Service Delivery Indicators

FIELD MANUAL

Health

KENYA

Contents

Introduction

The purpose of the Field Manual is to provide guidance for team leaders and enumerators. The Field Manual contains detailed information on procedures for carrying out fieldwork. All team members should prepare for fieldwork by familiarizing themselves with the manual. Once in the field, the Field Manual serves as a detailed guide that describes procedures for conducting interviews; conducting observation-based data collection; and using specific tools. This version of the Field Manual will be updated periodically and supervisors and enumerators are encouraged to give feedback and recommendations that will enhance the quality and utility of the manual.[1]

The manual contains three sections. The first section provides a general introduction to the survey instrument, background information, the team composition, roles and responsibilities, and materials required for fieldwork. The second section provides general instructions on how to carry out the survey in the field and how to maintain data quality. Topics covered in this section include building rapport with respondents, tips for conducting interviews, asking questions, recording responses, following skip patterns, correcting mistakes, checking completed survey forms and reducing non-response. Second section also contains a module targeted specifically at Team leaders, which contains extra information on the role and responsibilities of Team leaders. The third section presents instructions for implementing key elements of each of the Modules of the survey instrument. The annexes offer a rich set of resources for survey preparation and implementation.

SDI Survey Team

Enumerator: The responsibilities of the enumerators include the following: (i) Completing all required interviews, observations and assessments/tests; and (ii) Checking completed survey forms to ensure that all questions were asked and all responses legibly recorded. This should be done at the end of the first visit to enable the enumerator to ask any questions that were inadvertently skipped or for which responses were recorded illegibly, during the second visit.

Team Leader: The team leader is the senior member of each field team. He/she is responsible for the well-being and safety of team members, as well as the completion of the assigned workload and the maintenance of data quality for that team. Each team leader receives his/her assignments from and reports to the Survey supervisor. The specific responsibilities of the team leader are to make the necessary preparations for fieldwork, to organize and direct the fieldwork, and to carry out data quality maintenance activities. Satisfactory completion of work at all facilities has to be certified by both the Team leader and submitted to the Survey supervisor for review and approval. Without approval at these two levels, the team's work will be deemed incomplete.

Survey Supervisor: The Survey Supervisor is responsible for ensuring that all Quality Assurance Standards set and required during enumeration are met. During the first few days of the survey, the survey supervisor works very closely with all teams by accompanying the field teams randomly, observing part/full interviews and ensures that enumerators follow the right protocol, interviews are administered as per the set instructions and ensures quality control measures are being followed e.g. use of correct codes in questionnaire, skip patterns are being followed, all questions applicable have been administered, there is no contradictory information etc. In addition any frequently made errors observed are promptly communicated to all team leaders so that they can be amended and are not repeated for rest of the survey.

[1] Feedback should be provided to: gmartin2@worldbank.org.

In addition the survey supervisor continues to make random spot checks in the field to ensure that the enumeration process is being carried out correctly and provides additional guidance to the field teams.

Organizing the fieldwork: The team is composed of 8 people i.e. 4 pairs. Every pair has a specific task to carry out. It's up to the pair to organize themselves at the beginning of each visit. When the team arrives at the facility, after making contact and introducing themselves, the team should tell the Superintendent/Chief Doctor/Nurse of the objectives of the day and organize the work with his/her help.

At any time, the team must make sure that they have enough questionnaires and that they have properly reviewed and revised the questionnaires that have been already completed. Teams should record all work performed daily using the notebook control. All assignments and work performed by each enumerator for each study area must be carefully controlled to ensure that work is done completely and accurately.

Before leaving the facility, teams should make sure that the questionnaires were properly filled out: check missing answers and check whether they have been by omission or because of questions to skip. Missing answers to questions are a serious problem for surveys. They can be a source of bias and therefore it is important that the supervisor ensures that questionnaires are filled properly. Once the team has checked the questionnaire, they can give them to the controller when he/she stops for supervisory visits.

Instrument Composition

The survey instrument consists of the following 4 modules, as shown in Table 1. Instructions for implementing key elements of the various instruments are presented in Section 3.

Table 1. Survey instrument composition

Module of Instrument	Module Title	Data Collector	Interviewee	Description
Module 1	Facility Questionnaire	Enumerator 1	Superintendent/Chief Doctor/Nurse (or the most senior health worker present in the health facility)	Administered to the Superintendent/Chief Doctor/Nurse (or the most senior health worker present in the health facility) to collect information about facility type, materials, equipment and drugs.
Module 2	Staff Roster	Enumerator 1	Superintendent/Chief Doctor/Nurse (or the most senior health worker present in the health facility)	Administered to the Superintendent/Chief Doctor/Nurse (or the most senior health worker present in the health facility) to collect information about Facility Staff and absenteeism in the facility.
Module 3	Patient Case Simulations	Enumerator 2	Randomly selected Health Workers	Administered to up to 10 randomly selected health workers to assess their competence in diagnosis and treatment of key illnesses/complications.
Module 4	Facility Financing	Enumerator 1	Superintendent/Chief Doctor/Nurse (or the most senior health worker present in the health facility) or facility accountant	Administered to the Superintendent/Chief Doctor/Nurse (or the most senior health worker present in the health facility) or facility accountant to collect information about Facility finances.

Breakdown of Facility Visit

Each of the facilities in the sample will be visited twice. A relatively broad survey period will have been announced in a letter (Permission Letter) forwarded by the necessary authority during which these two visits should occur.

The first visit is a pre-announced visit, i.e., the survey team will visit the facility on an agreed appointment day and the facility will be requested to have the necessary financial information and records available. During this first visit, all the survey modules are administered, except module 2, which will be partially completed.

The second visit is unannounced. During this visit, a rapid attendance check of ten pre-sampled health workers is carried out (module 2 to be fully completed). Any information that was not collected in the first visits can be collected during this visit.

Table 2: Enumerator Responsibilities

Day One	
Enumerator 1	**Enumerator 2**
Arrival at the facility in the morning	
Meet with the Superintendent/Chief Doctor/Nurse (or most senior medical staff present in the facility) for introduction, purpose and permission	
Completes the facility information module with the Superintendent/Chief Doctor/Nurse (or most senior health worker present in the facility) for introduction, purpose and permission (Module 1).	Selects a sample of up to ten health workers (who provide consultations/have regular patient contact).
Collects list of all health workers for the facility (Module 2).	Walks around the facility (with a member of staff) to find and interview the 10 randomly selected health workers to conduct patient case simulations (Module 3)
Completes the facility finances module with the Superintendent/Chief Doctor/Nurse (or most senior medical staff present in the facility) or facility accountant/ treasurer (Module 4).	
Provide necessary support to Enumerator 2 in conducting patient case simulations (Module 3)	
Day Two	
Enumerator one	**Enumerator two**
Arrival at the facility in the morning.	
Meet with the Superintendent/Chief Doctor/Nurse for permission to complete survey.	
Walks around the facility (with a member of staff) to record the attendance of ten pre-selected health workers and interviews the health workers that were not present during the first visit to collect personal information (Module 2).	
Collects any outstanding information or uncompleted modules.	

Materials required for fieldwork

Before leaving for the field, the team leader is responsible for collecting adequate supplies from the Survey supervisor of all materials the team will need in the field. These items are listed below:

Table 3: Field Materials and Supplies

Fieldwork documents		
	Survey instruments and tools	
	Letter of Introduction to facility authorities	
	Copy of Letter of Permission that was previously sent by the health authorities to the facility	
	Maps showing the location of all sampled facilities	
	Field Manual (one for the team leader, three each for the enumerators)	
	Team leader's Tracking Sheets: One "Team leader's Tracking Form - Log of Team Activity" per geographic area One "Log of Facility Assessment Work" per geographic area One "Facility Coversheet" for each facility being assessed	
Supplies		
	Pens (Blue pens for enumerators; red pens for the team leader; green pens for edits by any other team member)	
	Clipboards; notepads; blank paper; staplers, stapler remover and staple pins; plastic folders and rubber bands for completed questionnaires; carrying bags; backpacks	
	One NeoNatalie® doll and kit	
	Flashlight and batteries Cell-phone with charger and top-up cards Global Positioning System (GPS) device (including charger)	
Other		
	Funds for transport arrangements Cash management sheets	

Survey Implementation

General Instructions for Enumerators and Team leaders

This section provides general instructions for enumerators and team leaders to follow during the data collection process. Successful interviewing is an art and should not be treated as a mechanical process. The art of interviewing develops with practice, but there are certain basic principles, which, if followed, will help you become a successful enumerator.

Building rapport with the respondent

At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence his/her willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Show the respondent the Letter of Introduction that you have been given. The following principles help to build rapport:

- *Make a good impression.* When first approaching a respondent, do your best to make him/her feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good morning" and then proceed with your introduction.
- *Always have a positive approach.* Never adopt an apologetic manner, and do not use words such as "Are you too, busy?" Such questions invite refusal before you start. Rather, tell the respondent: "I would like to ask you a few questions" or "I would like to talk with you for a few minutes."
- *Stress confidentiality of responses.* If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for <u>any</u> purpose, and all information will be grouped together to write a report. You should never mention other interviews or show completed questionnaires to other enumerators or Team leaders in front of a respondent or any other person not part of the SDI Survey Team.
- *Answer all questions from the respondent frankly*. Before agreeing to be interviewed, the respondent may ask you some questions about the survey or why he/she was selected to be interviewed. Be direct and pleasant when you answer.
- *Minimize distractions as much as possible.* The presence of other people or on-going activities during an interview can prevent you from getting frank, honest answers from a respondent. Many respondents change what they say, or simply say less, when other people are present. It is, therefore, very important that interviews be conducted in a setting that is as private as possible and that all questions be answered by the respondent without being influenced by the presence of others. If other people are present, explain to the respondent that some of the questions are private and ask to move the interview to a more private setting.
- *Reassure staff* that individuals are not being used for administrative purposes. During the introduction, reassure them that the data is not being used for promotions or sanctions, and no individuals will be identified in the study (stress confidentiality). Individual staff is not being graded, but the government is looking for overall areas of strengths and weaknesses in health facility's.
- *Minimize interference* with the day's work. Make sure that the work that needs to be done at the facility is not unduly interrupted because of the interviews or observations.

Tips for conducting the interview

- *Be neutral throughout the interview*. Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he/she has given the "right" or "wrong"

answer to the question. Never appear to approve or disapprove of any of the respondent's replies. For interviews with and observations of providers, it is especially important to ensure that they understand that you are not there to judge them personally and that their identities will not be revealed in any way.

- *Never suggest answers to the respondent*. If a respondent's answer is not relevant to a question, do not prompt him/her by saying something like "I suppose you mean that….Is that right?" In many cases, respondents will agree with your interpretation of their answer, even when that is not what they meant. You should probe in such a manner that the respondent comes up with the relevant answer themselves, in their own words. For example: politely say, "for me to clearly understand, [repeat the question]?"
- *Do not change the wording or sequence of questions*. The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. In highly exceptional circumstances and only if the respondent still does not understand at that point, may you reword the question, being careful not to alter the meaning of the original question.
- *Follow instructions in the instrument carefully*. For some questions on the survey instruments, it is required that you read the list of possible responses to the respondent. Such questions are accompanied by an instruction to "Read List." When no such instruction accompanies the question, it is necessary that you refrain from reading the list of possible responses out loud or showing them to the respondent. Listen to the respondent reply in his/her own words, and then circle the relevant response(s) on the form without reading the responses out loud.
- *Handle hesitant respondents tactfully*. If the respondent gives irrelevant or elaborate answers, do not stop him/her abruptly or rudely, but listen to what he/she has to say and then try to steer him/her back to the original question. If the respondent is reluctant or unwilling to answer a question, try to overcome his/her reluctance with tact and patience. If the respondent still refuses, simply record REFUSED and proceed as if nothing happened. Remember, the respondent cannot be forced to give an answer.
- *Do not form expectations*. You must not form expectations of the ability and knowledge of the respondent.
- *Do not hurry the interview*. Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate his/her own opinion, he/she may respond with "I don't know" or give an inaccurate answer. Remind the respondent that there is no hurry and that his/her opinion is important.

