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# IMPACT STUDY FOR ROTARY FAMILY HEALTH DAYS (RFHD) LESOTHO 2019

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to RFHA Inc, USA

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## List of Acronyms

CDC	– Centres for Disease Control and Prevention
DG	– Rotary District Governor
DGE	– Rotary District Governor Elect
EPI	– Expanded Programme on Immunisation
HCT	– HIV/Aids Counselling and Testing
M & E	– Monitoring and Evaluation
NDOH	– National Department of Health
PDG	– Rotary Past District Governor
PEPFAR	– The United States President's Emergency Plan for AIDS Relief
RFHA	– Rotary Action Group for Family Health and Aids prevention Inc.
RFHA SA NPC	– RFHA South Africa Non-Profit Company
RFHD	– Rotary Family Health Days
RI	– Rotary International
USAID	– United States Agency for International Development

## Introduction

The Rotary Family Health Days is the signature programme of the Rotary Action Group for Family Health & AIDS Prevention, Inc (RFHA Inc). This three-day annual programme provides holistic, comprehensive, and preventative health screenings (both for infectious and non-communicable diseases) by way of leveraging and inspiring a massive force of humanitarian-driven Rotarians and Partners. Through this Public/Private Partnership programme, tens of thousands of people are served in underprivileged communities in various countries in Africa.

The services include free lifelong immunizations to children, such as polio and measles vaccines and comprehensive life-saving annual health screens, counselling, testing and referrals for HIV/Aids, TB, diabetes, hypertension, MMC, cancer and more.

In Lesotho, a pilot programme was executed by RFHA SA NPC as the local convenor of the programme together with its partners, namely: Lesotho Ministry of Health, AIDS Healthcare Foundation, the US Mission through the PEPFAR funded agencies of the Centres for Disease Control and Prevention and USAID, one Rotary District, and other support partners and funders.

In 2019, 1,696 people attended the Rotary Family Health Days in Lesotho across 3 sites in the Lesotho districts of Leribe and Maseru.

Together we believe we are leaving a legacy of shared responsibility to serve the disadvantaged communities within Lesotho.

However, forced to choose among programs and projects ‘doing good’ in the world, RFHA Inc, Rotary International, various funding agencies, partners and local Rotary structures need to know — with support of empirical data — what the lasting impacts (sustainability) of these efforts are on the nation’s families and its health-care delivery systems.

The intent of the 3-month Impact Study is therefore to assess this sustainability, or lasting impact, of RFHD. This included understanding behavioural or lifestyle changes, improvements to health conditions, as well as the clients’ following up on referrals. We also wanted to measure the client’s satisfaction with the services and listen to their recommendations for future RFHD.

## Methodology

The guideline document “**A Monitoring and Evaluation Template for Rotary Family Health Days - Guidelines for African Countries 2014**” by PRID and RFHA Inc Board Member Dr Philip J. Silvers (**December 1, 2013**) was used in designing a methodology to use in South Africa.

The monitoring and evaluation tools were developed by and are copyrighted to RFHA Inc globally. The current tools were developed by RFHA Inc, the National Department of Health in South Africa, the Centres for Disease Control, Emile Mouton under contract to RFHA Inc with input from Dr Philip Silvers. A requirement from RFHA Inc for an in-country program is to follow these Guidelines when executing a Rotary Family Health Day Programme.

RFHA SA NPC understands the importance of doing impact studies. The Rotary Family Health Days in Lesotho is a new journey that RFHA SA NPC had embarked on in 2019 with the Lesotho Ministry of Health and Lesotho Rotarians. This is therefore the first impact study, based on RFHD 2019. This initial impact study is a new journey that will continue evolving with every new RFHD held.

### Objectives

The intent of the impact study is to assess the **sustainability**, or **lasting impact**, of the RFHD. This will include improvements to **health conditions**, as well as the clients’ following up on **referrals**. RFHA SA NPC also wants to measure the **client’s satisfaction** with the services and listen to their **recommendations** for future RFHD.

### Sampling Plan

Being the first RFHD in Lesotho, the impact study sampling plan is still evolving.

After the inaugural RFHD in 2019 it is known that there were just under 1,700 people that attended.

A desired sample size can then be calculated as follows: a population size of 1,700, a desired confidence level of 95%, and a margin of error of 5%, gives a desired sample size of 314 *completed survey questionnaires*. And if a 40% successful completion rate of completed questionnaires was assumed this results in a total number of 785 participants being required to be selected from amongst RFHD clients.

Unfortunately, only **100 consent forms were obtained**, and only **74 survey questionnaires were completed** by respondents. This is 4.3% of the entire RFHD 2019 population. This is not a bad start, as it is almost double that of South Africa. Unfortunately, this therefore gives an **11.14% margin of error with 95% confidence**. This means that if the entire population of RFHD 2019 was asked the same set of questions, the real answers could deviate from this impact study answers by 11.14% above or below.

