

STRICTLY CONFIDENTIAL



**2018 KENYA SERVICE DELIVERY INDICATORS SURVEY
&
2018 KENYA HEALTH FACILITY ASSESSMENT**



INTRODUCTION

My name is....., and my colleague's name is We are from the National Council for Population and Development (NCPD). NCPD is working with the Ministry of Health , World Bank, UNFPA, UNICEF, CHAI, JICA and other partners to collect information about health service delivery in Kenya. This is part of the government's on-going efforts to improve utilization of resources and quality of health care services. Your health facility was randomly selected to be part of this study.

Permission for this survey has been obtained from Ministry of Health and the Council of Governors. All information provided will be treated confidentially. No information will be attributed to you personally or to your facility.

We will spend the day at your facility in order to complete the five (5) modules of the questionnaire. The survey covers infrastructure, equipment, drugs, family planning commodities, human resources, consultations, and financial information. We would be very grateful if you would provide us with the relevant information or direct us to your colleagues who are responsible for these activities.

Your participation in this survey is voluntary and at no cost to you as an individual. You may choose not to participate at all or to stop at any time before the end of the survey. You may also choose not to answer any question that you are not comfortable with. Although we will ask for the names of participants, we want to assure you that adequate steps to ensure that each individual's identity is protected have been put in place. No information will be traced to you in any way because data will be kept and processed anonymously. Do you have any questions?

Permission			
Q1.	Do you agree to be interviewed ?	Yes = 1 No = 2 <i>If Q 1= (1) → Module 1, Section A</i>	<input style="width: 40px;" type="text"/>
Q2.	If Q1=2, what is the reason for refusal ?	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	
Interviewer signature and date		Signature	Date

Observations
<p>I WOULD LIKE TO START BY ASKING YOU A FEW QUESTIONS ABOUT THE FACILITY'S CHARACTERISTICS.</p> <p>DURING THIS TIME, IF YOU DON'T MIND, MY COLLEAGUE WILL COLLECT GENERAL HEALTH WORKER INFORMATION AND SELECT UP TO 10 TO BE INTERVIEWED.</p>

Module 1: Facility Questionnaire Section A: Basic Information			
Facility Information (Fill in before arriving to the Health Facility)			
Q3.	County	(See codes)	_ _ _
Q4.	Sub-County	(See codes)	_ _ _ _
Q5.	Ward	Name	_____
Q6.	Village/street	Name	_____
Q7.	Health Facility Name	Name	_____
Q8.	Master Facility List Code		_ _ _ _ _ _ _ _
Q9.	KEPH Level of care (MFL)	Level 2 = 2, Level 3 = 3, Level 4 = 4	_
Q10.	Health Facility Survey Code	Number (See codes)	_ _ _ _
Q11.	Is the facility rural or urban ?	Rural = 1 Urban = 2	_
Q12.	GPS Position	S _ _ _ ° _ _ _ . _ _ _ _ "	E _ _ _ ° _ _ _ . _ _ _ _ "
Enumerator Information			
First announced visit			
Q13.	Date of 1st visit	Day/Month/Year (e.g. 28 / 02 / 2018)	_ _ _ / _ _ _ /2 0 1 8

Q14.	Enumerator completing module	Name		Code	
Q15.	Survey start time for 1st visit	Time in 24hr. format (e.g. 07:30)		_ _ _ : _ _ _	
Q16.	Survey end time for 1st visit	Time in 24hr. format (e.g. 07:30)		_ _ _ : _ _ _	
Second unannounced visit					
Q17.	Date of 2 nd unannounced visit	Day/Month/Year (e.g. 28 / 02 / 2018)		_ _ _ / _ _ _ /2 0 1 8	
Q18.	Enumerators doing 2 nd unannounced visit	Name/Code	_ _ _ _ / _ _ _ _	Name/Code	_ _ _ _ / _ _ _ _
Q19.	Survey start time for 2 nd unannounced visit	Time in 24hr. format (e.g. 09:00)		_ _ _ : _ _ _	
Q20.	Departure time for 2 nd unannounced visit	Time in 24hr. format (e.g. 09:45)		_ _ _ : _ _ _	
TO BE COMPLETED BY SUPERVISOR					
		Survey Result		Result	Date
Q21.	Verification by supervisor	Questionnaire completed = 1 Facility closed = 3 Incomplete questionnaire = 2 Refused = 4		_ _	_ _ _ / _ _ _ /2 0 1 8 Name_____ Code _ _ _
Q22.	Data entered	Yes = 1 No = 2		_ _	_ _ _ / _ _ _ /2 0 1 8 Name_____ Code _ _ _




Module 1: Questionnaire


Section B: General Information




Enumerator: Identify the facility in-charge





General Information

Q1.	Please tell me your name?	Name	
Q2.	Please, can we have your cell phone number? Yes = 1, No = 2 If Q2=2 → Q3	<div style="text-align: center;"> _ </div> write the number	<div style="display: flex; align-items: center; justify-content: flex-end;"> <div style="margin-right: 10px;">→</div> <div style="border-bottom: 1px solid black; width: 150px; text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ </div> </div>
Q3.	What is your position in this facility ?	Responsible for the facility = 1 Jointly responsible for the facility=2 Head of department = 3	<div style="display: flex; justify-content: space-between;"> <div> Supervisor = 4 Medical personnel = 5 Administrative personnel = 6 Other (specify) = 9 </div> <div style="border-bottom: 1px solid black; width: 50px; text-align: center;"> _ </div> </div>
Q4.	Who owns this facility ?	Government (Public) = 1 NGO (non profit) =2	<div style="display: flex; justify-content: space-between;"> <div> Faith based (non profit) = 3 Community = 4 Private for profit = 5 </div> <div style="border-bottom: 1px solid black; width: 50px; text-align: center;"> _ </div> </div>
Q5.	Type of facility	County Referral Hospital = 1 County/Sub County Hospital = 2 Health Centre/ Maternity/Nursing Home = 3 Dispensary/Clinic = 4 Community = 5 Other (Specify) = 7	_
Q6.	What KEPH level of care is this facility?	<div style="display: flex; justify-content: space-between;"> <div> Level = 1 Level = 2 Level = 3 </div> <div> Level = 4 Level = 5 Level = 6 </div> </div>	_
Q7.	Who <u>mainly</u> pays the salaries of staff at this facility?	National budget = 1 County budget = 2 Own income = 3	<div style="display: flex; justify-content: space-between;"> <div> Non profit/NGO =4 Non profit/Faith based = 5 Other (specify) = 9 </div> <div style="border-bottom: 1px solid black; width: 50px; text-align: center;"> _ </div> </div>

Q8.	Who <u>mainly</u> pays for medical supplies for this facility?	National budget = 1 County budget = 2 Own income = 3	Non profit/NGO = 4 Non profit/Faith based = 5 Other (specify) = 9	_
Q9.	Who <u>mainly</u> pays for running costs for this facility?	National budget = 1 County budget = 2 Own income = 3	Non profit/NGO = 4 Non profit/Faith based = 5 Other (specify) = 9	_
Q10.	What is your main mode of transport to the Sub County headquarters ?	Vehicle/Car = 1 Moto (Boda boda) = 2	Bicycle = 3 Foot = 4 Resides at the headquarters = 5 Other = 9 (specify _____)	_
Q11.	Using this method of transport, what is the approximate traveling time from this facility to the Sub County headquarters?	Hours/Minutes (e.g. 01h16) NB: 00h00 if Q10=5		_ _ h _ _
Service Delivery				
Q12.	How many days per week is this facility open? Number (1-7)	_	Q13.	How many hours per day (on average) does this facility offer outpatient consultation ? _ _ h _ _
Q14.	How many outpatient visits have you had at this facility in the past 3 months? (Ask to See record)  Number	_ _ _ _	Q15.	Does this facility admit patients/clients ? Yes = 1 ; No = 2 → Q18. _
Q16.	How many inpatients/admissions have you had at this facility in the past three months? (Jan/Feb/Mar) (Ask to see record)  Number	_ _ _	Q17.	How many in-patient bed-days have you had during the past 3 months? (Jan/Feb/Mar) (Ask to See record)  Number _ _ _
Q18.	How many beds in TOTAL are available for patients at your facility? (Number) Note : Q18.=Q20.+Error! Reference source not found.	_ _ _	Q19.	Of these beds, how many are for maternity ? Number _ _ _
Q20.	Of these beds, how many are for observation? (Number)	_ _ _		
Ante Natal Care				
Q21.	Do ANC providers provide any of the following services to pregnant women as part of routine ANC? (Yes = 1, No = 2)			
	A. FOLIC ACID AND FERROUS SULPHATE (IFAS)			_

	B. LLIN	_
	C. TETANUS TOXOID VACCINATION	_
Q22.	Do ANC providers in this facility provide any of the following tests from this site to pregnant women as part of ANC? Request to see the test kits  (Yes, Observed = 1, Yes, Not Observed = 2, No = 3)	
	A. HIV Rapid Diagnostic Test	_
	B. Urinalysis	_
	C. Any Rapid Test For Hemoglobin	_
	D. Syphilis Rapid Diagnostic Test	_

