400 | 800 |
| 500 | 15000 | 30000 | 2000 | 4000 | 6000 | 500 | 1000 |
| 600 | 18000 | 36000 | 2400 | 4800 | 7200 | 600 | 1200 |
| 700 | 21000 | 42000 | 2800 | 5600 | 8400 | 700 | 1400 |
| 800 | 24000 | 48000 | 3200 | 6400 | 9600 | 800 | 1600 |
| 900 | 27000 | | 3600 | 7200 | 10800 | 900 | 1800 |
| 1.000 | 30000 | | 4000 | 8000 | 12000 | 1000 | 2000 |
| 1.500 | 45000 | | 6000 | 12000 | 18000 | 1500 | 3000 |
| 2.000 | | | 8000 | 16000 | 24000 | 2000 | 4000 |
| 2.500 | | | 10000 | 20000 | 30000 | 2500 | 5000 |
| 3.000 | | | 12000 | 24000 | 36000 | 3000 | 6000 |
| 4.000 | | | 16000 | 32000 | 48000 | 4000 | 8000 |
| 5.000 | | | 20000 | 40000 | | 5000 | 10000 |
| 7.500 | | | 30000 | | | 7500 | 15000 |
| 10.000 | | | 40000 | | | 10000 | 20000 |
| 20.000 | | | | | | 20000 | 40000 |
| 40.000 | | | | | | 40000 | |

ENQUETEUR: ENCERCLEZ LA CASE CORRESPONDANT DANS LE TABLEAU CI-DESSUS A LA DEPENSE MENSUELLE AU MARCHÉ DU MENAGE ET ECRIVEZ LE MONTANT A LA LIGNE REPONSE DE LA QUESTION 305. ENSUITE POSEZ LA QUESTION.305

| No QUESTION | QUESTIONS\INSTRUCTIONS | REPOUSES | PASSEZ A | CODES | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|---------------|---|---------------|-------------------|---------------|-----------------------|-----------------------------|----------------|---------------|------------------------------|---------------|---------------|---------------|------------------------------|---------------|---|--|--|--|--|------|---------|--|--|--|
| 305 | <p>Est-ce que votre ménage dépense...LISEZ LE MONTANT... au marché par mois?</p> <p>SI OUI, ENTREZ LA SOMME DANS LA COLONNE CODE ET CONTINUEZ L'INTERVIEW; SI NON, DEMANDEZ SI C'EST PLUS OU MOINS ET CORRIGEZ LE MONTANT ET REPOSEZ LA QUESTION.</p> | _____ | | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">FCFA</td> <td colspan="3" style="text-align: center;">TOTAL 2</td> </tr> </table> | | | | | FCFA | TOTAL 2 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FCFA | TOTAL 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 306 | <p>Pendant le dernier mois, combien avez-vous dépensé en dehors du marché en transport, tissus, cigarettes, etc...?</p> <p>ENQUETEUR: LISEZ LES LIBELLES DES BIENS ET SERVICES CI-DESSOUS, DEMANDEZ SI LE BIEN OU SERVICE A ETE ACHETE AU COURS DU DERNIER MOIS. OMETTRE LES DEPENSES DE SOINS DE SANTE ET EDUCATION. CALCULEZ LE TOTAL DES DEPENSES.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RENTE\LOYERS</td> <td style="width: 50%; text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>BOISSONS.....</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>NOIX DE COLA.....</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>CIGARETTES\TABAC.....</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>TRANSPORT.....</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>TISSUS\VETEMENTS\TAILLEUR...</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>CADEAUX</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> <tr> <td>AUTRES ACHATS ET DEPENSES...</td> <td style="text-align: center;"> _ _ _ _ _ _ _ </td> </tr> </table> <p>ENQUETEUR: CALCULEZ LA SOMME</p> <p>ENQUETEUR: ENTREZ LA SOMME DANS TOTAL 4</p> <p>ENQUETEUR: RECOPIEZ LE TOTAL 2 ET LE TOTAL 4 DANS LES CASES SUIVANTES ET FAITES LA SOMME</p> <p style="text-align: right;">TOTAL 2 TOTAL 4</p> <p style="text-align: center;">DEPENSE MENSUELLE DU MENAGE</p> | RENTE\LOYERS | _ _ _ _ _ _ _ | BOISSONS..... | _ _ _ _ _ _ _ | NOIX DE COLA..... | _ _ _ _ _ _ _ | CIGARETTES\TABAC..... | _ _ _ _ _ _ _ | TRANSPORT..... | _ _ _ _ _ _ _ | TISSUS\VETEMENTS\TAILLEUR... | _ _ _ _ _ _ _ | CADEAUX | _ _ _ _ _ _ _ | AUTRES ACHATS ET DEPENSES... | _ _ _ _ _ _ _ | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">FCFA</td> <td colspan="3" style="text-align: center;">TOTAL 4</td> </tr> </table> | | | | | FCFA | TOTAL 4 | | | |
| RENTE\LOYERS | _ _ _ _ _ _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOISSONS..... | _ _ _ _ _ _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOIX DE COLA..... | _ _ _ _ _ _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CIGARETTES\TABAC..... | _ _ _ _ _ _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSPORT..... | _ _ _ _ _ _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TISSUS\VETEMENTS\TAILLEUR... | _ _ _ _ _ _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CADEAUX | _ _ _ _ _ _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUTRES ACHATS ET DEPENSES... | _ _ _ _ _ _ _ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FCFA | TOTAL 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 307 | <p>Selon l'information que vous m'avez donnée votre ménage dépense...LISEZ LE MONTANT... par mois:</p> <p>Ce montant est-il correct selon vous ?</p> <p>ENQUETEUR: SI LA REPONSE EST NON, REVEZ EN ARRIERE A LA QUESTION 306 ET ESSAYEZ DE DETERMINER QUELLES SONT LES DEPENSES QUE LE REPONDANT A OUBLIEES D'INCLURE. ENSUITE, RECALCULEZ LE MONTANT DANS LA QUESTION 307 ET REPOSEZ LA QUESTION 307 JUSQU'A CE QUE LE REPONDANT REPONDE OUI.</p> <p>SI OUI, ENTREZ LE MONTANT DANS LA COLONNE CODES</p> | | | <p>FCFA</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">DEPENSE MENSUELLE DU MENAGE</td> </tr> </table> | | | | | DEPENSE MENSUELLE DU MENAGE | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPENSE MENSUELLE DU MENAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 308 | <p>Payez-vous les frais scolaires d'un membre quelconque de votre ménage: scolarité, livres et cahiers, frais d'internats inclus?</p> | <p>1. OUI 2. NON..... ..311 9. NON DECLARE..... ..311</p> | | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 309 | <p>Combien sont les membres du ménage pour lesquels vous payez des frais de scolarité ?</p> | <p>_____</p> <p>99. NON DECLARE</p> | | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310A | <p>Payez-vous les frais scolaires par mois tous les trois mois, ou par an?</p> | <p>1. PAR MOIS 2. TOUS LES TROIS MOIS 3. PAR AN 4. AUTRE _____</p> | | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 310B | <p>Combien avez-vous payé de frais scolaires la dernière fois dans votre ménage?</p> | <p>_____</p> <p>99999. NON DECLARE</p> | | <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">FCFA</td> </tr> </table> | | | | | FCFA | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FCFA | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|------|--|---|--|--|
| 311 | ENQUETEUR: QUELLES SONT LES CARACTERISTIQUES PHYSIQUES DOMINANTES DES BATIMENTS OCCUPES PAR LE MENAGE? | | | |
| 311A | MUR | 1. DUR 2. SEMI DUR 3. BANCO 4. PAILLE 5. AUTRE(PRECISEZ) _____ | | <input data-bbox="1372 366 1411 420" type="checkbox"/> |
| 311B | TOIT | 1. BETON 2. TOLE 3. BANCO 4. PAILLE 5. AUTRE(PRECISEZ) _____ | | <input data-bbox="1372 545 1411 599" type="checkbox"/> |

Imp. (APP) Albarka

ENQUETES MENAGE SUR LA DEMANDE DES SOINS DE SANTE

QUESTIONNAIRE DES SOINS CURATIFS

| | |
|---|---|
| 1 | 2 |
|---|---|

AEN ATYPE

| IDENTIFICATION | |
|----------------|---|
| IDENT1 | ARRONDISSEMENT: _____ |
| IDENT2 | CANTON : _____ |
| IDENT3 | ZONE DE DENOMBREMENT: [] [] |
| IDENT4 | VILLAGE : _____ [] |
| IDENT5 | MENAGE : [] [] |
| CM | CHEF DE MENAGE: _____ |
| NMAL | NOM DU MALADE : _____ |
| IDENT6 | NUMERO D'ORDRE: [] [] |
| DOCUMENTATION | |
| DOCUM4 | DATE DE L'INTERVIEW: [] [] [] [] [] [] JOUR MOIS AN |
| DOCUM5 | NOM DE L'ENQUETEUR: _____ [] [] |
| DOCUM6 | CHEF D'EQUIPE-OBSERVATION: _____ _____ _____ |
| SAISIE | |
| SAISI3 | DATE DE SAISIE: [] [] [] [] [] [] JOUR MOIS AN |
| SAISI4 | AGENT DE SAISIE: _____ [] [] |



IDENT1 IDENT3 IDENT4 IDENT5 IDENT6

ENQUETEUR: RAPPEL: POUR LES MALADES DE MOINS DE 15 ANS D'AGE, ADDRESSER LES QUESTIONS A LEUR MERE (OU TUTRICE). LES QUESTIONS SONT POSEES COMME SI ELLES ETAIENT ADRESSEES DIRECTEMENT AU MALADE. CHAQUE FOIS QUE LE RECONDANT NE SERAIT PAS LE MALADE, LES QUESTIONS SERAIENT POSEES EN FAISANT REFERENCE AU MALADE COMME INDIQUE DANS VOTRE MANUEL D'ENQUETEUR.

