



**KENYA**

**PUBLIC EXPENDITURE TRACKING AND  
SERVICE DELIVERY INDICATOR SURVEY  
(PETS-*plus*)**

**HEALTH**

**2012**

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## INTRODUCTION

*My name is .....and my colleague's name is.... We are from the KENYA Institute for Public Policy Research and Analysis (KIPPRA). KIPPRA is working with the Ministries of Health (MOPHS and MOMS) and representative faith-based organizations to collect information and statistics about service delivery, and is part of the government's on-going efforts to improve utilization of resources and quality of services. The information will be available in reports within about 6 months.*

*Permission for the survey has been obtained from the Ministries of Health (MOPHS and MOMS) and the representative Faith Based Organizations [show letter].*

*All information provided will be confidential. No information will be attributed to you personally.*

*This questionnaire will take approximately 2 hours to complete and my colleague will take approximately 20 minutes with up to 10 of the clinical staff in the facility.*

*Do you have any questions?*

*May I begin the interview?*

Permission	
<b>Q 1.</b>	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1;">Do you agree to be interviewed?</div> <div style="text-align: right; font-size: small;">                     Yes = 1                      No = 2                 </div> </div> <div style="text-align: right; margin-top: 5px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </div>
<b>Q 2.</b>	If refused, what is the reason for refusal?  <hr/> <hr/> <hr/> <hr/>
<b>NOTES:</b>	





## Module 1: Facility Questionnaire

### Section C: Infrastructure

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

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

#### Electricity and Power Supply

##### For Dispensaries, Health Centers and Hospitals

Q 34.	What is the main source of power or electricity for the facility?	No power supply = 1 Electric power grid = 2 Fuel operated generator = 3	Battery operated generator = 4 Solar system = 5 Other (specify)= 6	_ _
Q 35.	Over the past 3 months, how many times was electricity from this source interrupted for more than two hours at a time?	Number		_ _
Q 36.	Does this facility have any of the following other sources of electricity?	No other power supply = 1 Fuel operated generator = 2 Battery operated generator = 3	Solar system = 4 Other (specify) = 5	_ _ _  Circle all that apply

#### Water Supply and Sanitation

Q 37.	What is the main source of water for the facility?	No water source = 1 Piped into facility = 2 Piped onto facility grounds = 3 Public tap/standpipe = 4 Tube well/borehole = 5	Protected dug well = 6 Unprotected dug well = 7 Protected spring = 8 Unprotected spring = 9 Rainwater = 10 Bottled water = 11	Cart w/small tank/drum = 12 Tanker truck = 13 Surface water = 14 Other (specify) = 15 Don't know = 88	_ _ _  If 1 or 2 or 88 → Q 39.
Q 38.	What is the average walking time to and from the main source of water? (including waiting time)	Minutes		_ _	
Q 39.	During the past 3 months, how many times was the water supply from this source interrupted for more than two hours at a time?	Number		_ _	
Q 40.	What type of toilet (latrine) is available for use by outpatients?	No functioning toilet = 1 Bush = 2 Flush toilet = 3 Flush toilet (but no water)= 4 VIP latrine = 5	Covered pit latrine (no slab) = 6 Covered pit latrine (w/ slab) = 7	Uncovered pit latrine no slab = 8 Uncovered pit latrine w/ slab = 9 Composting toilet = 10 Other (specify) = 11	_
Q 41.	How many of the mentioned (outpatient) toilets (latrines) are there?	Number		_ _ _	
Q 42.	How many of the mentioned (outpatient) toilets (latrines) are currently functioning?	Number		_ _ _	

Q 43.	What type of toilet (latrine) is available for use by inpatients?	No functioning toilet = 1 Bush = 2 Flush toilet = 3 Flush toilet (but no water)= 4 VIP latrine = 5	Covered pit latrine (no slab) = 6 Covered pit latrine (w/ slab) = 7	Uncovered pit latrine no slab = 8 Uncovered pit latrine w/ slab = 9 Composting toilet = 10 Other (specify) = 11	__
Q 44.	How many of the mentioned (inpatient) toilets (latrines) are there?				Number  _ _ _
Q 45.	How many of the mentioned (inpatient) toilets (latrines) are currently functioning?				Number  _ _ _

