Kenya

1999 Service Provision Assessment

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Service Provision Assessment Survey
1999

Ministry of Health

National Council for Population and Development
Ministry of Finance and Planning

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ORC Macro

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This report summarizes the findings from the Kenya Service Provision Assessment Survey (KSPA), which was conducted by the Ministry of Health and the National Council for Population and Development. ORC Macro provided technical assistance for the project as part of the worldwide MEASURE *DHS+* project that is designed to collect data on the demographic and health situation in countries worldwide. Funding for the study was provided by the United States Agency for International Development (USAID) and the Department for International Development (DFID/U.K.).

Additional information about the KSPA may be obtained from the National Council for Population and Development, the Chancery, 4th Floor, Valley Road, Nairobi, Kenya (Telephone: 711-600/1; Fax: 710-281). Additional information about the MEASURE *DHS+* project may be obtained from ORC Macro, 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (Telephone: 301-572-0200 and Fax: 301-572-0999).

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CONTENTS

Page

Tables and Figures v
Foreword ix
Acknowledgements xi
Key Findings and Recommendations xiii

Chapter 1 BACKGROUND AND SURVEY METHODOLOGY 1

A. Health Service Provision in Kenya 1
B. Survey Design 1
C. Data Collection Instruments 2
D. Sample Design. 2
E. Implementation of the KSPA 6
F. Organisation of the Report 8

Chapter 2 FACILITY CHARACTERISTICS 9

A. Affiliation…. 9
B. Availability of Reproductive and Child Health Services 10
C. Cost Recovery 11
D. Facility Size 11
E. Infrastructure 13
F. Operating Times. 14
G. Equipment and Supplies. 15
H. Sterilisation Practices and Waste Disposal Procedures 18
I. Management and Record Keeping 20
J. Mechanisms to Ensure Quality of Care 21
K. Staffing 23
L. Staff Training and Supervision…. 25
M. Obstacles to Job Performance 27

Chapter 3 FAMILY PLANNING SERVICES 31

A. Kenyan Family Planning Programme 31
B. Capacity of Facilities to Serve Family Planning Clients. 31
C. Quality of Family Planning Service Delivery 41
D. Integration of Family Planning and STI/HIV/AIDS Services. 46

Chapter 4 STI/HIV/AIDS SERVICES 47

A. Kenyan STI/HIV/AIDS Programme 47
B. Capacity of Facilities to Manage STI/HIV/AIDS Clients. 47

Page

C. Training of Health Workers to Provide STI and HIV/AIDS Services 54
D. Observation of STI Consultations 57
E. Client Behavior and Knowledge Related to STI/HIV/AIDS Prevention 59

Chapter 5 MATERNAL AND NEWBORN HEALTH SERVICES 61

A. Maternal Health Care in Kenya. 61
B. Availability of Maternal Health Services and Staff 64
C. Antenatal Care Services 66
D. Availability of Delivery Services 73
E. Capacity of Facilities to Manage Normal Deliveries 76
F. Capacity of Facilities to Provide Care for Obstetric Complications 80

Chapter 6 CHILD HEALTH SERVICES 89

A. Child Health Situation in Kenya. 89
B. Availability of Child Health Services. 90
C. Availability of Basic Medicines 92
D. Availability of Immunisation Services 94
E. In-service Training 95
F. Quality of Care during Sick-Child Consultations 96

REFERENCES 107

Appendix A LIST OF STAFF: KENYA SERVICE PROVISION ASSESSMENT SURVEY .. 109

Appendix B CONTENT OF EQUIPMENT SETS 113

Appendix C CAPACITY TO TREAT OBSTETRIC COMPLICATIONS: DETAILED TABLES 121

Appendix D QUESTIONNAIRES 129
Community Questionnaire 131
Facility Inventory Questionnaire 139
Health Worker Interview Questionnaire 167
New Family Planning Client Consultation Observation 179
Exit Interview for Family Planning Clients 187
STI Patient Consultation Observation 195
Exit Interview for STI Patients 205
Antenatal Care Observation 215
Exit Interview for Antenatal Care Clients 219
Observation of Sick-Child Consultation 227
Exit Interview for Caretaker of Sick-Children 235