In future, *at current levels of attendance*, we should be asking every 2<sup>nd</sup> person attending the RFHD to consent to be a part of the impact study in future, to meet our desired sample size.

## Training & Guidelines

The Lesotho team received comprehensive training from Emile Mouton on the monitoring and evaluation process prior to the RFHD roll out.

A succinct set of simple **guidelines** were also developed. This was intended as further guidance (after initial training) for all interview teams to use and provide as training to all interviewers.

## Consent Forms

All RFHD sites were asked to obtain consent from a random sample of clients attending. These signed consent forms would then be used as the sample for the telephonic interviews.

## Instrument (Questionnaire)

Dr Philip J. Silvers' questionnaire template was used as the basis for the South African questionnaire, which was in turn adopted as one of the RFHA Inc. standard templates. This RFHA standard questionnaire template was then used in Lesotho.

The questionnaire uses an **“open-ended/close-ended” approach**. The intention was that most of the questions are ‘open-ended,’ whereby the client is asked to respond in his/her own words, without any prompting of categories. The interviewer then records the most relevant ‘close-ended’ categories so that the data can be quantified. This technique enables us to obtain precise quotations from the respondent—without putting words in her/his mouth, reduce response bias, and at the same time, can categorize and quantify the responses.

The survey instrument is designed to obtain data on the respondent's motivation to attend the RFHD, the services/supplies they received, actions on any referrals, overall satisfaction with the RFHD event, and any recommendations they may have for future RFHD events.

Each interview takes approximately seven to twelve minutes to complete—depending on the complexity of the respondent's RFHD experience.

## Interview Teams

Telephonic interview teams were organised and coordinated by **DGE Maud Boikanyo**.

## Conducting the Interviews

Telephonic interviews were used to conduct this impact study.

Call **Control Sheets** were developed to be used by interviewers to control the various attempts at contacting clients.

## Data Entry, Data Editing, Data Analysis, and Insights Gained

The whole data entry, editing, analysis and insights process was performed and controlled by **Emile Mouton**.

A **data entry Google form** and **Excel worksheet** were developed. Data entry was done as close to the actual data on the questionnaires as possible. The quality of data capturing was controlled by using radio buttons, check boxes, and drop-down lists to limit capturing to valid standard values only (where not an open-ended answer). Completeness of data capture was controlled via strict processing steps, reference numbers assigned to each questionnaire, and control checks performed between the Google form and the Excel worksheet.

Inconsistencies, errors, and omissions on the interview questionnaires were then cleansed where possible, after the original questionnaire data was captured.

Data was then summarized, and graphical representations of the results were developed, which enabled insights across the data sections to be gained.

## Report Format

The report drafted describes the context of RFHD, the methodology of the client follow-up survey, the findings supported by data graphs, as well as conclusions and recommendations.

# Findings

## Survey Demographics

### Total Survey Respondents

**100 consent forms** were received from the various Health Day sites. **74 completed survey questionnaires** were received. We therefore had a **74% response completion rate**.

As explained in the Sampling Plan section above, this unfortunately therefore gives an **11.14% margin of error with 95% confidence**. This means that if the entire population of RFHD 2019 was asked the same set of questions, the real answers could deviate from this impact study answers by 11.14% above or below. This is a big variation which should look to improve upon in future.

### Completion Rate

The overall completion rate was 74%. The whole of Lesotho falls within Rotary District 9370. The completion rate in each of the 2 Lesotho (Municipal) Districts (Leribe, Maseru) in which there were RFHD sites was also 74%

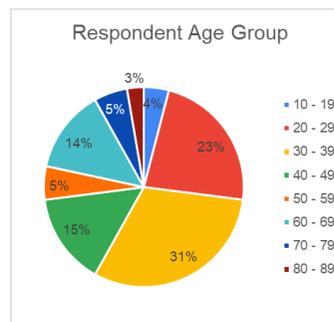
Respondents	
District 9370 Leribe	20
District 9370 Maseru	54
<b>Grand Total</b>	<b>74</b>

Completion Rate	
Leribe	74%
Maseru	74%
<b>Grand Total</b>	<b>74%</b>

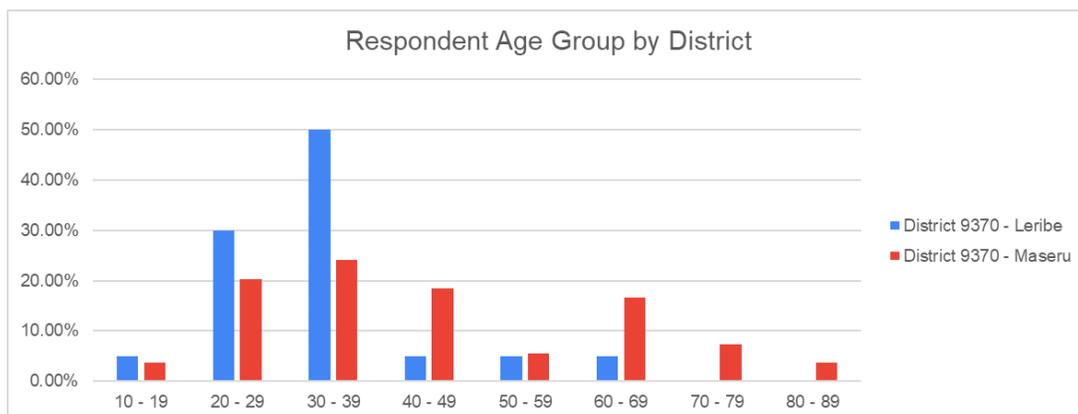
### Survey Respondents by Age

More than half the respondents were in their twenties or thirties.