Asking questions

Ask each question exactly as it is written in the instrument. When asking a question, be sure to speak slowly and clearly, so that the respondent will have no difficulty hearing and understanding the question. At times you may need to repeat the question to be sure that the respondent understands it. In such cases, do not change the wording of the question but repeat it exactly as it is written. If, after you have repeated a question, the respondent still does not understand it, make a note in the questionnaire that this question requires additional pilot testing in order to clarify wording. Enumerators are not responsible for rewording questions during interviews.

Some sections have additional instructions regarding how they should be asked. Possible responses to some questions should be read aloud to the respondent, while others should not be. In the latter case, the enumerator should ask the question and then listen to the respondent's spontaneous response without reading the list of replies on the survey form. In some cases, you may have to ask additional questions to obtain a complete answer from a respondent. This is called *probing*. If you do this, you must be careful that your probes are "neutral" and that they do not suggest an answer to

the respondent. Probing requires both tact and skill; it is one of the most challenging aspects of conducting an interview. When specific instructions regarding how questions should be asked are required, they are always indicated on the survey forms.

Recording responses

All enumerators will use pens with blue ink to complete all questionnaires. Team leaders will do all their work using pens with red ink. NEVER LEAVE A RESPONSE BLANK! A BLANK IS RECORDED AS "MISSING INFORMATION" BECAUSE IT IS NOT KNOWN WHETHER YOU ASKED THE QUESTION OR NOT. IF A RESPONSE IS NEGATIVE, THE NEGATIVE RESPONSE MUST BE CIRCLED**.**

Most of the questions have responses that are in form of number codes. To record a respondent's answer, you merely record the number code that corresponds to the reply in the space provided. For many questions, a numeric response is appropriate and should be entered in the available boxes.

Example where only one response is correct

What is the main source of power in the facility?	No power supply = 1 Electric power grid = 2 Fuel operated generator = 3 Battery operated generator = 4 Solar system = 5 Other = 6 (specify)_____	|___|

Responses for questions where the reply is not pre-coded should also be recorded in the space provided.

How many health workers are employed in this facility?	|___|___|___|

In some cases, responses include an OTHER category. The OTHER code should be recorded when the respondent's answer is different from any of the pre-coded responses listed for the question and the respondents answer should be specified on the line proceeded by "(specify)". Before using the OTHER code, make sure that the answer does not fit in any of the other categories.

Reference period

Questions with a reference period that asks whether or how often a particular activity was conducted during a given time period: "the reference period" or "recall period". This survey instrument uses the following reference periods:

Table 5. Reference Periods

Reference Period	Interpretation
This year	Current calendar year – Jan to Dec 2012
Last year	Previous calendar year – Jan to Dec 2011
Last 3 months	Self-explanatory
12 months preceding the interview	Self-explanatory
Last fiscal year	July 2010 to June 2011
This fiscal year	July 2011 to June 2012
Last quarter	April 2012 to June 2012

Following Skip Patterns

In cases where a particular response makes the next questions irrelevant, an instruction is provided and the " → " symbol will be found, followed by the number of the question that the data collector should jump to.

It is important to follow skip patterns carefully. If, on the one hand, irrelevant questions are asked, the respondent may become irritated or disinterested. If, on the other hand, the field surveyor inadvertently skips over a relevant question when following a skip pattern incorrectly, valuable information is lost. Every question on a survey form must be answered unless a skip is indicated by a skip pattern or the respondent refuses to the answer the question. It is VERY IMPORTANT that all enumerators be very conscientious when following skip patterns.

Correcting mistakes

It is very important that enumerators record all answers neatly. For pre-coded responses, enumerators must be sure to write the code for correct response carefully. For open-ended responses, the reply should be written legibly so that it can be easily read. If a mistake is made in entering a respondent's answer or the respondent changes his/her mind, enumerators must be sure to cross out the incorrect response and enter the right answer. Do not try to erase the answer. Put two lines through the incorrect response and write down the correct response.

Checking completed survey forms

It is the responsibility of the enumerator to review each survey form when finished with an interview, observation or assessment. This review should be done before the respondent leaves, to ensure that every appropriate question was asked, that all answers are clear and reasonable, and that the handwriting is legible. The enumerator should also check that the skip instructions were followed correctly. Minor corrections can be made, but any serious errors should be clarified by the respondent. The enumerator should simply explain to the respondent that he/she made an error and ask the question again.

Enumerators, team leaders and supervisors should not recopy the questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time anyone transcribes the answer to a new question, the chance of error increases. For this reason, using the work sheets to collect information is not allowed. Enumerators should record ALL information on the survey forms that have been provided to them. Any calculations they make should be written in the margins or on the back of the questionnaires.

Anything out of the ordinary should be explained either in the margins near the relevant question or in the comments section at the end. These comments are very helpful to the team leader and field editor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during data entry.

Team leader Responsibilities

The team leader must refer to the manual for the technical conduct of work during any phase of the fieldwork. Instructions have been prepared to provide information needed to effectively carry out his/her tasks. Team Leaders should carefully study these instructions because it is essential for them to fully understand the questionnaires and how to fill them. It is also important that they check the questionnaires filled by the enumerators, correct and codify them.

Team Leaders are the most senior in the team. It is their duty to ensure the welfare and safety of their team, they must make sure that the workload that falls to the team is completed and are also

responsible for maintaining data quality. Team Leaders are especially responsible for the management of fieldwork, as well as monitoring data collected.

General responsibilities

- The first step is to make courtesy visits of the authorities of the locality, even if the investigation concerns health facilities. Team Leaders should go visit them, explain the objectives of the survey to them as they could help the team in many ways.
- Team Leaders should establish contact with the facilities visited. Contacts have already been established prior to the team's arrival by the county and supervision team. It is the team leader's responsibility to present the team and organize the work in health facilities.
- If necessary, team leaders can arrange for housing for team's members.
- Team Leaders should check the list of health facilities that was given to them and update it with the district officer.
- Team Leaders should divide the work among enumerators in accordance with the instructions they were given during training.
- Team Leaders should keep the notebook control to ensure that work is proceeding normally and no health facilities or survey modules have been omitted.
- Team Leaders should check questionnaires on-site, including their own if they helped conduct any interviews and proceed to the codification if they are deemed complete and properly filled.
- Team Leaders should sort the completed questionnaires using the method that was shown to them during training and deliver them to the survey supervisor during his/her supervision visit.
- Team Leaders should communicate any problems that may arise on the field to the survey supervisors.
- Team leaders are responsible for the management of the vehicle and all other materials that you have been given for the work. Make sure they are used only for work and not for other purposes.
- Team Leaders should try to develop a team spirit, maintain a harmonious working atmosphere and well organized activities on the field.

Preparation for the fieldwork

To prepare for the fieldwork, each Team leader—with the support of the Survey supervisor—must:

- Obtain maps for each area in which his/her team will be working.
- Become familiar with the area where the team will be working and determine best arrangements for travel and accommodations. Lodging should be reasonably comfortable, located as close as possible to the interview area, and provide secure space to store survey materials. The team leader is also responsible for figuring out how and where the team is going to take its meals.
- Contact local authorities to inform them about the survey and gain their support and cooperation. Letters of Introduction will be provided, but tact and sensitivity in explaining the purpose of the survey will help win the cooperation needed to carry out the survey.
- Obtain all monetary advances, supplies, and equipment necessary for the team to complete its assigned interviews. Careful preparation by the team leader is important for facilitating the work of the team in the field, for maintaining enumerator morale, and for ensuring contact with the central office throughout the fieldwork.
- Ensure that the travel plan is discussed with all team members.

Executing the fieldwork

During the fieldwork, each team leader will:

- Inquire on the location of the facilities in advance to gain a sense of the area and the time it will take to reach them.
- Locate the health facility that has been selected for inclusion in the survey.
- Introduce the team to the in-charge i.e. Superintendent/Chief Doctor/Nurse and then explain purpose of the study and the requirements i.e:
    - Some records from the Superintendent/Chief Doctor/Nurse –financial e.g. budget and expenditure for year 2011
    - Minutes of official meetings held by facility
    - Establish when health workers will be interviewed for Module 3
    - Present Ministry of Public Health and Sanitation/ Medical Services letter of introduction
- Assign work to enumerators and deploy them to sites.
- Make sure that assignments are carried out.
- Carry out quality control work.
- Regularly send/communicate progress reports and information about the team's location with every destination change to the central office and supervisor.
- Communicate any problems to the team coordinator on a periodic basis.
- Assume responsibility for upkeep of the communication and survey equipment.
- Take charge of the team vehicle, ensuring that it is kept in good repair and that it is used only for project work.
- Arrange lodging and food for the team.
- Maintain a positive team spirit. A congenial work atmosphere, along with careful planning of field activities, contributes to the overall quality of the survey.
- Check all facility forms before leaving the facility to ensure that they are filled out correctly.

Monitoring performance of Enumerators

The Team leaders are to monitor enumerator performance with the aim of improving and maintaining the quality of the data collected. Close supervision of enumerators and editing of completed interviews are essential to ensure that accurate and complete data are collected. By checking the enumerators' work regularly the team leader can ensure that the quality of the data collection remains high throughout the survey.

It is necessary to observe the enumerators more frequently at the beginning of the survey and again toward the end. In the beginning, the enumerators may make errors due to lack of experience or lack of familiarity with the questionnaire; these can be corrected with additional training as the survey progresses. It is also crucial during this initial phase of fieldwork to eliminate any enumerator error patterns before they become habits. Toward the end of the survey, enumerators may become bored or tired; lack of attention to detail may result in carelessness with the data. To maintain the quality of data, the team leader should check the performance of enumerators thoroughly at these times.

Motivation and maintaining morale

The team leader plays a vital role in creating and maintaining motivation and morale among the enumerators—two elements that are essential to good-quality work. To achieve this, Team leaders must ensure that the enumerators:

- Understand clearly what is expected of them
- Are properly guided and supervised in their work
- Receive recognition for good work
- Are stimulated to improve their work
- Work in tranquil and secure conditions

In working with the enumerators it may be useful to adhere to the following principles:

- Rather than giving direct orders, try to gain voluntary compliance before demanding it.
- Without losing a sense of authority, try to involve the enumerators in making decisions, and at the same time, see to it that the decision remains firm.
- When pointing out an error, do so in private, in a tactful and friendly manner. Listen to the enumerator's explanation, show him/her that you are trying to help him/her, examine the causes of the problem together and finally explain your plan for improvement and correction.
- When enumerators voice complaints, listen with patience and try to resolve them.
- Try to foster team spirit and group work.
- Under no circumstances show preference for one or another of the enumerators.
- Try to develop a friendly and informal atmosphere.

Finally, it is important to *demonstrate* punctuality, enthusiasm, and dedication in order to demand the same of other team members. An ill-prepared supervisor will not be able to demand high-quality work from enumerators and will soon lose credibility and authority. The collective conduct, morale and motivation of enumerators depend directly on the personal conduct, morale and motivation of their supervisor.

