

# FIELD MANUAL

KENYA

2018



## Table of Contents

Introduction.....	5
Survey objectives.....	5
Specific objectives.....	5
SDI Survey Team.....	6
National coordinators (NC) .....	6
Senior Task Leaders (STLs) .....	6
IT support team (ITS).....	6
Field Team Supervisor (FTS).....	7
Enumerators .....	8
Survey Work Flow .....	8
Organizing the fieldwork.....	9
Structure of visits .....	9
County courtesy visits .....	9
Instructions for first visit.....	10
Instructions for second visit.....	10
Instruments composition.....	10
Materials required for fieldwork .....	11
Survey Implementation.....	12
General Instructions for FTS and Enumerators.....	12
Building rapport with the respondent.....	12
Tips for conducting the interview .....	13
Asking questions .....	14
Recording responses.....	14
Reference period.....	15
Following Skip Patterns .....	15
Don't know responses .....	15
Checking completed survey forms.....	15
Preparation for the fieldwork.....	15
Executing the fieldwork.....	16
Monitoring performance: STLs vs. ITS and FTS .....	16
Monitoring performance: FTS vs. Enumerators.....	16
Motivation and maintaining morale of field teams.....	17
Observing the Enumerators during interviews .....	17
Conducting team meetings.....	18
Editing questionnaires.....	18
Data quality.....	19

Approval of the questionnaire .....	19
Survey team instructions.....	19
ANNEXES.....	22
Annex 1: Guidelines on Tablets Use for Data Collection for Supervisors and Interviewers ...	22
The data collection program .....	22
Operation of the data collection program .....	22
The Supervisor program functionalities .....	22
Menu for the supervisor to self-identify as well as select the team.....	23
Menu for the opening of facilities .....	23
Menu for the supervisor to choose the health facility.....	24
Menu used for the opening of facilities.....	24
Menu that displays when the facility has already been opened.....	24
Transferring the opened facility code to Enumerators .....	25
Opening and closing a facility .....	25
Other functionalities of the supervisor program .....	25
The Enumerator program functionalities .....	25
Menu for the selection of supervisor and team identification .....	26
Menu for enumerator selection before start of data collection .....	26
Menu option for collection of GPS points.....	26
Module 2A. Announced visit .....	27
Case simulation (Section 3) .....	27
Staff surprise visit (Section 2B).....	27
How to collect the GPS points.....	27
Entry menu for enumerator responsible for section 1 part 2 and section 5.....	28
Transferring data from enumerator tablets to the supervisor.....	28
Navigating the data collection system.....	28
Case Listing Screen.....	30
Saving your work .....	30
Variable Naming Convention .....	30
The Role of IT Specialists .....	30
Annex 2: Introduction to your tablet.....	31
Protecting your data .....	31
How to take pictures with your Tablets .....	32
Linking your Tablet to the Supervisor's for File Exchange via Bluetooth.....	32
Some steps to take in rare cases where Bluetooth will not connect.....	32
Annex 3: Field Teams Supervision and IT Support Assignments .....	33
Annex 4: Exit Interview Sampling Strategy for Family Planning Clients.....	33

Annex 5: County and Supervisor Codes .....	34
Annex 6: Sample of the Letter to Facilities on Feedback Mechanisms .....	35
Annex 7. Planning Sheet.....	36
Annex 8. Facility Control Statement.....	37
Annex 9: Module 1: Medical Equipment .....	38
Annex 10: Diagnostic services .....	41
Annex 11: Medical guidelines.....	44

## Introduction

The purpose of the Field Manual is to provide guidance for team supervisors 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.<sup>1</sup>

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. The second section also contains a section targeted specifically at Team supervisors, which contains extra information on their role and responsibilities. The third section presents instructions for implementing key elements of each of the Modules of the survey instruments. The annexes offer a rich set of resources for survey preparation and implementation.

## Survey objectives

Responding to the need for the robust health sector results measurements especially the quality health services, the World Bank Group has initiated a program of Quality Assessment and Resource Tracking Studies “QSA-RT”.

The program has two components: 1) quality assessment; and 2) resource tracking. It aims to provide robust evidence on quality of health services and resource flows in the health sector in Kenya with the specific objective of:

- a) Providing information on quality of health services over time;
- b) Tracking resource flows from the central government through counties and line ministries to the service delivery units; and
- c) Disseminating the data and creating a high level of public awareness.

To meet these objectives, the World Bank is supporting a national-wide facility based surveys for primary and secondary level facilities (i.e., level 2, 3, and 4 facilities) in the health sector across 47 counties in Kenya. This process is strongly guided by the Kenyan government through the Ministry of Health (MoH), the National Council for Population Development (NCPD), and the Kenyan National Bureau of Statistics (KNBS), with close coordination and technical support from the World Bank’s Service Delivery Indicators Program.

## Specific objectives

Within the context of the QSA-RT Studies, the objective of this survey is to:

- a) Collect facility-based data on service delivery performance and other expenditure data at primary health care facilities and referral secondary level hospital using the agreed survey instruments;
- b) Deliver a completed SDI-HFA dataset with supporting documentation and
- c) Produce two detailed country reports on service delivery indicators (SDI) and health facility assessment (HFA).

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<sup>1</sup>Feedback should be provided to: [amveyange@worldbank.org](mailto:amveyange@worldbank.org)

## **SDI Survey Team**

### **National coordinators (NC)**

The National coordinators for this survey are the World Bank SDI team, MoH, and NCPD whose responsibility is to ensure that all the Quality Assurance Standards set and required during the enumeration stage are met. The NC team will oversee the implementation of the survey at all stages and will report all the expected outputs.

The NC team shall provide leadership to the entire survey implementation team, recruitment of the task leaders, IT specialists, supervisors, and enumerators, scheduling and conducting the training, provide the relevant inputs and guidance needed before and during the survey, solve problems as they arise, and liaise with counties' authorities. The team shall convene and preside over weekly meetings of senior task leaders (STLs) to assess implementation and progress to ensure smooth conduct of the survey.

The team shall also verify, review and approve/reject completed survey instruments submitted by the field team supervisors before they are permanently archived in the designated data servers.

### **Senior Task Leaders (STLs)**

The NC will appoint senior task leaders (STLs) to oversee the implementation of the survey at the regional/zonal level. The STLs team will constitute MoH staff members knowledgeable with SDI instruments to help oversee and coordinate the survey at the regional/zonal level. The main tasks of the STLs will be:

- a) To work very closely with all assigned teams at the zonal/regional level.
- b) Providing moral and technical support to the field teams in their purview.
- c) Randomly visiting the survey teams at the county level to observe partial/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, and there is no contradictory information etc.
- d) Timely communication to field team supervisors of any frequently made errors observed so that they can be amended to avoid repetition for rest of the survey.
- e) Make random spot checks in the field to ensure that the enumeration process is being carried out correctly and provides additional guidance and support, as needed, to the field teams, e.g., administrative and logistical issues.
- f) Conduct and chair counties' weekly review meetings with counties' survey teams to assess progress, provide solutions to challenges and assure quality of data collection. Though, specifics may be delegated to a supervisor, the STL shall ultimately be responsible for taking decisions on field logistics and resolving related issues.
- g) Communicate on daily basis to the NC of any reported (resolved and unresolved) issues as they arise. This communication should be followed up with a detailed weekly report describing the issues reported. For all resolved issues, a weekly summary of the mitigating steps taken should be included in the report. And for all unresolved issues, the report should document all necessary preliminary steps taken, and should concisely provide areas where the intervention of NC is needed.

### **IT support team (ITS)**

The ITS will provide technical support to the field teams by helping with trouble shooting tablets (cf. Annex 1 and 2 for detailed description on how the use and maintenance of tablets for effective

data collection) and data collection software in case of malfunctions during the field work. Throughout the survey period, the ITS members will work under the guidance of the STL to address, in a timely manner, all the IT related challenges as they arise. They will also directly report to the STL, and as shown in Annex 3 each ITS member will be assigned at least two counties to provide support. The main duties of each ITS team members are:

- a) Be on a 24/7 alert to respond to queries and immediately report to the STL of any tablets malfunctioning once the notification and/or is received/rectified in case an action is needed.
- b) Follow up on daily basis if field teams are facing any IT related challenges and provide technical support as needed. Prepare a weekly status report on any reported and addressed issues and timely submit the report to their STL who then shall submit it to the NC team.
- c) Be custodians of reserve tablets that shall be used to replace field teams' already assigned tablets in case of malfunctions or break downs.
- d) Move around with teams in their assigned counties to provide timely support as needed.

### **Field Team Supervisor (FTS)**

The team supervisor is the senior member of each field team. S/he 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 his/her team. Each team supervisor directly reports to their respective STL as shown in Annex 3. The specific responsibilities of field team supervisors include the following:

- a) Assure the security and well-being of team members including fostering collegial and collaborative work environment during the entire field work.
- b) Perform ALL the necessary preparations for fieldwork and organize the deployment of team members including contacting the prospective facilities ahead of the first announced visit.
- c) To ensure that field work protocols are adhered to including carrying out thorough data quality maintenance activities to assure that high quality data is collected.
- d) Work closely with enumerators to ensure completion of tasks assigned to enumerators and adherence to all standards and quality requirements. This includes randomly observing partial/full interviews and ensuring that enumerators follow the protocol, that surveys are administered per the instructions and that quality control measures are adhered to.
- e) Organize field team meetings on daily basis (in the morning before the field work starts and in the evening after the field work is done for the day) during which observed frequent errors/issues are pointed out for discussion and correction to avoid repetitions.
- f) Check the completeness and consistency of completed surveys by verifying and approving/rejecting the completed questionnaires submitted by enumerators. If approved the FTS will submit the completed questionnaires to data management team at the NC level. If rejected (for reasons of incompleteness), the submitted questionnaires will be returned to enumerators for a re-administration (unless the health facility refuses) or commenting before a final submission to the NC team. In both cases, the submission of completed and approved instruments to the NC team will be done on daily basis.
- g) Work closely with STLs and ITS by reporting daily challenges and matters arising that require immediate action. This also includes reporting to STLs and/or ITS on the progress of the enumeration exercise in terms of the number of completed surveys.
- h) Observing the highest ethical standards of data collection to ensure scientifically credible, reliable and high-quality data is collected.