The average respondent was just under 41 years old. In the Leribe district the average age was 32 years old, and in the Maseru district the average age was almost 44 years old.



Age Group	Count
10 - 19	3
20 - 29	17
30 - 39	23
40 - 49	11
50 - 59	4
60 - 69	10
70 - 79	4
80 - 89	2
<b>Grand Total</b>	<b>74</b>

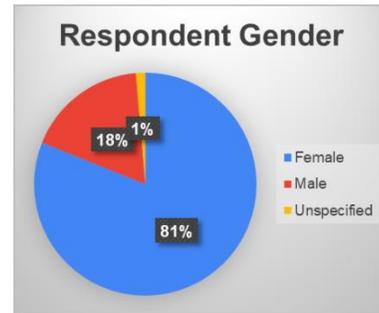


### Survey Respondents by Gender

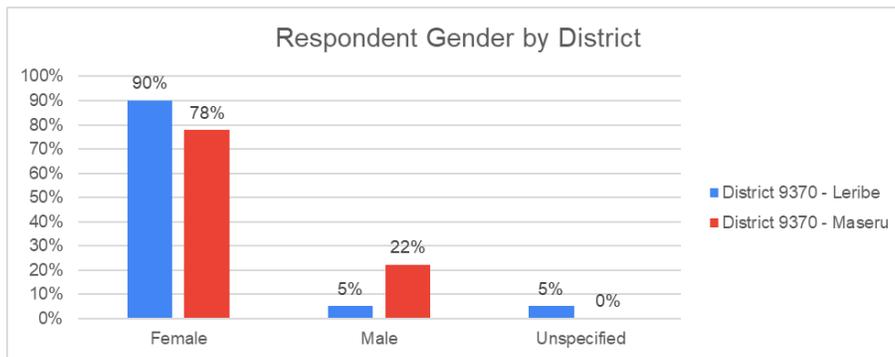
The overwhelming majority of respondents were female (81%) – approximately 4 in every 5 people – which is above the actual attendance (72%) at the Rotary Family Health Days. A small number of respondents (1%) preferred not to provide their gender.

The slant towards females may introduce a “female perspective” bias in the survey results, if such a perspective variation exists between men and women. There is no obvious evidence of such a bias, however.

In Leribe 9 in every 10 respondents were women. Maseru was close to the overall average.



Gender	
Female	60
Male	13
Unspecified	1
<b>Grand Total</b>	<b>74</b>

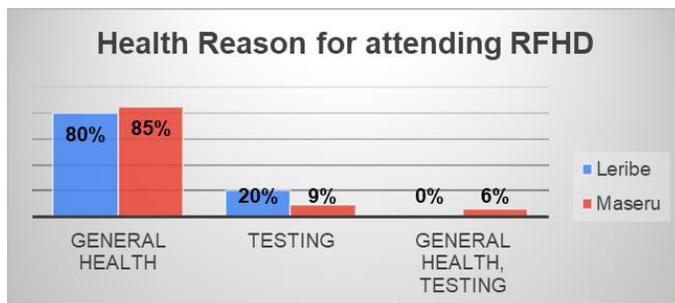
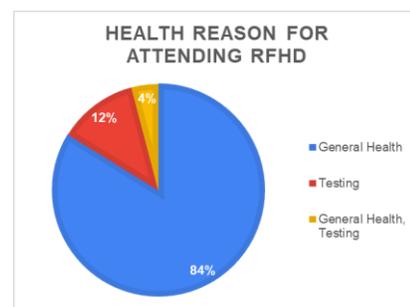


### Coming to the Rotary Family Health Days

#### Reasons for attending the RFHD

General health seems to have been the main reason for coming to the RFHD. This makes sense since this was a new initiative in Lesotho, so people probably did not know what to expect. Testing was the other reason given.

Leribe district was leaning more towards the testing aspect, while Maseru was leaning slightly towards general health.