Observing the Enumerators during interviews

The purpose of the observation is to evaluate and improve enumerator performance and to look for errors and misconceptions that cannot be detected through editing. It is common for a completed questionnaire to be technically free of errors but for the enumerator to have asked a number of questions inaccurately. Each team leader, in addition to paying attention to how the Enumerators words questions, can detect a great deal from watching how the enumerators conduct themselves, how they treat the respondent, and how they fill out the questionnaire.

When observing Enumerators, the team leader should sit close enough to see what the enumerator is writing. This way, she/he can see whether the enumerator interprets the respondent correctly and follows the proper skip patterns. It is important to note all problem areas and issues to be discussed later in review session with the enumerator. The team leader should not intervene during the course of the interview and should try to conduct himself/herself in such a manner that prevents the enumerator from feeling nervous or uneasy.

After each observation, the team leader and enumerator should discuss the enumerator's performance in a review session. The questionnaire should be reviewed, and the team leader should mention things that the enumerator did correctly as well as any problems or mistakes. The team leader should also listen to any feedback that the enumerator has to offer. Always acknowledge good work done by Enumerators; positive feedback can help build morale.

Each enumerator should be observed closely during the first two days of fieldwork so that any errors made consistently are caught immediately. Additional observations of each enumerator's performance should be made throughout the team's time in the field.

Conducting team meetings

In addition, each team leader is responsible for arranging and conducting daily team meetings to discuss common errors and provide a forum to address any issues the teams may encounter during the day. These team meetings should be held daily for the first week then at least every other day thereafter. At team meetings, the team leader should point out mistakes discovered during observation of interviews or noticed during questionnaire editing. She/he should discuss examples of actual mistakes, being careful not to embarrass individual enumerators. Re-reading relevant sections

from the manual together with the team can help resolve problems. The team leader can also encourage the enumerators to talk about any situations they encountered in the field that were not covered in training. The group should discuss whether or not the situation was handled properly and how similar situations should be handled in the future. Team members can learn a lot from one another in these meetings and should feel free to discuss their own mistakes without fear of embarrassment. Review sessions are an opportunity to teach and improve performance. They are also an invaluable opportunity for the team leader to listen to and learn from Enumerators.

The discussion points of team meetings should be summarized and submitted with the weekly progress reports to the field and project managers.

Editing questionnaires

The Team leader must ensure that questionnaires are checked and corrected for completeness, legibility, and consistency. *Every* questionnaire must be completely checked in the field. This is necessary because even a small error can create much bigger problems after the information has been entered into the computer and tabulations have been run. Often, small errors can be corrected just by asking the enumerator. For example, if an answer of '02 MONTHS' is inconsistent with another response, the enumerator may recall that the respondent said '2 years,' and the error can easily be corrected. In other cases, the enumerator will have to go back to the respondent to get the correct information. **TIMELY EDITING PERMITS CORRECTION OF QUESTIONNAIRES IN THE FIELD**.

If the errors are major ones, an entire questionnaire may be omitted from the analysis. As you are editing questionnaires in the field, it may help to try imagining how the questionnaire would look to a clerk in the office. Would he or she be able to read the responses? Are the answers consistent? Since editing is such an important task, we have prepared a set of instructions that describe the procedures for editing questionnaires.

Instructions for editing questionnaires

The following should be done before leaving the facility surveyed. Whenever possible, the team leader should check and correct the questionnaires as soon as they have been completed by the surveyor:

- As the team leader reviews the questionnaires, if a response is missing (that is, there is no answer recorded because the question was not asked) or the response is inconsistent with other information in the questionnaire and they cannot determine the correct response, a question mark ('?') should be written next to the item **WITH A RED PEN**. The page number or the question number can be written on the front or back of the questionnaire; this way, they can quickly remember later what problems they found. When the team leader has completed the editing, he/she should discuss with each enumerator, individually, the observations they found. Any errors that they find frequently should be discussed with the whole team.
- For every mistake or inconsistent answer found, the enumerator and/or team leader should go back to the respondent to clarify his or her response to the question.
- **NOTE: UNDER NO CIRCUMSTANCES SHOULD THE ENUMERATORS OR TEAM LEADERS EVER MAKE UP AN ANSWER**
- If it is not possible to return to the respondent to resolve inconsistencies or missing information, the team supervisor should make a note of this in the supervisor's log and in the comments section of the instrument. It is then up to the analysis team to decide how to use this data.
- In checking through each questionnaire, the team leader should be sure that the numbers entered in boxes are easily readable.

- In checking each questionnaire, the team leader should make sure that the respondent was asked all questions appropriate for him or her (check that the enumerator followed the skip instructions). The team leader will need to look for:
    - Questions for which a response is recorded when it appears there should be no response (in this case, team leaders should cross out the response by drawing two lines through the code with their red pen)
    - Questions for which no response is recorded when it appears there should be a response (in this case, try to find the correct response as described above or leave blank).
- **A RED PEN SHOULD ALWAYS BE USED TO MAKE CORRECTIONS**
- The team leader should check the ranges for all variables that are not pre-coded (e.g., the facility cannot be open 9 days per week) and carry out the other consistency checks that are listed. Mark any inconsistencies with a red pen.

Once the team leader has checked and corrected the questionnaire, she/he should sign their name on the space provided on the front page.

Data Quality

Before leaving the facility, the team leader must check each completed interview and observation form for completeness, legibility and consistency. If the forms have not been filled out in a complete and legible manner, the enumerator should go back to the respondent to collect the missing or illegible data. To ensure excellent data quality, the team leader will also check the forms for quality. It is especially important for the team leader to conduct a careful review of all survey forms at the initial and final stages of fieldwork.

One major threat to data quality is a high rate of non-response. When potential respondents refuse to participate at a high rate, bias is often introduced. People who refuse tend to be different than people who consent to participate. It is therefore important that the team reduce the non-response rate as much as possible. If the respondent refuses to be interviewed, a reasonable and polite effort should be made to elicit consent from the respondent to participate in the study. Refusals may stem from misconceptions about the survey or other prejudices. The enumerator must consider the respondent's point of view, adapt to it, and reassure him/her. In some cases, the team leader may have a better chance of carrying out the interview. Linguistic and ethnic barriers between the respondent and the enumerator can sometimes lead to refusal – it is best to limit this possibility by ensuring that surveyors have the same linguistic and ethnic background as the surveyed Health Facility Personnel.

Specific Instructions for Survey Instrument Modules

This section is important for Team Leaders AND Enumerators to study carefully.
As mentioned, during this first visit, the following sections/modules are administered:

- Coversheet
- Module 1
- Module 2 Section F
- Module 3
- Module 4

During the second (unannounced) visit:

- Module 2 Section G is completed.

Cover Sheet

Interviewee: Superintendent/Chief Doctor/Nurse (or the most senior health worker present in the health facility)

- Arrive at the health facility between 8.00 and 8.30am.

- Upon arrival, complete the Cover Sheet. Some of the information can be completed ahead of arrival such as: Team codes (see Annex A)
  Geographic codes (see Annex B)
  Facility codes (see Annex C)
- Note your time if arrival and dates for first visit. Do not indicate the date of the second visit.

- **GPS Coordinates** have to be completed when you are physically at the health facility. Follow the instructions carefully as described in Annex E.

- **Introduction:** When you arrive, search for the health facility Superintendent/Chief Doctor/Nurse (or the head doctor/nurse or most senior health worker present in the facility). Both enumerators meet with the Superintendent/Chief Doctor/Nurse. Make sure you have the following handy: Letter of Introduction/ letter of Permission.

- Introduce yourself and your colleague and explain the objectives of the visit:

  MY NAME IS …….. AND MY COLLEAGUE'S NAME IS…. WE ARE FROM THE KENYA INSTITUTE FOR PUBLIC POLICY RESEARCH AND ANALYSIS (KIPPRA). KIPPRA IS WORKING WITH THE MINISTRIES OF HEALTH (MOPHS AND MOMS) AND REPRESENTATIVE FAITH-BASED ORGANIZATIONS TO COLLECT INFORMATION AND STATISTICS ABOUT SERVICE DELIVERY, AND IS PART OF THE GOVERNMENT'S ON-GOING EFFORTS TO IMPROVE UTILIZATION OF RESOURCES AND QUALITY OF SERVICES. THE INFORMATION WILL BE AVAILABLE IN REPORTS WITHIN ABOUT 6 MONTHS.

  PERMISSION FOR THE SURVEY HAS BEEN OBTAINED FROM THE MINISTRIES OF HEALTH (MOPHS AND MOMS) AND THE REPRESENTATIVE FAITH BASED ORGANIZATIONS [SHOW LETTER].

  ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL. NO INFORMATION WILL BE ATTRIBUTED TO YOU PERSONALLY.

THIS QUESTIONNAIRE WILL TAKE APPROXIMATELY 2 HOURS TO COMPLETE AND MY COLLEAGUE WILL TAKE APPROXIMATELY 20 MINUTES WITH UP TO 10 OF THE CLINICAL STAFF IN THE FACILITY.

DO YOU HAVE ANY QUESTIONS?

MAY I BEGIN THE INTERVIEW?

- **Permission and refusal**: Ask the Superintendent/Chief Doctor/Nurse the permission for your colleague to start the observations of and testing, while you ask him a few questions:

  I WOULD LIKE TO START BY ASKING YOU A FEW QUESTIONS THE FACILITY'S CHARACTERISTICS. I WOULD ALSO LIKE TO ASK YOU ABOUT THE HEALTH WORKERS AT THE FACILITY AND TO CONFIRM THEIR PRESENCE. PLEASE INDICATE IF YOU ARE NOT WILLING TO PROVIDE THE INFORMATION NEEDED FOR THIS QUESTIONNAIRE. THE QUESTIONNAIRE WILL TAKE APPROXIMATELY 2 HOURS TO COMPLETE. CAN I ASK YOU A FEW QUESTIONS ABOUT YOUR FACILITY?

  DURING THIS TIME, IF YOU DON'T MIND, MY COLLEAGUE WILL COLLECT GENERAL HEALTH WORKER IFORMATION AND SELECT UP TO 10 TO BE INTERVIEWD.

- If the head Superintendent/Chief Doctor/Nurse is not present, ask the deputy doctor/nurse or most senior doctor/nurse for permission and request that he/she assists in completing the survey.

- If none of the senior staff are present and there is no suitable person to assist in completing the survey, call the Team leader.

- If the respondent does not agree to be interviewed, inquire the reason, and address any questions that the principal may have. If the respondent still refuses, call the Team leader.

Module 1: Facility Questionnaire

Interviewee: health facility Superintendent/Chief Doctor/Nurse (or the head doctor/nurse or most senior health worker present in the facility)

Introduction

Q1. Interview Agreement. The enumerator should read the consent statement above and make sure to ask if the participant agrees to be interviewed. As mentioned above, if the participant refuses, inquire the reason and make sure to respond to all questions they might have.

Q2. Reason for refusal. Make sure to record in as much detail as possible, what the reason for refusal was.

NOTES: Use this section to write down any observations about the facility that could help interpret the information collected. Make sure that your writing is legible and that your sentences are complete enough to understand what you are referring to.

Section A: Preliminary Information

The preliminary section helps identify the facility, the dates it was visited and who conducted the interviews. Nothing in this section should be left blank under any circumstances.

Q 3-Q 8. Should be filled in by enumerators before arriving to the facility. Find the codes for the Province, District, County and Division in the Annex X of this Manual.

Q 6. Record the Health Facility Name as given to you by the Team Leader or Field Supervisor. If the name of the facility has changed when you visit the facility, include this as a comment in the notes section.