**Communication (OBSERVE FUNCTIONING)**

Q 46.	Does this facility have a functioning land line telephone that is available to call outside at all times when client services are offered?	Yes = 1 No = 2	__
Q 47.	Does this facility have a functioning cellular telephone or a private cellular phone that is supported by the facility?	Yes = 1 No = 2	__
Q 48.	Does this facility have a functioning shortwave radio for radio calls?	Yes = 1 No = 2	__
Q 49.	Does this facility have a functioning computer?	Yes = 1 No = 2	__
Q 50.	Is there access to email or internet within the facility today?	Yes = 1 No = 2	__

**Emergency Transportation and Ambulance Services**

Q 51.	Does this facility have a functional ambulance or other vehicle that is available for emergency transportation?	Yes = 1 No = 2	__  If 2 → Q 54.
Q 52.	Is fuel available today?	Yes = 1 No = 2	__
Q 53.	What was the purpose of the last trip that the vehicle or ambulance made?	To transport a patient = 1 To pick up medicines and supplies = 2	To transport a health worker to another post = 3 Other (Specify) = 4
Q 54.	Do you have a maternity waiting center (antenatal room) where women can stay prior to giving birth?	Yes = 1 No = 2	__

## Module 1: Facility Questionnaire

### Section D: Equipment, Materials and Supplies

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

#### Basic Equipment

##### For Dispensaries, Health Centers and Hospitals

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

Yes (observed) = 1 Yes (not observed) = 2 (In A, if 1 or 2 → go to B)		No = 3 (In A if 3 → go to next question)		(A) Available	(B) Functioning	Yes (observed) = 1 Yes (not observed) = 2 (In A if 1 or 2 → go to B)		No = 3 (In A if 3 → go to next question)		(A) Available	(B) Functioning
Q 55.	Adult weighing scale			__	__	Q 56.	Thermometer			__	__
Q 57.	Child weighing scale (250g gradation)			__	__	Q 58.	Stethoscope			__	__
Q 59.	Infant weighing scale (100g gradation)			__	__	Q 60.	Sphygmometer			__	__

#### Sterilization Equipment

##### For Dispensaries, Health Centers and Hospitals

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

Yes (observed) = 1 Yes (not observed) = 2 (In A if 1 or 2 → go to B)		No = 3 (In A if 3 → go to next question)		(A) Available	(B) Functioning	Yes (observed) = 1 Yes (not observed) = 2 (In A if 1 or 2 → go to B)		No = 3 (In A if 3 → go to next question)		(A) Available	(B) Functioning
Q 61.	Autoclave (pressure and wet heat)			__	__	Q 62.	Electric boiler or steamer (no pressure)			__	__
Q 63.	Electric dry heat sterilizer			__	__	Q 64.	Non-electric pot for boiling/steam or Heat source from non-electric equipment (stove or cooker)			__	__
Q 65.	Incinerator			__	__						

## Module 1: Facility Questionnaire

### Section E: Drugs

**ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES IN THE FACILITY (usually the pharmacy technician). INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. The existence of the stock of drugs and vaccines has to be verified through direct observation/written records.**

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

#### For Dispensaries, Health Centers and Hospitals

At least one observed (AND non-expired) =1  
At least one observed (BUT expired) =2

Available BUT not observed (non-expired) =3  
Not available today =4

Never available =5

#### Priority medicines for Mothers

Q 66.	<b>Oxytocin</b> (injectable)	___	Q 67.	<b>Misoprostol</b> (cap/tab)	___
Q 68.	<b>Sodium chloride (Saline Solution)</b> (injectable solution)	___	Q 69.	<b>Azithromycin</b> (cap/tab or oral liquid)	___
Q 70.	<b>Calcium gluconate</b> (injectable)	___	Q 71.	<b>Cefixime</b> (cap/tab)	___
Q 72.	<b>Magnesium sulfate</b> (injectable)	___	Q 73.	<b>Benzathinebenzylpenicillinpowder</b> (for injection)	___
Q 74.	<b>Ampicillin powder</b> (for injection)	___	Q 75.	<b>Betamethasone or Dexamethasone</b> (injectable)	___
Q 76.	<b>Gentamicin</b> (injectable)	___	Q 77.	<b>Nifedipine</b> (cap/tab)	___
Q 78.	<b>Metronidazole</b> (injectable)	___	Q 79.	<b>Medroxyprogesterone acetate (Depo-Provera)</b> (injectable)	___
Q 80.	<b>Iron supplements</b> (cap/tab)	___	Q 81.	<b>Folic Acid Supplements</b> (cap/tab)	___

