

# Nigeria - Subsidy Reinvestment and Empowerment Programme Maternal and Child Health Initiative Impact Evaluation (SURE-P MCH) 2013, Baseline Survey

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# Sampling

## Sampling Procedure

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- Primary Health Care facilities: The survey targeted all 500 SURE-P MCH Phase 1 PHC facilities.

- Midwives: The survey targeted all midwives currently working for the SURE-P MCH (up to four per Primary Health Care facility). The list of all SURE-P midwives with their identification numbers was provided to the survey firm. Some midwives, whose names were not on the list, were found and interviewed during the survey.

- Ward Development Committees: The survey targeted all 500 ward development committees operating in areas with SURE-P MCH Phase 1 Primary Health Care facilities.

- Households sampling

The interviewers first visited the SURE-P facilities and asked for the names of the communities within its catchment area. The names of communities were written in a piece of paper, crumpled and placed in a bag. The papers were randomly drawn and two communities selected.

All structures in communities with 50 or less structures were listed. Communities with 50 to 100 structures were split into Enumeration Areas (EAs) of approximately 25 structures, out of those two EAs were randomly selected and fully listed. Communities with more than 100 structures were also split into EAs and three EAs randomly selected.

The listing was conducted using the World Bank designed listing form. All listed households with eligible women were entered into a generated sampling form. Households with the smallest numbers in the "sampling order" were chosen for sample.

A sketch of the community maps was also obtained.

## Response Rate

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- Primary Health Care Facilities Questionnaire  
Target: 500; interviewed: 476; response rate: 95%

- Midwives Questionnaire  
Target: 1,215; interviewed: 1,285; response rate: 106%

- Ward Development Committees Questionnaire  
Target: 500; interviewed: 473; response rate: 95%

- Household Questionnaire  
Target: 2,500; interviewed: 2,384; response rate: 95%

# Questionnaires

## Overview

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Four questionnaires were used to collect data for SURE-P MCH IE baseline survey.

1) Primary Health Care Facilities Questionnaire includes the following sections: (i) general information; (ii) facility characteristics; (iii) administration and management; (iv) human resources; (v) organizational citizenship and behaviors; (vi) Maslach Burnout Inventory (MBI); (vii) patient records; (viii) community outreach; (ix) health services; (x) user fees; (xi) national protocols; (xii) equipment; (xiii) drug storage and availability;

2) Midwives Questionnaire includes the following sections: (i) general information; (ii) post-secondary education; (iii) exposure to rural settings; (iv) job attributes preferences; (v) Maslach Burnout Inventory (MBI); (vi) work conditions; (vii) family; (viii) altruism game; (ix) other sources of income; (x) household assets, land, and animals; (xi) non-experimental measure of intrinsic motivation; (xii) time preferences game; (xiii) community relations and support; (xiv) prosocial scales; (xv) midwifery courses preferences; (xvi) antenatal care (ANC); (xvii) opinions about work and family; (xviii) contact information; (ixi) risk preferences game; (xix) post-contract expectations\*; (xix) social norms game.

The study tests the effectiveness of three different incentives regimes for midwives (monetary only, non-monetary only and monetary plus non-monetary) versus a control group. The midwives baseline survey was used to deliver the relevant contract to each midwife, with midwives in the control group receiving a generic letter. The post-contract expectations section of the midwives questionnaire asked a basic set of questions on midwives' expectations related to various aspects of their work immediately following receipt of their contract letter.

3) Households Questionnaire includes the following sections: (i) contact information; (ii) household roster; (iii) education; (iv) transfers and other income; (v) adverse events; (vi) household health services utilization and payment; (vii) community organizations; (viii) male adult expectations; (ix) reproductive health; (x) antenatal care service utilization; (xi) labor and delivery; (xii) Edinburg Postnatal Depression Scale; (xiii) postpartum care and breastfeeding; (xiv) female adult expectations; (xv) maternal knowledge; (xvi) delivery problems; (xvii) exposure to media and mobile phones; (xviii) village leader and ward development committee interaction; (xix) dwelling characteristics and household amenities; (xx) household assets; (xxi) food and non-food consumption.

4) Ward Development Committees Questionnaire includes the following sections: (i) general information; (ii) access to basic services and community characteristics; (iii) social capital and community empowerment; (iv) external shocks; (v) direct observation.

## Data Collection

### Data Collection Dates

Start	End	Cycle
2013-09-09	2013-11-27	N/A

### Data Collection Mode

Face-to-face [f2f]

#### DATA COLLECTION NOTES

A survey implementation plan was developed to guide the data collection for this survey.