In general, satisfactory completion of data collection in a County must be approved and certified by FTS before submission to the NC team for final review and approval. Without approval at these two levels, the field teams' work will be deemed incomplete.

## Enumerators

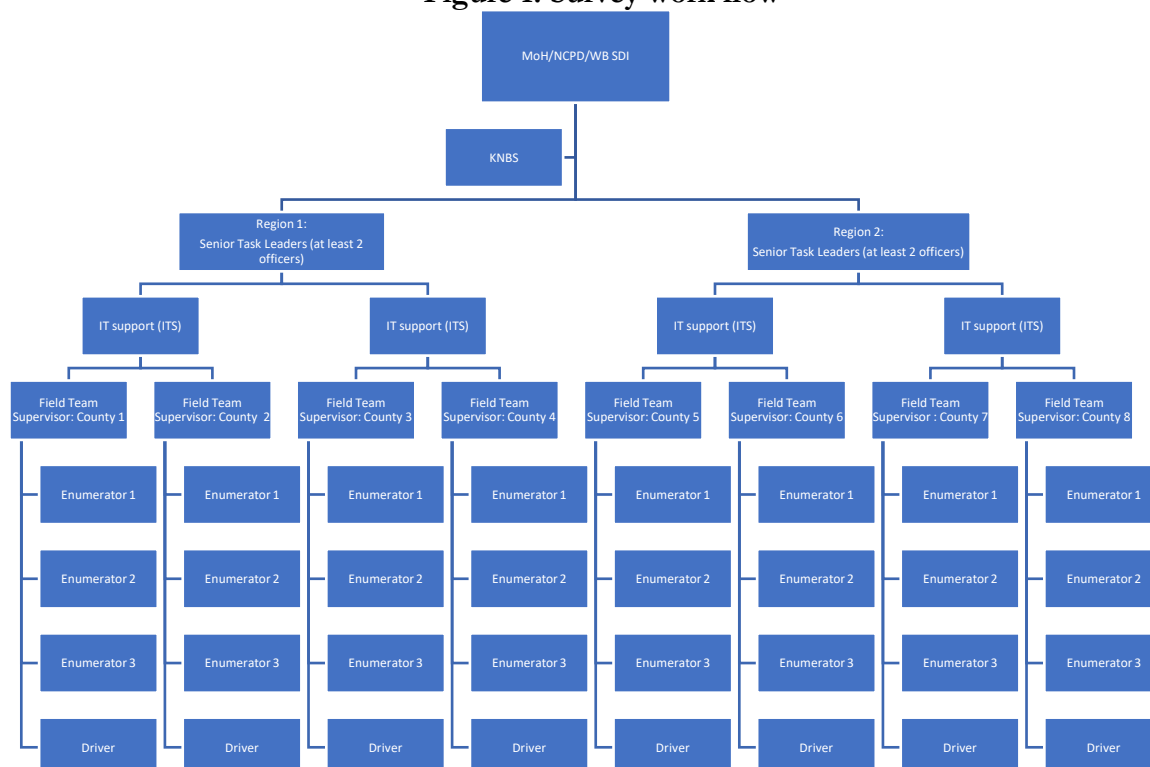
The responsibilities of the enumerators include the following:

- Thoroughly read this field manual to understand what is expected of them.
- Completing all required interviews, observations and assessments/ tests including checking completed survey forms to ensure that all questions were asked and all responses recorded. This should be done at the end of the first (announced) visit to enable the enumerator to ask any questions that were inadvertently skipped or for which responses were recorded illegibly.
- Immediate reporting to field supervisors of any issues/challenges arising during the field work.
- Strictly adhering to the data collection protocols described in this field manual. No deviation to the protocols will be allowed unless approved by the NC via their STLs and FTS.
- Observing the highest ethical standards of data collection to ensure scientifically credible, reliable and high-quality data is collected.
- Do any other data-related duty assigned by the supervisor.

## Survey Work Flow

Figure 1 summarizes the work flow for the entire survey. At the helm of the whole exercise is the NC team composed of MoH, NCPD and WB SDI team assisted by Kenyan National Bureau of Statistics (KNBS). Next in line after the NC team is senior task leaders (STLs) assigned across geographical blocks which constitute of a few regions (cf. Annex 3). Each STL team will be assisted by IT personnel appointed by the NC team. The IT personnel will report directly to the STL who in turn will directly report to the NC team. In each county, there will be a field team supervisor (FTS) who will manage a team of three enumerators and a driver. The FTS will report directly to their assigned STL.

**Figure 1: Survey work flow**





## **Organizing the fieldwork**

Before the field work starts, the NC team will send the introduction letters to all sampled facilities across the counties to ensure timely flow of information and preparations for smooth and efficient data collection exercise. Apart from requesting permission and collaboration of the facility to allow the field team to conduct the survey, the letter must also detail the scope of the survey and outline of pre-survey preparations that facilities must have in place prior to the arrival of the field team. The letter, amongst others, should indicate that the sampled facilities must:

- a) Prepare a complete employee roster detailing such information as the number of employees (by medical and non-medical categories) working on the facility. This roster should also include information on employees' demographics (i.e., age, gender, highest level of education, and the highest level of medical training for medical staff)
- b) Prepare documents showing the main sources of revenues, in Kenyan Shillings (KSHS), and their respective quarterly breakdowns during the fiscal year 2016/2017.
- c) Prepare documents showing the total expenditures, in Kenyan Shillings (KSHS), and their respective quarterly breakdowns during the fiscal year 2016/2017. The expenditure reports should also provide details on the type of expenditure incurred.
- d) Prepare copies of the minutes recorded during the facility health management committee meetings, if the facility has one.

As described below, the letter should also specify the number of visits that the field team will do to the sampled facilities. However, for the second visit, which is expected to be a surprise visit, the letter should be silent as to when the visit will be done to keep the surprise part of the visit intact. Finally, it is also important that STLs, ITS, FTS and enumerators have special IDs for their identification and be in possession of both copies of introduction letters and letters that were sent to facilities by NCPD to introduce the survey. The second letter will be used as a further proof to ensure facility participation in the survey.

## **Structure of visits**

Each health facility will be visited twice. The first visit is pre-announced 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 other requested records available, as described in the introduction letter, ready for the field team prior to their arrival. FTS will coordinate this at least a week before the survey begins and follow up with 1-2 reminders at least 2 days before visiting the facility. The first visit will cover all modules except module 2B.

The second visit is an unannounced. Module 2B will be administered during this visit. It is essential that enumerators do not mention that there will be a second visit and that supervisors ensure that the first and second visits are at least 5 days apart.

## **County courtesy visits**

When the team(s) arrive in respective counties the first day before the survey starts they must introduce the entire team to the relevant county authorities. The STL (if available at the County) and FTS will make a courtesy call to the County government offices to both officially introduce the survey and the field team that will conduct the survey during the entire survey period. The main goal of these courtesy visits is to ensure that County governments are aware of the on-going survey and get their buy-in and moral and material support when needed. It is important that the entire field team is present during this important introduction.

### Instructions for first visit

When the team arrives at the facility, after making contact and introducing themselves, the FTS should tell the Chief Medical Director/Officer in-Charge/Nurse of the objectives of the day and organize the work with his/her help. Following the introduction, the team should request that the head of the facility give the team a very brief tour of the facility. This is useful for two reasons. First, team members become familiar with the layout of the facility. Second, staff members see the head of the facility pass by with the survey team. This reassures them that the survey team has the blessing of their leader, allowing them to be more open during interviews. After preliminary introduction, the distribution of tasks will be as follows:

- a) Enumerator 1 will be responsible for completing the facility questionnaire module 1 (sections A-E) and module 4 on public expenditure tracking survey.
- b) Enumerator 2 will be responsible for completing the facility questionnaire module 1 (sections F-N) and module 5 (clients' exit interviews). To conduct module 5, enumerators, with the help of their supervisors, **MUST** strictly adhere to the clients sampling and selection methodology before administering the questionnaire (see Annex 4 for more sampling details).
- c) Enumerators 3 will be responsible for completing module 2 on staff roster and module 3 on clinical knowledge assessment of up to 10 sampled health/medical staff. The selection of the sampled health/medical staff will be done automatically using a configured algorithm installed in the tablets after module 2A is completed.

Before leaving the facility, FTS should make sure that all the modules are fully covered and that any potential outliers have been flagged and addressed. In case information is missing at the end of the interview, then appropriate notes clearly explaining the missing information will be annotated in the tablets by each missing question and in a general summary per facility.

### Instructions for second visit

The second visit is an unannounced and only Module 2B on absenteeism will be administered. This module will involve an interview of 10 randomly selected staff from Module 2A. The selection of staff for Module 2B will be done automatically using a configured algorithm in the tablets. The second visit will be conducted by Enumerator 3 after FTS has introduced him/her to the facility. Information to be collected includes staff demographics, and whether the sample staff are at the facility during the surprise visit and if not, what are the reasons for their absenteeism. Administration of module 2 is expected to be relatively quick allowing for any information that was not collected in the first visit to also be collected during this visit.

### Instruments composition

The survey instrument consists of the following 5 modules, as shown in **Error! Reference source not found..** Instructions for implementing key elements of the various instruments are presented in Section 3.