SYMPTOMES ET GRAVITE DE LA MALADIE

400 Nous allons parler de ce que vous ressentiez dans votre corps quand la maladie a commenc .

TABLEAU SYMPTOMES

| SYMPTOME | | Avez-vous eu (SYMPTOME) quand votre maladie a commenc ? | Quand avez eu (SYMPTOME) pour la derni re fois? | Ce (cette) (SYMPTOME) a-t-il (elle) commenc  durant les quinze derniers jours? | Pendant combien de jours avez-vous eu (SYMPTOME)? |
|--|----------------------|---|---|--|---|
| 401 | | 402 | 403 | 404 | 405 |
| | | | MOIS JOUR | | |
| 01 | FIEVRE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 02 | MAL A LA TETE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 03 | MAL AUX YEUX | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 04 | MAL AU VENTRE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 05 | TOUX | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 06 | SELLES LIQUIDES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 07 | SANG DANS LES SELLES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 08 | VOMISSEMENTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 09 | BLESSURE, PLAIE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | AUTRE _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ENQUETEUR: DEMANDEZ S'IL A EU D'AUTRES SYMPTOMES ET PRECISEZ LE SYMPTOME PRINCIPAL | | 1. OUI 2. NON (PASSEZ AU SYMPTOME SUIVANT) 9. ND (PASSEZ AU SYMPTOME SUIVANT) | 1.OCT 2.NOV 3.DEC 9. ND | 1. OUI 2. NON 9. ND | 31= 31 JOURS OU PLUS 99= ND |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

IDENT1 IDENT3 IDENT4 IDENT5 IDENT6

ENQUETEUR: UTILISEZ LE CALENDRIER CI-DESSOUS POUR DETERMINER LES DATES ET LES DUREES

| OCTOBRE | <u>DIM</u> | <u>LUN</u> | <u>MAR</u> | <u>MER</u> | <u>JEU</u> | <u>VEN</u> | <u>SAM</u> |
|---------|------------|------------|------------|------------|------------|------------|------------|
| | | | | | 1 | 2 | 3 |
| | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| | 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| NOVEMBRE | <u>DIM</u> | <u>LUN</u> | <u>MAR</u> | <u>MER</u> | <u>JEU</u> | <u>VEN</u> | <u>SAM</u> | DECEMBRE | <u>DIM</u> | <u>LUN</u> | <u>MAR</u> | <u>MER</u> | <u>JEU</u> | <u>VEN</u> | <u>SAM</u> |
|----------|------------|------------|------------|------------|------------|------------|------------|----------|------------|------------|------------|------------|------------|------------|------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | |
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| | 29 | 30 | | | | | | | 27 | 28 | 29 | 30 | 31 | | |

| No QUESTION | QUESTIONS\INSTRUCTIONS | REponses | PASSEZ A | CODES |
|-------------|--|--|----------|---|
| 406 | Quand la maladie a-t-elle débuté? ENQUETEUR: UTILISEZ LE CALENDRIER CI-DESSUS POUR PRECISER LA DATE DU JOUR DECLARE PAR LE REpondANT. | 1. OCTOBRE 2. NOVEMBRE 3. DECEMBRE 444. AVANT OCTOBRE 999. NOW DECLARE | | <input type="text"/> <input type="text"/> <input type="text"/> MOIS JOUR |
| 407 | Avez-vous cherché des soins pour cette maladie? | 1. OUI 2. NON..... ..410 9. NOW DECLARE | | <input type="checkbox"/> |
| 408 | Allez-vous continuer à chercher des soins pour cette maladie? | 1. OUI..... ..410 2. NON 9. NOW DECLARE | | <input type="checkbox"/> |
| 409 | Quel jour avez-vous reçu des soins pour la dernière fois? ENQUETEUR: UTILISEZ LE CALENDRIER CI-DESSUS POUR PRECISER LA DATE DU JOUR DECLARE PAR LE REpondANT. | 1. OCTOBRE 2. NOVEMBRE 3. DECEMBRE 444. AVANT OCTOBRE 999. NOW DECLARE | | <input type="text"/> <input type="text"/> <input type="text"/> MOIS JOUR |
| 410 | Avant d'obtenir des soins, pensiez-vous que la maladie n'était pas grave, était grave, était très grave, ou vous ne saviez pas? | 1. PAS GRAVE 2. GRAVE 3. TRES GRAVE 4. NE SAVAIT PAS 9. NOW DECLARE | | <input type="checkbox"/> |
| 411 | Quelle a été votre activité principale pendant le dernier mois? | 1. AGRICULTEUR\CULTIVATEUR 2. EMPLOYE\GOUVERNEMENT 3. EMPLOYE\SOCIETE 4. BERGER 5. PECHEUR 6. ETUDIANT..... ..414 7. TROP JEUNE POUR TRAVAILLER..... ..414 8. AUTRE(PRECISEZ) 9. NOW DECLARE | | <input type="checkbox"/> |

10-11



IDENT1 IDENT3 IDENT4 IDENT5 IDENT6

| No QUESTION | QUESTIONS\INSTRUCTIONS | REPONSES | PASSEZ A | CODES |
|-------------|--|---|----------|--------------------------|
| 412 | Durant les deux dernière semaines, avez-vous dû interrompre votre activité principale à cause de la maladie? | 1. OUI 2. NON..... 9. NON DECLARE | ..414 | <input type="checkbox"/> |
| 413 | Combien de jours avez-vous dû interrompre votre activité principale à cause de la maladie? | 99. NON DECLARE | | <input type="checkbox"/> |
| 414 | Durant les deux dernières semaines, avez-vous gardé le lit à cause de la maladie? | 1. OUI 2. NON..... 9. NON DECLARE | .416 | <input type="checkbox"/> |
| 415 | Combien de jours avez-vous gardé le lit à cause de la maladie? | 99. NON DECLARE | | <input type="checkbox"/> |

ATTENTION

ENQUETEUR: DE LA QUESTION 415 A LA QUESTION 421, LES INFORMATIONS QUE VOUS ALLEZ RECUEILLIR N'INTERESSENT QUE LES SOINS DE SANTE RECUS A LA MAISON AVANT TOUTE VISITE A UNE FORMATION SANITAIRE OU UN GUERISSEUR EN DEHORS DE LA MAISON

ENQUETEUR: LISEZ AU REPODANT

Je vais vous poser maintenant des questions sur les soins dont vous avez eu recours à la maison pour guérir votre maladie avant toute visite à une formation sanitaire en dehors de votre maison.

| | | | | |
|-----|---|---|----------------|--|
| 416 | Durant les deux dernières semaines, avez-vous été soigné à la maison par quelqu'un qui fait partie du personnel de santé (docteur, infirmier, ...) , un guérisseur ou un ami? | 1. OUI 2. NON..... 9. NON DECLARE..... | ..420 ..420 | <input type="checkbox"/> |
| 417 | Qui vous a visité à la maison pour vous donner des soins? | 1. DOCTEUR 2. INFIRMIER 3. ACCOUCHEUSE TRAD. 4. GUERISSEUR 5. AUTRE(PRECISEZ) 9. NON DECLARE | | <input type="checkbox"/> |
| 418 | Avez-vous payé la personne qui est venu vous soigner à la maison? En argent liquide ou en nature? | 1. OUI, EN ARGENT 2. OUI, EN NATURE 3. NON..... 9. NON DECLARE..... | ..420 ..420 | <input type="checkbox"/> |
| 419 | Combien d'argent avez-vous payé à la personne qui est venu vous soigner à la maison? ENQUETEUR: SI LE PAIEMENT A ETE EN NATURE, ESTIMEZ LA VALEUR MONETAIRE DU PAIEMENT. | 9999. NON DECLARE | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FCFA |
| 420 | Vous êtes vous soigné avec des médicaments dont vous disposiez à la maison durant les deux dernières semaines? | 1. OUI 2. NON 9. NON DECLARE | | <input type="checkbox"/> |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