1) Cluster One (13 states from South West and North Central zones)

- Personnel distribution for the implementation:

26 interviewers administered 770 households questionnaires

26 interviewers administered 483 midwife questionnaires

13 interviewers administered 153 WDC and 153 facility manager questionnaires

13 listers carried out the listing of households across the states

Field data collection took place between 9th and 24th of September, 2013.

2) Cluster Two (11 states in South East and South South zones)

- Personnel distribution for the implementation:

22 interviewers administered 671 households questionnaires

22 interviewers administered 462 midwife questionnaires

11 interviewers administered 134 WDC and 133 facility manager questionnaires

11 listers carried out the listing of households across the states

Field data collection took place between 7th and 18th of October, 2013.

3) Cluster Three (13 states of North East and North West zones)

- Personnel distribution for the implementation:

26 interviewers administered 937 households questionnaires

26 interviewers administered 331 midwife questionnaires

13 interviewers administered 190 WDC and 190 facility manager questionnaires

13 listers carried out the listing of households across the states

Field data collection took place between 11th and 27th of November, 2013.

Google Nexus 7 tablets were used to collect the data. Completed and finalized forms were dispatched to the server three times per week. The supervisors ensured that only the finalized forms were sent to the server and that the forms were properly saved with the right file names before dispatch. Wireless internet connection network was shared among the 5 tablets before eventual dispatch to the server. The survey firm provided each state team a mobile phone with portable hotspot.

### Data Collectors

Name	Abbreviation	Affiliation
Hanovia Medical Limited		

#### SUPERVISION

The survey implementation team consists of core management, zonal coordinators, state supervisors and interviewers. The core management team includes the Project Manager (PM) supported by a field coordinator and a logistics manager. Six zonal coordinators, 37 state supervisors, 148 interviewers and 37 "listers" were recruited in all states.

Due to the adequate training and competence of most team members, data quality assurance was a primary responsibility of each interviewer. Each interviewer was required to take adequate time in answering each question and entering answers

correctly into the tablet. Interviewers also took time to review each completed questionnaire before leaving the spot where the interview was conducted. The supervisors were available to observe some interviews conducted.

Supervisors randomly went through a couple of forms on different days to check the collected data before dispatching it to the server.

Feedback from the World Bank on quality of collected data was shared with the survey firm. Some interviewers went back to the field to collect additional information if there were some concerns.

# Data Processing

## Data Editing

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Data cleaning was carried out in phases at the end of the field exercise. Data cleaning commenced with the correction of wrongly captured midwives identification (ID) numbers in the midwives and post-contract surveys. Corrected midwives IDs were further matched using STATA to identify missing midwives IDs. At the end of this exercise, a number of missing IDs were discovered and addressed by conducting fresh interviews. Plateau and Taraba states recorded the highest cases of midwives with missing post-contract survey forms.

Household data was cleaned by identifying duplicate IDs within the facilities and by correcting household IDs which were not correctly recorded. The household listing and sampling order forms served as reference books for confirmation of the IDs where concerns were raised. Facility and WDC files were cleaned by identifying duplicated facility IDs within the states. Identified IDs were cleaned by calling the person in charge of the facilities and WDC chairs to clarify which facilities they fall under.

# Data Appraisal

No content available



## Related Materials

### Questionnaires

#### Household Questionnaire

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Title Household Questionnaire  
Language English  
Filename household.pdf

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#### Primary Health Care Facility Questionnaire

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Title Primary Health Care Facility Questionnaire  
Language English  
Filename facility.pdf

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#### Midwife Questionnaire

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Title Midwife Questionnaire  
Language English  
Filename midwife.pdf

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#### Post-Contract Midwife Questionnaire

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Title Post-Contract Midwife Questionnaire  
Language English  
Filename post\_contract.pdf

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#### Ward Development Committee Questionnaire

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Title Ward Development Committee Questionnaire  
Language English  
Filename wdc.pdf

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### Technical documents

#### Field Report on Baseline Data Collection

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Title Field Report on Baseline Data Collection  
Author(s) Hanovia Medical Limited  
Date 2014-01-01  
Language English  
Filename sure\_p\_mch\_final\_baseline\_field\_report.pdf

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#### Impact Evaluation Concept Note

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Title Impact Evaluation Concept Note

Date 2013-03-12  
Language English  
Filename sure\_p\_cn\_final.pdf

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