**Table 1. Survey instrument composition**

	Module	Module Title	Data Collector	Interviewee	Description
<b>FIRST VISIT</b>	Module 1: Sections A-E and Module 4	<ul style="list-style-type: none"> <li>• Facility Questionnaire</li> <li>• Public expenditure tracking</li> </ul>	Enumerator 1	<ul style="list-style-type: none"> <li>• Medical Director/Officer in-Charge/Nurse (or the most senior health worker present in the health facility)</li> </ul>	<ul style="list-style-type: none"> <li>• Survey on facility type, materials, equipment and drugs</li> <li>• Survey on public expenditure tracking.</li> </ul>
	Module 1: Sections F-N & Module 5	<ul style="list-style-type: none"> <li>• Facility Questionnaire</li> <li>• Clients exit interview (FPS)</li> </ul>	Enumerator 2	<ul style="list-style-type: none"> <li>• Relevant medical staff on shift</li> <li>• Selected sample of visiting clients at the SDP.</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews on materials, equipment and drugs</li> <li>• Interviews on perception and satisfaction of visiting clients at the SDP.</li> </ul>
<b>SECOND VISIT</b>	Modules 2 (A & B) and Module 3	<ul style="list-style-type: none"> <li>• Staff Roster</li> <li>• Patient Case Simulations</li> </ul>	Enumerator 3 & FTS	<ul style="list-style-type: none"> <li>• Medical Director/Officer in-Charge/Nurse (or the most senior health worker present in the health facility)</li> <li>• Up to 10 randomly selected clinical staff at the facility level.</li> </ul>	<ul style="list-style-type: none"> <li>• Survey on facility staff and absenteeism in the facility and public expenditure tracking.</li> <li>• Interviews on vignette questions on up to 10 randomly selected clinical health workers to assess their competence in diagnosis and treatment of key illnesses/complications.</li> </ul>

**Table 2: Summary of enumerators responsibilities**

<b>First visit</b>			
<i>Activities</i>	<i>Enumerators</i>		
	#1	#2	#3
Arrival at the facility	√	√	√
Introductions <sup>2</sup>	√	√	√
Module 1: Sections A-E & Module 4	√		
Module 1: Sections F-N & Module 5		√	
Module 2 & Module 3:			√
<b>Second Visit</b>			
Arrival at the facility	√	√	√
Introductions <sup>3</sup>	√	√	√
Module 2B <sup>4</sup>			√+FTS

### Materials required for fieldwork

Before leaving for the field, the STLs and FTS are responsible for collecting adequate supplies of all materials the team will need in the field. These items are listed below:

<sup>2</sup>Meet with the Chief Medical Director/Officer in-Charge/Nurse (or most senior medical staff present in the facility) for introduction, purpose and permission. Tour of facility.

<sup>3</sup>Meet with the Chief Medical Director/Officer in-Charge/Nurse for permission to complete survey.

<sup>4</sup>Enumerators also collect any outstanding information or uncompleted modules during the first visit.

**Table 3: Field Materials and Supplies**

	Items
Fieldwork documents	<ul style="list-style-type: none"> <li>• Letter of Introduction to facility authorities</li> <li>• Letter of feedback mechanisms that MUST be handled to each facility.</li> <li>• Copy of the permission letter sent by MoH/NCPD to the facility</li> <li>• STLs, ITS, FTS and enumerators' special IDs.</li> <li>• IT trouble shooting manual (one each for ITS)</li> <li>• Field Manual (one each for FTS and enumerators)</li> <li>• Contact list of all facilities and their respondents</li> <li>• FTS Tracking Sheets: <ul style="list-style-type: none"> <li>○ One "FTS Planning Sheet - Log of Team Activity" per county (see Annex 7)</li> <li>○ One "Facility Control Statement" per county. (see Annex 8)</li> </ul> </li> </ul>
Supplies	<p>Survey instruments and tools:</p> <ul style="list-style-type: none"> <li>• 1 laptop for the STL/ITS team members (STLs and ITS can use their personal laptops)</li> <li>• 1 tablet, USB flash, and a power bank for each FTS</li> <li>• 3 Enumerators' tablets, USB flash drive and power bank</li> <li>• 20 reserve tablets and power bank</li> <li>• Health insurance kit (for teams use in case emergencies during field work)</li> <li>• STL, FTS, ITS and enumerators' airtime</li> <li>• Pens, and note books</li> </ul>

## Survey Implementation

### General Instructions for FTS and Enumerators

This section provides general instructions for FTS and enumerators 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 and the ID 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 put him/her 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 any purpose, and all information will be grouped together to write a report. You should never mention other interviews in front of a respondent or any other person not part of the SDI Survey Team.

- d) *Answer all questions from the respondent frankly.* Before agreeing to be interviewed, the respondent may ask you some questions about the survey or why s/he was selected to be interviewed. Be direct and pleasant when you answer.
- e) *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.
- f) *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 facilities.
- g) *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

- a) *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 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.
- b) *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]?"
- c) *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.
- d) *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 click the relevant response(s) on the tablet without reading the responses out loud.
- e) *Handle hesitant respondents tactfully.* If the respondent gives irrelevant or elaborate answers, do not stop her/him abruptly or rudely, but listen to what s/he wants to say and then try to steer her/him back to the original question. If the respondent is reluctant or unwilling to answer a question, try to overcome her/his 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.**

- f) *Do not form expectations.* You must not form expectations of the ability and knowledge of the respondent.
- g) *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 s/he 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.**
- h) *Be polite.* If you are carrying a mobile phone, make sure that it is on silent mode. Do not answer your phone during an interview. At all costs avoid giving an impression that your time is more important than that of the interviewee.

## 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 that this question requires review to clarify wording. **Only the NC team can change the questionnaires. STL, ITS, FTS, and 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

FTS and all enumerators will use tablets. Enumerators will use the tablets to record all questionnaires responses while FTS will use the tablets to review submitted questionnaires. If the questionnaire is complete the supervisor can accept it, but if otherwise s/he can reject it and re-send it back to the enumerator for either correction or clarification. Once reviewed and accepted by the supervisor the submitted questionnaire will then be submitted to the NC team for final approval.

Most of the questions have responses that are in the form of number codes. To record a respondent’s answer, you merely click on the right number selection that corresponds to the reply in the tablet. For many questions, a numeric response is appropriate and should be entered in the available boxes.

In some cases, responses include “OTHER” category. The OTHER category should be clicked 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 clicking OTHER, 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 an activity was conducted during a given 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 2018
Last year	Previous calendar year – Jan to Dec 2017
Last quarter	Oct-Dec 2017
12 months preceding the interview	April 2017 – March 2018
Last fiscal year	July 2016 to June 2017
This fiscal year	July 2017 to June 2018
Last quarter	January, February, March 2018

## Following Skip Patterns

In cases where a response makes the next questions irrelevant, the tablet will automatically jump to the next question to be asked. Enumerators do not have to worry about skip patterns.

## Don't know responses

If an interviewee says that s/he does not know the answer to a question, first use the techniques described previously to try to elicit a response. If s/he is still not able to provide the information, ask whether there is someone else in the facility who would be able to provide the information. If, despite your efforts, it is impossible to answer the question, click the relevant choice for “Don't know”.

## 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, and that all answers are clear and reasonable. Minor corrections can be made, but any serious errors should be clarified by the respondent. The enumerator should simply explain to the respondent that s/he made an error and ask the question again.

Anything out of the ordinary should be noted and communicated to the FTS at the end of the interview. These comments are very helpful in reviewing questionnaires by the FTS before they are submitted to the NC team.

## Preparation for the fieldwork

To prepare for the fieldwork, each FTS—with the support of ITS and STLs—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.
- 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 (e.g., imprest money), supplies, and equipment necessary for the team to complete its assigned interviews. Careful preparation by the FTS is important for facilitating the work of the team in the field, for maintaining enumerator morale, and for ensuring contact with the STL, ITS, and NC throughout the fieldwork.
- Ensure that all travel plans within the County are discussed with all field team members.

## **Executing the fieldwork**

During the fieldwork, each FTS, jointly with the STLs and ITS, will:

- a) Make courtesy visits to the authorities of the county, even if the investigation concerns health facilities. FTS should visit them and explain the objectives of the survey to them.
- b) 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.
- c) Locate the health facility that has been selected for inclusion in the survey.
- d) Present Ministry of Health /County government/NCPD letter of introduction
- e) Introduce the team to the in-charge i.e. Chief Medical Director/Officer in-Charge/Nurse and then explain purpose of the study and the requirements i.e.:
  - Register of consultations
  - Register of hospitalizations
  - Monthly reports of activities
  - Inventory of equipment, materials and supplies
  - List of personnel
  - Some financial records from the Chief Medical Director/Officer in-Charge/Nurse—e.g. budget and expenditure for year 2016/2017
  - Charges for services
  - Establish when health workers will be interviewed for Module 3
  - Establish the times for doing Module 5
  - Revenues and expenditure information
- f) Assign work to enumerators and deploy them to sites.
- g) Make sure that assignments are carried out.
- h) Carry out quality control work (MUST also accompany a team each day and carefully supervise the delivery of the instrument, should provide continuous feedback to enumerators).
- i) Daily send/communicate progress reports and information about the team's location with every destination change to STLs. This includes communicating any problems and challenges.
- j) Assume responsibility for upkeep of the communication and survey equipment.
- k) Maintain a positive team spirit. A congenial work atmosphere, along with careful planning of field activities, contributes to the overall quality of the survey.

## **Monitoring performance: STLs vs. ITS and FTS**

The STLs are to monitor performance of ITS and FTS with the aim of improving and maintaining the quality of the data collected. Most importantly, STLs are expected to conduct spot checks to ensure that data protocols and troubleshooting guidelines are strictly adhered to, and provide guidance when needed to address potential challenges that ITS, FTS and data team can face. By checking the work of ITS and FTS throughout the survey, the STL can ensure that the quality of the data collection remains high while potential problems and challenges are addressed in a timely manner.

## **Monitoring performance: FTS vs. Enumerators**

The FTS are to monitor enumerator performance with the aim of improving and maintaining the quality of the data collected. Close supervision of enumerators and reviewing of completed interviews are essential to ensure that accurate and complete data are collected. By checking the enumerators' work daily, the FTS 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 towards 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 FTS should check the performance of enumerators **thoroughly** at these times.