Q 8. Is the Facility Rural or Urban?: Definition of urban and rural: the SDI survey will seek to categorize rural and urban areas as defined by national statistical office (based on a calculation of the difference between total population and urban population). Generally, rural areas fall outside the boundaries of designated cities, municipalities, towns and urban centers.

Q 9. GPS Position. As indicated in Annex X of this Manual record the Facility's UTM coordinates. As explained in the Annex, be certain to stand on the Facility's grounds when taking the coordinates. Make sure to circle in the questionnaire if you are in the north or south hemisphere for your measure, be sure to record the measure with as much precision as possible. Do not record the coordinates given to you by your team leader for the purpose of finding the facility. Your measurement will provide updated and more reliable coordinates for the facility

Q 11 and Q 15. Each enumerator should record his/her first (given name) and last names (family/surname) and their assigned code in this section. For instructions on Enumerator codes see Annex X in this Manual.

Q 16. Verification: (1) A complete questionnaire is one where all questions have been answered unless indicated by a skip pattern. A questionnaire is incomplete until the second visit to the facility has taken place and required data has been collected for this second visit. (2) An incomplete questionnaire is one where there are questions left unanswered; this could be due to the incompletion of the second facility visit, due to the incompletion of a module because enumerators were unable to find the person or files necessary to complete all questions or because enumerator inadvertent skipping of a question. In all these cases, all efforts must be made to complete the

questionnaire, be it by asking the questions again in the first visit, completing them in the second visit, calling back respondents for completion or clarification or arranging for a third visit. (3) A closed facility could be closed for the day or could be shut down. If there are reasons to believe that the facility is closed for the day make all efforts to schedule another visit and conduct the survey normally. If the facility has been shut down, record your observations and reasons to believe this, in the notes section, communicate with your team leader and survey coordinator and follow instructions for the replacement of the facility with one selected for back-up from the facility list for the county. (4) A "refused" survey result happens when respondents (Administrative Staff in Charge) refuse to participate or provide any answers to the questions in the survey. The majority of the time this happens when the respondent is not clear about the rationale for the survey or the expectations of him/her from the survey. Every effort should be made by enumerators and the team leader to explain what the purpose of the survey is and that the responses will be kept confidential and in no way be used against any of the participants in order to avoid refusals.

Section B: General Information

Q 17. Can I please ask your Name? It is not essential and optional for respondents to tell you their name. Explain that it will be kept confidential. The respondent's name is important in the case that an answer needs to be verified or any other information is needed.

Q 18. Please, can we have your cell phone number? It is not essential and optional for respondents to tell you their cell phone number. Explain that it will be kept confidential and not shared with anyone outside the team. The respondent's cell phone number is important in the case that an answer needs to be verified or any other information is needed.

Q 19. Which position do you occupy in this facility? Record the response as provided by the respondent. Under the Module 2, Staff Roster Section of this manual, find the definitions of each of these categories in the case of any confusion. If none of the options apply, record "11" for other and be sure to specify response.

Q 20. Who owns this facility?

Definition: Ownership means the state of having exclusive legal rights to the facility, which includes the right to possess, use and dispose of the said facility. However, for the purposes of this Implementation Guide, ownership especially for the Faith Based Facilities will be broadened to also include the body that coordinates service delivery and health programs. Therefore, Christian Health Association of Kenya (CHAK), Kenya Episcopal Conference (KEC), or Supreme Council of Kenya Muslim (SUPKEM) will be termed as owners though in actual fact the facilities under them are owned by the individual churches, mosques or communities affiliated either faith.

Data Source*:* From official documents such as certificates of registration, private practitioners licenses, etc.[2]

Table 4: Facility Ownership Type[3]

Public	
Ministry of Health	
• Ministry of Medical Services • Ministry of Public Health and Sanitation	MOH means the ministries responsible for health for the time being A "Ministry of Health Facility" facility is one that has been officially gazetted and "taken-over" by the government.

[2] Master Facility List Implementation Guide definitions
[3] Master Facility List Implementation Guide definitions

	Taking over means: • a gazette notice has been issued • the land and buildings and title deeds are now owned by the government • the facility qualifies to get staff, equipment, drugs, supplies (and other inputs like transport) from the government • the facility is open to the public
Other Public	
• Local Authority	Local Authorities in Kenya are governed by the local Government Act cap 265 laws of Kenya: • They are categorized into city councils, town councils, municipal councils and county councils. • The Gazettement of the facility is done through the Ministry of Local Government • The health facilities under the local authorities are owned and managed by the local authorities. They may have staff from MoH e.g. doctors, clinical officers and nurses.
• Prisons	Prison ownership of facilities means: • The facility has been Gazetted as a government facility and a gazette notice has been issued • The buildings and land are owned by Prisons in the Ministry of Home Affairs • However the facility is run by the MoH and gets staff, equipment, drugs, supplies (and other inputs like transport) from the government • The facilities are not open to the public but only to the institution. • Prison health services in charge reports to DMS
• Armed Forces	These are facilities owned by the Kenyan government sponsored defense, fighting forces and related organizations through the Ministry of Defense, exclusively for their officers and all the administrative issues in regard to the facility are done by the forces
• Academic (if registered)	These are health facilities owned by Universities, colleges, and health facility's to cater for the health needs of the students and staff. They are registered by KMPDB and employ their own staff and buy their own supplies
• Parastatal	These are facilities owned by a government-owned corporation or state-owned enterprise, created by a government established under State Corporations Act (Cap 446. to undertake commercial activities on behalf of the government. The health facility has the purpose of catering for their employees health needs though the core business of the Parastatal in question is not health services provision. They are registered by the KMPDB and employ their own staff and buy their own supplies
• Community	These are facilities that have been established through the efforts of the community in mobilizing their own resources. (Community- a group of people that share a geographical area, resources, belief, intent, preferences, needs and risks) The facilities are owned by the community and may employ their own staff or staff may by employ for them by the government, NGOs and well wishers. In most cases the community usually makes an effort to have the facility gazetted by MoH. Once gazetted it becomes an MoH facility.
• Constituency Development Fund (CDF)	These are health facilities put up through fund allocated to every Constituency (geographical area with the same electorate) through the CDF Act No.11. The CDF facilities have committees that may employ their own staff and purchase their own supplies or can get staff allocated to them from the MoH through the DMOH. The facilities are licensed by KMPDB but are in many cases taken over by the MoH through gazettement.
• Local Authority Transfer Fund (LATF)	These are facilities built through the process in which the Government transfers fund through the Local Service Delivery Action Plan (LASDAP)

	to the every ward as LATF Act No. 8 of 1998. LATF funds only put up and equip the facility but do not run it. The facility only becomes operational once the MoH takes it over through Gazettement.
Private not-for-profit (NGO)	
• Non-Governmental Organizations	These are facilities owned by National and International Organizations registered by the NGO Coordination Board (a government parastatal under the Ministry of National Heritage and Culture) under the NGOs Coordination Act No. 19 of 1990. The activities of these organizations are further regulated by the National Council of NGOs in which they are automatic members upon registration by the Board. National Council of NGOs is an umbrella organization with the legal mandate to supervise and coordinate the affairs and functions of NGOs.
• Humanitarian Agencies	These are facilities owned by individuals, organizations, or governments aiming at giving emergency aid or rapid assistance to people in immediate distress by to relieve suffering, during and after man-made emergencies (e.g. conflict) and natural disasters. These facilities are mainly temporary and are either disbanded once the emergency is over or handed over to government or NGOs for long term management.
Private not-for-profit/ Faith Based	
• Christian Health Association of Kenya	CHAK members consist of church health facilities and programs affiliated to the Protestant Churches. CHAK's purpose is to serve and assist its member health facilities to deliver accessible and quality health services to all Kenyans in accordance to Christian values and professional ethics, through advocacy, capacity building, technical support, networking and innovative health programs. Facility owned by the protestant churches affiliated to CHAK will be termed as owned by CHAK
• Kenya Episcopal Conference-Catholic Secretariat	KEC means Kenya Episcopal Conference. The purpose of the Commission for Health is to coordinate service delivery by all faith based health services and programs affiliated to the Catholic Church, so as to promote access to health for all Kenyans and strengthen family values. KEC-CS is formed by the 26 bishops who represent the arch-dioceses in Kenya. The health facilities that fall under the mandate of KEC-CS through the Catholic Health Commission of Kenya are owned by their respective arch-dioceses. Therefore KEC-CS does not own any of these facilities, but has a mandate to lobby and advocate for these health facilities. However for the purposes of MFL all KEC affiliated facilities will be termed as owned by KEC
• Supreme Council for Kenya Muslims	Supreme Council of Kenya Muslims (SUPKEM) is the umbrella body of all the Muslim Organizations, Societies, Mosques Committees and Groups in Kenya. The members of the Council are these Organizations, Societies, Committees and groups affiliated to it and not individual Muslims. All the health facilities owned by organs affiliated to SUPKEM will be termed as owned by SUPKEM
• Other Faith Based	Any other religious affiliated group other than CHAK, KEC, SUPKEM owning or coordinating the affairs of health facilities under the organization
Private for-profit	
Private Medical Enterprises	
• Private Institution	This a facility owned by company registered under registrar of companies as limited liability or non profit making and whose core business is health provision. The facility employs their own staff and purchase their own supplies and equipment
• Company Medical Service	This a facility owned by a private company registered under registrar of companies whose core business is health provision for the purposes of attending to the employees/ and their families health needs. The company usually employs their own medical staff and buys its own supplies. However, it can qualify to get supplies from government like vaccines, family planning commodities and ARVs upon presentation of approved documentation.

• Other Private	Any other private Institution that does not fall in any of the categories above
Private Practice	
• Private Practice- General Practitioner	This is a private practice that is licensed to a Medical officer or a general practitioner. The practitioner should not in government/non government employment and should be registered by the Kenya Medical Practitioners and Dentists Board
• Private Practice- Medical Specialist	This is a practice licensed to a doctor specialist in a given field. The practitioner should be registered by the Kenya Medical Practitioners and Dentists board. The practitioner is allowed to be in formal employment either in government on non government institution.
• Private Practice- Nurse/Midwife	A private practice licensed to a nurse / midwife who is registered by the Nursing Council of Kenya (NCK). The Nurse must be a Kenyan citizen, with five years post-registration/enrolment experience and not in government/non government employment and the practice is subject to regular Local Health Supervising Authority e.g. DHMT and Nursing Council of Kenya. The private practice licenses shows that the nurse is retained in the register of nurses, and refers to the specific clinic that has a name, market, plot number and lists the services offered.
• Private Practice- Clinical Officer	This is a private practice that is licensed to a clinical officer by the Clinical Officers Council under the Clinical Officers Council Act.

Q 21. Who mainly pays the salaries of staff at this facility? Record the one main contributor to staff salaries in the facility. Some facilities have a few staff that are paid through a different source of funds than other staff; record who pays for the majority of staff. This question might require probing, enumerators could ask the respondent about the number of staff paid through each source of funds.

Q 22. Who mainly pays for medical supplies for this facility? Record the one main payer of medical supplies in the facility. Some facilities have a few medical supplies that are paid or donated through a different source of funds than other medical supplies; record who pays for the majority of medical supplies. This question might require probing, enumerators could ask the respondent about the what supplies are paid through each source of funds and then ask the respondent to assess who mainly pays for medical supplies.

Q 23. Who mainly pays for operation and maintenance costs for this facility? Record the one main contributor to maintenance costs in the facility. Some facilities have a variation in maintenance costs that are paid through different sources of funds; record who pays for the majority of maintenance costs. This question might require probing, enumerators could ask the respondent about the different maintenance costs, over the past year, paid through each source of funds and then ask the respondent to assess who mainly pays for these costs.