Reason for Attending	
General Health	62
Testing	9
General Health, Testing	3
<b>Grand Total</b>	<b>74</b>

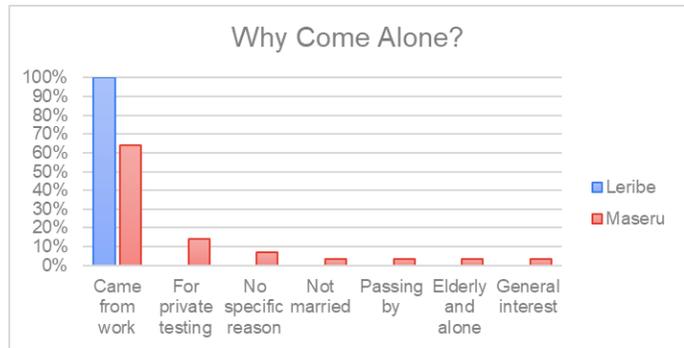
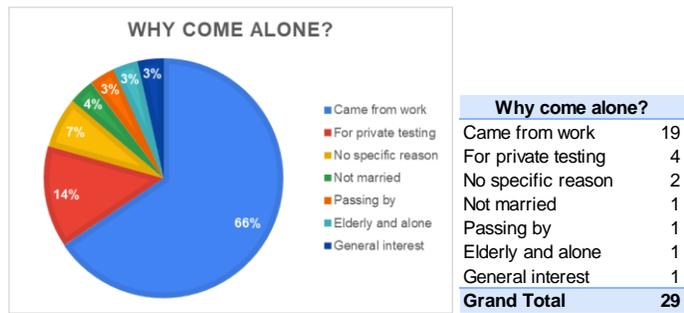
Reason for Attending the RFHD			
	Leribe	Maseru	Grand Total
General Health	80%	85%	84%
Testing	20%	9%	12%
General Health, Testing	0%	6%	4%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Did people come alone or accompanied by others?

Unfortunately, these questions were not fully answered. No indication was given of whether people came alone or with other people, and if so, with how many people. In addition, no respondents gave any reasons for why they might have come with other people.

The only question answered, is why some people came alone. In Leribe district all people said they came from work. In Maseru this was also the main reason.

Why come alone?			
	Leribe	Maseru	Grand Total
Came from work	100%	64%	66%
For private testing	0%	14%	14%
No specific reason	0%	7%	7%
Not married	0%	4%	3%
Passing by	0%	4%	3%
Elderly and alone	0%	4%	3%
General interest	0%	4%	3%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

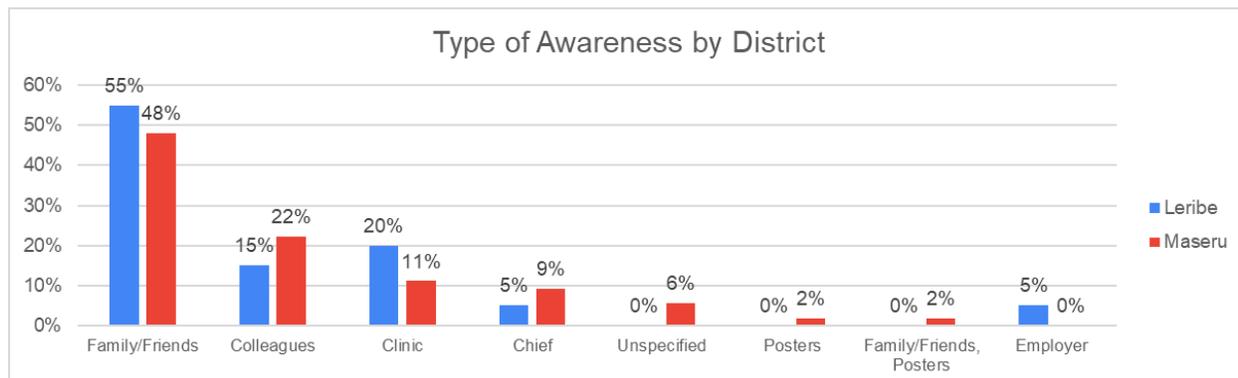
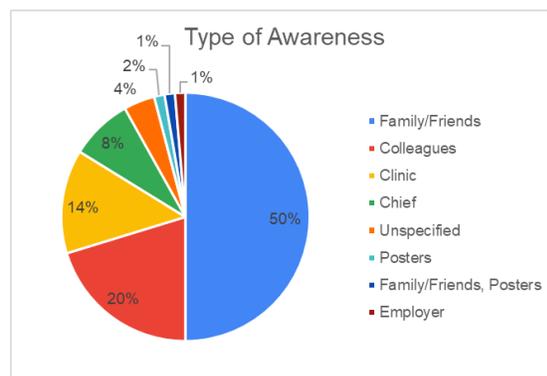


### How did they hear about the RFHD?

Based on the survey options for how people knew about the RFHD, hearing about it by word-of-mouth (**family and friends, colleagues, clinic, chief, employer**) is by far the most influential at 97%.