Maternity					
Q23.	Do women give birth at this facility ? Yes = 1; No = 2 → Q38.	_	Q24.	Does this facility have a first stage room where women can stay prior to giving birth? Yes = 1; No = 2 Observe 	_
Q25.	Does this facility have a maternity delivery room (second stage room)? Yes = 1; No = 2 Observe 	_			
Obstetric and Neonatal Care (Yes = 1; No = 2)					
Q26.	Does this facility administer parenteral antibiotics ?	_	Q27.	Does this facility administer parenteral oxytocics ?	_
Q28.	Does this facility offer administration of parenteral anticonvulsants ?	_	Q29.	Does this facility offer manual extraction of placenta ?	_
Q30.	Does this facility offer manual extraction of products of conception ?	_	Q31.	Does this facility offer instrumental delivery (ventouse, forceps) ?	_
Q32.	Does this facility offer neonatal resuscitation with ambu bag ?	_	Q33.	Does this facility offer blood transfusion ?	_
Q34.	Does this facility offer Caesarean section ? If No (2) → Q36	_			
Q35.	How many Caesareans were performed in the past 3 months ? (Ask to see record)  Number	_ _ _	Q36.	How many successful deliveries (Includes caesarean section) took place at this facility	_ _ _

				in the past 3 months? (Ask to see record) 	
				Number	
Q37.	How many mothers died during delivery in the past 3 months ? (Ask to see record)  Number		Q38.	How many deliveries were referred to another facility in the past 3 months ? (Ask to see record)  Number	
		_ _ _			_ _ _
Q39.	Does this facility ever transfer mothers for EMERGENCY Caesarean section ? Yes = 1, No = 2 → Section C		Q40.	If yes, consider the last time a woman was transferred from this facility to another facility for emergency Caesarean section. From the moment the decision was made to transfer her, how long was it until the patient arrived at the other facility ?	_ _ _ h _ _
		_ _			
Maternity / Delivery Equipment					
Q41.	Are the following equipment available in the maternity unit? 				Applicable (Y=1, N=2)
	A. Delivery bed				_ _ If 2 → next line
	B. Delivery set				_ _ If 2 → next line
	C. Incubator (infant)				_ _ If 2 → next line
	D. Infant radiant warmer				_ _ If 2 → next line
	E. Infant weighing scale				_ _ If 2 → next line
	F. Examination Lamp				_ _ If 2 → next line
	G. Resuscitaire				_ _ If 2 → next line
	H. Fetoscope /Fetal heart detector				_ _ If 2 → next line
	I. Sphygmomanometer (BP machine)				_ _ If 2 → next line
	J. Oxygen set				_ _ If 2 → next line

	K. Suction machine, manual	__ If 2→next line
	L. Infection prevention equipment (waste bins, liners, buckets)	__ If 2→next line
	M. Vaginal examination set	__ If 2→next line
	N. Emergency tray	__ If 2→next line
	O. Thermometer	__ If 2→next line


Post Natal Care Services			
Q42	Does This facility offer PNC services? (Yes = 1 and No = 2)		
	NOTE: PNC CAN BE OFFERED AT 48 HOURS, 2 WEEKS, 4-6 WEEKS, AND AT 6 MONTHS POST DELIVERY	_ If 1, skip to Q44	
Q43	What is the main reason why this facility does not offer PNC services?		
	<p>Lack of personnel to offer the services =1</p> <p>Lack of space /room o offer the services =2</p> <p>No demand for the services by the clients =3</p> <p>Lack of time to offer services =4</p> <p>Very few clients demand for the services hence referred to other facilities =5</p> <p>Other (Specify) =6</p>	_	
Q44.	How many days in a week are postnatal care services offered at this facility?	DAYS/WEEK _____	
Q45.	As part of PNC services, please tell me if providers in this facility offer the following services to PNC clients (Yes = 1, No = 2)		
	A. Counselling on recommended four (4) PNC visits for each delivery	_	
	B. Counselling on danger signs for mother and neonate including pp psychosis	_	
	C. HIV services	_	
	D. Family Planning Services	_	
	E. Maternal and Neonatal Nutrition Services	_	
Vaccines and Related Supplies for Children			
Ask to be shown the location in the facility where child immunization services are provided. Find the person most knowledgeable about child immunization services in the facility. Introduce yourself, explain the purpose of the survey, and ask the following questions.			
Q46.	Does this facility provide immunization services or vaccinations?	<p>Yes = 1</p> <p>No = 2 → 56</p>	_

Q47.	Are vaccines stored at this facility?	Yes = 1 No = 2 → Q53			
Q48.	If stored at this facility how often do you restock vaccines?	Weekly = 1 Monthly = 2 Quarterly = 3 Other (Specify) = 9			
Q49.	Does the facility have a working vaccine refrigerator? Observe functioning Functioning = 2-8 degrees Centigrade.	Yes and observed =1 Yes but not observed =2	Not functioning = 3 Not available =4		
		If Q49 = 3 or 4 → Error! Reference source not found.			
Q50.	Write the digital temperature recorder/fridge tag /thermomètre reading for the refrigerator	Temperature in degrees Celsius			
Q51.	Is there evidence of regular temperature monitoring ? Observe Look for a check sheet with at least daily annotation of observed temperature with at least one entry for today or yesterday	Yes and observed = 1 Yes but not observed=2 No = 3			
Q52.	What is the <u>main</u> power source for the refrigerator ?	National power grid= 1 Generator = 2 Batteries (car)=3	Gas =4 Solar panel = 5 Other (specify) = 9		
Q53. Are the following vaccines available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)					
<div style="display: flex; justify-content: space-between;"> <div>At least one observed (Non-expired) =1 At least one observed (ALL expired) =2</div> <div>Available BUT NOT observed =3 Not available today =4</div> <div>Never available =5</div> </div>					
A.	Measles/Rubella vaccine and diluent		B.	Polio vaccine (OPV) (live attenuated) / IPV	
C.	Rota virus vaccine		D.	DPT-Hib+HepB (pentavalent)	
E.	Pneumococcal vaccine		F.	BCG vaccine and diluent	
G.	Vitamin A				
Q54. I would like to know if the following items for immunization are available in this service area today. For each item, please tell me if it is available today. ASK TO SEE THE ITEMS. .					




Yes and observed = 1		Yes but not observed = 2		No = 3	
A.	Disposable syringes with disposable needles	<input type="text"/>	B.	Vaccine carrier(s)	<input type="text"/>
C.	Auto-disable syringes	<input type="text"/>	D.	Set of ice packs for vaccine carriers (<u>Note</u> : 4-5 ice packs make one set)	<input type="text"/>
E.	Sharps container (Safety Boxes)	<input type="text"/>			
Q55.	If there is no storage at the facility, are this facility's vaccines stored at another facility (and picked up when vaccine services are being provided)?			Yes = 1 No = 2	<input type="text"/>


Child Curative Care Services



Q56.	Are curative services for children offered in this facility?		YES = 1 NO = 2 → Q59
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
Q57.	Please tell me the number of days per week that this facility offers on-site consultations or curative care for children under 5 (i.e. within the facility) USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	# OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY 00= NO SERVICE	<input type="text"/> <input type="text"/>
Q58.	Please tell me the number of days per month that this facility offers consultations or curative care for children under 5 through outreach (i.e. off-site) USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	# OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES 00= NO SERVICE	<input type="text"/> <input type="text"/>


Q59	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:	
	Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	
	<i>(Activity observed = 1, Activity reported, not seen = 2, Activity not routinely conducted = 3, Don't know = 4)</i>	
	A. Weighing the child	[__]
	B. Plotting child's weight on graph	[__]
	C. Taking the child's Height/Length	[__]
	D. Taking child's temperature and other vital signs	[__]
	E. Assessing child's vaccination status and Vitamin A	[__]
Q60	F. Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition	
	G. Mid Upper Arm Circumference (MUAC) measurement	
	H. Provision of ORS in an ORT corner	
	Does this health facility have Integrated Management of Childhood Illness guidelines? 	
	<i>(Yes. Observed =1, Reported, Not Observed =2, No =3)</i>	
	[__]	
	Q61 Does this health facility have health workers who are trained on Integrated Management of Childhood Illnesses?	
	<i>(Yes =1, No =2)</i>	
[__]		

Non-Communicable Diseases		
Q62	Does this health facility manage non-communicable diseases? <i>(Yes =1, No = 2)</i>	[__] If Q62=2, skip to Q71
<p align="center">ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>		
Cardio-Vascular Diseases		
Q63.	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	Yes, diagnose only = 1 Yes, treat only = 2 Yes, diagnose and treat = 3 [__]

		No = 4 → Q65	
Q64.	Do you have <i>the national guidelines</i> for the diagnosis and management of cardio-vascular diseases available in this service area? 	Yes, Seen = 1 Reported, Not Seen = 2 No = 3	_
Chronic Respiratory Diseases			
Q65.	Do providers in this facility diagnose and/or manage chronic respiratory diseases such as Chronic Obstructive Pulmonary Disease (COPD) in patients?	Yes, diagnose only = 1 Yes, treat only = 2 Yes, diagnose and treat = 3 No = 4 → Q67	[_]
Q66	Do you have <i>the national guidelines</i> for the diagnosis and management of chronic respiratory diseases available in this service area? 	Yes, Seen = 1 Reported, Not Seen = 2 No = 3	_
Cancer			
Q67	Do providers in this facility provide cervical cancer screening for patients?	Yes, diagnose only = 1 Yes, treat only = 2 Yes, diagnose and treat = 3 No = 4 → Q69	[_]
Q68	Do you have <i>the national guidelines</i> for the diagnosis and management of cervical cancer? 	Yes, Seen = 1 Reported, Not Seen = 2 No = 2	_
Q69	Do providers in this facility provide breast screening for patients?	Yes, diagnose only = 1 Yes, treat only = 2 Yes, diagnose and treat = 3 No = 4	_
Q70	Do providers in this facility provide prostate cancer screening for patients?	Yes, diagnose only = 1 Yes, treat only = 2 Yes, diagnose and treat = 3 No = 4	_

Minor Surgical Services			
Q71.	Does this facility offer minor surgical services? (e.g. incision and draining, suturing of small wounds , circumcision)	Yes = 1 No = 2 → Q73	[]
	<p align="center">ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MINOR SURGERIES ARE DONE.</p> <p align="center">FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MINOR SURGERIES IN THE FACILITY.</p> <p align="center">INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>		
Q72.	Do you have the current national guidelines on Integrated management of emergency and essential surgical care (IMEESC)? 	Yes, Seen = 1 Reported, Not Seen = 2 No = 3	[]