FTS should plan for the survey team to eat and drink. **Skipping meals in the interest of finishing the survey more quickly should NOT be encouraged. The survey team must eat and drink properly to perform well.**

### **Motivation and maintaining morale of field teams**

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

- a) Understand clearly what is expected of them
- b) Are paid their wages on time to ensure that they are focusing on their tasks
- c) Are properly guided and supervised in their work
- d) Are stimulated to improve their work and are given the necessary support (e.g., airtime) to do their tasks.
- e) Work in tranquil and secure conditions
- f) Receive recognition for good work

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

- a) Rather than giving direct orders, try to gain voluntary compliance before demanding it.
- b) 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.
- c) 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.
- d) When enumerators voice complaints, listen with patience and try to resolve them.
- e) Try to foster team spirit and group work.
- f) Under no circumstances show preference for one or another of the enumerators.
- g) Try to develop a friendly and informal atmosphere.

Finally, it is important to *demonstrate* punctuality, enthusiasm, and dedication to demand the same of the other team members. An ill-prepared STL/FTS will not be able to demand high-quality work from FTS/enumerators and will soon lose credibility and authority. The collective conduct, morale and motivation of the FTS and enumerators depend directly on the personal conduct, morale and motivation of their STL and FTS, respectively. These principles also hold between FTS and enumerators during the field work.

### **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 several questions inaccurately. Each FTS, in addition to paying attention to how the Enumerators word 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 FTS should sit close enough to see what choices the enumerator is clicking. This way, s/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 FTS should not intervene during 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 FTS and enumerator should discuss the enumerators' performance in a review session. The questionnaire should be reviewed, and the FTS should mention things that the enumerator did correctly as well as any problems or mistakes. The FTS should also listen to any feedback that the enumerator may offer. Always acknowledge good work done by Enumerators; positive feedback can help build morale.

**Each enumerator should be observed closely during the first two weeks 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**

Each FTS 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 two weeks then at least every other day thereafter. At team meetings, the FTS should point out mistakes discovered during observation of interviews. S/he should discuss examples of actual mistakes, being careful not to embarrass individual enumerators. Re-reading relevant sections from the questionnaire 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 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 FTS 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 STLs who will later submit to the NC team for record keeping.

### **Editing questionnaires**

Neither the STLs, FTS nor the enumerators can edit the questionnaire. In case there are issues discovered on the questionnaire, enumerators should immediately report to the FTS who then shall report to STLs who will eventually report to NC for any modification. Once modified the instruments information will be communicated to STLs, ITS and FTS for enumerators to download new updates. The FTS MUST always ensure that completed questionnaires are **reviewed, checked and corrected for completeness and consistency.**

## Data quality

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. 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.

Before leaving the facility, the FTS must therefore check each completed interview and observation form for completeness and consistency. If the instruments are incomplete, the enumerator should go back to the respondent to collect the missing data. To ensure excellent data quality, the FTS will also check the instruments for quality. It is especially important for the FTS to conduct a careful review of all survey instruments at the initial and final stages of fieldwork.

## Approval of the questionnaire

Problems are bound to happen during the field work. For incomplete questionnaires, once the problems have been discussed (between FTS and enumerators) and resolved to the satisfaction of FTS then the FTS will electronically accept the questionnaire and submit it to the NC team for next round of review. If ever it is not possible to complete a questionnaire, the FTS should immediately contact the STL who will then refer the matter to the NC team at the headquarters for guidance on what to do. Once discussed and approved by the NC team, the STL teams can instruct FTS to direct enumerators to use the code 2 ("incomplete questionnaire") and explain in detail why it was not possible to complete the survey.

If the facility refuses to participate, the FTS may refer the matter to the STL who may then contact the appropriate organ(s) overseeing health facilities at the county level, most likely the county leadership that was met with during the courtesy visit. If this does not solve the problem, the STL must immediately contact the NC team for guidance. Upon receiving the directives from the NC team to treat the survey as “refusal”, the FTS will instruct enumerators to use the word "refusal" for such incomplete survey.

## Survey team instructions

- a) Arrive at the health facility between **8.00 and 8.30am**.
- b) Upon arrival, complete the Basic Information. Some of the information can be completed ahead of arrival such as counties, facilities and supervisors' codes (see Annex 5).
- c) Note your time of arrival and dates for first visit. **Do not indicate the date of the second visit.**
- d) **GPS Coordinates:** **Under the guidance of the FTS, Enumerator 1** shall be responsible for the completion of the GPS coordinates of each facility.
- e) **Introduction:** When you arrive, search for the health facility's Chief Medical Director/Officer in-Charge/Nurse (or the head doctor/nurse or most senior health

worker present in the facility). Both enumerators meet with the Chief Medical Director/Officer in-Charge/Nurse. The FTS **MUST** have the Letter of Introduction/ Letter of Permission, Letter of Feedback mechanisms and your ID in hand.

- f) FTS introduce yourself and your colleagues and explain the objectives of the visit. FTS and enumerators should endeavor to start the introduction in a semi-formal manner and probably greet in the **local dialects** and put the respondent at ease before doing the proper introduction as specified on the questionnaire. Enumerators **MUST FULLY** read the whole introduction to the respondents. The following introduction **MUST be read out** every time an introduction to facilities are made:

*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, JICA and other partners to collect information about health service delivery in Kenya. This is part of the National Government's on-going efforts to collaborate with County Governments 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 ?*

*Survey participants are encouraged to provide feedback and complaints that will help to improve the data collection process. The various channels through which participants can give feedback, which includes a hotline, are provided in the feedback mechanism letter.*

- g) **Upon reading the entire introduction the FTS MUST hand-over to the Medical-in Charge the letter on feedback mechanisms (see Annex 6 for a sample).**
- h) The FTS should ask the Chief Medical Director/Officer in-Charge/Nurse the permission for the enumerators to start the interviews, observations and testing.

- i) If the head Chief Medical Director/Officer in-Charge/Nurse is not present, the FTS should ask the deputy doctor/nurse or most senior doctor/nurse for permission and request that he/she assists in completing the survey.
- j) If none of the senior staff is present and there is no suitable person to assist in completing the survey, the FTS should communicate to the STL for guidance.

## ANNEXES

### Annex 1: Guidelines on Tablets Use for Data Collection for Supervisors and Interviewers

#### The data collection program

As was mentioned above, the survey is using a Computer Assisted Personal Interview (CAPI) system for data collection. The data collection program that has been developed based on the questionnaire incorporates the five modules of the questionnaire:

- a) Module 1: Health Facility Information: Section A-E and Section F-N*
- b) Module 2: Health Provider Information: Section 2A and 2B*
- c) Module 3: Assessment of Health Provider Knowledge and Ability*
- d) Module 4: Public Expenditure Tracking*
- e) Module 5: Client Exit Interview*

The program has two principal components: A control system for the supervisors and the actual data entry system containing the five modules for the enumerators to collect the data. Each supervisor tablet will have the “supervisor” program installed in it while each enumerator tablet will have just the modules that are assigned for that enumerator installed in their tablet. Thus, in terms of the program installation based on enumerator assignments, the programs will be installed in tablets as follows:

- a) Enumerator 1 tablet: Section A-E and Module 4*
- b) Enumerator 2 tablet: Section F-N and Module 5*
- c) Enumerator 3 tablet: Section 2A, 2B, and 3*

Supervisors will assign the above-mentioned modules to the three enumerators on the team. It is hoped that these assignments of enumerators to modules will be permanent all through the survey.

#### Operation of the data collection program

##### The Supervisor program functionalities

Supervisors have initial control of the start of data collection. Once the team arrives in a new county/facility, the supervisor must “open” the facility before any interviewing can take place. Below are the steps that the supervisor should follow. Initially, the supervisor will see screen as displayed below. This screen will be seen by each supervisor only once in the beginning and may not appear again.

## Menu for the supervisor to self-identify as well as select the team

Select Case

Key	INAME
010	Supervisor of team 1
020	Supervisor of team 2
030	Supervisor of team 3
040	Supervisor of team 4
050	Supervisor of team 5
060	Supervisor of team 6
070	Supervisor of team 7
080	Supervisor of team 8
090	Supervisor of team 9
100	Supervisor of team 10
110	Supervisor of team 11
120	Supervisor of team 12
130	Supervisor of team 13
140	Supervisor of team 14
150	Supervisor of team 15
160	Supervisor of team 16
170	Supervisor of team 17
180	Supervisor of team 18
190	Supervisor of team 19
200	Supervisor of team 20
210	Supervisor of team 21
220	Supervisor of team 22
230	Supervisor of team 23
240	Supervisor of team 24
250	Supervisor of team 25

The supervisor must select the choice that corresponds to him or her team. Within that choice, would have been incorporated all the counties and facilities that are mapped to that supervisor's team. If a facility that has been assigned to a supervisor is not displayed on the list, then this should be reported to the data management team so that the list can be updated. Data management must be contacted in any situation where a supervisor cannot find a facility in the list presented. **Under no circumstance should a supervisor or enumerator try to modify or change the contents of the data entry program.**

Once the team has been selected, the system will move to the next menu option asking for the supervisor to open/close a facility as seen below. Notice that the facility is "closed" and the facility identification is still "0000".

## Menu for the opening of facilities

Selection menu, Supervisor: (020) Supervisor of team 2

```
-- Facility 0000(Closed) --
1. Facility: Open / Close / Selection
=== Communications with Interviewer equipment ===
A. Transmit data with enumerator equipments
B. Send updates to enumerator equipments
=== Communications with Central Office options ===
C. Transmit data to Central Office
D. Receive program updates from Central Office
===== Other options =====
K. Backup to external flash memory
0. Exit application                                     V.2.00
```

The supervisor should choose the (1) selection to Open the facility. Once this is done, the list of facilities that have been assigned to that team will be displayed as shown below.