IDENT1 IDENT3 IDENT4 IDENT5 IDENT6

| No QUESTION | QUESTIONS\INSTRUCTIONS | REPOUSES | PASSEZ A | CODES |
|---|---|--|----------|--|
| 421A | Avez-vous (ou envoyé quelqu'un) acheté des médicaments pour soigner cette maladie durant les deux dernières semaines? | 1. OUI 2. NON..... 9. NON DECLARE | ..423 | <input type="checkbox"/> |
| 421B | Où ont été achetés les médicaments? | 1. PHARMACIE 2. SECOURISTE-VILLAGE 3. AU MARCHÉ 4. MARCHANT AMBULANT 9. NON DECLARE | | <input type="checkbox"/> |
| 422 | Combien d'argent avez-vous payé à la pharmacie pour ces médicaments durant les deux dernières semaines? | 9999.NON DECLARE | | <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> |
| ATTENTION | | | | |
| ENQUETEUR: LES INFORMATIONS QUE VOUS ALLEZ RECUEILLIR MAINTENANT PORTENT SUR LES SOINS QUE LE MALADE A RECUS EN DEHORS DE LA MAISON DURANT LES DEUX DERNIERES SEMAINES. | | | | |
| 423 | Avez-vous visité un médecin, un infirmier, un guérisseur, etc.. en dehors de la maison; êtes-vous allé dans un dispensaire, une PMI, pour soigner cette maladie durant les deux dernières semaines? | 1. OUI 2. NON..... 9. NON DECLARE | ..462 | <input type="checkbox"/> |
| 424 | Où êtes-vous allé pour vous soigner en dehors de la maison? | 01. HOPITAL 02. CENTRE MEDICAL 03. POSTE MEDICAL 04. DISPENSAIRE RURAL 05. PMI 06. MATERNITE 07. CLINIQUE PRIVEE 08. GUERISSEUR TRAD. 09. AUTRE(PRECISEZ) 99. NON DECLARE | | <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> |
| 425 | Quelle est la raison principale pour laquelle vous avez choisi d'aller à... FORMATION SANITAIRE-DECLAREE A LA QUESTION 424... pour vous soigner? | 1. NE COUTE PAS CHER 2. PROCHE DE CHEZ MOI 3. PERSONNEL COMPETENT 4. PAR HABITUDE 5. BIEN EQUIPEE EN MATERIELS ET MEDICAMENTS 6. RAISON RELIGIEUSE OU TRADITIONNELLE 7. AUTRE(PRECISEZ) 9. NON DECLAREE | | <input type="checkbox"/> |
| 426 | Que pensez vous de la disponibilité de médicaments à cet endroit...FORMATION SANITAIRE DECLAREE A LA QUESTION 424... ENQUETEUR: LISEZ LES ALTERNATIVES CI-CONTRE AVANT D'ENREGISTRER LA REPOUSE DU REPOONDANT | 1. ILS ONT RAREMENT DES MEDICAMENTS 2. ILS ONT PARFOIS DES MEDICAMENTS 3. ILS ONT TOUJOURS DES MEDICAMENTS 9. NON DECLARE | | <input type="checkbox"/> |
| 427 | Qui a été la personne principale qui vous a donné des soins la première fois que vous êtes allé à ...FORMATION SANITAIRE DECLAREE A LA QUESTION 424 un docteur, un infirmier, une accoucheuse, un guérisseur, ou quelqu'un d'autre? | 1. DOCTEUR 2. INFIRMIER 3. ACCOUCHEUSE 4. GUERISSEUR 5. AUTRE(PRECISEZ) 9. NON DECLARE | | <input type="checkbox"/> |

IDENT1 IDENT3 IDENT4 IDENT5 IDENT6

| NO QUESTION | QUESTIONS\INSTRUCTIONS | REponses | IPASSEZ A | CODES |
|----------------|--|--|--------------------------------|--|
| 428 | Selon cette personne, qu'elle est (a ete) votre maladie? | 01. PALUDISME 02. DIARRHEE 03. ROUGEOLE 04. PNEUMONIE 05. GRIPPE 06. COQUELUCHE 07. GONORRHEE 08. CONJONCTIVITE 09. ACCIDENT 10. RHUMATISME 11. AUTRE(PRECISEZ) 99. NON DECLARE | | <input type="checkbox"/> <input type="checkbox"/> |
| 429 | Quelle est la distance de la maison à l'endroit où se trouve la première formation sanitaire que vous avez visitée? ENQUETEUR: PRECISEZ LA FORMATION SANITAIRE DECLAREE A LA QUESTION 424 | 9999. NON DECLAREE AUTRE (PRECISEZ) _____ | | 1. METRES 2. KM <input type="checkbox"/> <input type="checkbox"/> |
| 430 | Quels moyens de transport avez-vous employés pour arriver à la première formation sanitaire que vous avez visitée? ENQUETEUR: PRECISEZ LA FORMATION SANITAIRE DECLAREE A LA QUESTION 424 INDIQUEZ LES DEUX MOYENS DE TRANSPORTS PRINCIPAUX. SI IL N'EN A EMPLOYE QU'UN SEUL, ENREGISTRER CELUI-CI DEUX FOIS. | 1. A PIED..... 2. CAMION 3. BUS OU TAXI 4. PIROGUE 5. VELO OU MOTO 6. AUTRE(PRECISEZ) 9. NON DECLARE | ...432 SI A PIED UNIQUEMENT | <input type="checkbox"/> <input type="checkbox"/> |
| 431 | Combien avez-vous, vous même et ceux qui vous ont accompagné, payé pour le transport, aller et retour compris, pour visiter le premier endroit où vous avez reçu des soins? | 9999. NON DECLARE | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FCFA |
| 432 | Est-ce que vous et ceux qui vous ont accompagné avez dépense de l'argent pour les repas et le logement? | 1. OUI 2. NON..... 9. NON DECLARE | ...434 | <input type="checkbox"/> |
| 433 | Combien avez-vous, vous même et ceux qui vous ont accompagné, payé au total pour vos repas et votre logement? | 9999. NON DECLARE | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FCFA |
| 434 | Combien de temps est-ce que ça a pris pour arriver à la première formation sanitaire que vous avez visitée? ENQUETEUR: PRECISEZ LA FORMATION SANITAIRE DECLAREE A LA QUESTION 424 | | | 1. MN 2. HEURE <input type="checkbox"/> <input type="checkbox"/> |
| 435 | Après être arrivé à cette formation sanitaire, combien de temps avez-vous attendu avant d'être consulté par un membre du personnel de santé? ENQUETEUR: PRECISEZ LA FORMATION SANITAIRE DECLAREE A LA QUESTION 424 | 888. AUTRE (PRECISEZ) 999. NON DECLARE | | 1. MN 2. HEURE <input type="checkbox"/> <input type="checkbox"/> |
| 436 | Avez-vous été hospitalisé dans cette formation sanitaire? ENQUETEUR: PRECISEZ LA FORMATION SANITAIRE DECLAREE A LA QUESTION 424 | 1. OUI 2. NON..... 9. NON DECLARE | ...438 | <input type="checkbox"/> |

ENQUETEUR: RECOPIER LA REPONSE A LA QUESTION 439:
 NOMBRE DE CONSULTATIONS DANS LA PREMIERE
 FORMATION SANITAIRE VISITEE

Maintenant nous voudrions parler des paiements effectués pour
 les médicaments, les examens, et les autres services à chaque
 consultation durant les deux dernières semaines.