Q 24. What is the health facility type?

Definition[4]: The facility type is one of the important attributes in describing a facility. For MOH facilities, (the term 'MOH' will be used for facilities in both Ministry of Medical Services and Ministry of Public Health and Sanitation), the type is the gazetted classification of the facility. For non-MOH facilities, there are various types to choose from and definitions of each of the facility have been given below. There other types of facilities which offer services to complement the facilities offering consultative and curative services. These facilities are mainly 'stand alone'.

Data Source: Official documentation accompanying the registration or gazetting of this facility.

[4] Master Facility List Implementation Guide Definitions

See Annex X in this Manual for a detailed description of each type of facility.

Q 25. What is the traveling time by car to the district headquarters?: This is to reflect the estimated time it would take to drive a vehicle to the district capital or location of the Office of the District Health Officer. This time should reflect a one-way trip using private transportation, not by bus, matatu or other public means.

Service Delivery

Q 26. How many days per week is this facility open? A facility is defined as "Open" when there is a medical or clinical officer/nurse or midwife present and on duty available in the facility to provide outpatient and/or emergency care. The facility is not considered as open if only administrative or security personnel are in the facility and no outpatient or emergency services can be provided to patients. Record the number of days in a 7 day week that the facility is open. This question could require probing, you could ask, "so you mean, on Saturdays, patients can come to this facility for consultation with the head nurse".

Q 27. How many hours a day (on average) does your facility offer outpatient consultation? Record the actual amount of time that the facility offers patient outpatient consultations (for which an overnight stay is not necessary) on an average day. This question could require probing, you could ask; "from what time to what time was the facility open [*last Tuesday]*? From [*this]* to [*this time*] was there a medical or clinical officer/nurse or midwife present and on duty available in the facility to provide outpatient and/or emergency care? If not for that entire time, from what time to what time were outpatient services provided? Was [*Tuesday*] a typical day?

Q 28. Does this facility provide basic emergency obstetric care? Basic emergency obstetric (and newborn care) can be provided in dispensaries and health centers, large or small. It includes the capabilities for:

- Administration of antibiotics, oxytocin, and anticonvulsants
- Manual removal of the placenta
- Removal of retained products following miscarriage or abortion
- Assisted vaginal delivery, preferably with vacuum extractor
- (And newborn care)

Q 29. Does this facility provide comprehensive emergency obstetric care? ***Services*****:** Comprehensive emergency obstetric (and newborn) care, for the management of life-threatening obstetric complications includes:

- Basic Emergency Obstetric Care plus
- Caesarean section,
- Safe blood transfusion and
- Resuscitation care to low birth weight and sick newborns

Q 30. How many deliveries have been conducted the past 3 months? As defined above this should include vaginal deliveries and abdominal deliveries. For this question ask the respondent to see any available records.

Q 31. How many outpatient visits have you had at this facility in the past 3 months? An outpatient visit is a consultation of a patient with a medical/clinical officer, nurse or midwife in the facility for which an overnight stay at the facility is not necessary. For this question ask the respondent to see any available records.

Q 32. How many in-patient bed-days have you had the past 3 months? A bed-day is a day during which a person is confined to a bed and in which the patient stays overnight in a health facility. This question refers to the number of persons that spent the night at the facility multiplied by the number of days/nights they each spent in the facility over the 3 months prior to the survey. For this question ask the respondent to see any available records. This question could require probing, ask about the number of patients that spent the night in the facility in the past 3 months, the number of nights they each spent and carefully calculate the number of bed-days.

Section C: Infrastructure

Q 34. What is the main source of power for the facility? The main source of power/electricity for the facility is the source that is most commonly used or relied on by the facility.

Q 36. Does this facility have any of the following other sources of electricity? Other sources of electricity, refers to additional sources different from that mentioned in Q 34.

Q 37. What is the main source of water for the facility? The main source of water for the facility is the source that is most commonly used or relied on by the facility. If the response is "piped into facility" or "piped into facility grounds" and there is no need to walk to reach the main water source, the following question regarding time to the water source should be skipped.

Q 38. What is the average walking time to and from the main source of water? (including waiting time). If the response in Q 36 was "piped into facility" or "piped into facility grounds" and there is no need to walk to reach the main water source, make sure to skip this question. Provide an estimated time as mentioned by the respondent. Make sure that all times recorded are in minutes.

Q 40. What type of toilet (latrine) is available for use by outpatients? A toilet that is available for general outpatient or client use is one that is accessible; within the facility grounds, is unlocked and not restricted to facility personnel use only. A covered pit latrine is one covered by a non-leaking roof. A VIP latrine is one with clearly visible ventilation system that allows air/odor to flow out of the latrine. Make sure to observe the toilet/latrine and observe its condition for yourself.

Q 41. How many of the mentioned (outpatient) toilets (latrines) are there? Observe and count the number of toilets available for use by outpatients.

Q 42. How many of the mentioned toilets are currently functioning? A functioning toilet or latrine is one that structurally still/upright and is not overflowing.

Q 43. What type of toilet (latrine) is available for use by inpatients? A toilet that is available for general inpatient or client use is one that is accessible; within the facility grounds, is unlocked and not restricted to facility personnel use only. A covered pit latrine is one covered by a non-leaking roof. A VIP latrine is one with clearly visible ventilation system that allows air/odor to flow out of the latrine. Make sure to observe the toilet/latrine and observe its condition for yourself.

Q 44. How many of the mentioned (inpatient) toilets (latrines) are there? Observe and count the number of toilets available for use by inpatients.

Q 45. How many of the mentioned toilets are currently functioning? A functioning toilet or latrine is one that structurally still/upright and is not overflowing.

Q 46- Q 50. Communication: Make sure to assess the functioning condition of each of the communication items mentioned in these questions. Ask to see the phones, radio and computer and

turn them on, see a signal or hear the dial-tone. If any of the items is not functioning on the day of the survey record "no" as an answer even if respondent assures you that it usually functions correctly.

Q 51. Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is available for this facility? A functional ambulance or other vehicle for emergency transportation of clients is defined as a vehicle able to transport a patient in an emergency situation. Functionality should be recorded as of the day of the survey, make sure to ask if it is 'functioning today'. Available to this facility refers to a vehicle that is usually housed at the facility or at a nearby facility that services the facility in question. Available means that the vehicle is able to arrive in the facility if called, within 15minutes. If the response is "no", the next two questions regarding the vehicle should be skipped.

Q 52. Is fuel available today? This is defined as the vehicle having enough fuel to travel to a higher level facility/hospital either in the vehicle tank or in reserve where the vehicle is housed. Fuel is not considered available if the patient needs to pay to fill the fuel tank or if the filling of the tank requires a financial transaction.

Q 54. Do you have a maternity waiting center (antenatal room) where women can stay prior to giving birth? A maternity waiting center (antenatal room) is a designated area with comfortable seating and/or beds where pregnant women can wait through the first stages of labor.

Section D: Equipment, Materials and Supplies

Q 55- Q 60. Basic Equipment: Ask to see the equipment if possible and assess its functioning status. Functioning is defined as appearing to be in a good condition, with no broken components and all necessary parts to weigh an adult or child, read a patient's temperature or listen to a heartbeat. If unsure, ask the respondent to show you how the equipment works.

Q 61-Q65. Sterilization Equipment: Ask to see the equipment if possible and assess its functioning status. Functioning is defined as appearing to be in a good condition, with no broken components and all necessary parts to properly sterilize materials and equipment.

Section E: Drugs

Q 66- Q 105. Enumerator: Ask to be shown the main location in the facility where medicines and other supplies are stored. Find the person most knowledgeable about storage and management of medicines and supplies in the facility (usually the pharmacy technician). Introduce yourself, explain the purpose of the survey and ask the questions outlined in the survey instrument. The existence of the stock of drugs and vaccines has to be verified through direct observation/written records. Make sure to observe the expiration dates of medicines when possible.

Q 93. Does the facility have a working refrigerator for the storage of vaccines? OBSERVE FUNCTIONING. A working refrigerator is defined as one with an up to date temperature chart and report where the number of times the recorded temperature has not been recorded below 0° Celsius or above 8° Celsius more than 3 times in the past month.

Module 2: Staff Roster

Section F: Facility First Visit

Interviewee: health facility Superintendent/Chief Doctor/Nurse (or the head doctor/nurse or most senior health worker present in the facility)

- In this table, start by noting down the total number of Health Workers employed in the facility (**Q 106**). All the health workers for the current calendar year working in this facility including the respondent should be listed. Include the respondent if she/he is providing outpatient consultations in the current calendar year.

- Note the total number of non-health workers employed in the facility (**Q 107**). These include administrative personnel, cleaning personnel and security personnel, none of which provide any health services to patients.

- In the table, list only those health workers who are in contact with patients through consultations during the current calendar year (2012). If they are not actively providing services in 2012 (because they are on extended leave, or because they are about to be transferred and so are not coming to the facility) then they will not be listed.

- Health Worker Cadre Definitions[5]:

    - Superintendent: Plans, coordinates and supervises the provision of clinical, personal care and community health care services in a Health Center or Hospital. Their main tasks and duties include guiding and directing the activities of organizations, departments and other workers. Education and training requirements may vary depending on the facility but are most likely to have medical training.

    - Specialist: Apply the principles and procedures of modern medicine in preventing, diagnosing, caring for and treating illness, disease and injury in humans using specialized testing, diagnostic, medical, surgical, physical and psychological techniques. They may supervise the implementation of care and treatment plans by other health care providers. They specialize in certain disease categories, types of patient or methods of treatment, and may conduct medical education and research activities in their chosen areas of specialization. Specialists have completed a university-level degree in basic medical education plus postgraduate clinical training in a medical specialization (except general practice) or equivalent. Medical trainees who are non- university graduates should not be included here. Resident medical officers training as specialist practitioners (except general practice) are included here.

    - Medical Officer: Apply the principles and procedures of modern medicine in preventing, diagnosing, caring for and treating illness, disease and injury in humans and the maintenance of general health. They may supervise the implementation of care and treatment plans by other health care providers, and conduct medical education and research activities. They do not limit their practice to certain disease categories or methods of treatment, and may assume responsibility for the provision of continuing and comprehensive medical care. They have completed a university-

[5] Based on Africa Health Workforce Observatory. 2009. Human Resources for Health Kenya Country Profile. World Health Organization. Accessed from: http://www.hrh-observatory.afro.who.int/images/Document_Centre/kenya_country_profile.pdf

level degree in basic medical education plus postgraduate clinical training or equivalent for competent performance. Medical trainees who are non-university graduates should not be included here. Medical interns who have completed their university education in basic medical education and are undertaking postgraduate clinical training are included here. General Practice and Family Medicine medical officers should be included here.

- Clinical Officer: Provide advisory, diagnostic, curative and preventive medical services in a variety of settings. They work autonomously or with limited supervision of medical doctors, and apply advanced clinical procedures for treating and preventing diseases, injuries, and other physical or mental impairments common to specific communities. They have completed tertiary- level training in theoretical and practical medical services.

- Bachelor of Science Nurse: Plan, manage, provide and evaluate nursing care services for persons in need of such care due to effects of illness, injury, or other physical or mental impairment, or potential risks for health. They work autonomously or in teams with medical doctors and other health workers. They may supervise the implementation of nursing care plans, and conduct nursing education activities. They have completed a tertiary-level, Bachelor of Science in Nursing Degree from an accredited university.

- Registered Nurse: Provide basic nursing care for people who are in need of such care due to effects of ageing, illness, injury, or other physical or mental impairment. They implement care, treatment and referral plans established by medical, nursing and other health professionals. They have tertiary-level training in nursing services.