Diagnostic Services			
Q73	Are diagnostic services available in this facility?	Yes = 1 No = 2 → Q92	[__]
<p>ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE</p>			
Haematology			
Q74	Does this facility do any haemoglobin testing on site, i.e. in the facility?	Yes = 1 No = 2	[__] If 1, skip to Q 76
Q75	What is the main reason why haemoglobin testing is not done on site?	Lack of equipment =1 Lack of reagents =2 Lack of skilled personnel =3 Other (Specify) =4	[__] Skip to Q 77
Q76	Please tell me if any of the following haemoglobin test equipment is used in this facility?  <i>(Yes, Observed = 1 Reported, Not Observed = 2 Not Available = 3)</i>		
	A. Haematology Analyser (for total lymphocyte count, full blood count, platelet count, etc.)	[__]	
	B. HemoCue	[__]	
	C. Coagulation Analyzer	[__]	
Clinical Chemistry			
Q77	Does this facility do any blood glucose testing in the facility?	Yes = 1 No = 2	[__] If Q=1, skip to Q 79
Q78	What is the main reason why blood glucose testing is not done on site?	Lack of equipment =1 Lack of reagents =2 Lack of skilled personnel =3 Other (Specify) =4	[__] Skip to Q 80
Q79	Please tell me if any of the following blood glucose test equipment is used in this facility?  <i>(Yes, Observed = 1 Reported, Not Observed = 2 Not Available = 3)</i>		

	A. Glucometer			[__]
	B. Glucometer test strips			[__]
	C. Blood chemistry analyzer that provides renal and liver function test (e.g. UECs, LFTs and glucose)?			[__]
Q80.	Does this facility do any <i>urine chemistry testing</i> using dipsticks and/or <i>urine pregnancy test</i> on site?	Yes = 1 No = 2	[__] If Q80=1, skip to Q 82	
Q81	What is the main reason why <i>urine chemistry testing</i> using dipsticks and/or <i>urine pregnancy test</i> is not done on site?	Lack of equipment =1 Lack of reagents =2 Lack of skilled personnel =3 Other (Specify) =4	[__] Skip to Q 83	
Q82	Please, I would like to see the following 			
	(Yes, Observed = 1 Reported, Not Observed = 2 Not Available = 3)			
	A. Dip sticks for urine protein and glucose			[__]
	B. Urine pregnancy test			[__]

Q83	Do you ever send <i>blood or urine</i> outside the facility for chemistry, LFTs, urinalysis or pregnancy tests?	YES.....1 NO.....2 → Q86			
Q84	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE	(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED	
Q85	Blood chemistries (e.g. glucose, sodium, potassium etc.)	Yes	No	Yes	No
	A. Liver Function Test (LFT)	1	2 Next item	1	2
	B. Hepatitis B	1	2 Next item	1	2


	C. Cryptococcol Antigen Test	1	2 Next item	1	2
	D. Asot Titres	1	2 Next item	1	2
	E. Rhematoid Factor	1	2 Next item	1	2
	F. Urinalysis	1	2 Next item	1	2
	G. Pregnancy test	1	2 Next sub-section	1	2



Parasitology/Bacteriology

Q86	Please tell me if any of the following EQUIPMENT/TEST is used in the facility?	
	(Yes, Functioning = 1 Yes, Not Functioning = 2 Not Available = 3)	
	A. GENE XPERT MACHINE	[__]
	B. MICROSCOPY	
	C. REFRIGERATOR IN LAB AREA	[__]
	D. INCUBATOR	[__]
	E. CULTURE MEDIUM	[__]
	F. BIOSAFETY CABINET	[__]
	G. DRUG SUSCEPTIBILITY TEST	[__]
	H. STERILIZATION MACHINE	[__]
I. GAS CYLINDER	[__]	

Q87	Does this facility do any MALARIA tests (microscopy or mRDT) on site, i.e., in the facility?	Yes = 1 No = 2 → Q90	[]
Q88	Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site?	Yes = 1 No = 2	[]
Q89	May I see a sample malaria rapid diagnostic test (RD T) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NOT AVAILABLE TODAY..... 4	[]

Blood Typing And Compatibility Testing			
Q90	Are blood typing services available in this facility?		[]
	Yes=1 No=2 → Q92		
Q91	Please tell me if there are blood grouping reagents available at this services site today (e.g. Anti - A, B, D, Coomb's)		[]
	(Available, at least one valid = 1 Available, none valid = 2 Not Available = 3)		
Blood Transfusion Services			
Q92	Do you offer blood transfusion services in this facility/ service site?		[]
	Yes=1 No=2 → Module 1, Section C		
<p align="center">ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, STORED, PROCESSED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF BLOOD TRANSFUSION SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
Q93	WHERE is the source of the blood and blood products that is transfused in this facility? PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD AND BLOOD PRODUCTS	NATIONAL BLOOD BANK.....A REGIONAL BLOOD BANK.....B RELATIVES DONATING DIRECTLY.....C SATELLITE BLOOD BANK.....D OTHER_____X (SPECIFY)	(Check/circle all applicable responses)

Q94	Do you have blood at this facility today? 	Yes, Observed = 1 Reported, Not Observed = 2 Not Available = 3	[__]
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Blood Storage			
Q95	Has this facility run out of blood for more than one day anytime during the past 3 months?	Yes = 1 No = 2	[__]
Q96	Is there a blood bank fridge or other refrigerator available for blood storage in this service area? 	Yes, Observed = 1 No = 2	[__]
Q97	Do you have the current national guidelines on the appropriate use of blood and safe transfusion practices? 	Yes, Observed = 1 Reported, Not Seen = 2 No = 3	[__]
Q98	Which of the following blood products are available? CIRCLE ALL THAT APPLY	Packed CellsA PlateletsB Fresh Frozen PlasmaC White Blood CellsD None Of The Above E	

Module 1: Section C: Infrastructure

Enumerator: Search for the most senior staff member at the health facility, i.e. the “in-charge”



I have a few questions on the infrastructure available at the facility.

Electricity and Power








Q1.	What is the main source of electricity for the facility?	No power supply = 1 → Q7 National Grid = 2 Generator = 3	Batteries (car) = 4 Solar panel = 5 Other (specify) = 9	<u> </u>
Q2.	Over the last 3 months, have you experienced any power interruptions from this source for more than two hours ?	Yes=1 No=2 → Q5		<u> </u>
Q3.	How long was the longest interruption ?	In hours and minutes Note : 3 and a half hours = 03h30		<u> </u> h <u> </u>
Q4.	Over the past 2 weeks, how many days was electricity from this source interrupted for more than 2 hours at a time?			<u> </u>
Q5.	Does this facility have a second source of electricity ? <i>Mark all options mentioned</i>	National Grid = 1 Generator = 2 Batteries = 3	Solar panel = 4 None = 5 Other (specify) = 9	<u> </u>
Q6.	Does the second source of electricity serve the whole facility ?	Yes = 1 No = 2		<u> </u>

Water and Sanitation


Q7.	What is the main source of water for this facility ?	No source of water = 01 → Q12 Running water = 02 Public tap/standpipe = 03 Borehole well = 04 Protected dug well = 05 Non-protected dug well = 06 Protected source = 07 Non protected source = 08 Rain water = 09	Bottled water = 10 Carts topped with a small tank/drum = 11 Tanker = 12 Surface water = 13 Other (specify) = 14	<u> </u> If 10, 11, 12, or 13 skip to Q12
-----	---	---	---	--

Q8.	Over the last 3 months, have you experienced water supply interruptions of <u>this source</u> of more than two hours?	Yes = 1 No = 2 → Q11	_
Q9.	How long was the longest interruption ?	In hours and minutes Note : 3 and a half hours = 03h30	_ _ h _ _
Q10.	Over the past 2 weeks, how many days was water from this source interrupted for more than 2 hours at a time ?		_ _
Q11.	On average, how much time does it take to go by foot to and from the main source of water ? (including waiting time)	Note : return trip, including waiting time at the water source. Hours/Minutes (e.g. 01h30)	_ h _ _
Q12.	What type of toilet (latrine) is available for use by outpatients?	No toilet/ bush = 01 →Q17. Non-functioning toilet = 02 Uncovered pit latrine without slab = 03 Uncovered pit latrine with slab = 04 Covered pit latrine without slab = 05 Covered pit latrine with slab = 06 VIP latrine = 07 Composting toilet = 08 Flush toilet (but no water) = 09 Flush toilet (with water)=10 Other =99 (specify)	_ _
Q13.	How many of the mentioned (outpatient) toilets (latrines) are there? (Observe) 	Number	_ _ _
Q14.	How many of the mentioned (outpatient) toilets (latrines) are <u>currently functioning</u> ? (Observe) 	Number	_ _ _
Q15.	What is the overall hygiene condition of outpatient toilets? (Observe)	Extremely clean and well maintained = 01 Reasonably Clean and Maintained = 02 Not Very Clean or Maintained = 03	_ _
Q16.	Are there separate toilets for male and female outpatients? (observe)	Yes =01 No = 02	

Complete Q17. to Q19. if the facility hospitalizes patients (Module 1, Section B, **Error! Reference source not found.** =Yes) or if the facility has beds for patients who are hospitalized, in maternity or under observation. If not, pass to Q19c

Q17.	<p>What type of toilets (latrines) are available for patients who are inpatients (hospitalized, in maternity or under observation)? (Observe) </p> <p><i>[Enumerator: Record those only exclusively meant for inpatient use]</i></p>	<p>No toilet/bush = 1→Q20 Non-functioning toilet = 2 Uncovered pit latrine without slab = 3 Uncovered pit latrine with slab = 4 Covered pit latrine without slab = 5 Covered pit latrine with slab = 6 VIP latrine = 7 Composting toilet = 8 Flush toilet (but no water) = 9 Flush toilet (with water)=10 Other =99 (specify)</p>	<p>____</p>
Q18.	<p>How many of the mentioned toilets (latrines) that are only for inpatients are there? (Observe) </p>	<p>Number</p>	<p>____</p>
Q19.	<p>How many of the mentioned toilets that are only for inpatients are <u>currently functioning</u> ? (Observe) </p>	<p>Number</p>	<p>____</p>
Q19a.	<p>What is the overall hygiene condition of inpatient toilets? (Observe) </p>	<p>Extremely clean and well maintained = 1 Reasonably Clean and Maintained = 2 Not Very Clean or Maintained = 3</p>	<p>____</p>
Q19b.	<p>Are there separate toilets for male and female inpatients? (Observe) </p>	<p>Yes =1 No = 2</p>	<p>____</p>
Q19c.	<p>Is there at least one toilet (latrine) catering for people with disabilities? (Observe) </p>	<p>Yes =1 No = 2</p>	<p>____</p>
Q19d.	<p>Are there functional (soap and water) hand washing facilities for patients near or in the toilets (latrines)? (Observe) </p>	<p>Yes =1 No = 2</p>	<p>____</p>