#### Priority medicines for Children

Q 82.	<b>Amoxicillin</b> (syrup/suspension)	___	Q 83.	<b>Oral Rehydration Salts</b> (ORS sachets)	___
Q 84.	<b>Ampicillin</b> (powder for injection)	___	Q 85.	<b>Zinc</b> (tablets)	___
Q 86.	<b>Ceftriaxone</b> (powder for injection)	___	Q 87.	<b>Artemisinin combination therapy</b> (ACT)	___
Q 88.	<b>Gentamicin</b> (injectable)	___	Q 89.	<b>Artusunate</b> (rectal or injectable)	___
Q 90.	<b>Benzylpenicillin</b> (powder for injection)	___	Q 91.	<b>Vitamin A</b> (capsules)	___

<b>Vaccines and related supplies for Children</b>			
<b>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CHILD IMMUNIZATION SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD IMMUNIZATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</b>			
Q 92.	Does this facility store any vaccines?		Yes = 1; No = 2 If no → Q95
Q 93.	Does the facility have a working refrigerator for the storage of vaccines? <b>OBSERVE FUNCTIONING</b>		Yes and observed = 1 Yes but not observed = 2 No = 3
Q 94.	Are this facility's vaccines picked up from another facility and delivered when vaccine services are being provided?		Yes = 1 No = 2
<b>Are any of the following vaccines available in this service site today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)</b>			
At least one observed (AND non-expired) =1 At least one observed (BUT expired) =2		Available BUT not observed (non-expired) =3 Not available today =4	Never available =5
Q 95.	Measles vaccine and diluent	<input type="checkbox"/>	Q 96. Oral polio vaccine
Q 97.	DPT-Hib+HepB (pentavalent)	<input type="checkbox"/>	Q 98. BCG vaccine and diluent
Q 99.	Pneumococcal conjugate vaccine (PCV 10)	<input type="checkbox"/>	
<b>I would like to know if the following items for immunization are available in this service area today. For each item, please tell me if it is available today. ASK TO SEE THE ITEMS.</b>			
Yes and observed = 1		Yes but not observed = 2	No = 3
Q 100.	Disposable syringes with disposable needles	<input type="checkbox"/>	Q 101. Vaccine carrier(s)
Q 102.	Auto-disable syringes	<input type="checkbox"/>	Q 103. Set of ice packs for vaccine carriers <b>(Note: 4-5 ice packs make one set)</b>
Q 104.	Sharps container	<input type="checkbox"/>	
<b>Other</b>			
Q 105.	Disposable Gloves	<input type="checkbox"/>	Q 106. Condoms

**Module 2: Staff Roster**  
**Section F: Facility First Visit**

**Enumerator:** Identify the most senior staff in charge present at the time of the survey. Ask to see staff/personnel records if available. Please allow me to ask you a few questions about the employees in this facility.

**General Information**

Q 107.	How many health workers are employed in this facility?	_ _ _ _
Q 108.	How many non-health workers are employed in this facility?	_ _ _ _

**Roster**

*Please allow me to ask you a few questions about each health worker who works in this facility starting with you. Could you give me the name of the employee in the various categories starting with the physicians or medical officers?*

	Q 109.		Q 110.	Q 111	Q 112.	Q 113.	Q 114.	Q.115
Number	First and last names		Cadre	Gender	Age	Does ( ) regularly perform outpatient consultation (at least weekly)	Is ( ) currently in the facility?	Reason for absence
	First Name	Last Name	(See Codes)	Male = 1 Female = 2	Number	Yes = 1 No = 2	Yes = 1, No = 2 (IF 2 → Next)	(See Code)
(1) Respondent	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(2)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(3)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(4)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(5)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(6)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(7)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(8)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(9)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _
(10)	_ _ _ _	_ _ _ _	_ _ _	_	_ _ _	_	_	_ _ _