- Registered Midwife: Plan, manage, provide and evaluate midwifery care services before, during and after pregnancy and childbirth. They provide delivery care for reducing health risks to women and newborns, working autonomously or in teams with other health care providers. They have completed tertiary-level training in theoretical and practical midwifery.

- Enrolled Nurse: Provide basic nursing care for people who are in need of such care due to effects of ageing, illness, injury, or other physical or mental impairment under the supervision of a medical/clinical officer or registered nurse. They provide support in the implementation of care, treatment and referral plans established by medical, nursing and other health professionals. They are entry level nurses with training in nursing services.

- Enrolled Midwife: Provide basic health care and advise before, during and after pregnancy and childbirth. They implement care, treatment and referral plans to reduce health risks to women and newborns as established by medical, midwifery and other health professionals. They have completed formal training in midwifery services.

- Nurse Aide:

- If there are more than 25 health workers employed at the facility, the first 50 should be listed.

- Once all the information is filled up for all the health worker staff, proceed to sample health workers to be interviewed in Module 2: Section F and Module 3 using a random numbers

table (see annex X). To do so, randomly select 10 health workers among all health workers from this staff roster. **Please see next page for instructions on use of random numbers.**

- Note that if the facility employs less than 10 health worker staff, all should be selected for Module 2: Section F and Module 3 interviews.

Section G: Facility Second Visit

- Q 114-Q 117: Begin by recording the names, cadre, gender and age of the randomly selected health workers exactly as they were recorded in Section F.

- Q 118: Observe if the health worker is currently in the facility, if they are not, ask a staff member what the reason for the absence is.

- Q 120: If health worker is observed to be in the facility, record the current activity they are undertaking. There is no need to interfere with what they are doing, simply record what you observe.

Use of Table of Random Numbers to Select Sample

As per the requirements under module 2, a sample of 10 health workers is to be selected randomly from the full list of all health workers in the facility.

- If a facility has less than 10 health workers, all of them need to be interviewed.
- If a facility has more than 10 health workers, list all of them up to a maximum of 50 health workers. Then select 10 health workers at random using the table of random numbers.
- Procedure for Using Random Number Table:

  -For a sample between 10-99, use a two-digit numbers from the Random Number Table.
- The starting point for selection of random number is determined randomly. One can simply open the table to some arbitrary place and point to a position on the page with one's eye closed or one simply picks any row and column from the table as a starting point. Since the numbers in the Random Number Table are random, it makes no difference where one begins.
- Example:

		Column Nos. (↓)							
Row No.		1-4	5-8	9-12	13-16	17-20	21-24	25-28	29-32
1 →		3125	8144	5454	6703	2444	1518	3387	8772
2		1496	9980	1454	3074	3889	9230	2398	1598
3		4905	4956	3551	6836	6512	8312	9283	6663
4		9967	5765	1446	9288	0555	2591	8307	5280
5		5414	9534	9318	7827	5558	8651	7679	9983
6		5750	3489	9914	5737	6677	8288	7957	0899

Suppose you require sample 10 health workers out of total of 23 health workers in a health facility. You pick only two-digit numbers contained in the above table. Suppose you start from first row column 10/11. The first random sample numbers generated are as follows: 45,46,70,32,44,41,51,83,38,78,77,21,49,69,98 and 01. However, all numbers greater than 23 are rejected as the facility has only 23 health workers. This leaves only the numbers 21 and 01 so you have to continue generating numbers until you have 10 random numbers that are between 01 and 23.

Note: For the survey please use the Random Number table attached under Annex G

Attendance

- Module 2 Section G should be administered to the same 10 health workers randomly selected during the first visit as soon as possible after arrival at the health facility.

- Locate the 10 health workers (ask for assistance from a member of staff to identify them).

- Note what the health worker was doing when you arrived or whether they are absent (if you cannot find them after inquiring within the health facility premise, write absent)

- Some of the health workers on your list who were absent during your first visit could now be present. Meet the health workers that were absent during the first visit individually

- Ask each of them all the questions in Module 2 Section F.

- If a health worker on the list is absent both on the first and the second visit, collect the information about them by asking the head teacher or the most senior member of staff. Note in Q16 that the information was not collected directly from the health worker.

Completion of missing data

- If any part of the survey modules remained incomplete after the first visit to the facility, the enumerators may collect the information in the second visit after completing module 2

- Ask the health facility Superintendent/Chief Doctor/Nurse (or the head doctor/nurse or most senior health worker present in the facility) for permission to complete the survey. Note in the comments field if information in the relevant module was collect during the second visit.

End of the second facility visit

- Thank Superintendent/Chief Doctor/Nurse for their cooperation and assistance for the visit. Let them know that if they are interested, the results will be available through the World Bank.

Module 3: Clinical Knowledge Assessment

Module 3 shall be completed up to 10 times per health facility. All questions in each section of this module are to be administered to each of the randomly selected health workers. Enumerator 2 must make sure to have with him/her at least 10 copies of this module before heading to a health facility

The basic idea:

- One surveyor (the Case Study Patient) pretends to be a patient. He has a very specific illness. He tells the Clinician his main symptom(s) in response to questions asked by the Clinician.
- The Clinician makes a diagnosis and treats the Case Study Patient, as far as possible just like he would do with real patients.
- Another surveyor (the Observer) observes what the Clinician does during the "consultation".

Instructions to the Case Study Patient:

- You will act as five different patients suffering from five different illnesses.
- Please, carefully study what you are suffering from (see information in survey instrument about how to respond to questions asked by the clinician).
- If possible, give the answers only as they are written.
- Use your judgment for questions for which there are no answers. **The basic rule is that unless it is specifically stated here, all other signs and symptoms should be normal**.

Instructions to the Observer:

- It is your responsibility to make sure that the Clinician understands what to do.
- It is your responsibility to make the Clinician relax and – as far as possible – make the Clinician behave like s/he would with normal patients. Do **NOT** give any impression of wanting to make a test of how well the Clinician is able to perform.
- Read instructions carefully and slowly, exactly as outlined in the survey instrument.
- If the Clinician, during the "consultations" shows that he has not understood how to act (for instance, if he tries to physically examine the patient), it is your obligation to provide proper instructions.
- Stay a bit "on the sideline" during the "consultation". Do not reveal the content of the data collection forms to the clinician.
- You are not supposed to help the clinician perform better than normal.

Section H: Preliminary Information

Q 122- Q 126. The information recorded for these questions must be exactly the same as that recorded in Q 3- Q 7.

Q 127: Number of health workers interviewed: Record the number of randomly sampled health workers that completed Module 3.

Q 128. Health worker name. Record the name exactly as it is recorded in Module 2.

Q 129. Health worker number. This number corresponds to the number assigned in Module 2 (it should be between 1 and 25)

Q 131: Indicate shift: If facility is only open during the day and provides no on-call services, record "Day = 1"

Section I: Introduction

OBSERVER READS THIS TO THE CLINICIAN: I HAVE COME HERE TODAY AS PART OF OUR RESEARCH ON HEALTH SERVICE DELIVERY IN KENYA. THE RESEARCH IS CONDUCTED BY KIPPRA.

ONE OF THE AIMS OF OUR RESEARCH IS TO IDENTIFY POSSIBLE CHALLENGES TO HEALTH SERVICE DELIVERY IN KENYA. WE THEREFORE WANT TO KINDLY ASK YOU TO SPEND A FEW MINUTES TO ASSIST US IN LEARNING MORE ABOUT THE DAILY WORK THAT CLINICIANS DO. TO UNDERSTAND THE REALITIES OF YOUR WORK WE WILL BE PRESENT DURING SOME OF DAILY ACTIVITIES IN YOUR FACILITY. IN ADDITION IT IS IMPORTANT TO UNDERSTAND HOW THE WORK COULD BE CONDUCTED, THIS TIME WITHOUT THE CONSTRAINTS OF HAVING PATIENTS PRESENT DURING OUR ASSESSMENT. TO ACHIEVE THIS I WILL **PRETEND** TO BE A PATIENT, AND WOULD THEN ASK YOU TO DO A CONSULTATION ON ME. WHAT I ASK FROM YOU IS SIMPLY TO PRETEND THAT THIS IS ONE OF YOUR NORMAL PATIENTS AND TO TREAT ME JUST LIKE NORMAL.

PERMISSION FOR THE SURVEY HAS BEEN OBTAINED FROM THE MINISTRIES OF HEALTH (MOPHS AND MOMS) AND THE REPRESENTATIVE FBOS ORGANIZATIONS [SHOW LETTER].

ALL INFORMATION AND RESPONSES THAT YOU PROVIDE WILL BE CONFIDENTIAL AND NO INFORMATION WILL BE ATTRIBUTED TO YOU PERSONALLY. ALL THE SUMMARIES OF INFORMATION COLLECTED IN THIS SURVEY WILL BE AVAILABLE IN REPORTS WITHIN ABOUT 6 MONTHS.

THE QUESTIONNAIRE WILL TAKE APPROXIMATELY 20 MINUTES TO COMPLETE. DO YOU HAVE ANY QUESTIONS?

Q 132. Interview Agreement. The enumerator should read the consent statement above and make sure to ask if the participant agrees to be interviewed. If the health worker refuses, inquire the reason and make sure to respond to all questions they might have. If the health worker agrees, thank them, tell them you will now move on to the illustration and skip the next question.

Q 133. Reason for refusal. Make sure to record in as much detail as possible, what the reason for refusal was.

NOTES: Use this section to write down any observations about the facility that could help interpret the information collected. Make sure that your writing is legible and that your sentences are complete enough to understand what you are referring to.

Section J: Illustration

This section should be conducted by both enumerators before starting each health worker interview. One enumerator acts as the patient and an other as the clinician. The enumerator acting as the clinician must make sure to actively show the use of a thermometer and pulse taking. Upon conclusion of the illustration the enumerators must make sure to confirm with the health worker that they have understood what the exercise is about and answer any questions that they might have. Enumerators should make sure to emphasize that the health worker should mention any examination that they would typically conduct on the patient, such as taking the pulse, listening to breathing, taking the temperature, palpating the lower abdomen, etc. Enumerators should also emphasize that any equipment or tests proposed in the examination should be available in the facility.

Section K: Case Study Patient 1: Acute Diarrhea

Section L: Case Study Patient 2: Pneumonia

Section M: Case Study Patient 3: Diabetes Mellitus

Section N: Case Study Patient 4: Pulmonary Tuberculosis

Section O: Case Study Patient 5: Post-Partum Hemorrhage

Section P: Case Study Patient 6: Neonatal Asphyxia

At the end of the interview make sure to take 5-10 minutes to explain to the health worker what steps they might have missed, providing tips for improvement.

Module 4: Health Facility Finances - PETS

Interviewee: Health facility Superintendent/Chief Doctor/Nurse, the head doctor/nurse or most senior health worker present in the facility, or facility accountant

- Indicate to the Administrative Staff in Charge that it would be useful to have with him/her the facility budget records to answer some of the quantitative questions.

  IT WOULD BE USEFUL IF YOU HAVE WITH YOU THE FACILITY BUDGET RECORDS AND FACILITY BOOK RECORDS TO HELP ANSWER SOME OF THE QUESTIONS

- Ask if the facility has received any financial support (in cash) from the Government (other than staff salaries) in the last fiscal year (2010/11) and the current fiscal year (2011/12).

- Government includes here all level of administration (except the local community).

- Ask the respondent to make use of his written records for these figures

- If a facility employee (accountant, etc) or the facility committee keeps those written records of received resources, ask for these questions to be answered by that person knowledgeable of these resource flows.