Waste Management						
	Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades. PROBE TO ARRIVE AT CORRECT RESPONSE.					
Q20.	What method does this facility use in the final disposal of Sharps “STATE ALL THAT APPLY” Yes = 1 No = 2	Open Burning (within the facility ground)				
a		Flat ground - no protection	__	b	Pit or protected ground	__
Dump without burning (within the facility ground)						
c		Flat ground - no protection	__	d	Covered pit or pit latrine	__
e		Open-pit - no protection	__	f	Protected ground or pit	__
Remove off-site						
g		Stored in covered container		h	Stored in other protected environment	__
i		Stored unprotected	__	j	Other (specify)	__
k		Facility never has sharp waste	__	l	Burn incinerator	__
Burn Incinerator (within the facility ground)						
m	2-chamber industrial (800-1000+° C)	__	n	1-chamber drum/brick	__	
Q21.	Ask to see the place used by the facility for disposal of sharps waste and indicate the condition observed. If sharps waste is disposed offsite, observed where waste is stored prior to collection for offsite disposal.					
NO WASTE VISIBLE = 1 WASTE VISIBLE BUT PROTECTED AREA = 2 WASTE VISIBLE, NOT PROTECTED = 3 WASTE SITE NOT INSPECTED = 4						
Q22.	Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages. PROBE TO ARRIVE AT CORRECT RESPONSE.					
Q23.	How does this facility finally dispose of medical waste other than sharps boxes? “STATE ALL THAT APPLY” Yes = 1 No = 2	Open Burning (within the facility ground)				
a		Flat ground - no protection	__	b	Pit or protected ground	__
Dump without burning (within the facility ground)						
c		Flat ground - no protection		d	Covered pit or pit latrine	__
e		Open-pit - no protection	__	f	Protected ground or pit	__
Remove off-site						
g		Stored in covered container		h	Stored in other protected environment	__
i		Stored unprotected	__	j	Other (specify)	__
k		Facility never has medical waste	__	l	Burn incinerator	__

		Burn Incinerator (within the facility ground)			
	m	2-chamber industrial (800-1000+° C)	__	n	1-chamber drum/brick
Q24.	Is the incinerator functional today?		Yes = 1, No = 2		__
Q25.	Is the power source for the incinerator available today?		Yes = 1, No = 2		__
Q26.	Ask to see the place used by the facility for disposal of medical waste and indicate the condition observed. If medical waste is disposed offsite, observe where waste is stored prior to collection for offsite disposal.		NO WASTE VISIBLE = 1 WASTE VISIBLE BUT PROTECTED AREA = 2 WASTE VISIBLE, NOT PROTECTED = 3 WASTE SITE NOT INSPECTED = 4		__
Q27.	Does this facility have any guidelines on health care waste management? IF YES, ASK TO SEE THE GUIDELINES.		Yes - guideline observed = 1  Yes – guideline not observed=2 No =3		__
Q28.	Have you or any provider(s) received training in health care waste management practices in the past two years?		Yes = 1 No =2		__

Communication (OBSERVE FUNCTIONING)



At this facility are the following available?				
		Available Yes (observed) = 1 Yes (not observed) = 2 No = 3		Functioning Yes (observed) = 1 Yes (not observed) = 2 No = 3
Q29.	Fixed telephone line		__	__
Q30.	Mobile telephone belonging to the facility		__	__
Q31.	Mobile telephone belonging to an individual but calls paid for by the facility		__	__
Q32.	Mobile telephone belonging to an individual and paid for by the individual but used by the facility		__	__
Q33.	Computer belonging to the facility		__	__
Q34.	Computer belonging to an individual		__	__
Q35.	Short wave radio		__	__
Q36.	Intercom facilities		__	__
Q37.	Internet access		__	__
Emergency Transportation and Ambulance Services				
Q38.	Does the facility have the following arrangement for emergency transport? [READ OUT] Yes = 1, No = 2	a	Ambulance owned by the facility	__
		b	Ambulance available on call	__
		c	Official vehicle (not an ambulance) owned by facility	__
		d	Official vehicle (not an ambulance) available on call	__
		e	Private vehicle (not ambulance) available on call	__
		f	Self-arranged by patient	__
		g	Any other (Specify)	__
IF THERE IS NO AMBULANCE OR OFFICIAL VEHICLE i.e. if answered 'No' to A-D above, →Section D				
Q39.	Is fuel for the ambulance or other vehicle available today?	Yes = 1 No = 2		__
Q40.	What was the purpose of the last trip that the vehicle or ambulance made?	To transport a health worker to another post = 3 To transport a patient = 1 To pick up medicines and supplies = 2 Other (specify) = 9 Don't know = -8		__ _____ _____


Module 1:

Section D: Equipment, Materials and Supplies

Could you please tell me more about the materials and resources available in this facility? I am interested in knowing if the following basic equipment and supplies used in the provision of client services are available in the general outpatient area of this facility. Please tell me if the following is available today and is functioning. [ASK TO SEE THE ITEMS] 


Basic Equipment

Which of the following items are used? [If available, ask to verify functioning]

<i>If A = 3 → next item</i>		(A) Available	(B) Functioning			(A) Available	(B) Functioning
		Yes (observed) =1 Yes (not observed) =2 No = 3	Yes (observed) =1 Yes (not observed) =2 No = 3			Yes (observed) =1 Yes (not observed) =2 No = 3	Yes (observed) =1 Yes (not observed) =2 No = 3
Q1.	Adult weighing scale	__	__	Q2.	Thermometer	__	__
Q3.	Child weighing scale (250g gradation)	__	__	Q4.	Stethoscope	__	__
Q5.	Infant weighing scale (100g gradation)	__	__	Q6.	Sphygmomanometer (BP Machine)	__	__
Q7.	Bag and mask for neonatal resuscitation (500,0, 1)	__	__	Q8.	Instrument to clear upper airways of neonate	__	__
Q9.	Measuring tape	__	__	Q10.	Light source for client examination	__	__
Q11	Individual client record/card	__	__		Respiratory Timer		

Sterilization equipment

Which of the following items are available? [If available, ask to verify functioning]

<i>If A = 3 → next item</i>		(A) Available	(B) Functioning			(A) Available	(B) Functioning
		Yes (observed) =1 Yes (not observed) =2 No = 3	Yes (observed) =1 Yes (not observed) =2 No = 3			Yes (observed) =1 Yes (not observed) =2 No = 3	Yes (observed) =1 Yes (not observed) =2 No = 3

Q12.	Autoclave (pressure and wet heat)	__	__	Q13.	Electric boiler or steamer (no pressure)	__	__
Q14.	Electric dry heat sterilizer	__	__	Q15.	Non-electric pot for boiling/steam or Heat source from non-electric equipment (stove or cooker)	__	__

Module 1: Section E: Pharmaceuticals

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 pharmacist/pharmaceutical technologist). INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. The existence of the stock of drugs and vaccines has to be verified through direct observation.



Observe

Enumerator read to the Pharmacist/Pharmaceutical Technician: I would like to know if the following medicines are available today in this facility. I would also like to observe the medicines that are available. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

Antibiotics

Q1.

Are any of the following *antibiotics* available in this facility/location today? 

(Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)

A. AMOXICILLIN CAPSULE

|__|

B. AMOXICILLIN POWDER FOR SUSPENSION (PAEDIATRIC)

|__|

C. AMOXICILLIN DISPERSIBLE TABLETS (PAEDIATRIC)

|__|

D. AMOXICILIN/CLAVULINATE TABS (broad spectrum antibiotics)

|__|

E. BENZYL PENICILLIN 1 MU (POWDER) FOR INJECTION

|__|

F. CIPROFLOXACIN 500mg (2nd-line oral /injectable antibiotic)

|__|

G. CO-TRIMOXAZOLE (TABS) (Suspension/Oral antibiotics - formation)

|__|

H. TETRACYCLINE EYE OINTMENT

		_
--	--	---

Medicines For Parasitic Infestation		
Q2.	Are any of the following medicines for the treatment of worm infestations available in the facility/location today? (Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)	
	A. ALBENDAZOLE TABLETS	_
	B. MEBENDAZOLE TABLETS	_
	C. PRAZIQUANTEL	_
Medicines for Non-Communicable Diseases		
Q3.	Are any of the following medicines for the management of non-communicable diseases available in the facility/location today? (Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)	
	A. AMITRIPTYLINE (Anti-Depressant)	_
	B. AMLODIPINE TABLETS 5/10mg (CCB for high blood pressure)	_
	C. ATENOLOL 50/100mg (Beta-blocker, Angina/hypertension)	_
	D. DEXAMETHASONE INJECTION	_
	E. DIAZEPAM INJECTION (Anti-Anxiety Agent/muscle relaxant/anticonvulsant)	_
	F. ENALAPRIL CAPSULE/TABLET (A.C.E INHIBITOR)	_
G. FUROSEMIDE (DIURETIC)	_	

	H. HYDROCHLOROTHIAZIDE (DIURETIC)	<input type="checkbox"/>
	I. HYDROCORTISONE INJECTION	<input type="checkbox"/>
	J. INSULIN INJECTIONS [DIABETES]	<input type="checkbox"/>
	K. METFORMIN TABLETS & GLIBENCLAMIDE	<input type="checkbox"/>
	L. PREDNISOLONE/PREDNISONE	<input type="checkbox"/>
	M. SALBUTAMOL INHALER (Bronchospasms/Chronic asthma)	<input type="checkbox"/>
	N. ASPIRIN CAPSULES/TABLETS	<input type="checkbox"/>
Anti-Fungal Medicines		
Q4.	Are any of the following anti-fungal medicines available in the facility/location today?	
	(Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)	
	A. FLUCONAZOLE SUSPENSION/INJECTION/CAPS	<input type="checkbox"/>
	B. NYSTATIN ORAL SUSPENSION	<input type="checkbox"/>
	C. CLOTRIMAZOLE VAGINAL PESSARIES/CREAM/MOUTH PAINT	<input type="checkbox"/>
	D. GRISEOFULVIN TABLETS	<input type="checkbox"/>
Anti-Malarial Medicines		