TABLEAU PAIEMENTS A LA PREMIERE FORMATION SANITAIRE VISITEE

| CONSULTATION | Combien avez-vous payé pour la consultation? | Avez-vous reçu des médicaments lors de la consultation? | Combien avez-vous payé pour les médicaments? | A-t-on fait des examens? | Combien avez-vous payé pour les examens? | Avez-vous reçu d'autres services? | Combien avez-vous payé pour ces autres services |
|---------------|--|---|--|------------------------------------|--|---|---|
| | 446 | 447 | 448 | 449 | 450 | 451 | 452 |
| 1 1ERE VISITE | | | | | | | |
| 2 2EME VISITE | | | | | | | |
| 3 3EME VISITE | | | | | | | |
| 4 4EME VISITE | | | | | | | |
| 5 5EME VISITE | | | | | | | |
| 6 6EME VISITE | | | | | | | |
| | FCFA | 1. OUI 2. NON (PASSEZ A 449) | FCFA | 1. OUI 2. NON (PASSEZ A 451) | FCFA | 1. OUI 2. NON (ALLEZ A LA LIGNE LIGNE | FCFA |

| No QUESTION | QUESTIONS\INSTRUCTIONS | REPONSES | PASSEZ A | CODES |
|-------------|--|--|----------|-------|
| 453 | Est-ce que vous avez dû payer en nature pour les soins reçus? | 1. OUI 2. NON..... 9. NON DECLARE | 456 | |
| 454 | Quelle est la valeur de ce que vous avez donné en nature pour les soins reçus? | 9999. NON DECLAREE | 456 | FCFA |
| 455 | Pourquoi n'avez-vous pas payé pour les soins reçus? ENQUETEUR: ENREGISTREZ LA PREMIERE REPONSE DU (DE LA) REpondant(E). | 1. SOINS GRATUITS 2. N'A PAS DE QUOI PAYER 3. AMI OU FAMILLE DE L'AGENT DE SANTE 4. JF PAYERAIS QUAND J'AURAI DE QUOI PAYER 5. AUTRE(PRECISEZ) 9. NON DECLARE | | |
| 456 | Est-ce que vous avez visité d'autres formations de santé, personnel de santé, ou guérisseur au cours de la même maladie pendant les deux dernières semaines? | 1. OUI 2. NON..... 9. NON DECLARE | 462 | |

IDENT1 IDENT5 IDENT4 IDENT5 IDENT6

ENQUETEUR: INDIQUEZ SELON L'ORDRE DE VISITE LES AUTRES FORMATIONS SANITAIRES VISITEES APRES LA PREMIERE, COMBIEN D'ARGENT LE MALADE A PAYE DANS CHACUNE POUR LES CONSULTATIONS, LES MEDICAMENTS, ET LES SERVICES.

TABLEAU: Paiements dans les autres formations

| ORDRE DE VISITE DES AUTRES FORMATIONS SANITAIRES (FS) | Quel est le type de formation sanitaire? (VOIR CODE CI-DESSOUS) | Combien avez-vous payé pour les consultations? 9999. ND | Combien avez-vous payé pour les médicaments? 8888. N'A PAS RECU DE MEDICAMENTS 9999. ND | Combien avez-vous payé pour d'autres services? 8888. PAS D'AUTRES SERVICES. 9999. ND | Avez-vous visité une autre formation sanitaire? 1. OUI 2. NON |
|---|---|--|---|--|--|
| 457 | 458 | 459 | 460 | 461 | 461B |
| 2 2 EME FS | | | | | |
| 3 3 EME FS | | | | | |
| 4 4 EME FS | | | | | |

TYPE DE FORMATION SANITAIRE:
 01. HOPITAL
 02. CENTRE MEDICAL
 03. POSTE MEDICAL
 04. DISPENSAIRE RURAL
 05. PHI
 06. MATERNITE
 07. CLINIQUE PRIVEE
 08. GUERISSEUR TRADITIONNEL
 09. AUTRE (PRECISEZ)
 99. NON DECLARE

Nous allons parler maintenant des différents endroits où quelqu'un peut se soigner s'il a une maladie quelconque.

TABLEAU: AUTRES FORMATIONS SANITAIRES

| FORMATION SANITAIRE | ENQUETEUR: EST-CE LA FORMATION SANITAIRE CHOISIE EN PREMIER LIEU? | Pourquoi vous n'avez pas choisi cet endroit pour soigner votre maladie? | Combien de temps ça vous prend pour vous rendre à cet endroit? | Combien de temps doit attendre le malade à cet endroit du moment de son arrivée jusqu'à ce qu'il reçoive des soins? | Que pensez-vous de la disponibilité de médicaments à cet endroit? LISEZ LES ALTERNATIVES CI-DESSOUS | Coûterait-il plus cher, moins cher, ou le même prix de se soigner à cet endroit comparé à la première formation sanitaire que vous avez visité? |
|--|---|---|--|---|--|---|
| 462 | 463 | 464 | 465 | 466 | 467 | 468 |
| 01 HOPITAL | | | | | | |
| 02 CENTRE MEDICAL | | | | | | |
| 03 POSTE MEDICAL | | | | | | |
| 04 DISPENSAIRE RURAL | | | | | | |
| 05 PHI | | | | | | |
| 06 MATERNITE | | | | | | |
| 07 CLINIQUE PRIVEE | | | | | | |
| 08 GUERISSEUR | | | | | | |
| | 1. OUI (PASSEZ A LA FORMATION SUIVANTE) 2. NON | 1. LOIN DE LA MAISON 2. PRIX ELEVE 3. PERSONNEL NE SAIT PAS GUERIR LES MALADIES CONVENABLEMENT 4. PAS DE MEDICAMENTS 5. RAISONS RELIGIEUSES 8. AUTRE 9. NON DECLARE | 1. MN 2. HR 99. ND | 1. MN 2. HR 99. ND | 1. RAREMENT 2. PARFOIS 3. TOUJOURS 9. ND | 1. PLUS CHER 2. MOINS CHER 3. MEME PRIX 8. PAS DE SOINS EN DEHORS DE LA MAISON 9. NON DECLARE |
| FIN DE L'INTERVIEW REMERCEZ LE MALADE ET PASSEZ AU PROCHAIN MALADE S'IL Y A LIEU. | | | | | | |

**ENQUETES MENAGE
SUR
LA DEMANDE DES SOINS DE SANTE**

QUESTIONNAIRE DES SOINS PREVENTIFS

| | |
|---|---|
| 1 | 3 |
|---|---|

AEN ATYPE

| IDENTIFICATION | |
|----------------|---|
| IDENT1 | ARRONDISSEMENT: _____ |
| IDENT2 | CANTON _____ |
| IDENT3 | ZONE DE DENOMBREMENT: [] [] |
| IDENT4 | VILLAGE : _____ [] |
| IDENT5 | MENAGE : _____ [] [] |
| CM | CHEF DE MENAGE: _____ |
| FEM | NOM DE LA FEMME: _____ |
| IDENT6 | NUMERO D'ORDRE DE LA FEMME [] [] |
| DOCUMENTATION | |
| DOCUM7 | DATE DE L'INTERVIEW: [] [] [] [] [] [] JOUR MOIS AN |
| DOCUM8 | NOM DE L'ENQUETEUR: _____ [] [] |
| DOCUM9 | CHEF D'EQUIPE-OBSERVATION: _____ _____ _____ |
| SAISIE | |
| SAISI5 | DATE DE SAISIE: [] [] [] [] [] [] JOUR MOIS AN |
| SAISI6 | AGENT DE SAISIE: _____ [] [] |

500 ENQUETEUR: LA FEMME A-T-ELLE ETE EN ETAT DE GROSSESSE DURANT LES DOUZE DERNIERS MOIS? RECOPIEZ LA REPONSE A LA QUESTION 202B:

SI 202B=1 (PASSEZ A 501)
SI 202B=2 (PASSEZ A 600)

Je vais vous poser des questions sur les soins de santé que vous avez reçus durant votre grossesse. Si vous avez déjà accouché, je commencerais par des questions sur les conditions dans lesquelles l'accouchement a eu lieu.

| No QUESTION | QUESTIONS\INSTRUCTIONS | REPONSES | PASSEZ A | CODES |
|-------------|---|--|------------|--|
| 501 | Etes-vous toujours en état de grossesse? | 1. OUI..... 2. NON 9. NON DECLARE | 511 | <input type="checkbox"/> |
| 502 | Quelle a été l'issue de votre dernière grossesse? | 1. NAISSANCE VIVANTE 2. MORT-NE 3. AVORTEMENT\ FAUSSE COUCHE..... 9. NON DECLARE | 511 | <input type="checkbox"/> |
| 503 | Où avez-vous accouché de cet enfant? | 01. HOPITAL 02. CENTRE MEDICAL 03. POSTE MEDICAL 04. DISPENSAIRE RURAL 05. PMI 06. MATERNITE 07. CLINIQUE PRIVEE 08. A LA MAISON 09. AUTRE(PRECISEZ) 99. NON DECLARE | | <input type="checkbox"/> |
| 504 | Qui vous a assistée lors de cet accouchement? | 1. DOCTEUR 2. INFIRMIER(RE) 3. SAGE-FEMME 4. ACCOUCHEUSE TRAD 5. MEMBRE DE LA FAMILLE 6. SANS ASSISTANVE 7. AUTRE(PRECISEZ) 9. NON DECLARE | | <input type="checkbox"/> |
| 505 | Quelle est la raison principale pour laquelle vous avez décidé d'accoucher à cet endroit? ENQUETEUR: PRECISEZ LE LIEU DE L'ACCOUCHEMENT DECLARE A LA QUESTION 503. LISEZ LES RAISONS CI-CONTRE | 1. NE COUTE PAS CHER 2. PROCHE DE CHEZ MOI 3. PERSONNEL COMPETENT 4. PAR HABITUDE 5. BIEN EQUIPE EN MATERIELS ET MEDICAMENTS 6. RAISON RELIGIEUSE OU TRADITIONNELLE 7. AUTRE(PRECISEZ) 9. NON DECLARE | | <input type="checkbox"/> |
| 506 | Si vous tombez en état de grossesse dans le futur, voudriez-vous accoucher au même endroit? ENQUETEUR: PRECISEZ LE LIEU DE L'ACCOUCHEMENT DECLARE A LA QUESTION 503. | 1. OUI 2. NON 9. NON DECLARE | | <input type="checkbox"/> |
| 507 | Combien de temps ça vous prend pour vous rendre à l'endroit où vous avez accouché? ENQUETEUR: PRECISEZ LE LIEU DE L'ACCOUCHEMENT DECLARE A LA QUESTION 503. | 888. ACCOUCHE A LA MAISON 999. NON DECLARE | | 1=MIN 2=HEURE <input type="checkbox"/> |
| 508 | Avez-vous payé de l'argent ou en nature pour cet accouchement? | 1. OUI, EN ARGENT..... 2. OUI, EN NATURE..... 3. NON 9. NON DECLARE | 510 510 | <input type="checkbox"/> |