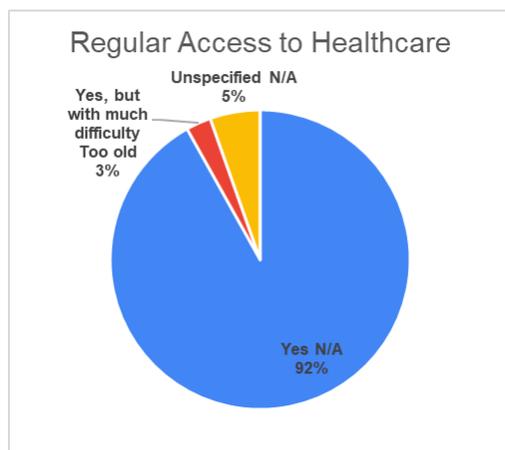
Type of Awareness	
Family/Friends	37
Colleagues	15
Clinic	10
Chief	6
Unspecified	3
Posters	1
Family/Friends, Posters	1
Employer	1
<b>Grand Total</b>	<b>74</b>

To tie into the strong word-of-mouth awareness, perhaps **social media** campaigns should be considered.



## Do they regularly have access to healthcare services?

The responses received seems to indicate that there is good access to local clinics and healthcare in general. However, it might that as the programme expands in future years to more rural towns and villages the picture could change.



Regular Access to Healthcare		
Yes	N/A	68
Yes, but with much difficulty	Too old	2
Unspecified	N/A	4
<b>Grand Total</b>		<b>74</b>

Regular Access to Healthcare				
		Leribe	Maseru	Grand Total
Yes	N/A	95%	91%	92%
Yes, but with much difficulty	Too old	0%	4%	3%
Unspecified	N/A	5%	6%	5%
<b>Grand Total</b>		<b>100%</b>	<b>100%</b>	<b>100%</b>

## Services Provided & Referral Impact

Received Services and Referral Impact						
Received Service? Referrals?	Did you go?	Treated?	Treatment Result	Further help?	Count	Ratio
[-] Yes					<b>73</b>	<b>98.65%</b>
	[-] Yes				<b>9</b>	<b>12.33%</b>
		[-] Yes			<b>8</b>	<b>88.89%</b>
			[-] Need further help	Unspecified	2	100.00%
			[-] Do not know	Unspecified	4	100.00%
			[-] Unspecified	N/A	2	100.00%
		[+] Unspecified			1	11.11%
	[+] No				<b>59</b>	<b>80.82%</b>
	[+] Unspecified				<b>5</b>	<b>6.85%</b>
[-] Unspecified					<b>1</b>	<b>1.35%</b>
	[+] Unspecified				<b>1</b>	<b>100.00%</b>
<b>Grand Total</b>					<b>74</b>	<b>100.00%</b>

All except one respondent (98.65%) said they received health services at the Health Days.

12.33% indicated that they had received referrals to clinics. This seems low.

And of these, 88.89% indicated that they went to the clinic.

All (100%) of those that went to the clinic were treated in some way.

However, based on responses, it seems that not a single person had their health problem fully resolved.

Unfortunately, none of the respondents explained what the reasons for this might have been.

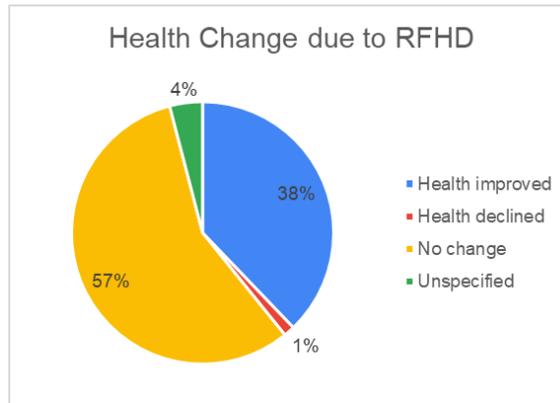
### Changes in Health (after RFHD)

38% says their health has changed *for the better* as a direct result of the services provided at the Health Days.

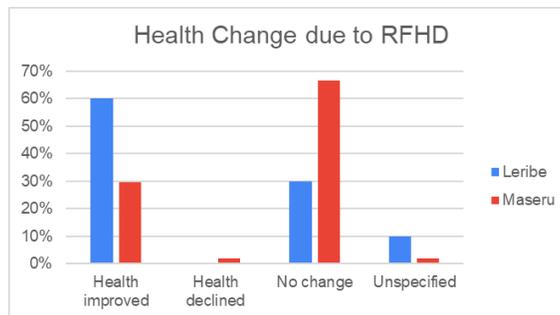
Unfortunately, there were some people for whom the Health Day interventions were not successful; 1% said their health has in fact subsequently declined further.

57% of RFHD clients said that their health has not changed due to the Health Days. It should be noted however, that all the people said they attended the Health Days for general check-ups or to have testing done, not for actual illnesses.

In the Leribe district there was significantly more health improvements than in the Maseru district.