Q5.	Are any of the following antimalarial medicines available in the facility/location today?	
	(Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)	
	A. ARTEMETHER + LUMEFUNTRINE (DISPERSIBLE TABLETS/ADULT DOSE/POWDER FOR SUSPENSION)	_
	B. DIHYDROARTEMISININE + PIPERAQUINE	_
	C. SULFADOXINE + PYRIMETHAMINE (SUSPENSION/TABLET)	_
	D. QUININE INJECTION	_
	E. INJECTABLE ARTESUNATE	_
Child Health		
Q6.	Are any of the following medicines for child health available in the facility/location today?	
	(Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)	
	A. IRON SUPPLEMENTS (FEROUS SULPHATE + FOLIC ACID TABLET, FOLIC ACID TABLETS)	_
	B. ORAL REHYDRATION SALTS ORS/ZINC CO-PACK	_
	C. RESOMAL	_
	D. VITAMIN K INJECTION	_
	E. CHLORHEXIDINE (7.1% for CORD care)	_
Infusion Fluids		

Q7.	Are any of the following intravenous fluids available in the facility/location today? (Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)	
	A. HALF STRENGTH DARROW'S	_
	B. NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION	_
	C. RINGERS LACTATE (HARTMAN'S SOLUTION)	_
	D. 5% DEXTROSE - NORMAL SALINE (DNS)	_
	E. 10% DEXTROSE	_
	F. 50% DEXTROSE	_
Analgesics/Antipyretics/Muscle Relaxant Medicines		
Q8.	Are any of the following OTHER medicines available in the facility/location today? (Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)	
	A. IBUPROFEN SUSPENSION/TABLET	_
	B. PARACETAMOL TABLET SYRUP OR DISPERSIBLE PEDIATRIC-DOZED TABLET	_
	C. TRAMADOL INJECTION/TABLET	_
	D. MORPHINE TABLET/INJECTION	_

Anti-Tb Drugs									
Q9.	<p>Are any of the following TB medicines available in the facility/location today?</p> <p>(Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)</p>								
	<table border="1"> <tr> <td>A. ISONIAZID + RIFAMPICIN</td> <td> _ </td> </tr> <tr> <td>B. ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (3FDC) Dispersible (Paediatric)</td> <td> _ </td> </tr> <tr> <td>C. ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC)</td> <td> _ </td> </tr> </table>	A. ISONIAZID + RIFAMPICIN	_	B. ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (3FDC) Dispersible (Paediatric)	_	C. ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC)	_		
	A. ISONIAZID + RIFAMPICIN	_							
	B. ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (3FDC) Dispersible (Paediatric)	_							
C. ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC)	_								
Nutrition Commodities									
Q10.	<p>Are any of the following NUTRITION COMMODITIES available in the facility/location today?</p> <p>(Available, At least one valid =1 Available, None Valid = 2 Not Available = 3)</p>								
	<table border="1"> <tr> <td>A. READY TO USE THERAPEUTIC FOODS (RUTF)</td> <td> _ </td> </tr> <tr> <td>B. THERAPEUTIC DIET MILK F-75/100</td> <td> _ </td> </tr> <tr> <td>C. READY TO USE SUPPLEMENTAL FOOD - RUSF</td> <td> _ </td> </tr> <tr> <td>D. CORNSOY BLEND/SUPER CEREAL/UNIMIX</td> <td> _ </td> </tr> </table>	A. READY TO USE THERAPEUTIC FOODS (RUTF)	_	B. THERAPEUTIC DIET MILK F-75/100	_	C. READY TO USE SUPPLEMENTAL FOOD - RUSF	_	D. CORNSOY BLEND/SUPER CEREAL/UNIMIX	_
	A. READY TO USE THERAPEUTIC FOODS (RUTF)	_							
	B. THERAPEUTIC DIET MILK F-75/100	_							
	C. READY TO USE SUPPLEMENTAL FOOD - RUSF	_							
D. CORNSOY BLEND/SUPER CEREAL/UNIMIX	_								

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**2018 KENYA SERVICE DELIVERY INDICATORS SURVEY
&
2018 KENYA HEALTH FACILITY ASSESSMENT
(Module 1 Sections E – M)**





SECTION E: MODERN CONTRACEPTIVE METHODS OFFERED AT FACILITY		
Q1.	Does this facility provide family planning services? (Yes = 1, No = 2) <i>If Q1=2, skip to Section H</i>	
Q2.	Please tell me whether this facility actually offers the following family planning methods to clients on a regular basis (Yes = 1, No = 2, Not Applicable = 3)	
	A. Male condoms	_
	B. Female condoms	_
	C. Oral contraception	_
	D. Injectables	_
	E. Emergency contraception	_
	F. IUDs	_
	G. Implants	_
	H. Sterilization for females	_
	I. Sterilization for males	_
Q3.	For each of the contraceptive methods that I mention, please tell me the main reason why it is not being offered to clients on a regular basis (NOTE: MENTION ONLY THOSE METHODS WHOSE RESPONSE IN Q2 = NO) 1 = Delays on the part of main source to re-supply 2 = Delays by this facility to request for supply 3 = The contraceptive is not available in the market 4 = Low or no client demand 5 = Insufficient supply for contraceptive 6 = No trained staff to provide this contraceptive 8. Lack of equipment 7. Any other Reason (please specify).....	
	A. Male condoms	_
	B. Female condoms	_
	C. Oral contraception	_
	D. Injectables	_
	E. Emergency contraception	_


	F. IUDs	<input type="checkbox"/>
	G. Implants	<input type="checkbox"/>
	H. Sterilization for females	<input type="checkbox"/>
	I. Sterilization for males	<input type="checkbox"/>
	SECTION F: NO STOCK OUT OF MODERN CONTRACEPTIVE METHODS AT SDP	
Q4.	<p>For each of the contraceptive methods that I mention, please indicate whether it has been out of stock in this facility on any given day, <i>within the last 3 months</i>, and therefore the contraceptive method was not available to give/provide to clients</p> <p>(NOTE: MENTION ONLY THOSE METHODS WHOSE RESPONSE IN Q2 = YES)</p> <p>1 = Yes; this method has been out-of- stock (<u>STOCK-OUT</u>) on a given day 2 = No; this method has not been out-of stock (<u>NO STOCK OUT</u>) on any given day</p>	
	A. Male condoms	<input type="checkbox"/>
	B. Female condoms	<input type="checkbox"/>
	C. Oral contraception	<input type="checkbox"/>
	D. Injectables	<input type="checkbox"/>
	E. Emergency contraception	<input type="checkbox"/>
	F. IUDs	<input type="checkbox"/>
	G. Implants	<input type="checkbox"/>
	H. Sterilization for females	<input type="checkbox"/>
	I. Sterilization for males	<input type="checkbox"/>
Q5.	<p>For each of the contraceptive methods that I mention, please tell me the <u>main reason</u> why it was out of stock <i>within the last 3 months</i></p> <p>(NOTE: MENTION ONLY THOSE METHODS WHOSE RESPONSE IN Q4 = YES)</p> <p>1 = Delays on the part of main source to re-supply 2 = Delays by this SDP to request for supply 3 = The contraceptive is not available in the market 4 = Low or no client demand 5 = No train staff to provide this contraceptive 6 = Lack of equipment 7 = Insufficient supply for contraceptive 8 = Any other Reason (please specify).....</p>	

	A. Male condoms	<input type="checkbox"/>
	B. Female condoms	<input type="checkbox"/>
	C. Oral contraception	<input type="checkbox"/>
	D. Injectables	<input type="checkbox"/>
	E. Emergency contraception	<input type="checkbox"/>
	F. IUDs	<input type="checkbox"/>
	G. Implants	<input type="checkbox"/>
	H. Sterilization for females	<input type="checkbox"/>
	I. Sterilization for males	<input type="checkbox"/>
Q6.	<p>For each of the contraceptive methods that I mention, please indicate whether it is currently out of stock in this facility and therefore the contraceptive method was not available to give/provide to clients</p> <p>(NOTE: MENTION ONLY THOSE METHODS WHOSE RESPONSE IN Q2 = YES)</p> <p>1 = Yes; this method is currently out-of- stock (STOCK-OUT) 2 = No; this method is not currently out-of stock (NO STOCK OUT)</p>	
	A. Male condoms	<input type="checkbox"/>
	B. Female condoms	<input type="checkbox"/>
	C. Oral contraception	<input type="checkbox"/>
	D. Injectables	<input type="checkbox"/>
	E. Emergency contraception	<input type="checkbox"/>
	F. IUDs	<input type="checkbox"/>
	G. Implants	<input type="checkbox"/>
	H. Sterilization for females	<input type="checkbox"/>
	I. Sterilization for males	<input type="checkbox"/>
Q7.	<p>For each of the contraceptive methods that I mention, please tell me the main reason why it is currently out of stock</p> <p>(NOTE: MENTION ONLY THOSE METHODS WHOSE RESPONSE IN Q6 = YES)</p> <p>1 = Delays on the part of main source to re-supply 2 = Delays by this SDP to request for supply 3 = The contraceptive is not available in the market 4 = Low or no client demand 5 = No train staff to provide this contraceptive</p>	