Number	First and last names		Cadre  (See Codes)	Gender  Male = 1 Female = 2	Age  Number	Does ( ) regularly perform outpatient consultation (at least weekly)	Is ( ) currently in the facility?	Reason of absence  (See Code)
	First Name	Last Name						
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								



**Instructions for the selection of the agents for Module 2 Section II and Module 3: Select randomly 10 medical staff within the roster above (except those on “other shift” or “transferred”), or all if there are less than 10 medical staff employed. In addition, if there are more than 25 medical staff working at the facility (including the respondent), the first 25 should be listed in the table above.**

Cadre codes	Reason of the absence	Current Activity
Superintendent = 1 Specialist = 2 Medical Officer = 3 Clinical Officer = 4 BSc Nurse = 5 Registered community health Nurse (KRCHN) = 6 Enrolled Community Health Nurse (ECHN) = 7 Registered Midwife = 8 Enrolled Midwife = 9 Nurse Aide = 10 Public Health Officer (PHO)=11 Dentist=12 Pharmacist=13 Laboratory Technician/ Technologist=14 Other (specify) _____ = 15	Sick/maternity = 1 In training/seminar = 2 Official mission = 3 Approved absence = 4 Not his/her shift = 5 Doing fieldwork = 6 Not approved Absence = 7 Gone to retrieve salary = 8 On strike = 9 Other (to specify) _____ = 10	Providing Consultation (face-to face patient care) = 1 Reviewing or writing in cart = 2 Completing encounter form or billing sheet = 3 Waiting for patient to undress = 4 Arranging for tests or consultations = 5 Writing a prescription = 6 Getting materials or equipment for consultation = 7 Consultation with other physician or staff = 8 Interpreting laboratory work or radiographs = 9 Looking up medical information = 10 Performing laboratory work = 11 Completing forms = 12 Telephone call from/to patient or family members = 13 Checking schedule = 14 Finding missing or pending laboratory information, radiographs or charts = 15 Looking up allowed referrals = 16 Other (specify): _____ = 17

## Module 3: Clinical Knowledge Assessment

### Section H: Preliminary Information

Basic Information					
Q 123.	<b>Enumerator's First Visit</b>	Name/Code	_____ /  __ __	Name/Code	_____ /  __ __
Q 124.	<b>Enumerator's Second Visit</b>	Name/Code	_____ /  __ __	Name/Code	_____ /  __ __
Q 125.	<b>Health Facility Name</b>	Name _____			
Q 126.	<b>Health facility Code</b>	Number (see code) _____  __ __ __ __			
Q 127.	<b>Date</b>	Day/Month/Year (e.g. 15 /04/2012) _____  __ __  /  __ __  /  2 0 1 2			
Q 128.	<b>Number of health workers interviewed</b>	Number _____  __ __			
Clinician Information					
Q 129.	<b>Health Worker name</b>	First   Last _____   _____			
Q 130.	<b>Health Worker number</b>	Number (from staff roster in Module 2) _____  __ __			
Q 131.	<b>Cadre / position</b>	Number (see code) _____  __ __			
Q 132.	<b>Indicate shift</b>	Day = 1 Night = 2 _____  __			

#### Cadre codes

Superintendent = 1 Specialist = 2 Medical Officer = 3 Clinical Officer = 4	BSc Nurse = 5 Registered community health Nurse (KRCHN) = 6 Enrolled Community Health Nurse (ECHN) = 7 Registered Midwife = 8	Enrolled Midwife = 9 Nurse Aide = 10 Public Health Officer (PHO)=11	Dentist=12 Pharmacist=13 Laboratory Technician/ Technologist=14 Other (specify) _____ = 15
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## **Module 3: Patient case simulations (vignettes)**

### **SUPPRESSED CONTENT**

In order to preserve the confidentiality of the evaluation items, this version of the questionnaire suppresses the module.