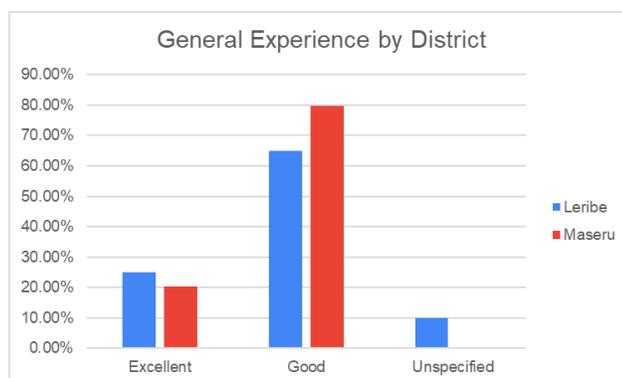
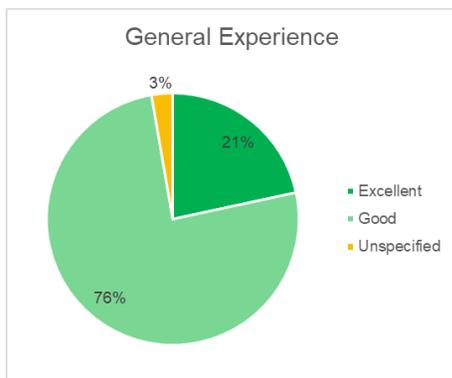
Health Change by District			
	Leribe	Maseru	Grand Total
Health improved	60%	30%	38%
Health declined	0%	2%	1%
No change	30%	67%	57%
Unspecified	10%	2%	4%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>



Health Change	
Health improved	28
Health declined	1
No change	42
Unspecified	3
<b>Grand Total</b>	<b>74</b>

### The Rotary Family Health Day Experience

How was the general experience perceived?



Overall Experience by District			
	Leribe	Maseru	Grand Total
Excellent	25.00%	20.37%	21.62%
Good	65.00%	79.63%	75.68%
Unspecified	10.00%	0.00%	2.70%
<b>Grand Total</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

The Health Days were received very positively, with 97% having a 'Good' or even 'Excellent' experience. There were no 'Okay' or 'Bad' experiences; however 3% did not answer the question. Leribe district had a slightly more 'Excellent' experience than the Maseru district.

### Reasons for the General Experience

What really matters to clients, are the attitudes of healthcare workers, Rotarians, and volunteers. People desire dignity, respect, and a friendly and professional attitude while helping them.

Secondly, our clients have a real need to know their health status. The implication is that they are referring to their HIV status.

Thirdly, client care about a well organised event with good service delivery.

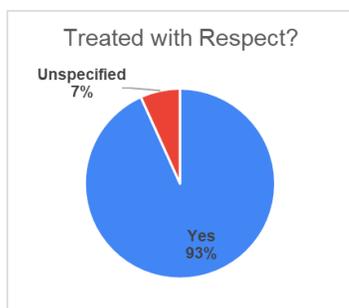
General Experience with Reasons			
Rating	Reason	Count	Ratio
<b>Excellent</b>			
	Unspecified	6	37.50%
	Friendly, helpful, professional staff	4	25.00%
	Well organised	2	12.50%
	Good service delivery	2	12.50%
	Health improvement	1	6.25%
	Food provided	1	6.25%
<b>Good</b>			
	Unspecified	37	66.07%
	Know my status	9	16.07%
	Received testing required	3	5.36%
	Free service delivery	2	3.57%
	Friendly, helpful, professional staff	2	3.57%
	Good first experience	2	3.57%
	Donated blood	1	1.79%
<b>Unspecified</b>			
		2	2.70%
<b>Grand Total</b>		<b>74</b>	<b>100.00%</b>

### Were there any problems?

Problems?	
No medicines	3
Not enough time	1
<b>Grand Total</b>	<b>4</b>

There were very few problems noted in the survey responses. A lack of medicines at the Health Day was mention, as well as the fact that the time available was too short.

### Treated with Respect



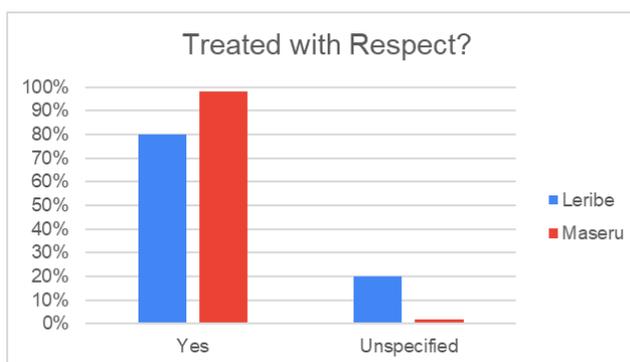
The Rotarians and healthcare staff engagement with clients at the Health Days seems to have been a good one; with 93% of respondents saying that they were treated with respect. 7% opted not to comment.

This is a good standard that should be maintained.

Leribe had a lower Respect percentage.