| No QUESTION | QUESTIONS\INSTRUCTIONS | REponses | PASSEZ A | CODES |
|-------------|--|---|----------|--|
| 509 | <p>Pourquoi n'avez-vous pas payé pour cet accouchement?</p> <p>ENQUETEUR: ENREGISTREZ LA PREMIERE REPONSE DE LA REpondANTE.</p> | <p>1. SOINS GRATUITS</p> <p>2. JE N'AVAIS PAS DE QUOI PAYER</p> <p>3. AMI OU FAMILLE DE L'AGENT DE SANTE</p> <p>4. JE PAYERAIS QUAND J'AURAI DE QUOI PAYER</p> <p>5. AUTRE(PRECISEZ)</p> <p>9. NON DECLARE</p> | 511 | <input type="checkbox"/> |
| 510 | <p>Combien avez-vous payé pour cet accouchement?</p> <p>ENQUETEUR: SI PAIEMENT EN NATURE, ESTIMEZ LA VALEUR MONETAIRE DU PAIEMENT</p> | 9999. NON DECLARE | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FCFA |
| 511 | <p>Durant cette dernière grossesse, êtes-vous inscrite dans un programme de consultations prénatales?</p> | <p>1. OUI</p> <p>2. NON.....600</p> <p>9. NON DECLARE.....600</p> | | <input type="checkbox"/> |
| 512 | <p>Où êtes-vous allé pour les consultations prénatales?</p> | <p>01. HOPITAL</p> <p>02. CENTRE MEDICAL</p> <p>03. POSTE MEDICAL</p> <p>04. DISPENSAIRE RURAL</p> <p>05. PHI</p> <p>06. MATERNITE</p> <p>07. CLINIQUE PRIVEE</p> <p>09. AUTRE(PRECISEZ)</p> <p>99. NON DECLARE</p> | | <input type="text"/> <input type="text"/> |
| 513 | <p>Quelle est la raison principale pour laquelle vous avez décidé de faire vos consultations à cet endroit?</p> <p>ENQUETEUR: PRECISEZ LE LIEU DE COONSULTATIONS DECLARE A LA QUESTION 512. LISEZ LES RAISONS CI-CONTRE.</p> | <p>1. NE COUTE PAS CHER</p> <p>2. PROCHE DE CHEZ MOI</p> <p>3. PERSONNEL COMPETENT</p> <p>4. PAR HABITUDE</p> <p>5. BIEN EQUIPE EN MATERIELS ET MEDICAMENTS</p> <p>6. RAISON RELIGIEUSE OU TRADITIONNELLE</p> <p>7. AUTRE(PRECISEZ)</p> <p>9. NON DECLARE</p> | | <input type="checkbox"/> |
| 514 | <p>Combien de temps ça vous prend pour vous rendre à l'endroit où vous faites vos consultations?</p> <p>ENQUETEUR: PRECISEZ LE LIEU DE CONSULTATIONS DECLARE A LA QUESTION 512.</p> | 999. NON DECLARE | | 1=MIN 2=HEURE <input type="checkbox"/> <input type="text"/> <input type="text"/> |
| 515 | <p>Avez-vous payé de l'argent ou en nature pour votre carnet de santé?</p> | <p>1. OUI, EN ARGENT</p> <p>2. OUI, EN NATURE</p> <p>3. NON.....517</p> <p>9. NON DECLARE</p> | | <input type="checkbox"/> |
| 516 | <p>Combien avez-vous payé pour votre carnet de santé?</p> | 9999. NON DECLARE | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FCFA |
| 517 | <p>Mis à part le paiement de la carte de santé, avez-vous payé pour les consultations prénatales durant votre grossesse?</p> | <p>1. OUI</p> <p>2. NON.....519</p> <p>9. NON DECLARE</p> | | <input type="checkbox"/> |
| 518 | <p>Combien avez-vous payé pour chaque consultation prénatale?</p> | 9999. NON DECLARE | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FCFA |

| No QUESTION | QUESTIONS\INSTRUCTIONS | REponses | PASSEZ A | CODES |
|-------------|---|-----------------|----------|--------------------------|
| 519 | Combien de consultations prénatales avez-vous faites durant cette dernière grossesse? | 99. NON DECLARE | | <input type="checkbox"/> |

600 ENQUETEUR: LA FEMME A-T-ELLE UN ENFANT DE MOINS DE CINQ ANS VIVANT ACTUELLEMENT AVEC ELLE. RECOPIEZ LA REponse A LA QUESTION 202A:

SI 202A=1 (PASSEZ A 601)
SI 202A=2 TERMINEZ L'INTERVIEW POUR LES SOINS PREVENTIFS

| | | | | |
|-----|--|----------------|--|--------------------------|
| 601 | Combien d'enfants de moins de cinq ans avez-vous et qui vivent actuellement avec vous? | 9. NON DECLARE | | <input type="checkbox"/> |
|-----|--|----------------|--|--------------------------|

Je vais vous poser maintenant des questions sur les soins de santé que vos enfants qui vivent avec vous ont reçus quand ils étaient bébé, en commençant par votre dernier enfant.

ENQUETEUR: COMMENCEZ A REMPLIR LE TABLEAU EN DEMANDANT A LA FEMME:

Quel est le nom de votre dernier enfant?

POUR LES LIGNES SUIVANTES, DEMANDEZ A LA FEMME:

Quel est le nom du grand frère ou de la grande soeur qui vient juste avant...NOM DE L'ENFANT DE LA LIGNE PRECEDENTE...?

| No DE LIGNE | NOM DE L'ENFANT | En quelle année est né (e)... NOM...? | Durant quel mois de l'année est né (e) ...NOM..? | NOM... est-il un garçon ou une fille? | NOM... a-t-il une pièce donnant sa date de naissance? | NOM... a-t-il un carnet de santé? |
|---|-----------------|---------------------------------------|--|---|---|-----------------------------------|
| 602 | 603 | 604 | 605 | 606 | 607 | 608 |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| SI L'ANNEE DE NAISSANCE EST INFERIEURE A 1987 INSCRIVEZ L'ANNEE ET PASSEZ A 609 | | | 01. JAN 02. FEV 03. MAR 04. AVR 05. MAI 06. JUI 07. JUI 08. AOU | 1. GARCON 2. FILLE 09. SEP 10. OCT 11. NOV 12. DEC 99. ND | 1. OUI 2. NON CARNET DE SANTE | 1. VU 2. NON VU |
| 99. NON DECLAREE | | | | | | |

| | | | | |
|--------|--------|--------|--------|--------|
| IDENT1 | IDENT3 | IDENT4 | IDENT5 | IDENT6 |
|--------|--------|--------|--------|--------|

ENQUETEUR: DEMANDEZ A LA FEMME LE CARNET DE SANTE DE CHAQUE ENFANT ET RECOPIEZ LES DATES DES VACCINATIONS A LA LIGNE DE L'ENFANT.

VOUS DEVREZ REMPLIR LA LIGNE CORRESPONDANT A TOUT ENFANT DONT LA REponse A LA QUESTION 608 EST "VU". SI LA DATE D'UN VACCIN N'EST PAS INDIQUEE, INSCRIVEZ "99" A LA COLONNE "JOUR" ET VOUS PASSEZ AU VACCIN SUIVANT.

SI LA REponse A LA QUESTION 608 EST "NON VU", VOUS INSCRIVEZ "NON VU" A LA LIGNE CORRESPONDANTE.