## Menu for the supervisor to choose the health facility.

Select Case

Key	YFACNAME	YID1NAME	YID3NAME
1303	Bakari Medical Clinic	KWALE	
1304	Kiteje Dispensary	KWALE	
1305	Vwivwini Dispensary	KWALE	
1306	Wasini Dispensary	KWALE	
1307	Dima Mwangaza Clinic	KWALE	
1308	J A Comenius Medical Clinic	KWALE	
1309	Homebase Medical Clinic	KWALE	
1310	Afya Bora Medical Clinic	KWALE	
1311	Lungalunga Subcounty Hospital	KWALE	
1312	Kwale Medicare Center	KWALE	
1313	Mrima (Catholic) Dispensary	KWALE	
1314	Mivumoni (Catholic) Dispensary	KWALE	
1315	Mwangeloto Dispensary	KWALE	
1316	Silaloni Dispensary	KWALE	
1317	Bofu Dispensary	KWALE	
1318	Kibandaongo Dispensary	KWALE	
1319	Mwachinga Dispensary	KWALE	
1320	Makamini Dispensary	KWALE	
1321	MAVIRIVIRINI DESPENSARY	KWALE	
1322	Mwabila Dispensary	KWALE	
1323	Mwanda Dispensary	KWALE	

The supervisor can now select the facility that is to be opened.

## Menu used for the opening of facilities

Facility not assigned for data collection yet

Do you want to open the facility 1903 for data entry

Yes

No


Note that the system will propose the “*Do you want to open the facility for data entry*” only if the facility is not already open. In the case where the facility is already open, the program will ask you if you want to close it instead. See below.


## Menu that displays when the facility has already been opened


Facility is open for data collection, do you want to close this facility?


Yes

No











You use this same functionality to close the facility after data entry has been completed by all the enumerators and the data transferred to the supervisor.

### **Transferring the opened facility code to Enumerators**

Although the supervisor has opened the facility, that information has not yet been communicated to the enumerators. Enumerators can only begin their work after having received the facility code. To do this, the supervisor should use the function in the menu- **A: Transmit data with Interviewer equipment**. At the same time the enumerator uses the same functionality on their tablet menu—**A: Transmit data with supervisor**. At this time, it is assumed that the two tablets have already been paired (see section on Bluetooth transmission). Using this functionality, the supervisor can now transmit the selected facility code to all the enumerators (one at a time).

### **Opening and closing a facility**

While two facilities can be opened at the same time, we strongly encourage supervisors to try and keep only one facility open at a time. Once data collection is completed for the facility, it should be closed before moving on to the next facility. When a facility is opened, this means that all the data that is being transmitted is going to that facility. If two facilities are open at the same time, you run the risk of transmitting the data to the wrong one. Remember that the current facility is always the one that is being displayed in your tablets. So, when you are ready to accept the data transmission from the enumerator, make sure you are both in agreement from what facility the data is emanating from or pertains to. If you have been opening and closing the facilities as you should, this should not be an issue. But if you have two facilities open at the same time, this issue then comes to the forefront.

### **Other functionalities of the supervisor program**

**B: Send updates to Interviewer equipment:** Once any program updates have been downloaded unto the supervisor tablets, they must be transferred to the enumerators as well. This functionality does just that. This is an interactive process. The supervisor launches the app and then waits for the enumerator to launch the same app on his or her tablet--- **B: Receive updates from supervisor**. Once both parties are ready, the transmission process can be launched.

**C: Transmit data to Central Office:** This functionality sends all data related to the current facility to the remote server. Internet access must be available at the location. If the transmission is unsuccessful, the system will prompt the user and the process should be repeated until successful.

**D: Receive program updates from Central office:** From time to time, changes may be introduced into the program. These changes can be easily downloaded into the supervisors' tablets using this functionality.

### **The Enumerator program functionalities**

On beginning data entry, the first time, the enumerator program starts off like the supervisor program by asking the enumerator to select their team/supervisor. It is important that the enumerator selects the right team number else the supervisor will not be able to communicate the facility number to them.

## Menu for the selection of supervisor and team identification

Select Case

Key	INAME
010	Supervisor of team 1
020	Supervisor of team 2
030	Supervisor of team 3
040	Supervisor of team 4
050	Supervisor of team 5
060	Supervisor of team 6
070	Supervisor of team 7
080	Supervisor of team 8
090	Supervisor of team 9
100	Supervisor of team 10
110	Supervisor of team 11
120	Supervisor of team 12
130	Supervisor of team 13
140	Supervisor of team 14
150	Supervisor of team 15
160	Supervisor of team 16
170	Supervisor of team 17
180	Supervisor of team 18
190	Supervisor of team 19
200	Supervisor of team 20
210	Supervisor of team 21
220	Supervisor of team 22
230	Supervisor of team 23
240	Supervisor of team 24
250	Supervisor of team 25

Once the enumerator has selected the correct team above, he/she is presented with the below list to select what role has been assigned to them on the team.

## Menu for enumerator selection before start of data collection

Select Case

Key	INAME
021	Enumerator 1 of team 2
022	Enumerator 2 of team 2
023	Enumerator 3 of team 2

Once the enumerator selects the right identification, s/he is ready to start the interview process. The program will now display the modules that have been assigned to that enumerator.

## Menu option for collection of GPS points

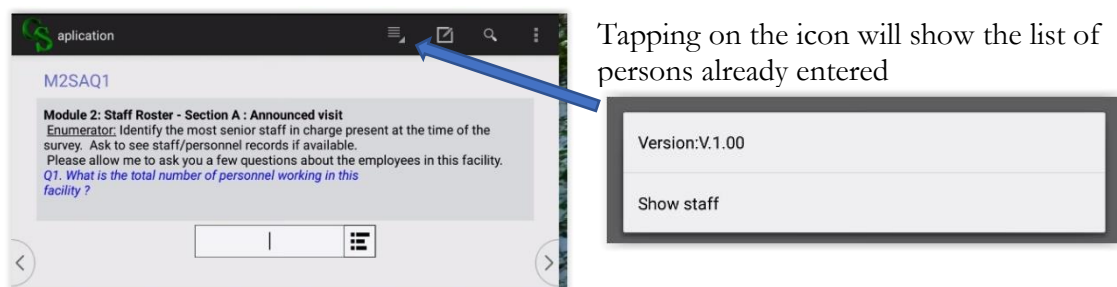
Selection menu, Enumerator: (023) Enumerator 3 of team 2

--- Facility : 0000 ---	
===== Main options =====	
1. Facility selection	
2. Facility information dataentry (Module 1-Part 1)	
3. Public expenditure dataentry (Module 4)	
4. GPS coordinates pictures (Module 0)	
===== Communication options =====	
A. Transmit data with Supervisor	
B. Receive updates from Supervisor	
===== Other options =====	
0. Exit application	V.02.00

In the above case, the enumerator has been assigned modules 1 part 1 and module 4. All enumerators assigned this module are also tasked with collecting the GPS coordinates (item 4 on list above). Taking the GPS coordinates of the health facility should be the first task after the enumerator has been transmitted the facility code.

### Module 2A. Announced visit.

The program/section starts out asking for the total number of personnel working in the facility. When you are entering or have entered the names of the persons working there, there is an option to see the list of members entered. This option can be useful because it permits you to know which health members have already been entered and can be selected for the simulation exercise.



### Case simulation (Section 3)

When the enumerator launches section 3 on case simulation, the control system checks if module 2A has been completed. If it has been completed, it then starts section 3 on the simulations—using the data from section 2A. If section 2A had not been completed, a message will appear advising the enumerator that section 3 cannot be started because it depends on the list of health workers entered in module 2A.

### Staff surprise visit (Section 2B)

The control system does the same control that was done for the option 3. It is not possible to enter to module 2B if the enumerator has not completed module 2A.

### How to collect the GPS points

As mentioned above, choosing option 4 in the Enumerator tablets will automatically collect the GPS points without any further intervention from the enumerator. The same option will further allow you to take pictures of the facilities. Once you have collected the GPS points, the system will register the facility code and will not give you the option again to collect the points for that facility. To facilitate collection of the GPS coordinates:

- Make sure that you are standing outside in a clear location. Select option 4 to collect the GPS points. It is done automatically for you.
- After collecting the GPS points, the app will ask if you want to take a picture. If you select No, it will return to the Menu. If you select, Yes, it will allow you to take as many as 9 pictures of the Health facility.

In the case below, the enumerator has been assigned Module 1 part 2 and module 5. By clicking on each module, the program will be launched for the enumerator to begin the data collection.

## Entry menu for enumerator responsible for section 1 part 2 and section 5

Selection menu, Enumerator: (011) Enumerator 1 of team 1

```
--- Facility : 1303 Bakari Medical Clinic ---
===== Main options =====
1. Facility selection
2. Facility information dataentry (Module 1-Part 2)
3. Clients' Perception And Appraisal Of Cost For FPS
===== Communication options =====
A. Transmit data with Supervisor
B. Receive updates from Supervisor
===== Other options =====
0. Exit application                                     V.02.00
```

At the end of the interview, and after verification by the supervisor, the enumerator should now transmit the data to the supervisor's tablet.

### Transferring data from enumerator tablets to the supervisor

This same process used to transmit the facility codes information is also used to transmit data from the enumerator tablets to the supervisors. The supervisor should use the function in the menu- **A: Transmit data with Interviewer equipment**. At the same time the enumerator uses the same functionality on their tablet menu—**A: Transmit data with supervisor**. At this time, it is assumed that the two tablets have already been paired (see section on Bluetooth transmission). Using this functionality, the enumerator can now transmit the data to the supervisor's tablet.

### Navigating the data collection system

User Inputs: **Text Box**

Simple CAPI

Name

Enter the name of the next person in the household. Include everyone living or staying in this household.

Do not enter anything and press Next if all persons have been recorded.