Respected?	
Yes	69
Unspecified	5
<b>Grand Total</b>	<b>74</b>

Treated with Respect?			
	Leribe	Maseru	Grand Total
Yes	80%	98%	93%
Unspecified	20%	2%	7%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

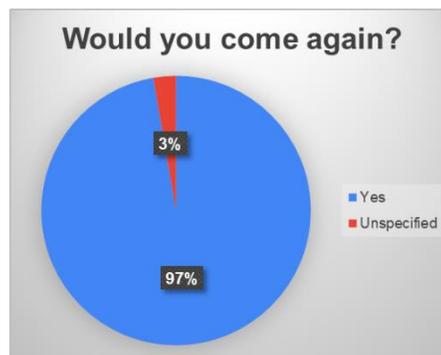


### Likelihood of Clients Returning

Why come again?	
<b>Yes</b>	<b>72</b>
Unspecified	49
Regular testing	8
Good experience	6
Good staff experience	4
Health checkup	3
No specific reason	1
Access services	1
<b>Unspecified</b>	<b>2</b>
<b>Grand Total</b>	<b>74</b>

It is evident from the comments clients are making about why they would come again, that the Family Health Days are having a long term impact in peoples' lives as well. Clients are noting more and more that regular health checkups are important.

Would you come again?			
	Leribe	Maseru	Grand Total
Yes	18	54	72
Unspecified	2		2
<b>Grand Total</b>	<b>20</b>	<b>54</b>	<b>74</b>

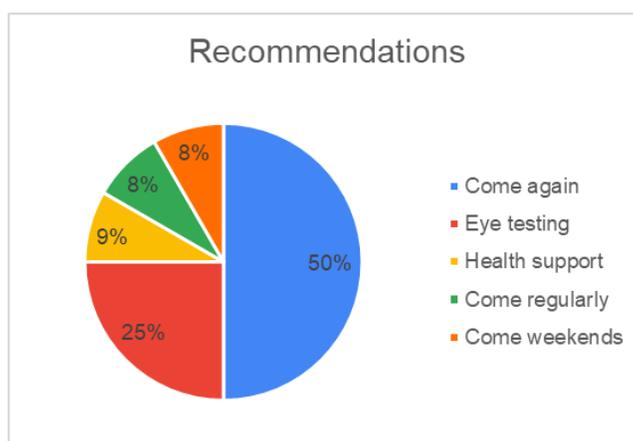


Most respondents (94%) recognise the value of the Rotary Family Health Days. Even if there were minor problems, or if they mentioned how things could be improved, they would want to return to the next event. 3% opted not to comment.

### Recommendations to RFHA by respondents

The following recommendations from respondents were recorded during the surveys.

Recommendations by District			
	Leribe	Maseru	Grand Total
Come again	1	5	6
Eye testing		3	3
Health support		1	1
Come regularly		1	1
Come weekends	1		1
<b>Grand Total</b>	<b>2</b>	<b>10</b>	<b>12</b>



## RFHD Conclusions

### Survey

This was the inaugural Impact Study emanating from the 1<sup>st</sup> Rotary Family Health Days held in Lesotho. There were only 3 sites. Unfortunately, the low number of completed survey questionnaires (74), together with many questions in the survey which were not answered by a high percentage of respondents, leaves this impact study with a high margin of error (11.14%). It may not be fully representative of the Rotary Family Health Days initiative.

The RFHD was run by Rotary District 9370. Two sites were in the Maseru district of Lesotho, and 1 was in the Leribe district.

Survey respondents were of a slightly younger age profile than the profile of those attending the RFHD. In gender terms respondents were also leaning slightly more towards females than those attending the RFHD.

### Coming to the RFHDs

There is a need for basic healthcare. The Rotary Family Health Days fulfil a portion of this need.

The reasons given for attending the RFHD are for general health check-ups and testing.

Although difficult to tell from the responses, it seems people generally prefer coming together with others. And even where they came alone it was largely due to circumstances which necessitated coming alone even when they did not want to.

The most effective way to inform people about the RFHDs was through word-of-mouth; so, targeting the right individuals, and people in clinics, community organisations, businesses is important to spreading the word of the RFHD.

In Lesotho, there seems to be good access to primary healthcare. The RFHDs offer value as a supplementary service to the primary healthcare clinics.

### Services provided and Referrals impact

Practically everyone who attended the Health Days received services.

A low 12% of clients received referrals. 89% of clients with referrals “chose” to do something about it and go to a clinic or healthcare provider.

Unfortunately, with limited completed information on the surveys, it does not seem like clients had their health problems resolved at the clinics; and there is also no indication why not.

## Changing lives

The Rotary Family Health Days made a difference in clients' lives. 38% said that there were positive health changes in their lives due to the RFHD.

### The Rotary Family Health Day experience

When the 'Excellent' and 'Good' experience ratings are combined, it showed a healthy ratio of 97%; however, it should be noted that 76% had a rating of 'Good' and only 21% a rating of 'Excellent'. Respondents appreciated the attitudes of the staff at the site; friendly, helpful, and professional. Learning their status, and good service delivery, were also key.