TABLEAU VACCINATIONS

| L I G N E | BCG | | | DTC001 | | | DTC002 | | | DTC003 | | | POL101 | | | POL102 | | | POL103 | | | ROUGEOLE | | |
|-----------------------|------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|--------|------|------|----------|------|------|
| | JOUR | MOIS | AN | JOUR | MOIS | AN | JOUR | MOIS | AN | JOUR | MOIS | AN | JOUR | MOIS | AN | JOUR | MOIS | AN | JOUR | MOIS | AN | JOUR | MOIS | AN |
| | 609J | 609M | 609A | 610J | 610M | 610A | 611J | 611M | 611A | 612J | 612M | 612A | 613J | 613M | 613A | 614J | 614M | 614A | 615J | 615M | 615A | 616J | 616M | 616A |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | |

(SUITE)

| L I G N E | IMOVAX1 | | | IMOVAX2 | | |
|-----------------------|---------|------|------|---------|------|------|
| | JOUR | MOIS | AN | JOUR | MOIS | AN |
| | 609J | 609M | 609A | 610J | 610M | 610A |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

FIN DE L'INTERVIEW SUR LES SOINS DE SANTE PREVENTIFS

ENQUETES MENAGE SUR LA DEMANDE DES SOINS DE SANTE

QUESTIONNAIRE REVENUS

| | |
|---|---|
| 1 | 4 |
|---|---|

AEN ATYPE

IDENTIFICATION

IDENT1 ARRONDISSEMENT: _____

IDENT2 CANTON : _____

IDENT3 ZONE DE DENOMBREMENT: _____

IDENT4 VILLAGE : _____

IDENT5 MENAGE : _____

CM CHEF DE MENAGE: _____

NOM DU REpondANT: _____

IDENT6 NUMERO D'ORDRE DU REpondANT: _____

DOCUMENTATION

DOCUM1 DATE DE L'INTERVIEW: _____

| | | | | | |
|------|--|------|--|----|--|
| | | | | | |
| JOUR | | MOIS | | AN | |

DOCUM2 NOM DE L'ENQUETEUR: _____

| | |
|--|--|
| | |
|--|--|

DOCUM3 CHEF D'EQUIPE-OBSERVATION: _____

SAISIE

SAISI1 DATE DE SAISIE: _____

| | | | | | |
|------|--|------|--|----|--|
| | | | | | |
| JOUR | | MOIS | | AN | |

SAISI2 AGENT DE SAISIE: _____

| | |
|--|--|
| | |
|--|--|

| | | | | | |
|--------|--------|--------|--------|--------|--|
| | | | | | |
| IDENT1 | IDENT3 | IDENT4 | IDENT5 | IDENT6 | |

701 Avez-vous vendu un produit agricole quelconque durant les douze derniers mois ?

1. OUI 2. NON (PASSEZ A 708) 9. NON DECLARE

TABLEAU PRODUITS: AGRICOLES

| PRODUIT | Avez-vous vendu (PRODUIT) durant les douze derniers mois ? | Combien de fois avez-vous vendu (PRODUIT) durant les douze derniers mois ? | Quelle unité avez-vous utilisée le plus souvent en vendant (PRODUIT) ? | Combien (UNITE) de (PRODUIT) avez-vous vendues durant les douze derniers mois ? | Combien d'argent la vente de (NOMBRE ET UNITE) de (PRODUIT) vous a-t-il rapporté durant les douze derniers mois? EN FCFA |
|-------------------|--|--|--|---|---|
| 702 | 703 | 704 | 705 | 706 | 707 |
| 01 PETIT MIL | | | | | |
| 02 SORGHO | | | | | |
| 03 RIZ | | | | | |
| 04 MAIS | | | | | |
| 05 HARICOTS | | | | | |
| 06 IGNAME | | | | | |
| 07 MANIOC | | | | | |
| 08 PATATES DOUCES | | | | | |
| 09 OIGNONS | | | | | |
| 10 ARACHIDES | | | | | |
| 11 COTON | | | | | |
| 12 TOMATE | | | | | |
| 13 FRUIT | | | | | |
| 14 AUTRE _____ | | | | | |
| | 1. OUI 2. NON (PASSEZ A LA LIGNE SUIVANTE) | 1. TOUS LES JOURS 2. UNE FOIS PAR SEMAINE 3. UNE FOIS PAR MOIS 4. UNE FOIS PAR AN 5. DEUX FOIS PAR AN 6. AUTRE (PRECISEZ) 9. NON DECLARE | 1. GRAND SAC 2. PETIT SAC 3. GRAND PANIER 4. PETIT PANIER 5. GRANDE TASSE 6. PETITE TASSE 7. PAR UNITE 8. PAR BOTTE 9. NON DECLARE | | |

| | | | | | | | | |
IDENT1 IDENT3 IDENT4 IDENT5 IDENT6

708 Avez-vous du bétail quelconque, de la volaille, des chèvres, des moutons, des boeufs par exemple ?

1. OUI 2. NON (PASSEZ A 714) 9. NON DECLARE

TABLEAU: BETAIL

| ANIMAL | Avez-vous des (ANIMAL) ? | Avez-vous vendu un ou plusieurs de vos (ANIMAL) durant les douze derniers mois | Combien de (ANIMAL) avez-vous vendus durant les douze derniers mois? | Combien la vente de (NOMBRE D'ANIMAUX) de (ANIMAL) vous a-t-il rapporté durant les douze derniers mois? EN FCFA |
|--------|--------------------------|--|--|---|
| 709 | 710 | 711 | 712 | 713 |
| 01 | POULES | | | |
| 02 | CANARDS | | | |
| 03 | LAPINS | | | |
| 04 | CHEVRES | | | |
| 05 | MOUTONS | | | |
| 06 | BOEUFs | | | |
| 07 | CHAMEAUX | | | |
| 08 | ANES | | | |
| 09 | CHEVEAUX | | | |
| 10 | PINTADES | | | |
| 11 | AUTRES _____ | | | |

| | |
|---|---|
| 1. OUI 2. NON <input type="checkbox"/> 9. ND <input type="checkbox"/> | 1. OUI 2. NON <input type="checkbox"/> 9. ND <input type="checkbox"/> |
| PASSEZ A LA LIGNE SUIVANTE | PASSEZ A LA LIGNE SUIVANTE |

| No QUESTION | QUESTIONS\INSTRUCTIONS | REPONSES | PASSEZ A | CODES |
|-------------|---|--|----------------|------------------------------|
| 714 | Etes-vous marchand ou commerçant ? Avez-vous un petit commerce? | 1. OUI 2. NON..... 9. NON DECLARE..... | ..716 ..716 | <input type="checkbox"/> |
| 715 | Quel a été votre profit durant le mois dernier ? Combien d'argent ce petit commerce vous a-t-il rapporté durant le mois dernier? | 99000 . 99000 OU PLUS 99999 . NON DECLARE | | <input type="text"/> FCFA |
| 716 | Recevez-vous un salaire ou une commission ? | 1. OUI 2. NON..... 9. NON DECLARE..... | ..718 ..718 | <input type="checkbox"/> |
| 717 | Quel est le montant de votre salaire mensuel? | 99000 . 99000 OU PLUS 99999 . NON DECLARE | | <input type="text"/> FCFA |

ENQUETEUR: DEMANDEZ AU REpondANT SI EN DEHORS DES REVENUS
TIRÉS DE LA VENTE DE PRODUITS AGRICOLES, DU BETAIL,
DU COMMERCE, DES REVENUS SALARIAUX.

| No QUESTION | QUESTIONS\INSTRUCTIONS | REPONSES | PASSEZ A | CODES |
|-------------|---|--|--------------|------------------------------|
| 718 | Avez-vous gagné un autre revenu durant le mois dernier? | 1. OUI 2. NON..... 9. NON DECLARE..... | .720 .720 | <input type="checkbox"/> |
| 719 | Quel a été le montant de ce revenu durant le mois dernier? | 99000 . 99000 OU PLUS 99999 . NON DECLARE | | <input type="text"/> FCFA |
| 720 | Un parent ou un ami vous a-t-il donné de l'argent durant le mois dernier? | 1. OUI 2. NON..... 9. NON DECLARE..... | .722 .722 | <input type="checkbox"/> |
| 721 | Quel a été le montant total d'argent que vous avez reçu de ce parent ou ami durant le dernier mois? | 99000 . 99000 OU PLUS 99999 . NON DECLARE | | <input type="text"/> FCFA |
| 722 | Avez-vous de la terre qui vous appartient à vous-mêmes ou à votre famille? | 1. OUI, A MOI-MEME 2. OUI, A MA FAMILLE 3. NON 9. NON DECLARE | | <input type="checkbox"/> |
| 723 | Avez-vous payé la taxe d'arrondissement durant cette année? | 1. OUI 2. NON..... 9. NON DECLARE..... | .FIN .FIN | <input type="checkbox"/> |
| 724 | Combien avez-vous payé pour la taxe d'arrondissement? | 9000. 9000 OU PLUS 9999. NON DECLARE | | <input type="text"/> FCFA |