	6 = Lack of equipment 7 = Insufficient supply for contraceptive 8 = Any other Reason (please specify).....	
	A. Male condoms	_
	B. Female condoms	_
	C. Oral contraception	_
	D. Injectables	_
	E. Emergency contraception	_
	F. IUDs	_
	G. Implants	_
	H. Sterilization for females	_
	I. Sterilization for males	_
SECTION G: STAFF TRAINING ON FAMILYPLANNING		
Q8.	Are there staff working at this facility who are trained to provide family planning services? (Yes = 1, No = 2) If 2, Skip to Q15	_
Q9.	Please indicate how many staff members are trained in the provision of family planning services (Number)	_ _
Q10.	Is any staff member trained on the insertion and removal of implant contraceptive? (Yes = 1, No = 2) If 2, Skip to Q12	_
Q11.	Please indicate how many staff members are trained on (number) <div style="text-align: right;"> Insertion and removal of implant contraceptive (Number) _ _ Long acting reversible contraceptives(LARC) _ _ Contraceptive technology updates _ _ Post pregnancy family planning (PPFP) _ _ Permanent surgical methods _ _ </div>	
Q12.	Are the trained staff actually providing family planning services? (Yes = 1, No = 2) If 1, Skip to Q14	_
Q13.	Please indicate the main reason why the trained staff are NOT actually providing FP services <div style="text-align: right;"> Transferred to another facility =1 Transferred to another service delivery point within the same facility =2 Transferred to another service delivery point in another facility =3 Retired/ sick =4 Others, Please specify =5 </div>	_

Q14.	<p>When was last time any staff at this facility received training on provision of family planning services?</p> <p><i>(In the last two months = 1, Between two and six months ago = 2, Between six month and one year ago = 3, More than one year ago = 4)</i></p> <p style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: right;"> Long acting reversible contraceptives(LARC)training Contraceptive technology updates training Post pregnancy family planning (PPFP) training Permanent surgical methods training </p>													
SECTION H: STAFF SUPERVISION FOR REPRODUCTIVE HEALTH INCLUDING FAMILY PLANNING														
Q15.	<p>When was the last time this facility was visited by a supervisory authority in the past 12 months?</p> <p><i>(In less than one Month = 1, Between one and three Months ago = 2, Between three and six months ago = 3, Between six month and one year ago = 4, Not supervised in the past 12 month = 5)</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Q16.	<p>How frequently does this facility receive visits from supervisory authorities?</p> <p><i>(Weekly = 1, Monthly = 2, Every three months = 3, Every six months = 4, Once a year = 5, Never = 6) If 6, Skip to Section I</i></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
Q17.	<p>Were any of the following included in the last supervision?</p> <p><i>(Yes = 1, No = 2)</i></p> <table border="1" style="width: 100%;"> <tr> <td>A. Staff clinical practices</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>B. Drug stock out and expiry</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>C. Staff availability and training</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>D. Data completeness, quality, and timely reporting</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>E. Review use of specific guideline or job aid for reproductive health</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>F. Any other (please specify)</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	A. Staff clinical practices	<input type="checkbox"/> <input type="checkbox"/>	B. Drug stock out and expiry	<input type="checkbox"/> <input type="checkbox"/>	C. Staff availability and training	<input type="checkbox"/> <input type="checkbox"/>	D. Data completeness, quality, and timely reporting	<input type="checkbox"/> <input type="checkbox"/>	E. Review use of specific guideline or job aid for reproductive health	<input type="checkbox"/> <input type="checkbox"/>	F. Any other (please specify)	<input type="checkbox"/> <input type="checkbox"/>	
A. Staff clinical practices	<input type="checkbox"/> <input type="checkbox"/>													
B. Drug stock out and expiry	<input type="checkbox"/> <input type="checkbox"/>													
C. Staff availability and training	<input type="checkbox"/> <input type="checkbox"/>													
D. Data completeness, quality, and timely reporting	<input type="checkbox"/> <input type="checkbox"/>													
E. Review use of specific guideline or job aid for reproductive health	<input type="checkbox"/> <input type="checkbox"/>													
F. Any other (please specify)	<input type="checkbox"/> <input type="checkbox"/>													
SECTION I: AVAILABILITY OF GUIDELINES, CHECK-LISTS AND JOB AIDS														
Q18.	<p>Does this facility have the following guidelines, checklists and job aids? </p> <p style="text-align: right;"><i>(Yes = 1, No = 2)</i></p>													

	A. Current national family planning guidelines	_
	B. Any family planning check-lists and/or job-aids	_
	C. Current national ANC guidelines	_
	D. Any ANC check-lists and/or job-aids	_
	E. Current national Waste disposal guidelines	_
	F. Current infection control guidelines	_
	SECTION J: USE OF INFORMATION COMMUNICATION TECHNOLOGY (ICT)	
Q19.	Does this facility use ICT for the following purposes? <i>(Yes = 1, No = 2)</i>	
	A. Patient registration	_
	B. Facility record keeping	_
	C. Individual patient records/Electronic Medical Record	_
	D. Health Insurance Claims and Reimbursement System	_
	E. Mobile money cash transfers and payments	_
	F. Routine communication	_
	G. Awareness and demand creation activities	_
	H. Supply chain management/stock control	_
	I. Health worker training	_
	J. Clinical consultation (long distance communication with experts)	_
	K. Other (specify)...	_
	SECTION K: AVAILABILITY OF MATERNAL/REPRODUCTIVE HEALTH MEDICINES	
Q20.	Does this facility provide delivery services? <i>(Yes = 1, No = 2) If 2, Skip to Section</i>	_
Q21.	For each of the maternal/reproductive health medicines that I mention, please tell me if they are currently available in this facility  <i>(Yes, Seen =1, Reported, Not Observed = 2, No = 3)</i>	
	A. Ampicillin	_
	B. Azithromycin or Erythromycin	_
	C. Benzathine Benzyl Penicillin	_
	D. Either Betamethasone Or Dexamethasone Or Both	_
	E. Calcium Gluconate	_
	F. Cefixime or Ceftriaxone	_
	G. Gentamicin	_
	H. Hydralazine	_

	I. Magnesium Sulfate	_
	J. Methyldopa	_
	K. Metronidazole	_
	L. Mifepristone	_
	M. Misoprostol	_
	N. Nifedipine	_
	O. Oxytocin	_
	P. Either Sodium Lactate compound solution Or Sodium Chloride Or Both	_
	Q. Tetanus toxoid	_
SECTION L: SUPPLY CHAIN		
Q22.	Who is the main person responsible for ordering medical supplies at this facility? <i>(Medical Doctor = 1, Clinical Officer = 2, Pharmacist/Pharmaceutical Technologist = 3, Nurse = 4, Other (specify) = 5)</i>	_
Q23.	How are the resupplies for contraceptives for this facility determined? <i>Staff makes request based on calculation of quantity needed using a formula = 1 Quantity is determined by institution/warehouse responsible for supplying = 2 Not applicable = 3 Any other method used (please specify) = 7</i>	_
Q24.	Does this SDP use any logistics forms for reporting and ordering supplies?  <i>(Yes, Seen= 1, Reported, Not Seen = 2, No = 3)</i>	_
Q25.	What is the main source of your routine medicines and supplies? <i>(KEMSA = 1, Regional/County Warehouse = 2, Local medical store on the same site = 3, NGO = 4, Donors = 5, Private Sources = 6)</i>	_
Q26.	Who is mainly responsible for transporting supplies to your facility? <i>(National/central government = 1, County administration = 2, This Facility = 3, Suppliers = 4, Other(Specify) = 5)</i>	_
Q27.	On average, approximately how long does it take between ordering and receiving products? <i>(Less than two weeks = 1, More than two weeks but not up to one month = 2, More than one month but not up to two months = 3, More than two months but not up to</i>	_

	<i>four months = 4, More than four months but not up to six months = 5, More than six months = 6)</i>	
Q28.	On average, how frequently is the facility resupplied? <i>(Once every two weeks = 1, Once every month = 2, Once every three months = 3 Once every six months = 4, Once a year = 5)</i>	__
SECTION M: EXISTENCE OF COLD CHAIN		
Q29.	Does this SDP have its own cold chain to store medicines or items? <i>(Yes = 1, No = 2) If Q29 = 2, Skip to Q31</i>	__
Q30.	What main type of cold chain does the SDP have? <i>Fridge = 1 Ice box (Facility has to regularly replenish ice supply) = 2 Other (specify) = 7 Skip to Module 2</i>	__
Q31.	If the facility does not have its own cold chain, how does it preserve items that are supposed to be in cold chain? <i>(Yes = 1, No = 2)</i>	
	A. Store in a nearby health facility?	__
	B. Get from nearby health facility?	__
	C. Other (Specify)	__

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**2018 KENYA SERVICE DELIVERY INDICATORS SURVEY
&
2018 KENYA HEALTH FACILITY ASSESSMENT
(Module 2, Sections A & B)**



Module 2 : Staff Roster

Section A : Announced visit						
Q1.	Health Facility Name	Name		_____		
Q2.	Master Facility List Code			_ _ _ _ _ _ _ _ _		
Q3.	Health Facility Survey Code	Number (see code)		_ _ _ _		
Q4.	Date	Day/Month/Year (e.g. 24 / 04 / 2018)		_ _ _ / _ _ _ / 2 0 1 8		
Q5.	Enumerator completing this module	Name		Code	_ _ _ _	
Q6.	Module 2A start time	Time in 24hr. format (e.g. 07:30)		_ _ _ : _ _ _		
Q7.	Module 2A end time	Time in 24hr. format (e.g. 07:30)		_ _ _ : _ _ _		
TO BE COMPLETED BY SUPERVISOR						
		Survey Result		Result	Date	Supervisor
Q8.	Verification by supervisor	Questionnaire completed = 1 Facility closed = 3 Incomplete questionnaire = 2 Refused = 4		_ _	_ _ _ _ / _ _ _ _ / 2 0 1 8	Name _____ _____ _Code _ _ _ _
Q9.	Data entered	Yes = 1 No = 2		_ _		Name _____ _____ _Code _ _ _ _

Please allow me to ask you a few questions about the employees in this facility.