John Doe

1 2 3 4 5 6 7 8 9 0

q w e r t y u i o p

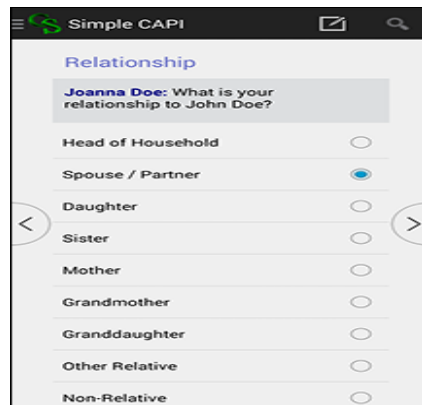
a s d f g h j k l

↑ z x c v b n m

Sym English(US) Next

To enter data in a text box field, simply type the response using the keyboard. If a keyboard does not appear automatically, click on the field and a keyboard will appear. If your keyboard has a Next key, you can click on it to move to the next field.

## User Inputs: Radio Buttons



Simple CAPI

Relationship

Joanna Doe: What is your relationship to John Doe?

Head of Household ☐

Spouse / Partner ☒

Daughter ☐

Sister ☐

Mother ☐

Grandmother ☐

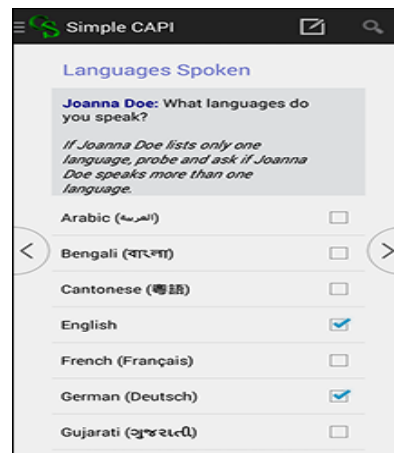
Granddaughter ☐

Other Relative ☐

Non-Relative ☐

When presented with a list of **radio buttons**, you must select one, and only one, response. Click on the response label, or the corresponding radio button, to make your selection.

## User Inputs: Check Boxes



Simple CAPI

Languages Spoken

Joanna Doe: What languages do you speak?

*If Joanna Doe lists only one language, probe and ask if Joanna Doe speaks more than one language.*

Arabic (العربية) ☐

Bengali (বাংলা) ☐

Cantonese (粵語) ☐

English ☒

French (Français) ☐

German (Deutsch) ☒

Gujarati (ગુજરાતી) ☐

When shown **checkboxes**, you can select none, one, or multiple responses. Click on the response label, or the corresponding checkbox, to select. Once you are finished making all selections, you can proceed to the next field.

## User Inputs: Note Box



Field Note: Name (3)

Junior lives in the household only 4 months of the year.

Clear OK

1 2 3 4 5 6 7 8 9 0

q w e r t y u i o p

a s d f g h j k l

↑ z x c v b n m ↵

Sym English(US)

After clicking on the **pencil and paper icon** at the top of the screen, you will have the opportunity to type a field-specific note. If you do not want to add a new note, you can press the Android back button to cancel.

### **Case Listing Screen**

The **case listing** displays all cases that have already been added to the data file. Clicking on a case will open it for modification. Clicking on "**Start New Case**," or the icon of a cross in a circle, will add a new case. To delete a case, hard-press on the case until a deletion menu appears. The menu on this screen has options to sort the cases alphabetically, or to display only incomplete cases.

### **Saving your work**

**Save your work often.!** There are 2 options for saving your work. You can use the **Back button** on your tablets and it will give you the option to partially save your work and exit or to choose No and continue working. The other option is to click the 3 little dots on the top right-hand corner of the screen and choose the **Partial save option from** the menu.

### **Variable Naming Convention**

All the variables are defined in the data dictionaries with names with the form Module Number, Section Number, Question Number or M2SAQ1 for Module 2, Section A, Question 1. When the question has two parts, it may be named A and B or M2SAQ1A and M2SAQ1B. If it is a date variable, it may be divided into three parts and be named M2SAQ1A\_D, M2SAQ1\_M and M2SAQ1\_Y representing Days, Months and Years. Please use this format to reference variables when communicating with data management. For easy reference, the variables names are always presented on top of the question itself in your CAPI application.

### **The Role of IT Specialists**

The role of IT specialist is to support the teams primarily in making sure that their tablets and the programs within them are functioning as expected. Enumerators have been trained on the basics of using their tablets but many of them are still not familiar with many of its functionalities including physically deleting files, loading files and other file management functions. IT specialist are expected to fill this role. Each IT specialist will be assigned to a specific region to support teams that are stationed there.

## **Annex 2: Introduction to your tablet**

All enumerators, supervisors and IT specialists will be assigned tablets. This means that for the next several months, these tablets must be in your possession 24/7. The damage, theft or loss of any tablet can potentially set field operations back for a period. Consequently, it is paramount that maximum care is applied when it comes to the handling, and protection of your tablet. Below are a few suggestions on how to go about taking maximum care and protection of your tablet.

- a) Keep water away from your tablets at all costs. It is not waterproof.
- b) Do not expose it to direct sunlight or put it near something hot (perhaps by accident in the kitchen while trying to make tea!!)
- c) Keep the ports very clean and dust-free. Any small object getting wedged inside any of the outlets can disrupt operations—including proper charging of the device.
- d) Except for the supervisors, you will not need your Wi-Fi functionality. This is important in areas where there is no internet signal. The Wi-Fi will be continuously looking for a signal and consequently, could drain your battery more than you would want.
- e) For those of you in Urban areas for most of the survey, access to electrical power should not be an issue. However, for those that may be forced to be in areas of no electricity for long periods, you could do a few things to prolong your battery life.
  - Keep the screen as dim as you can stand.
  - Put your device to sleep or turn it off whenever you do not need to use it.
  - Turn Bluetooth off—but remember to turn it back on to exchange files with the supervisor and vice versa.
- f) No matter what you do, please do not drop your tablet to the ground. If given protective cases, please always carry the tablets in the case.
- g) Do not use any other object other than your fingers on the screen. The screen works by running a small charge through your skin so that it knows where you are touching. A regular pen or pencil will have no effect; it will just scratch or stain your tablet.
- h) Charge your tablet whenever you can safely do so. Do not wait for the battery to be very low.
- i) In every survey, there is always 1 person who will complain of a missing tablet. I believe survey management has discussed the protocols if this were to happen. To minimize theft or even vandalism:
  - Do not use your tablet in public transportation
  - Just like your wallet/purse, do not expose your tablet in crowded places and other public locations.
  - Never leave your tablet unattended
  - Do not lend your tablet to anyone
  - Try not to display or use the tablet while in public transport

## **Protecting your data**

We caution all enumerators and supervisors using tablets that there should be no downloading of music, movies, internet surfing e.tc. These systems demand plenty of memory and limits the space needed to run the data collection system. The lack of memory greatly increases the chances of your system “hanging”. We have already had this happen a few times to enumerators. Some of the softwares can disrupt the smooth-running operations of the data collection system. Please do not operate any other software or download new software unto your tablets.

## **How to take pictures with your Tablets**

- a) If you selected Yes above, the App will call the Camera function.
- b) Take the pictures that you need—up to 9 pictures per facility. The system will ask if you want to take additional pictures until you say No.
- c) The pictures are saved in a folder called PICTS. The picture name is generated with “P”<facility code><sequence>.jpg, for example P13100211.jpg, P13100212.jpg ...

## **Linking your Tablet to the Supervisor’s for File Exchange via Bluetooth**

Some of the operations between the Supervisor tablets and the Enumerator Tablets will be done using the Bluetooth functionality. Thus, it will be important that you have some understanding about your Tablet’s Bluetooth and to operate it. Most of you are already familiar with the Bluetooth functionality on your cell phones. It is the same principle with Tablets.

- a) Go to the "Settings" in the menu of the device.
- b) Select «Bluetooth» or Activate Bluetooth.
- c) Sometimes you may have to do a Refresh
- d) Among the found devices, click on the name of the device you want to pair. It should provide a code matching the same code on the other device. Click on accept.
- e) You can rename the tablet to a name more familiar with you.

## **Some steps to take in rare cases where Bluetooth will not connect**

- a) Place your tablets close to each other and ensure there are no obstructions between them.
- b) Check to make sure that your tablets are switched on and either fully charged or connected to power.
- c) Make sure that your tablets are ready to pair.
- d) Turn the devices off and back on again.



### Annex 3: Field Teams Supervision and IT Support Assignments

S/N	Region	Phase 1	Phase 2	Supervisor	IT Support Staff	Task Leader
1	Coast	Mombasa Taita Taveta Kilifi Lamu Tana River	Kwale	Ibrahim Wako/Benard Oonga Beatrice Achieng Margaret Mwaia Itai Farah Rukia Mahmoud	Danstone Malava	Collins Tabu (Dr)
2	North Eastern	Garissa Wajir Mandera		Hailma Yusuf Ken Lwaki Hassan Ali Ibrahim	Abduba Godana	
3	Eastern North	Isiolo Marsabit Tharaka Nithi	Meru Embu	Hussein Buke Boru/Beatrice Okundi Hambulle Mohamed Nzomo Mulatya/Jane Wanjaria	Everlyne Waruru	Peter Mbugua (Dr)
4	Eastern South	Kitui Machakos	Makueni Nairobi	Victoria Mutiso/Nkatha Mutungi (Dr) Mulonzi Mutiso/Violet Adeke (Dr)	Erustus Kivaya	
5	Central	Laikipia Muranga Kirinyaga	Nyandarua Kiambu Nyeri	Enoch Obuolo/Wilson Gitonga Sammy Tanui/Andrew Mutuku (Dr) Fidelis Ndung'u/Wambui Kungu	Humphery Kaburu	
6	South Rift	Kajiado Nakuru Samburu Kericho	Narok Baringo Bomet	Paul Malusi/Patrick Mutua Jacob Rotich/Elizabeth Washika Daniel Lesilele Janet Lunayo/Robert Gesure	Monica Taka	Stephen Kaboro
7	North Rift	Uasin Gishu Elgeyo Marakwet Turkana West Pokot	Nandi Trans Nzoia	Tecla Kogo/Jonah Magare Bernard Kiprotich Samuel Murage Moses Ouma/Rahab Gichere	Meshack Githinji	
8	Western	Bungoma Kakamega	Busia Vihiga	Dorcas Wandera/Josephine Marani Andolo Miheso/Brian Ademesi	Cosmas Boiyon	Abel Nyakiongora (Dr)
9	Nyanza North	Kisumu Migori	Siaya Homa Bay	Irene Muhunzu/Patrick Omungo Rose Wakuloba/Silas Agutu (Dr)	Jane Ndalo	
10	Nyanza South	Kisii	Nyamira	Jedida Obure/Florida Abuga	Francis Mwaniki	