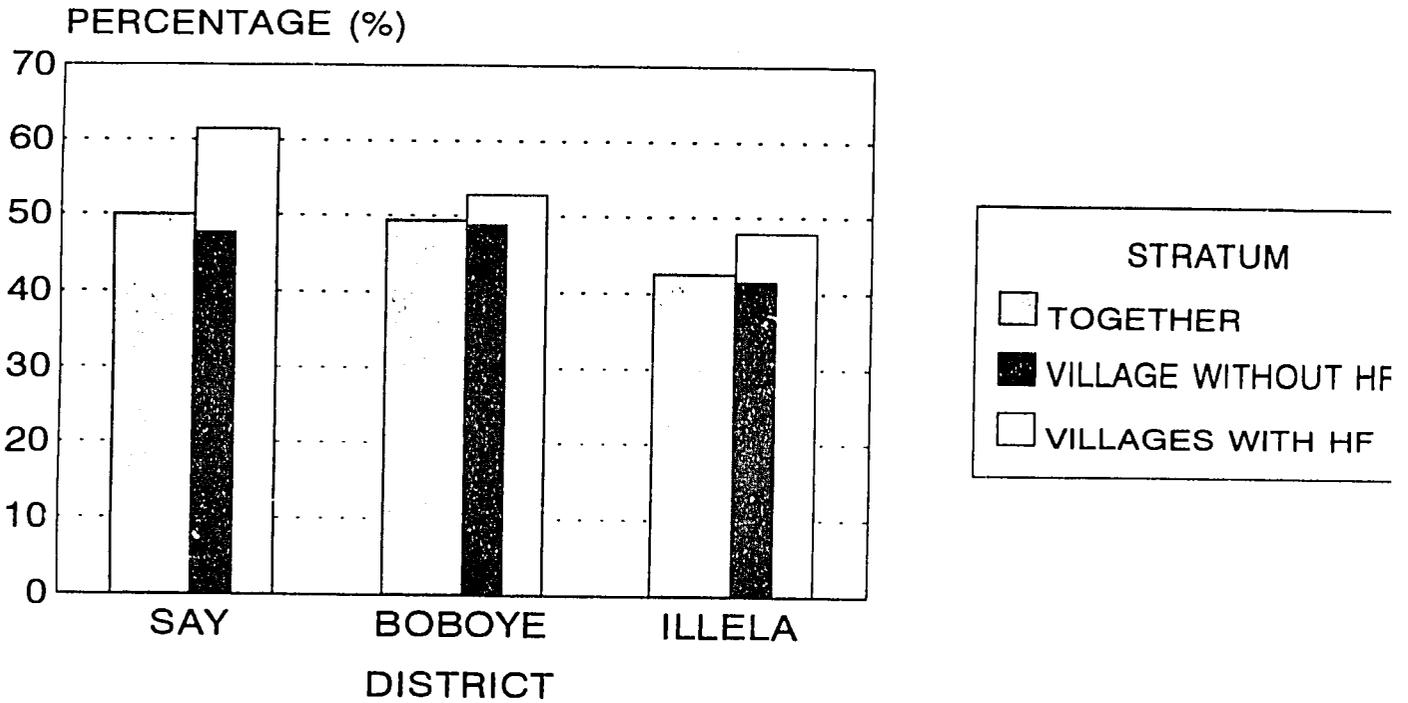
FIN DE L'INTERVIEW SUR LES REVENUS

THE DECISION TO SEEK HEALTH CARE:
 PERCENTAGE OF PEOPLE SAYING THEY USED HEALTH CARE OF SOME KIND
 IN THE TWO WEEKS PRIOR TO THE INTERVIEW
 BREAKDOWN ACCORDING TO SOCIO-DEMOGRAPHIC CHARACTERISTICS: SICK PERSONS
 INTERVIEWED IN THE DISTRICTS OF SAY, BOBOYE, AND ILLELA

| | DISTRICT | | | | | | | | | | | | | | |
|---------------------|-----------------|--------------|------------------------|---------------|-----------------|--------------|------------------------|-------------|---------------|-----------------|--------------|------------|------------------------|---------------|--|
| | SAY-DIRECT | | | | BOBOYE-INDIRECT | | | | | ILLELA-CONTROL | | | | | |
| | ANY HEALTH CARE | | NUMBER OF SICK PERSONS | | ANY HEALTH CARE | | NUMBER OF SICK PERSONS | | | ANY HEALTH CARE | | | NUMBER OF SICK PERSONS | | |
| | YES | NO | | | YES | NO | NA | | | | YES | NO | NA | | |
| AGE in years | | | | | | | | | | | | | | | |
| 0-14 | 69.2% | 30.8% | 308 | 100.0% | 84.0% | 15.9% | .1% | 667 | 100.0% | 64.7% | 35.0% | .2% | 451 | 100.0% | |
| 15-44 | 69.3% | 30.7% | 199 | 100.0% | 81.1% | 18.2% | .7% | 407 | 100.0% | 70.2% | 29.8% | | 292 | 100.0% | |
| 45 + | 79.8% | 20.2% | 129 | 100.0% | 88.7% | 11.3% | | 231 | 100.0% | 77.5% | 22.5% | | 142 | 100.0% | |
| SEX | | | | | | | | | | | | | | | |
| MALE | 69.4% | 30.6% | 337 | 100.0% | 84.9% | 14.7% | .3% | 578 | 100.0% | 72.5% | 27.3% | .2% | 411 | 100.0% | |
| FEMALE | 73.5% | 26.5% | 298 | 100.0% | 83.1% | 16.6% | .3% | 727 | 100.0% | 65.2% | 34.8% | | 474 | 100.0% | |
| ETHNIC GROUP | | | | | | | | | | | | | | | |
| ZARMA | 80.3% | 19.7% | 147 | 100.0% | 86.3% | 13.3% | .4% | 1018 | 100.0% | 66.7% | 33.3% | | 3 | 100.0% | |
| HAWSA | 95.6% | 4.4% | 45 | 100.0% | 98.4% | 1.6% | | 61 | 100.0% | 70.8% | 29.1% | .1% | 695 | 100.0% | |
| PEULH | 61.9% | 38.1% | 299 | 100.0% | 66.7% | 33.3% | | 180 | 100.0% | 52.2% | 47.8% | | 23 | 100.0% | |
| OTHERS | 74.8% | 25.2% | 143 | 100.0% | 76.2% | 23.8% | | 42 | 100.0% | 55.0% | 45.0% | | 111 | 100.0% | |
| INCOME GROUP | | | | | | | | | | | | | | | |
| LOW | 62.9% | 37.1% | 264 | 100.0% | 77.8% | 21.9% | .3% | 680 | 100.0% | 64.9% | 34.9% | .2% | 453 | 100.0% | |
| HIGH | 78.0% | 22.0% | 359 | 100.0% | 90.3% | 9.4% | .3% | 608 | 100.0% | 72.7% | 27.3% | | 418 | 100.0% | |
| STRATA | | | | | | | | | | | | | | | |
| WITH HF | 97.2% | 2.8% | 109 | 100.0% | 92.1% | 7.9% | | 215 | 100.0% | 81.1% | 18.2% | .7% | 143 | 100.0% | |
| WITHOUT HF | 66.2% | 33.8% | 529 | 100.0% | 82.4% | 17.3% | .4% | 1094 | 100.0% | 66.2% | 33.8% | | 743 | 100.0% | |
| TOTAL | 71.5% | 28.5% | 638 | 100.0% | 84.0% | 15.7% | .3% | 1309 | 100.0% | 68.6% | 31.3% | .1% | 886 | 100.0% | |

