

How would you rate the access to healthcare in your community?

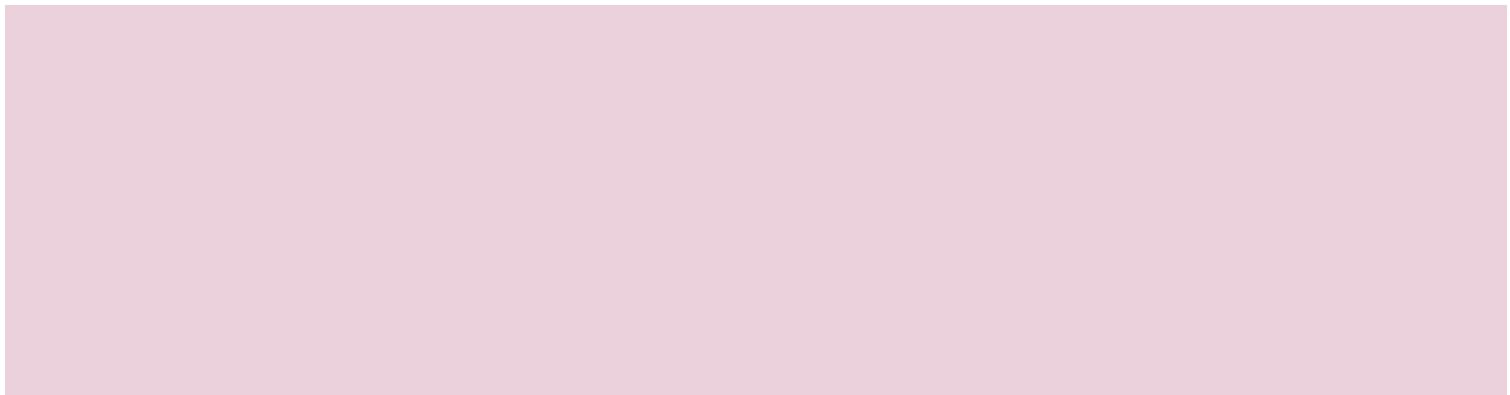
What is the quality of healthcare available to you?

What type of health facility do you most frequently use for medical treatment?

. Based on your experience or perception, how would you rate the quality of medical staff at the health facility you use most often?

On a scale of 1-5, how would you rate [.....] currently provided by the health facility serving your community

Which of the following services are available at the health facility you use? (Select all that apply)



Have you ever been referred to another facility for services not offered at your primary health facility?

How would you describe the availability of medical supplies and equipment at the health facility you use most often?

. Have you or anyone in your household been denied treatment at a health facility due to lack of medical supplies or equipment?

Have you or anyone in your household been in a situation where a health facility could not provide the necessary drugs for treatment?

What is the approximate distance to the nearest healthcare facility from your home?

What is the average waiting time at the health facility nearest to your home?

What are the main barriers to accessing healthcare services in your area? (Select all that apply)

Have you or anyone in your household been unable to get medical care for a serious condition in the past 12 months?



<p>Very Good</p> <p>Good</p> <p>Fair</p> <p>Poor</p> <p>Very Poor</p> <p><i>I don't know/ refuse to answer</i></p>	<p>UNHCR comments</p> <p>I would also ask for average</p>
<p>Very Good</p> <p>Good</p> <p>Fair</p> <p>Poor</p> <p>Very Poor</p> <p><i>I don't know/ refuse to answer</i></p>	
<p>Primary Health Care Unit (PHCU)</p> <p>Primary Health Care Center (PHCC)</p> <p>Hospital (government)</p> <p>Hospital (private)</p> <p>Hospital (NGO)</p> <p>Clinic (government)</p> <p>Clinic (private)</p> <p>Clinic (NGO)</p> <p>Community health center</p> <p>Mobile health unit</p> <p>Traditional healer</p> <p>Pharmacy for over-the-counter treatment</p> <p>I do not use any health facility</p> <p>Other (please specify): _____</p>	
<p>Very high quality</p> <p>High quality</p> <p>Average quality</p> <p>Low quality</p> <p>Very low quality</p> <p>I have not interacted with medical staff</p>	
<p>Overall quality of service</p> <p>Responsiveness of staff</p> <p>Availability of medicines and health supplies</p> <p>Staff attitude</p> <p>Accessibility to the health services</p> <p>Cleanliness</p> <p>Accessibility to the premises</p> <p>Availability of health workers</p> <p>Customer care</p>	
<p>General medical consultations</p> <p>Maternal and child health services</p> <p>Immunizations/vaccinations</p>	

Emergency services
Surgical procedures
Dental services
Eye care services
Mental health services
Physical therapy/rehabilitation
Health education and prevention services
Laboratory services
I am not sure about the services offered
Other (please specify): _____

Yes

No

Very good - all necessary supplies and equipment are available
Good - most necessary supplies and equipment are available
Fair - some essential supplies and equipment are missing
Poor - many essential supplies and equipment are missing
Very poor

Yes

No

Yes

No

1 to 5 kilometers
5 to 10 kilometers
More than 10 kilometers

Less than 30 minutes
30 minutes to 1 hour
1 to 2 hours
More than 2 hours
Not applicable / I don't know

Distance to facilities
Insecurity
Cost of treatment
Lack of available medical personnel
Lack of medication or medical supplies
Long waiting times
Lack of transportation
Fear of discrimination or poor treatment
Lack of information about where to get help
No barriers
Other (please specify): _____

Yes

No

If yes, please specify the reason(s): _____

SH

added below