93% of all respondents said that they were treated with respect. 97% of all respondents said that they would like to attend future RFHD. People understand the need for regular check-ups.

When asked for specific recommendations for future RFHDs some respondents provided useful responses. The most important recommendations were: (1) Extended RFHD event scheduling; and (2) eye testing.

## RFHD Recommendations

### Improving Reach

The significant insight into how to inform people about the RFHDs, is that word of mouth communication is by far the most effective. The message about upcoming RFHD events should be spread via the primary healthcare clinics, churches, schools, companies, and other community organisations. From these places, the word will spread through staff, families, friends, neighbours, and colleagues.

### Establish the RFHD Events

This RFHD 2019 was a pilot event. Relationships across RFHA, Rotary and the Lesotho Ministry of Health must continue to be strengthened, and perhaps additional partners engaged. The culture of the Rotary Family Health Days must continue to be established. More training of Rotary members should be given. The event should be expanded to more sites, perhaps into more rural areas.

## Impact Study Conclusions & Recommendations

### Objectives Met

This initial impact study has been a good start; delivering some insights for the future.

### Sampling Plan

#### Sample Size

There was no target sample size this time. Targets for sample size should be set, and appropriate guidelines developed to try and achieve the target. It might be too much of a stretch to get to 5% margin of error with a 95% confidence level; so perhaps next year the aim should be to get a margin of error better than 10%, and first focus on obtaining richer feedback from respondents.

#### Response Rate

100 consent forms were obtained, and 74 completed questionnaires were achieved, resulting in a particularly good 74% response rate. This is a particularly good completion rate. A minimum target completion rate should be set.

#### Sampling Bias

Maseru had significantly more completed responses than Leribe; this could influence results.

Age groups were biased towards younger respondents.

Respondents leaned slightly towards overrepresentation of women.

### Impact Study Instrument (Questionnaire)

See **Annexure A** for the full Impact Study Questionnaire.

The questionnaire Excel template, which was used proved to be compact, concise, and efficient. It was easy to use during the telephonic interviews.

### Interview Team

The interview teams did well to achieve a 74% response rate.

Research studies have shown that, in general, the skill of the interviewer is the most important factor for valid/reliable results. It is evident that some training is required for the interview teams, to understand the questionnaires and how to probe for answers and then how to classify the answer.

A good match between the gender and ethnicity of the interviewers with the respondent population is also desirable.

## Annexure A: Impact Study Instrument (Questionnaire)


**ROTARY FAMILY HEALTH DAYS 2019  
LESOTHO – IMPACT STUDY**

**Socio-Demographic Details [COMPLETE BEFORE MAKING PHONE CALL]**

001 Interviewee #: \_\_\_\_\_ Rotary District: \_\_\_\_\_ District: \_\_\_\_\_  
 002 Age: \_\_\_\_\_ Gender: Male  Female

**Intro Script [READ TO CLIENT]**

Hello, my name is \_\_\_\_\_, I'm with the Rotary Club group that provided the Rotary Family Health Days in your area during **October 2019**. You filled in a consent form at the health site and therefore we have your number. We want to make sure that everything was okay for you with that experience, and I'd like to ask you a few questions. Your responses will be completely confidential. We are not going to use your name for the study so no one will know what you said. That is our promise to you. Okay?

**Please also note: You have the right to choose not to answer any specific questions that you feel uncomfortable answering.**

003 INTERVIEWER, do you have the OK to continue? Yes  No

**Coming to the Rotary Family Health Days**

101 Why did you decide to come to the Family Health Day? General Health  Problem  Testing   
 Health Supplies  Vaccines  Other \_\_\_\_\_

102 In addition to yourself, how many people came with you? Children \_\_\_\_\_  
 Adults \_\_\_\_\_

(Either ask this) *Why did you come with people?*  
 (Or ask this) *Why did you come alone?*

103 How did you hear about the Family Health Days? Family/Friends  Newspapers  Colleagues  Radio   
 Loud Hailer  Neighbours  Posters  Clinic   
 Other \_\_\_\_\_

104 Do you have regular access to healthcare services? Yes  Yes, but with much difficulty   
 No

105 Please explain No or Difficult access to healthcare? \_\_\_\_\_

**Services Received**

201 Did you, or your children, receive health services at the Health Days? Yes  No

**Referrals Received**

301 Did you receive any Referrals to a medical agency or clinic? Yes  No   
*If 'No', skip down to next section.*

302 Did you (or your family) go to the medical agency or clinic? Yes  No   
*If 'No', why not?* \_\_\_\_\_

303 If you/they went to the medical agency or clinic; did you get treated? Yes  No   
*If treated ("Yes"), what was the result?* Need further help  Problem solved  Do not know   
 Other \_\_\_\_\_

*Explain 'Need further help' or 'Do not know'?* \_\_\_\_\_