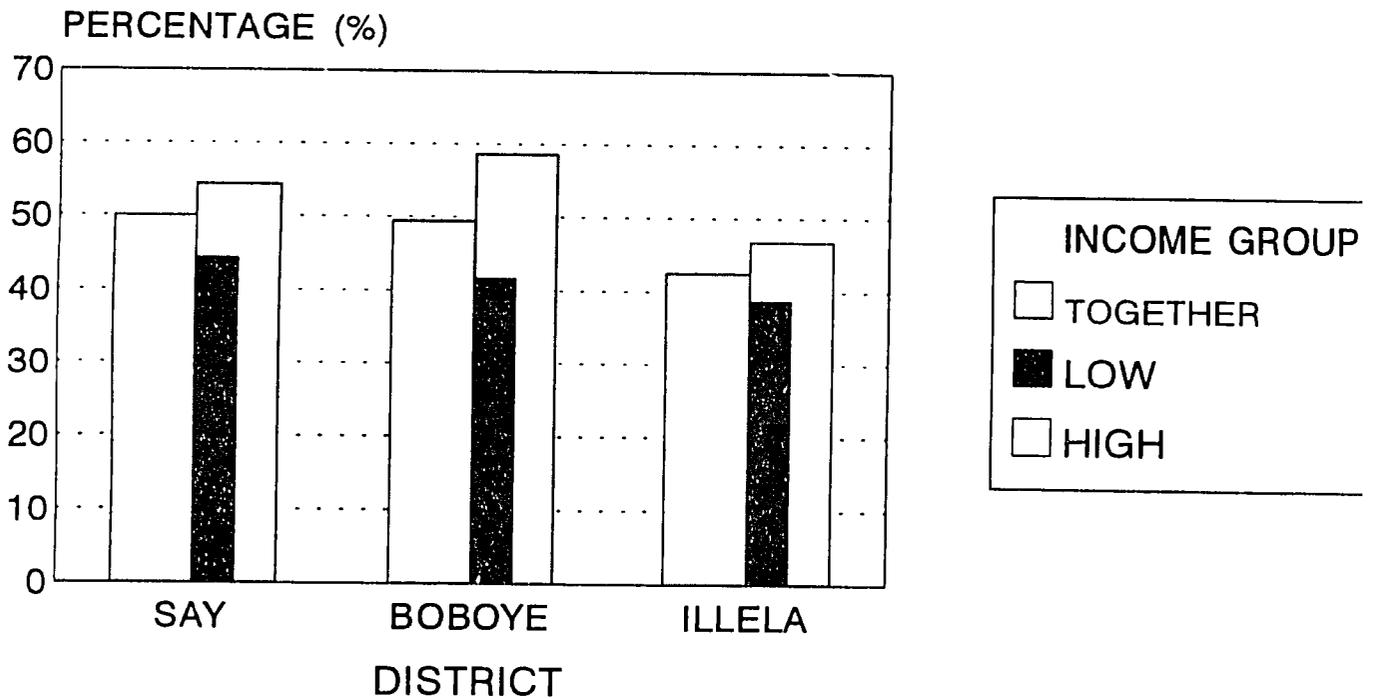
COST RECOVERY PILOT TESTS
 BASELINE SURVEY, OCTOBER-DECEMBER, 1992
 HFS\NIGER93\EXH10

Figure 03a. HEALTH CARE AT HOME
 PEOPLE WHO USED MEDICINE AVAILABLE AT HOME, BY STRATUM
 SICK PERSONS INTERVIEWED



COST RECOVERY PILOT TESTS
 BASELINE SURVEY OCTOBER-DECEMBER 1992
 HFS\NIGER93\FIG03a.

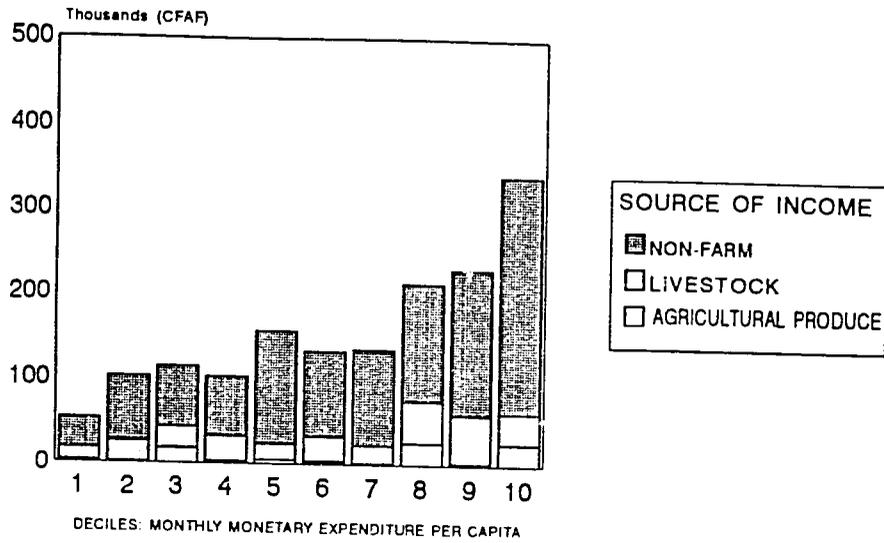
Figure 03b. HEALTH CARE AT HOME
 PEOPLE WHO USED MEDICINE AVAILABLE AT HOME, BY INCOME GROUP
 SICK PERSONS INTERVIEWED



COST RECOVERY PILOT TESTS
 BASELINE SURVEY OCTOBER-DECEMBER 1992
 HFS\NIGER93\FIG03b.

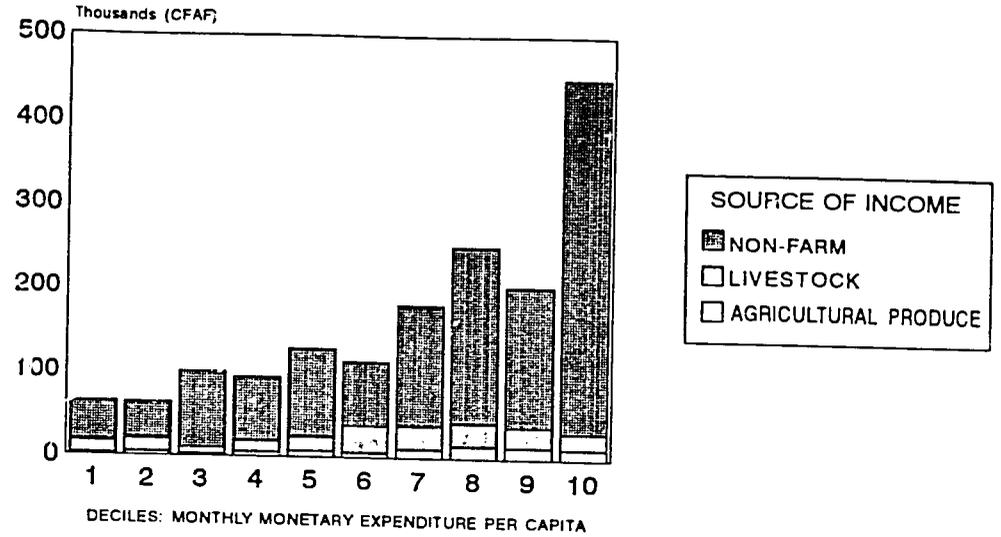
148

Figure 02a. ANNUAL MONETARY INCOME (CFAF)
BY SOURCE OF INCOME AND LEVEL OF MONETARY EXPENDITURE
DISTRICT OF SAY



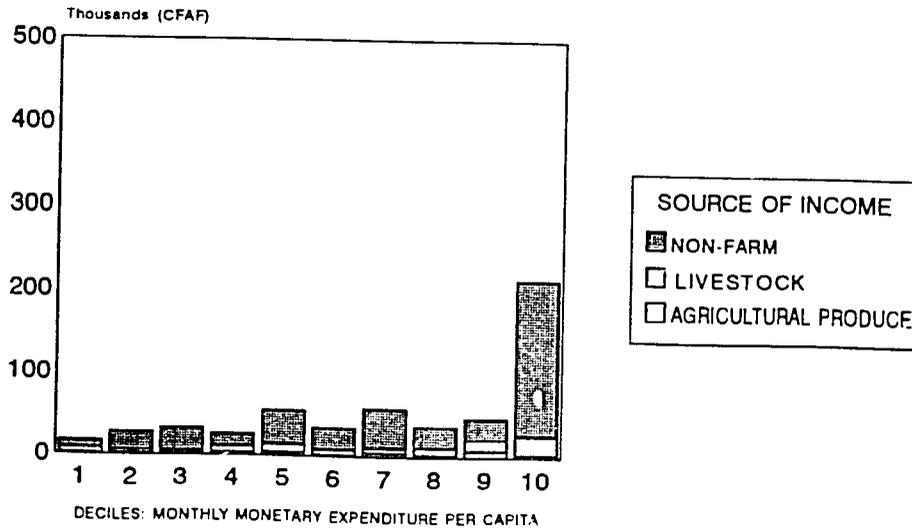
COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS/NIGER92/FIG02a

Figure 02b. ANNUAL MONETARY INCOME (CFAF)
BY SOURCE OF INCOME AND LEVEL OF MONETARY EXPENDITURE
DISTRICT OF BOBOYE



COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS/NIGER92/FIG02b

Figure 02c. ANNUAL MONETARY INCOME (CFAF)
BY SOURCE OF INCOME AND LEVEL OF MONETARY EXPENDITURE
DISTRICT OF ILLELA



COST RECOVERY PILOT TESTS
BASELINE SURVEY, OCTOBER-DECEMBER, 1992
HFS/NIGER92/FIG02c