Q1.	What is the total number of personnel working in this facility ?	
Q2.	How many are health workers (medical staff) ?	
Q3.	How many are non-medical staff? Note Q2 + Q3 should = Q1	

Q4.	Q5.		Q6.	Q7.	Q8.	Q9.	Q10.	Q11.	Q12.	Q13.	Q14.	Q7.
N°	Family Name(s), Given Name(s) (ONLY <i>health workers</i>)		Cadre	Highest Level of Education	Highest Level of medical training	Sex	Age	Does () regularly perform outpatient consultations (at least once per week) ?	Is () currently in the facility ?	Reason for absence	Selected for...	
	Family Name	Given Name	See codes	See codes	See codes	M = 1 F = 2		Yes = 1 No = 2	Yes=1 → Q15 No=2	See codes	Yes = 1 No = 2	
1												
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Cadre	Reason for absence	Current activity
Physician/Medical Doctor (Specialist) = 1 Medical Officer = 2 Clinical Officer (Specialist)= 3 Clinical Officer =4 Nurse (Specialist) = 5 BSc. Nurse =6 KRCHN =7 KECHN =8 Laboratory Technician/Technologist = 9 Pharmacist/Pharmaceutical Technologist = 10 Dentist =11 Public Health Officer =12 Health Administrative Officer =13 Health Records Information Officer =14 Nutritionist = 15 Medical Engineer =16 Accounts Staff =17 Procurement Staff = 18 Other Staff (Specify) =19	Sickness/maternity = 1 Training/seminar/meeting = 2 Official mission = 3 Authorised absence (permission/leave) = 4 On call (pre on call, post on call) = 5 Internship = 6 Non-authorised absence = 7 Collecting salary = 8 On strike = 9 Outreach = 10 Not his/her shift = 11 Other (specify) _____ = 99	Consultation/visiting patient =1 Discussion with colleagues/staff meeting =2 Paperwork/reports =3 Laboratory/investigations/X-ray =4 Looking for information/teaching =5 Other =9

Highest level of education	Highest level of medical training
Primary school = 1 Secondary school (O level) = 2 Secondary school (A level) = 3 College (certificate, diploma or advanced diploma) = 4 Degree = 5 Masters = 6 Doctorate = 7 Other = 9	No medical training (on the job training) = 1 Certificate = 2 Diploma = 3 Advanced Diploma = 4 Degree = 5 Masters =6 Doctorate =7 Other = 9


Organizing case simulations



Sequence of selection	Family Name(s) and Given Name(s)		Line number in Module 2A	Availability (circle those possible)	Order of visit
1				Morning Lunch Afternoon All day	
2				Morning Lunch Afternoon All day	
3				Morning Lunch Afternoon All day	
4				Morning Lunch Afternoon All day	
5				Morning Lunch Afternoon All day	
6				Morning Lunch Afternoon All day	
7				Morning Lunch Afternoon All day	
8				Morning Lunch Afternoon All day	
9				Morning Lunch Afternoon All day	
10				Morning Lunch Afternoon All day	
11				Morning Lunch Afternoon All day	
12				Morning Lunch Afternoon All day	
13				Morning Lunch Afternoon All day	

OBSERVATIONS:

Module 2 : Staff Roster					
Section B : Surprise (Unannounced) visit					
Q1.	Health Facility Name	Name		_____	
Q2.	Master Facility List Number			_ _ _ _ _ _ _ _ _	
Q3.	Health Facility Survey Code	Number (see code)		_ _ _ _	
Q4.	Date of Surprise visit	Day/Month/Year (e.g. 24 / 04 / 2018)		_ _ _ / _ _ _ / 2 0 1 4	
Q5.	Enumerators doing Surprise visit	Name/Code of enumerator completing this Module	_____/ _ _ _ _	Name/Code of other enumerator	_____/ _ _ _ _
Q6.	Survey start time for Surprise visit	Time in 24hr. format (e.g. 07:30)		_ _ _ : _ _ _	
Q7.	Survey end time for Surprise visit	Time in 24hr. format (e.g. 07:30)		_ _ _ : _ _ _	

TO BE COMPLETED BY SUPERVISOR					
		Survey Result	Result	Date	Supervisor
Q8.	Verification by supervisor	Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_ _ _ / _ _ _ / 2 0 1 8	Name _____ _____ _Code _ _ _
Q9.	Data entered	Yes = 1 No = 2	_ _		Name _____ _____ _Code _ _ _

Enumerator: Record the 10 randomly selected health workers in the table below, along with each of their details. Ask a staff member in the facility to help you identify each health worker on the list and record their presence or absence in the facility. Make sure to observe each staff in the facility yourself.  All

Q1.	Q2.		Q3.	Q4.	Q5.	Q6.	Q7.	Q8.	Q9.	Q10.	Q11.	Q12.	Q13.	Q14.
	Family Name(s) and Given Name(s)		Serial No. in Roster 2A	Post	Function	Highest Level of education	Highest Level of medical training	Year started working as a health worker	Sex	Age	Is () currently in the facility? 	Reason for absence	Current activity 	Did you experience a delay in receiving your last salary?
	Family Name	Given Name		See code	See code	See code	See code	YYYY	M=1 F=2		Yes = 1 → Q13 No = 2	See code	See code	See code
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

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Module 3 – Clinical Knowledge Assessment

SUPRESSED CONTENT

In order to preserve the confidentiality of the clinical vignettes, this version of the questionnaire suppresses this module.



2018 KENYA SERVICE DELIVERY INDICATORS SURVEY & 2018 KENYA HEALTH FACILITY ASSESSMENT (Module 4 – Public Expenditure Tracking)



Module 4: Public Expenditure Tracking Facility Identification

Facility Information (Fill in before arriving at the Health Facility)

Q3.	County	(See codes)	____ ____
Q4.	Sub-County	(See code)	____ ____ ____
Q4a.	Ward	Name	_____
Q4b.	Village/street	Name	_____
Q5.	Health Facility Name	Name	_____
Q5a.	Master Facility Number		____ ____ ____ ____ ____ ____
Q6.	Health Facility Survey Code	Number (see code)	____ ____ ____
Q7.	Is the facility rural or urban ?	Rural = 1 Urban = 2	____

Enumerator Information

First Visit

Q11.	Date of 1 st visit	Day/Month/Year (e.g. 00 /00/2018)		____ ____ /____ ____ / 2 0 1 8
Q12.	Enumerators doing 1 st visit	Name/Code	_____/____ ____ ____	
Q13.	Arrival time for 1 st visit	Time in 24 hr. format (e.g. 07:30)	____ ____ :____ ____	
Q 14.	Departure time for 1 st visit	Time in 24 hr. format (e.g. 13:30)	____ ____ :____ ____	

Second Visit

Q15.	Date of 2nd visit	Day/Month/Year (e.g. 15 /04/2018)		_ _ _ / _ _ _ / 2 0 1 8	
Q16.	Enumerators doing 2nd visit	Name/Code	_____/ _ _ _ _ _ _	Name/Code	_____/ _ _ _ _ _ _
Supervision Information					
Q17.	Verification by supervisor	Survey Result		Result	Date
		Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_ _	_ _ _ / _ _ _ / 2 0 1 8

Module 4: Public Expenditure Tracking Survey

Section F: General

Revenue Sources

Please indicate the sources and amount of revenue for your facility during the fiscal year 2016/2017. Record 0 if no revenue received in that quarter. Please let us first start with financial (cash) resources.

		Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total
	Source	Date [dd/mm/yy]	Amount [KSHS]	Date [dd/mm/yy]	Amount [KSHS]	Date [dd/mm/yy]	Amount [KSHS]	Date [dd/mm/yy]	Amount [KSHS]	Amount [KSHS]
		a.	b.	c.	d.	e.	f.	g.	h.	i.
Q1.	National Government Funds									
	a. Foregone User Fees									
	b. Free Maternity Service									
Q2.	County Government Funds									
Q3.	CDF									
Q4.	NHIF									
Q5.	Private Health Insurance									
Q6.	Community Based Health Insurance _____									
Q7.	Donors/Development partners/Local Implementing Partners									

Q8.	NGOs									
Q9.	Other Cash Receipts									
Q10.	Others (Specify) _____									

Module 2: Public Expenditure Tracking Survey

Section G: General


Expenditure Categories


I would like now to ask you about your total expenditure for each quarter of the financial year 2016/17.



How much did the facility spend on [_____] during financial year 2016/17.

		National Government		County Government Funds	NHIF	Private Health Insurance	Community Based Health Insurance	Donors/Development partners/ Local Implementing Partners	NGOs
		Forgone User Fee	FMS	CDF					
		a.	b.	c.	d.	e.	f.	g.	h.
Q11.	Construction and civil works	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _
Q12.	Vehicles, Furniture and Equipment	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _
Q13.	Training and Workshops	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _
Q14.	Consultant services and Audits	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _

Q15.	Specialized materials and Supplies	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Q16.	Contractual and Casual Wages	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Q17.	Travelling, Accommodation, subsistence allowance	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Q18.	Commodities, Equipment and supplies	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Q19.	Medicines or Supplies	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Q20.	Utilities(Water, Electricity etc)	_ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ 	_ _ _ _ _ _ 	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Q21.	Operating costs and Routine maintenance	_ _ _ _	_ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Q22.	HFMC/HMC Meetings	_ _ _ _	_ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _
Q23.	Total Expenditure	_ _ _ _	_ _ _ _	_ _ _ _ _ _ _	_ _ _	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _

	Question		Code		Response	
Health Facility Governing Committees and Expenditure management						
Q24.	How many Bank accounts do you operate in this facility?		Number		_	
Q25.	Does the facility have a Health Facility Management Committee (HFMC)?		Yes = 1 No = 2 → Q 32		_	
Q26.	If yes, how many members does the committee currently have?		Number		_ _	
Q26.	How were the committee representatives chosen?		Appointed by County/local leadership = 1 Election process = 2	Selected through the Minister's advice = 3 By community members = 4	_	
Q27.	What is the Frequency of the HFMC/HMC meetings?		Monthly = 1 Quarterly = 2	Bi-annual = 3 Annually = 4	_	
Q28.	Are the minutes available for all the meetings? [ask to see a copy of the latest minutes] 		Yes, Observed = 1 Reported, Not Observed = 2 No = 3		_	
Q29.	Are any of the current members of the committee trained/inducted on expenditure management?		Yes = 1 No = 2 → Q 32		_	
Q30.	How many members of the committee were trained?		Number		_ _	
Q31.	Which of these sub-committees are in existence and operational?			Yes = 1 No = 2	Exists	Is Operational
					1.	2.
		a.	Finance Committee		_	_
		b.	Procurement committee		_	_
		c.	Audit committee		_	_
		d.	Disciplinary Committee		_	_
		e.	Quality Assurance Committee		_	_
		f.	Other (specify)_____		_	_