### Annex 4: Exit Interview Sampling Strategy for Family Planning Clients

The sampling strategy for FP client exit interview (module 5) is as follows;

1. Module 5 will only be administered in health facilities that provide family planning services
2. In level 4 health facilities, the target is to interview 5 clients while in level 2 and 3 facilities, the target is 3 clients.
3. Clients should only be interviewed after they have received services and are exiting the facility.
4. FP clients in a health facility will be selected randomly but in a systematic way. For example, in a level 4 facility that attends to 15 FP clients per day, 5 clients will be selected for interview starting with any of the first three clients (15 divided by 5 gives a sampling interval of 3) who has been randomly selected. Thereafter every 3<sup>rd</sup> client will be interviewed.
5. If in one facility the number of clients interviewed are less than the recommended number, then the research assistants can compensate for this by interviewing more clients in another sampled health facility within the same county.

Research assistants should ensure that clients targeted for the exit interviews are at least 18 years of age. Any client below 18 years of age should not be interviewed.

## Annex 5: County and Supervisor Codes

S/N	County	County Code	Supervisor Code
1	Mombasa	01	010
2	Kwale	02	020
3	Kilifi	03	030
4	Tana River	04	040
5	Lamu	05	050
6	Taita/Taveta	06	060
7	Garissa	07	070
8	Wajir	08	080
9	Mandera	09	090
10	Marsabit	10	100
11	Isiolo	11	110
12	Meru	12	120
13	Tharaka-Nithi	13	130
14	Embu	14	140
15	Kitui	15	150
16	Machakos	16	160
17	Makueni	17	170
18	Nyandarua	18	180
19	Nyeri	19	190
20	Kirinyaga	20	200
21	Murang'a	21	210
22	Kiambu	22	220
23	Turkana	23	230
24	West Pokot	24	240
25	Samburu	25	250
26	Trans Nzoia	26	260
27	Uasin Gishu	27	270
28	Elgeyo/Marakwet	28	280
29	Nandi	29	290
30	Baringo	30	300
31	Laikipia	31	310
32	Nakuru	32	320
33	Narok	33	330
34	Kajiado	34	340
35	Kericho	35	350
36	Bomet	36	360
37	Kakamega	37	370
38	Vihiga	38	380
39	Bungoma	39	390
40	Busia	40	400
41	Siaya	41	410
42	Kisumu	42	420
43	Homa Bay	43	430
44	Migori	44	440
45	Kisii	45	450
46	Nyamira	46	460
47	Nairobi City	47	470

## Annex 6: Sample of the Letter to Facilities on Feedback Mechanisms



### NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT

**Telegrams: "NCPD", Nairobi**  
**Telephone: 020-2711600/1**  
**E-mail: [info@ncpd.go.ke](mailto:info@ncpd.go.ke)**  
**Fax: 020-2716508**  
**When replying please quote**

**Chancery Building**  
**Valley Road**  
**P O Box 48994, 00100**  
**NAIROBI.**

14<sup>th</sup> March, 2018.

**NCPD/7/14/Vol. II (59)**  
**The Health Facility In-Charge**  
*2018 Kenya SDI HFA Sampled Facilities*

**RE: FEEDBACK COMPLAINTS MECHANISM FOR THE 2018 KENYA SERVICE DELIVERY INDICATORS (SDI) & HEALTH FACILITY ASSESSMENT (HFA) SURVEY**

The National Council for Population and Development (NCPD) and the Ministry of Health (MoH), in collaboration with the World Bank and UNFPA, are undertaking the 2018 Kenya Service Delivery Indicators (SDI) and Health Facility Assessment (HFA) survey in each of the 47 counties from 19<sup>th</sup> March to 16<sup>th</sup> June 2018. The objective of this survey is to establish the level of preparedness of the country's health facilities to provide quality health care services to the general public. A total of 3,288 health facilities, including your health facility, were randomly sampled to participate in this important survey.

NCPD and MoH are committed to undertake the exercise in a professional and ethical manner to the satisfaction of all parties concerned. In this regard, a mechanism has been put in place to enable the implementing institutions to receive timely feedback and complaints on the data collection process from the survey participants. We encourage the participants to provide information that will help to improve the survey process and give assurance that such information will be treated with utmost confidentiality.

Feedback and complaints may be provided through the following channels which include a hotline;

1	E-mails	<b>Complaints@ncpd.go.ke</b> <b>Charles Oisebe - <a href="mailto:coisebe@ncpd.go.ke">coisebe@ncpd.go.ke</a></b> <b>Robert Okumu - <a href="mailto:rokumu@ncpd.go.ke">rokumu@ncpd.go.ke</a></b> <b>Zipporah Mutunga- <a href="mailto:zmutunga@ncpd.go.ke">zmutunga@ncpd.go.ke</a></b>
2	Telephone	<b>Land Line: 020-2711600 Ext. 291/333</b> <b>Toll Free Hotline: 0800724212</b>
3	NCPD Complaints Boxes	Available at all NCPD offices- Nairobi, Mombasa, Kisumu, Nakuru, Eldoret, Kakamega, Kisii, Embu, Nyeri, Garissa and Machakos.

*We look forward to your collaboration as we undertake this important exercise.*

*Dr. Josephine Kibaru-Mbae, OGW*  
**Director General**

*Cc*  
*Chief Officer of Health*  
*County Director of Health*

## Annex 7. Planning Sheet

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. Use it as you want because it is yours.

County \_\_\_\_\_ Code: |\_\_|\_\_|

Senior Task Leader (STL): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor code: |\_\_|\_\_|\_\_|

Team No: |\_\_|\_\_|\_\_|

Date:

From: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| to |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

### SHEET OF PLANNING VISITS

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
08:00						
08:30						
09:00						
09:30						
10:00						
10:30						
11:00						
11:30						
12:00						
12:30						
13:00						
13:30						
14:00						
14:30						
15:00						
15:30						
16:00						
16:30						
17:00						

## Annex 8. Facility Control Statement

This form is to be filled when you have totally completed the first AND second facility visits.

Once all the questionnaires are completed, fill the form:

For the first three questionnaires, you just should 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. ...

County \_\_\_\_\_ Code: |\_\_|\_\_|

Supervisor: \_\_\_\_\_ Supervisor code:  
|\_\_|\_\_|\_\_|

QUESTIONNAIRES LIST	Number of health staff	Surveyed	Completed	Delivered
<b>FIRST VISIT</b>				
Module 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module 2A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module 3	__ __	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module 4			<input type="checkbox"/>	<input type="checkbox"/>
Module 5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECOND VISIT</b>				
Module 2B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Delivered in:

Delivery

\_\_\_\_/\_\_\_\_/\_\_\_\_

date:

Supervisor signature

\_\_\_\_\_

## Annex 9: Module 1: Medical Equipment

### 1. Digital Blood Pressure Machine

- Used to take blood pressure
- Uses a battery (may need recharging or replacement)
- Ensure correct size of cuff
- Ensure correct positioning of the client or patient



### 2. Safety box

- Used to dispose of used needles and syringes
- Should be  $\frac{3}{4}$  full before its disposed off



### 3. Pinnard fetoscope

- Used to hear the fetal heart sounds through the mother's abdomen



### 4. Doppler fetoscope

- *For checking fetal heart sounds*



### 5. Neonatal Ambu Bag

- Used in resuscitation of the neonate



## 6. Emergency Tray

- Comprises a set necessary drugs and supplies which are used during resuscitation:
- Syringes and needles
- Strapping
- Drugs: adrenaline, hydrocortison, atropine, Aminophylline, hydrazine
- Fluids: 50% dextrose, ringers lactate, normal saline, 5% dextrose



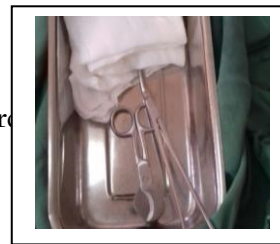
## 7. Oxygen Cylinder

- Comprises a cylinder, gauge and key
- Cylinder has oxygen gas
- Used to administer oxygen e.g in theater and in the different departments in the hospital and in resuscitation



## 8. Cord Scissor

Used after delivery of the baby to cut the umbilical cord



## 9. Delivery kit

- Used during delivery of baby

ITEM	Number
<i>Umbilical scissors USA Patent 12.5 cm</i>	1
<i>Episiotomy scissors Brown Sadler 18cm</i>	1
<i>Kidney dish medium 8'</i>	1
<i>Kidney dish large 10'-</i>	1
<i>Pochester Pean Artery forceps straight 18 cm</i>	2
<i>Gallipot without lid small</i>	1
<i>Gallipot without lid medium</i>	1
<i>Ballenger Sponge-holding forceps Serrated straight 18 cm</i>	2
<i>Toothed dissecting forcep</i>	1
<i>Instrument Tray with lid 15"× 12" × 2"</i>	1
<i>Toothed dissecting forcep</i>	2
<i>Straight Artery forceps</i>	2
<i>Ligature</i>	2



#### 10. Maternity delivery couch/bed

- Used during delivery and during examination of a patient after birth
- Has stirrups to aid position the client/patient in lithotomy during examination



#### 11. Electric Suction Machine

- Used for suctioning e.g.
  - secretion from the airway of the baby in resuscitation
  - it's also used to suck out secretions in a mother who has eclampsia and has secretions in her airway
- In theater its used to suck out amniotic fluid and blood from the abdomen during a cesarean section



#### 12. Thermometer

- Used to take temperature in the patient
- There is the infrared thermometer which doesn't come in contact with the patient
- Digital thermometer which is placed in the patient's axilla region



#### 13. Digital weighing scale

- Used to take baby weight
- Uses battery



#### 14. Resuscitaire

- Used in resuscitation of a baby.
- Provides warmth from the heater
- Has a monitor of the vital signs?