Cover Sheet
In most cases, the respondent for Module 4 should be the same as the respondent for Modules 1 and 2: Health facility Superintendent/Chief Doctor/Nurse, the head doctor/nurse or most senior health worker present in the facility, or facility accountant. If so, fill out the cover sheet ***after*** completing the interview. In special cases where there is someone else at the facility who has more information about the health facility finances (such as the accountant), then the respondent might be a different person. If so, fill out the cover sheet ***before*** starting the interview.

For all questions: Do NOT read the responses aloud. Instead, listen to what the respondent says and then decide which response code fits best.

Q1:_____
Q2:_____

Questions involving earmarking
"Earmarking" funds means that the facility does not get to decide how to spend those funds—the external source providing the funds has stipulated how the funds are to be used. When there is a question about earmarking, ask yourself who is making the decision about how to spend the money: is the decision made at the facility level? If so, then the funds are not earmarked. "Discretionary" is the opposite of "earmarked". The following questions relate to this concept of "earmarking":
Q5: _____
Q6:_____

Section X: Quality of Records
This section should be filled out after you have left the interview room and you are no longer in the presence of the respondent. Please do not discuss these questions with the respondent at any time.

End of the first facility visit

- Thank the Health facility Superintendent/Chief Doctor/Nurse, (or the head doctor/nurse or most senior health worker present in the facility), for their cooperation and assistance for the visit.

Annexes

List of Annexes

Annex A. Team Codes

The teams are each coded as 10, 20, 30, etc. The supervisor has the same number code as the team.

TEAM	Team Code	Supervisor Name	Supervisor Code
Team 1	10		10
Team 2	20		20
Team 3	30		30
Team 4	40		40
Team 5	50		50

The enumerators are then coded within each team. For instance, for the team with the code 20, enumerators' codes are respectively 21, 22, 23, 24, 25.

ENUMARATORS' CODES	CODES
Team 1	**10**
Enumerator 1	11
Enumerator 2	12
Enumerator 3	13
Enumerator 4	14
Enumerator 5	15
Enumerator 6	16
Enumerator 7	17
Enumerator 8	18
Team 2	**20**
Enumerator 1	21
Enumerator 2	22
Enumerator 3	23
Enumerator 4	24
Enumerator 5	25
Enumerator 6	26
Enumerator 7	27
Enumerator 8	28
Team 3 etc	**30**
Enumerator 1	31

Annex B. Geographic Codes

Codes to use on cover pages are the following:

Province		District		Location		Sub Location	
Code	**Name**	**Code**	**Name**	**Code**	**Name**	**Code**	**Name**
100	**Central**	101	Gatundu				
		102	Kiambu East				
		103	Kiambu West				
		104	Kirinyaga				
		105	Kirinyaga				
		106	Muranga North				
		107	Muranga South				
		108	Nyandarua North				
		109	Nyandarua South				
		110	Nyeri North				
		111	Nyeri South				
		112	Thika				
200	**Coast**	201	Kaloleni				
		202	Kilifi				
		203	Kilindini				
		204	Kinango				
		205	Kwale				
		206	Lamu				
		207	Malindi				
		208	Mombasa				
		209	Msambweni				
		210	Taita				
		211	Tana Delta				
		212	Tana River				
		213	Taveta				
300	**Eastern**	301	Chalbi				
		302	Embu				
		303	Garbatula				
		304	Igembe				
		305	Imenti Central				
		306	Imenti North				
		307	Imenti South				
		308	Isiolo				
		309	Kangundo				
		310	Kibwezi				
		311	Kitui				
		312	Kitui				
		313	Kyuso				
		314	Laisamis				
		315	Maara				

		316	Machakos				
		317	Makueni				
		318	Marsabit				
		319	Mbeere				
		320	Mbooni				
		321	Meru South				
		322	Moyale				
		323	Mutomo				
		324	Mwala				
		325	Mwingi				
		326	Nzaui				
		327	Tharaka				
		328	Tigania				
		329	Unknown Eastern				
		330	Yatta				
400	**Nairobi**	401	Nairobi East				
		402	Nairobi North				
		403	Nairobi West				
500	**North Eastern**	501	Fafi				
		502	Garissa				
		503	Ijara				
		504	Lagdera				
		505	Mandera Central				
		506	Mandera East				
		507	Mandera West				
		508	Wajir East				
		509	Wajir North				
		510	Wajir South				
		511	Wajir West				
600	**Nyanza**	601	Bondo				
		602	Borabu				
		603	Gucha				
		604	Gucha South				
		605	Homa Bay				
		606	Kisii Central				
		607	Kisii South				
		608	Kisumu East				
		609	Kisumu West				
		610	Kuria East				
		611	Kuria West				
		612	Manga				
		613	Masaba				
		614	Migori				
		615	Nyamira				
		616	Nyando				

		617	Rachuonyo				
		618	Rarieda				
		619	Rongo				
		620	Siaya				
		621	Suba				
700	**Rift Valley**	701	Baringo				
		702	Baringo North				
		703	Bomet				
		704	Buret				
		705	East Pokot				
		706	Eldoret East				
		707	Eldoret West				
		708	Kajiado				
		709	Keiyo				
		710	Kericho				
		711	Kipkelion				
		712	Koibatek				
		713	Kwanza				
		714	Laikipia East				
		715	Laikipia North				
		716	Laikipia West				
		717	Loitokitok				
		718	Marakwet				
		719	Molo				
		720	Naivasha				
		721	Nakuru Central				
		722	Nakuru North				
		723	Nandi Central				
		724	Nandi East				
		725	Nandi North (Mosop)				
		726	Nandi South				
		727	Narok North				
		728	Narok South				
		729	Pokot Central				
		730	Pokot North				
		731	Samburu Central				
		732	Samburu East				
		733	Samburu North				
		734	Sotik				
		735	Tinderet				
		736	Trans Mara				
		737	Trans Nzoia East				
		738	Trans Nzoia West				
		739	Turkana Central				
		740	Turkana North				
		741	Turkana South				
		742	Wareng				

		743	West Pokot				
800	**Western**	801	Bungoma East				
		802	Bungoma North				
		803	Bungoma South				
		804	Bungoma West				
		805	Bunyala				
		806	Busia				
		807	Butere				
		808	Emuhaya				
		809	Hamisi				
		810	Kakamega Central				
		811	Kakamega East				
		812	Kakamega North				
		813	Kakamega North				
		814	Kakamega South				
		815	Lugari				
		816	Mt. Elgon				
		817	Mumias				
		818	Samia				
		819	Teso				
		820	Vihiga				

These codes are those to be written on the questionnaires.

Annex C. Facility Codes

Annex D. Facility Types

Table 5: Facility Type Descriptions

Type	Description of Type	Possible Owners
District Hospital	District Hospitals gazetted as DH, and are owned by MOH and are managed by Medical Superintendents has the mandate of : • Coordinating and referral centre for the smaller units – Sub district hospitals, health centres, nursing homes etc. • Supportive supervision of the smaller units- Sub district hospitals, health centres, nursing homes etc • Providing comprehensive medical and surgical services • Generating their own expenditure plans and budget requirements based on guidelines from headquarters through the provinces. • Form an integral part of the district health system. • Contribution to the district-wide information generation, collection planning, implementation and evaluation of health service programmes. • They provide the following services: o Curative and preventive care and promotion of health of the people in the district o Quality clinical care by a more skilled and competent staff than those of the health centres and dispensaries o Treatment techniques such as surgery not available at health centres; o Laboratory and other diagnostic techniques appropriate to the medical, surgical, and outpatient activities of the district hospital o Inpatient care until the patient can go home or back to the health centre o Training and technical supervision to health centres,	• MoH

Type	Description of Type	Possible Owners
	as well as resource centre for health centres at each district hospital ○ Twenty-four hour services ○ Clinical services include Obstetrics and gynaecology, Child health, Medicine, Surgery, including anaesthesia, Accident and emergency services, Non-clinical support services and referral services.	
Sub-District Hospital	Sub-District Hospitals are gazetted as SDH, and are owned by MOH and are managed by clinical officer or a medical officer. Some may have facilities for Caesarian section and other surgical services.	• MoH
Other Government Hospital	This a facility owned by the government but not owned by the MoH- (Though being an MoH facilities, Prisons falls under this category to differentiate them from the others	• Local Authority • Armed Forces • Prisons
Other Hospital	This is an institution which is **not** owned by "Ministry of Health" and has • Outpatient and inpatient services • Minimum 50 inpatient beds • A minimum of 4 separate departments • A minimum of one Theatre • Minimum of basic X-ray services • Resident Medical officer • Licensed	• CHAK • KEC • SUPKEM • Other FBO • Community • NGO • Private Institution • Company Medical Service • Academic
Health Centre	A health centre is a facility that mainly provides many of the ambulatory health services and generally offers preventive and curative services mostly adapted to local needs, minus specialised services e.g. x-ray, theatre etc: • either licensed to a Faith Based Organization (FBO), Community or Registered organization, e.g. (Health facility,	• MoH • Local Authority • CDF • LATIF • Prisons • CHAK • KEC

Type	Description of Type	Possible Owners
	Company, Church, Mosque, NGO, or Humanitarian Organisation, OR • gazetted as a health centre owned by the MOH or other governmental organization; • Have an administration block where patients register and all correspondence and resources are managed with at least two consulting rooms, maternal and child health, maternity, laboratory, pharmacy, minor theater where minor surgical procedures are done e.g. Circumcision, stitching wounds and manual vacuum aspiration and Kitchen and catering, 20 or less inpatient beds (maternity and others), treatment room and in some cases, students' hostels for rural health training centres. • Services provided: curative, inpatient, maternity, referral, ANC/FP/Immunisation and laboratory • For MoH Health centres, all the health centre staff report to the Medical/Clinical officer in-charge except the public health officers and technicians who are deployed to a geographical area rather than to a health unit and report to the district public health officer even though they may have an office at the health centre. • Staff o At least one Clinical officer or Medical officer o Nurses o Health administration officer o Medical technologist o Pharmaceutical technologist o Health information officer o Public health officer o Nutritionist o Driver	• SUPKEM • Other FBO • Community • NGO • Registered Organization • Company Medical Service

Type	Description of Type	Possible Owners
	○ Housekeeper ○ Supporting staff	
Dispensary	A dispensary is a facility that provides the first line of contact with patients and provides wider coverage for preventive health services. They are • either licensed to a Faith Based Organization (FBO), Community or Registered organization, e.g. (Health facility, Company, Church, Mosque, NGO, or Humanitarian Organisation, OR • gazetted as a dispensary owned by the MOH or other governmental organization; • devoted to treating outpatients • comprised of consulting room(s), and may contain office(s), treatment room(s), a laboratory and an observation room (which is not intended to be used for more than 12hrs) • Staff include: registered nurses, enrolled nurses, public health technicians, and dressers (medical assistants). • Services: basic outpatient curative care, immunisation services and laboratory services antenatal care and treatment for simple medical problems during pregnancy such as anaemia, and occasionally conduct normal deliveries.	• MoH • Local Authority • CDF • LATIF • Prisons • CHAK • KEC • SUPKEM • Other FBO • Community • NGO • Registered Organization • Company Medical Service
Medical Clinic	**Medical Clinic** is an outpatient facility constituting • A minimum of three rooms- reception, consulting rooms and treatment room/observation • licensed to a health practitioner engaged in private practice; the health practitioner , specialist, medical officer, a clinical officer, or a registered nurse	• Specialist • General practitioner • Clinical Officer • Nurse

Type	Description of Type	Possible Owners
	Offers preventive, diagnostic and curative services.	