I WOULD LIKE NOW TO ASK SOME QUESTIONS ABOUT YOUR ANNUAL WORK/ACTION PLANNING PROCESS			
	Question	Unit	Response
Q32.	Do you have an Annual Work Plan for the fiscal year 2017/18? [ask to see the document] 	Yes, Observed = 1 Reported, Not Observed = 2 No = 3 → Q 40	_
Q33.	Was the Health Facility Management Committee involved in developing the work plan?	Yes = 1 No = 2	_
Q34.	Did you submit AWP for approval?	Yes CHMT = 1 No = 2 → Q 40	_
Q35.	When did the facility submit the AWP for approval?	Date [DD/MM/YY] Write "99" for each segment which is not known	_ _ _ / _ _ _ / _ _ _
Q36.	Did the facility receive written approval from the CDoH/CHMT for the AWP?	Yes = 1 No = 2 → Q 40	_
Q37.	When did the facility receive written approval from the County Health Management Team for the AWP?	Date [DD/MM/YY] "999" do not know"	_ _ _ / _ _ _ / _ _ _ _ _ _ _ _
Q38.	Was there a delay in receiving AWP approval from the CHMT?	Yes = 1 No = 2 → Q 40	_
Q39.	What was the main cause for this delay?	Delay by facility to submit AWP = 1 CDH/CHMT did not approve AWP = 2	_

THANK YOU. CAN WE NOW PROCEED WITH SOME QUESTIONS ON FINANCIAL MANAGEMENT				
Q40.	Which financial management tools did you receive from the National/County or other Levels?			
	a.	Receipt books	Yes = 1 No = 2	__
	b.	Payment voucher	Yes = 1 No = 2	__
	c.	Vote Book	Yes = 1 No = 2	__
	d.	Cash Books	Yes = 1 No = 2	__
	e.	Did not receive any tools	Yes = 1 No = 2	__
	f.	Others (specify) _____	Yes = 1 No = 2	__
Q41.	Have you submitted the financial report for the last quarter? [ask to see transmittal evidence] 		Yes = 1 → Q 43 No = 2	__
Q42.	What was the reason for not submitting the financial report?		Report not ready = 1 Bank reconciliation not done = 3 Report not approved by the HFMC = 2 Other (specify) = 4	__ _____
Q43.	Do you have a staff member responsible for financial accounting?		Yes = 1 No = 2 → Q 46	__
Q44.	Who is responsible for financial accounting?		In charge = 1 County accountant = 4 Treasurer = 2 Facility Accountant = 5 Chairman = 3 Other (specify) = 6	__ _____
Q45.	How often were you visited by the County Department of Health accountant /County accountant/ Sub County accountant in the last fiscal year (2016/2017)?		Monthly = 1 Bi-quarterly = 3 Quarterly = 2 Half yearly = 4 Yearly = 5 Never = 6	__
Q46.	Do you share your financial information with your community?		Yes = 1 ; No = 2 → Q 48	__
Q47.	If yes, Which means do you use to share the information? [ask to see the means] 	Yes = 1 No = 2	a. Chalk board	__
			b. Meetings	__
			c. Posters	__
			d. Other (specify)	__ _____

Q48.	Did the facility receive a supervision (administrative) visit from the CHMT/SCHMT in the last fiscal year (2016/2017)?	Yes = 1 ; No = 2 → Q 51	__	
Q49.	If yes, how often?	Monthly = 1 Quarterly = 2	Every semester = 3 Yearly = 4	__
Q50.	If yes, did they leave a written feedback?	Yes = 1 No = 2	__	

**Module 4: Public Expenditure Tracking Survey :
Section H: User fees**




Q51.	Does this facility charge for user fees?	Yes = 1 ; No = 2 → Q 56	<input type="text"/>				
Q52.	Are user fees/charges displayed ([Ask to see the boards])	Yes Observed = 1 ; Yes not observed = 2; No=3	<input type="text"/>				
I WOULD LIKE TO ASK SOME QUESTIONS ABOUT HOW MUCH (IN KES) THE FACILITY CHARGES FOR DIFFERENT SERVICES. [Ask to see the boards or fee structure]							
Q53.	Are user fees charged for the following services?	Yes = 1; Free = 2; Not provided=3 If 2 or 3 → Next	Amount paid (KSHs)	Are user fees charged for the following services?	Yes = 1; Free = 2; Not provided=3 If 2 or 3 → Next	Amount paid (KSHs)	
		1.	2.		1.	2.	
a.	Registration(Card Fee)	<input type="text"/>	<input type="text"/>	b.	Specialist Consultation	<input type="text"/>	<input type="text"/>
c.	General Consultation	<input type="text"/>	<input type="text"/>	d.	FP - IUDs	<input type="text"/>	<input type="text"/>
e.	Ultra sound examination	<input type="text"/>	<input type="text"/>	f.	Laboratory: Malaria Test	<input type="text"/>	<input type="text"/>
g.	FP – Progestogen - Only Pill (POP)	<input type="text"/>	<input type="text"/>	h.	Dental Services	<input type="text"/>	<input type="text"/>
i.	Laboratory: Random blood sugar	<input type="text"/>	<input type="text"/>	j.	Treatment-uncomplicated Malaria	<input type="text"/>	<input type="text"/>
k.	Laboratory: Haemoglobin (Hb)	<input type="text"/>	<input type="text"/>	l.	Treatment for under 5 years	<input type="text"/>	<input type="text"/>
m.	Laboratory: Urinalysis	<input type="text"/>	<input type="text"/>	n.	Normal Deliveries	<input type="text"/>	<input type="text"/>
o.	Laboratory: Other (Specify)	<input type="text"/>	<input type="text"/>	p.	Caesarean section	<input type="text"/>	<input type="text"/>
q.	Radiological examination	<input type="text"/>	<input type="text"/>	r.	HIV/AIDS test	<input type="text"/>	<input type="text"/>
s.	Drugs: Amoxicillin Syrup	<input type="text"/>	<input type="text"/>	t.	TB test	<input type="text"/>	<input type="text"/>
u.	ANC Visit	<input type="text"/>	<input type="text"/>	v.	Bed Charges per day	<input type="text"/>	<input type="text"/>
w.	Minor surgery	<input type="text"/>	<input type="text"/>	x.	General Surgery	<input type="text"/>	<input type="text"/>

y. Specialized surgery	_	_ _ _ _ _	z. Other (Specify) ____	_	_ _ _ _ _
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Q54.	In your facility, is the following group [] exempt from paying user fees?				Yes = 1 ; No = 2	
	a.	Patients with chronic diseases	[]	g.	Members of HFMC/HMC	[]
	b.	Elderly patients	[]	h.	Local politician	[]
	c.	Very poor people	[]	i.	Child under five years	[]
	d.	Facility staff	[]	j.	Other (specify)	[]
	e.	Relatives of staff	[]	k.	Pregnant Women	[]
	f.	Civil servants				
Q55.	What was the approximate value for Waivers/Exemptions during the 2016/2017 financial year?			Amount in KSHs	[] [] [] [] [] [] []	

Module 4: Public Expenditure Tracking Survey

Section I: Medical Supplies Distribution

	Question	Unit	Response
Essential Medicine & Medical Supplies (EMMS)			
Q56.	Is this facility a push or a pull facility?	Push = 1 → Q 70 ; Pull = 2 ; Both = 3	_
Q57.	Do you have any means of knowing the list of drugs available at KEMSA or MEDS?	Yes = 1; No = 2	_
Q58.	Does the facility have the latest Clinical Guidelines for Management & Referral of common conditions at Primary Care Level?	Yes, Observed = 1; Yes, Not Observed = 2; No = 3	_
Q59.	What was the date for the last delivery of EMMS? [Ask to see records] 	Date [DD/MM/YY]	_ _ _ / _ _ _ / _ _ _
Q60.	What was the date on which the order that corresponded to the last delivery was placed? [Ask to see records] 	Date [DD/MM/YY]	_ _ _ / _ _ _ / _ _ _
Q61.	Were the drugs delivered on time?	Yes = 1 ; No = 2	_ _
Q62.	Were the drugs supplied according to your order?	Yes exactly = 1 Yes under supplied = 2 Yes over supplied = 3 No. was not supplied = 4	_
Q63.	Was the last delivery of EMMS verified and signed off by HFMC?	Yes = 1, No = 2	_
Q64.	Was the community informed of the last EMMS delivery (For Health centres and Dispensaries)?	Yes = 1, No = 2 → Q 66	_
Q65.	a. Was the community informed via Chalk board?	Yes = 1, No = 2	_
	b. Was the community informed during Meetings?	Yes = 1, No = 2	_
	c. Was the community informed via Posters?	Yes = 1, No = 2	_
	d. Was the community informed through other means (specify)	Yes = 1, No = 2	_
Q66.	Did the facility procure any out of stock items in the last quarter?	Yes = 1; No = 2	_
Q67.	In the last quarter, did the facility purchase any EMMS locally?	Yes = 1 ; No = 2	_
Q68.	Did any Essential Medicines in the facility expire during the last quarter?	Yes = 1 ; No = 2	_
Q69.	Are stock control/bin cards present and updated for the latest delivery? [Ask to see the cards] 	Yes fully = 1 ; Yes partially = 2 No = 3	_

Q70.	How many staff in your health facility are involved in EMMS management?	Number	_ _
Q71.	How many of the staff members involved in EMMS management have received training on quantification and ordering of EMMS products in the last twelve months?	Number	_ _
Q72.	In the last fiscal year (2016/2017) did you receive any supervision on EMMS?	Monthly = 1 Bi-quarterly = 3 Quarterly = 2 Half yearly = 4 Yearly = 5 Never=6	_

ENUMERATOR PLEASE READ TO RESPONDENT. THIS SECTION IS NOW FINISHED. THANK YOU FOR YOUR TIME