## Annex 10: Diagnostic services

### 1. Haematology analyzer

*Gives the general picture of blood components*

*Other models and capacities are available*



### 2. Haemocue

*Check hemoglobin, uses strip;*



### 3. Glucometer

*Including strip*



#### 4. Chemistry analyzer



#### 5. Gene expert

*For diagnosis of multi drug resistant Tuberculosis*



#### 6. Microscope



7. *Biosafety cabinet*

*Other models exist*



8. *Malaria rapid diagnostic test kit*

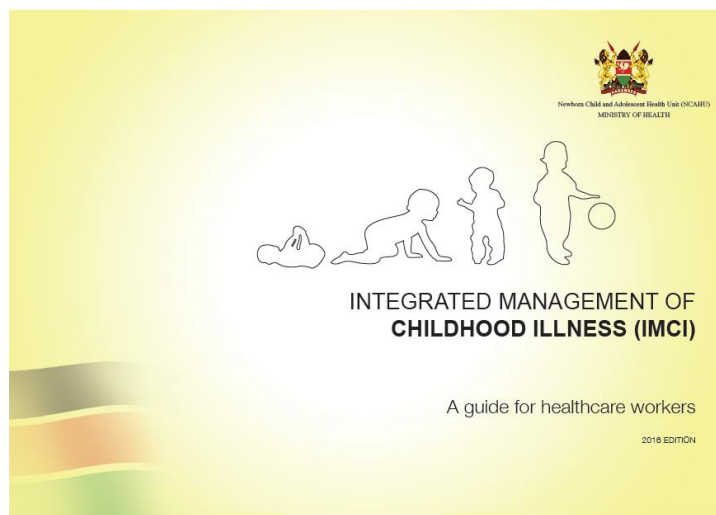


## Annex 11: Medical guidelines

### 1. *Child curative services*

#### *Integrated Management of Childhood Illnesses (IMCI) Guidelines*

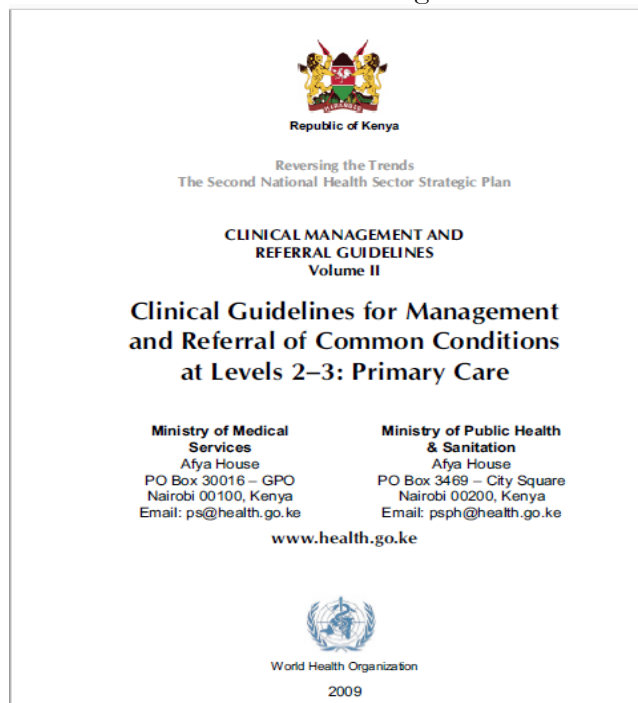
*Cover page of most recent national guidelines*



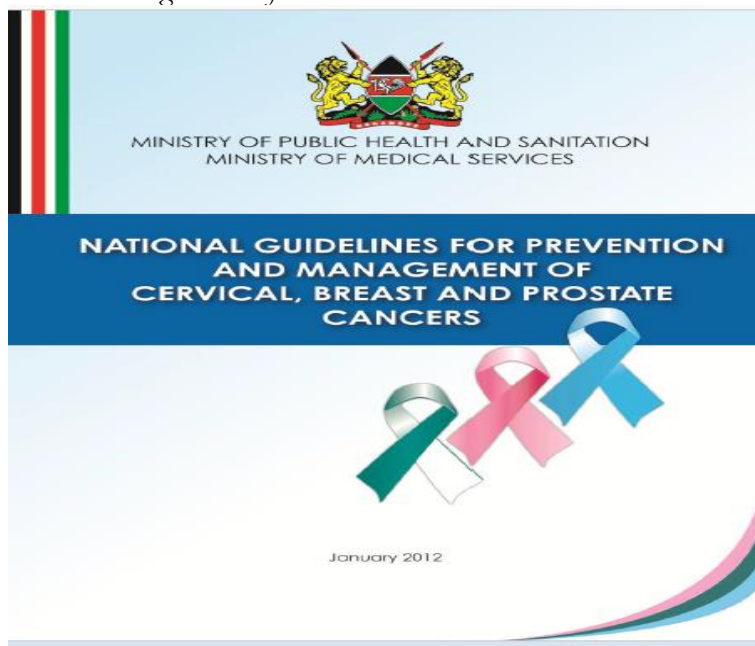
### 2. *Non- communicable diseases*

#### *Cardiovascular and Respiratory conditions guidelines*

*Both addressed in the national clinical guidelines*



3. *National guidelines for cervical cancer*

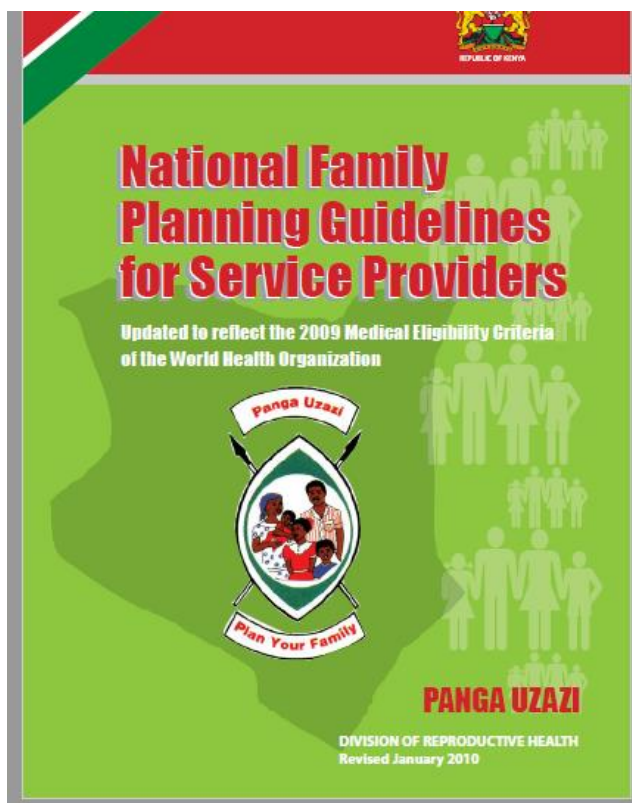


4. *Minor surgical services*

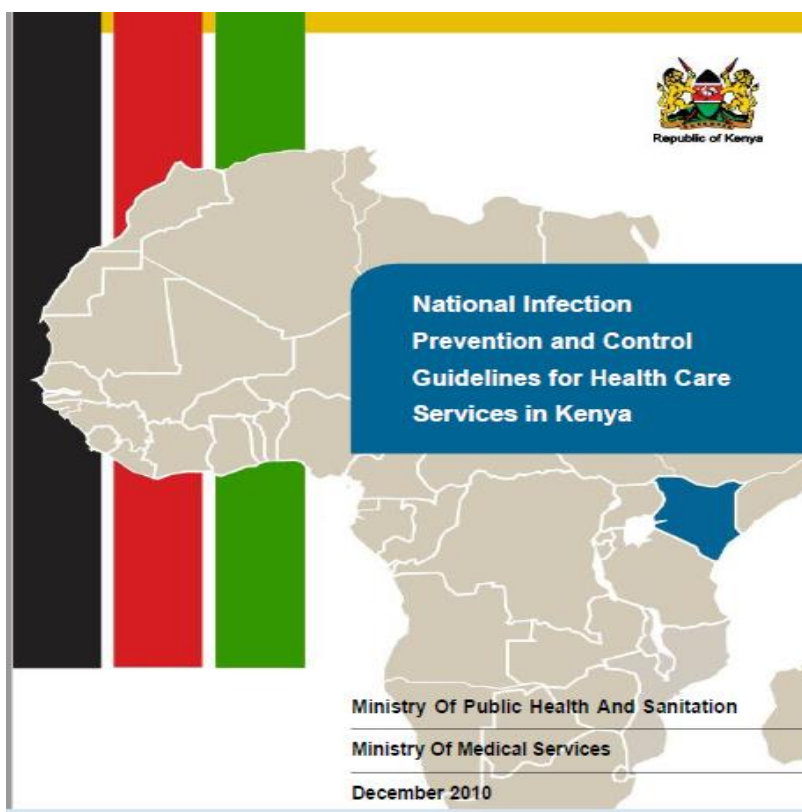
*Integrated management of emergency and essential surgical care (IMEESC)*



5. *National Family Planning Guidelines*



6. *Infection control and prevention guidelines*



7. *Blood transfusion guidelines*