Medical Centre	This is an outpatient facility, (No inpatient beds) which constitutes of several categories
	• Categories
	  ○ Group practice-each professional with individual license in addition to umbrella license for the premises
	  ○ Several professional working independently but under one facility name
	
	One license employing several practitioners under the license held by individual/company
		• Specialist
		• General practitioner
		• Clinical Officer
		• Nurse
		• Company

Nursing Home	**Nursing home** is a facility comprising of both outpatient and inpatient services • Has wards with 12-49 inpatient beds • Has a Laboratory, • Kitchen • Laundry • Licensed to a Practitioner(Nurse, Clinical officer, Medical officer, Specialist) • Has a visiting Medical officer/specialist • May have Maternity beds and Labour ward *NB 1: Maternity is service within a facility and in MFL there will be no 'Nursing and Maternity Home'. Maternity service will be marked as whether it exists or not in a Nursing home* *NB 2:Some Health facilities have theatre but as long as they do not meet the criteria of a 'Hospital' above they will be termed as nursing homes in the MFL*	• Specialist • General practitioner • Clinical Officer • Nurse • Company

Type	Description of Type	Possible Owners
	NB 3: An assumption is made that it is not economically viable to have an inpatient facility with less than 12 in patient beds.	
Maternity Home	**"Maternity home"** is a facility comprised offering Outpatient/ inpatient services exclusively for maternity clients- i.e. Antenatal, Delivery and newborn care and postnatal services. • Has 12-49 beds and cots • Has a Labour ward • Laboratory • Laundry • Kitchen • Licensed to Practitioner(Nurse, Clinical officer, Medical officer, Specialist) • Has a visiting Medical officer/Specialist • May have a theatre	• Specialist • General practitioner • Clinical Officer • Nurse • Company
Dental Clinic	Dental Clinic: This an outpatient facility devoted to treating teeth and related problems. Consists of • Consulting rooms, offices or a section of an outpatient department comprising of at least a reception (waiting room), treatment room and a store, containing the prescribed equipments*, used by the dental practitioner for promotion of oral health, prevention, diagnosis, treatment of oral diseases and rehabilitation of oral structures. • ***Basic Clinic**- normal chair, all equipments for extraction and minor oral surgery, filling and ART instruments, a scaler, with effective infection control mechanism. Clinic run by a Community Oral Health Officer • ***Comprehensive clinic** Unit must have a specialized dental chair with accessories-Clinic run by a dentist	• Dentist
Rural Health Training Centre	A GOK facility in a rural or peri urban area offering comprehensive primary health services in all essential health package areas, • Has capacity to accommodate 25 students and offer class room facilities to 40 students • Has staff with skills and capacity to train students • Offers inpatient and maternity services & has staff quarters	• MoH

Type	Description of Type	Possible Owners
	for the service providers • Has referral services and transport for patients and students while doing field work • Its supervised by the PHMT • Has KEPH level 3 services	
Rural Health Demonstration Centre	A GOK facility in a rural or peri urban area offering comprehensive primary health services in all essential health packages • Has capacity to accommodate 10 students and offer class room facilities • Has staff with skills and capacity to train students • Community inventory and demonstrations to community members done • Offers inpatient and maternity services & has staff quarters for the service providers • Has referral services and transport for patients and students while doing field work • Its geared towards teaching the community to strengthen housekeeping demonstrations of latrines construction, nutrition demonstration gardens etc • Its supervised by the PHMT • Has KEPH Level 3 services	• MoH
Laboratory (Stand-alone)	These are facilities licensed by the Kenya Medical Laboratory Technologists and Technicians board to conduct diagnostic tests and scientific research. The laboratories in Kenya are classified according to the services they provide (See laboratory services definitions)	• Pathologists • Lab technologists • Lab Technicians
Regional Blood Transfusion Centre	**Regional Blood Transfusion Centre:** situated strategically throughout the country whose purpose is to coordinate the activities f the National Blood Transfusion Centre and the district and primary hospital banks. They ensure adequate donor recruitment, blood collection, and testing and efficient blood distribution in the regions and marketing of services to the private sector.	• MoH

Type	Description of Type	Possible Owners
Blood Bank	**Blood Bank:** Also known as satellite centres, they are distribution points for Regional Blood Transfusion Centres. Their sole purpose is cold storage of blood and distribution to health facilities	
Training Institution in Health (Stand-alone)	This a center of learning by whatever name called, or however designated, having as one of its objects the provision of post-secondary education which offer courses of instruction leading to the grant of certificates, diplomas and degrees in health related field. The universities therein must be accredited by the Commission of Higher Education while colleges and polytechnics must be accredited by the Ministry of Health through the relevant Boards and Councils	• GoK • NGOs • Individuals
Health Project Health Programme	**A project** is a temporary endeavour undertaken to create a unique product or service as per the identified needs or concerns in the society. A project therefore exists only after a decision has been made to address a specific need to the stakeholders. The resources to support its execution are available, and measurable goals and objectives are well defined. There is a defined start (the decision to proceed) and a defined end (the achievement of the goals and objectives). **A programme** is a group of projects managed in a coordinated way to obtain benefits not available from managing them individually as single projects. A programme therefore consists of several associated projects contributing to the achievement of specified strategic plan. Health Programme may also contain elements of on going operations to ensure better management, visibility and more effective decision-making	• GoK • NGOs • Donors
Radiology Unit (Stand alone)	These are facilities licensed by the Radiation Protection Board (RPB) to offer any of the following services or a combination of services. include • Digital Radiography. • Computerized tomography. C T scans. • M R I. • Ultra-sound scans • Fluoroscopy (ba- meal/swallow) • General Radiography.	• Practitioners • Companies

Type	Description of Type	Possible Owners
	The grading of the facility depends on the types of services offered, number and type of equipment and the power/ output of the equipment. The RPB regulates and maintains a register of licensed staff, equipment and departments. The facilities are monitored by the District radiographer.	
VCT Centre (Stand-Alone)	A site that provides Voluntary Counseling and Testing for HIV. They are owned by individuals, private companies or organizations have to be accredited by DASCO/PASCO or NASCOP. Some get kits from NASCOP while others buy. Some VCTs charge a fee to recover their costs	• GoK • Individuals • Companies • NGOs • FBOS
Eye Unit Eye Clinic Eye Centre	**Eye Unit:** A separate unit which exclusively offers ophthalmic services but it is within a health facility that offers other health services. It must have a cataract surgeon/ophthalmologist as the basic human resource **Eye Clinic**: This is an outpatient facility either owned/run by a ophthalmic nurse, ophthalmic clinical officer or eye specialist that exclusively offers eye services. **Eye Centre:** This is a facility that exclusively offers eye services and must have admission beds, theatre and outpatient facilities. It must have a cataract surgeon/ophthalmologist as the basic human resource	• Practitioners • NGOs • FBOs • Companies
Funeral Home (Stand-alone)	A funeral home is a facility where dead bodies are stored and undergo autopsy before cremation or burial and provides additional services including: picking out of coffins, cremation, burial, transportation among others	• Individuals

Annex E. GPS Coordinates

Annex F. Patient Case Simulations

Annex G. Instructions for use of MamaNatalie and NeoNatalie

[The instructions for use provided by Laerdal can be attached here--
http://www.laerdal.com/files/software/MamaNatalie%20DFU%20ENG%20Oct%202011%20FINAL-827.pdf]

Annex H. Random numbers tables

For selection of 10 Health Workers in Module 2:

Please refer to Page X on use of Random Numbers Table below to select 10 teachers randomly from the staff roster.

Rows	Columns ↓									
→	1-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50
1	39634	62349	74088	65564	16379	19713	39153	69459	17986	24537
2	14595	35050	40469	27478	44526	67331	93365	54526	22356	93208
3	30734	71571	83722	79712	25775	65178	7763	82928	31131	30196
4	64628	89126	91254	24090	25752	3091	39411	73146	6089	15630
5	42831	95113	43511	42082	15140	34733	68076	18292	69486	80468
6	80583	70361	41047	26792	78466	3395	17635	9697	82447	31405
7	209	90404	99457	72570	42194	49043	24330	14939	9865	45906
8	5409	20830	1911	60767	55248	79253	12317	84120	77772	50103
9	95836	22530	91785	80210	34361	52228	33869	94332	83868	61672
10	65358	70469	87149	89509	72176	18103	55169	79954	72002	20582
11	72249	4037	36192	40221	14918	53437	60571	40995	55006	10694
12	41692	40581	93050	48734	34652	41577	4631	49184	39295	81776
13	61885	50796	96822	82002	7973	52925	75467	86013	98072	91942
14	48917	48129	48624	48248	91465	54898	61220	18721	67387	66575
15	88378	84299	12193	3785	49314	39761	99132	28775	45276	91816
16	77800	25734	9801	92087	2955	12872	89848	48579	6028	13827
17	24028	3405	1178	6316	81916	40170	53665	87202	88638	47121
18	86558	84750	43994	1760	96205	27937	45416	71964	52261	30781
19	78545	49201	5329	14182	10971	90472	44682	39304	19819	55799
20	14969	64623	82780	35686	30941	14622	4126	25498	95452	63937
21	58697	31973	6303	94202	62287	56164	79157	98375	24558	99241

NSTRUCTIONS FOR FILLING DIFFERENT QUESTIONNAIRES

To help you manage your appointments better, but also completed questionnaires, we have prepared several sheets. In what follows, we describe how to complete each of these forms.

IMPORTANT INSTRUCTIONS TO SUPERVISORS: first job is to locate the facilities on the map.

COMPLETE CONTROL FORMS OF FACILITIES

PRIMARY ELEMENTS TO CHECK IN QUESTIONNAIRES

DO NOT LEAVE EMPTY CASES EXCEPT FOR JUMPS

Other instructions

Annex I. Planning Sheet

The coordination team at _____ has contacted the district officials before your arrival. They have made appointments in the health facility's for you. Once on the field, contact him and he will put you in contact with these facilities to give you the appointments made.

This sheet is your appointments sheet. Register all the appointments of the week and schedule. This will allow you not to take for example two appointments at the same time if you do not have anyone to go to the interview. Use it as you want because it is yours.

TEAM N°:____

Supervisor:_____Code /_____/

Date: from ____ to ____

SHEET OF PLANNING VISITS

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
7am							
7:30 am							
8 am							
8:30 am							
9 am							
9:30 am							
10 am							
10:30 am							
11 am							
11:30 am							
12 pm							
12:30 pm							
13 pm							
13:30 pm							
14 pm							
14:30 pm							
15 pm							
15:30 pm							

Make your comments on the attached sheet.

Annex J. Facility Control Statement

This form is also to be filled when you have completely finished the investigation into the health facility. It is affixed to the back of the file containing all the questionnaires from the health facility.

Once all the completed questionnaires, fill the form:
For the first three questionnaires, you just have to confirm whether it has been investigated or not. Do not write in the boxes for the number. But, for others, enter the number of completed questionnaires, if it has been investigated or not, etc. ...

Team code: |___|___|

Supervisor:…… **Code** **|___|___|**

Delegation: …… **Code** **|___|___|**

District:…… **Code** **|___|___|**

Health facility name:…… **Code** **|___|___|**

QUESTIONNAIRES LIST	Number	Surveyed	Completed	Delivered
FIRST VISIT				
Module 1		☐	☐	☐
Module 2		☐	☐	☐
Module 3	|___|___|	☐	☐	☐
Module 4		☐	☐	☐
SECOND VISIT				
Module 2		☐	☐	☐

Delivered in: **Delivery date: _____/_____/_____**

Supervisor signature **Controller signature**