TABLES AND FIGURES

Page

Table 1.1 Description of the survey instruments, Kenya Service Provision Assessment Survey 1999 ... 3
Table 1.2 Sample selection, Kenya Service Provision Assessment Survey 1999 ... 5
Table 1.3 Number of health facilities surveyed, Kenya Service Provision Assessment Survey 1999 ... 6
Table 1.4 Number of health workers interviewed by staff type, Kenya Service Provision Assessment Survey 1999 ... 7
Table 1.5 Number of consultations observed and exit interviews conducted, Kenya Service Provision Assessment Survey 1999 ... 8

Table 2.1 Organisation operating the facility ... 9
Table 2.2 Availability of reproductive and child health services ... 10
Table 2.3 Cost recovery ... 11
Table 2.4 Volume of outpatient and inpatient services at facilities ... 12
Figure 2.1 Inpatient care ... 12
Table 2.5 Facility infrastructure ... 13
Figure 2.2 Access to electricity, water, and means of communication ... 14
Table 2.6 Operating times ... 15
Table 2.7 Availability of general-purpose equipment ... 16
Table 2.8 Availability of sutures and needles and protective clothing ... 17
Table 2.9 Availability of intravenous (IV) equipment and supplies. ... 18
Table 2.10 Availability of equipment for sterilisation of instruments ... 19
Table 2.11 Instrument sterilisation and waste disposal practices ... 20
Table 2.12 Management and record keeping ... 21
Table 2.13 Mechanisms for ensuring quality of care ... 22
Figure 2.3 Frequency of supervisory visits ... 23
Table 2.14 Staffing pattern ... 24
Figure 2.4 Basic training in reproductive and child health services ... 25
Table 2.15 Basic and in-service training ... 26
Table 2.16 Supervision of health workers ... 27
Table 2.17 Facility-related problems cited by health workers ... 28
Table 2.18 Staff-related problems cited by health workers ... 29

Table 3.1 Availability of family planning services. ... 32
Figure 3.1 Availability of family planning methods ... 33
Table 3.2 Availability of specific family planning methods ... 34
Figure 3.2 Common causes for delays in getting contraceptive commodities ... 34
Table 3.3 Contraceptive commodities: acquisition, management, and record keeping ... 35
Table 3.4 Stockouts or other problems with the delivery of contraceptives ... 36
Figure 3.3 Inadequate stock of methods ... 37
Table 3.5 Family planning information, education, and communication materials ... 38
Table 3.6 Fees for family planning services ... 39
Table 3.7 Composition, experience, and workload of facility staff delivering family planning services ... 40
Table 3.8 Health worker training in family planning service delivery ... 41
Table 3.9 Background characteristics of family planning clients ... 42

Page

Table 3.10 Assessment of provider performance with respect to interpersonal relations and information exchange during new family planning client consultations.. 43
Table 3.11 Range of methods discussed with new family planning clients..... 44
Table 3.12 Assessment of provider compliance with infection control procedures during new family planning client consultations 44
Table 3.13 Assessment of provider compliance with recommended clinical procedures during new family planning client consultations 45
Table 3.14 Discussion of STI/HIV/AIDS risk and prevention during new family planning client consultations 46

Table 4.1 Availability of STI services 48
Figure 4.1 Capacity to test for sexually transmitted infections 48
Table 4.2 Availability of HIV/AIDS services..... 49
Table 4.3 STI/HIV/AIDS outreach 50
Table 4.4 STI/HIV/AIDS diagnostic capabilities 51
Table 4.5 Reporting of STI/HIV/AIDS cases 52
Table 4.6 Availability of drugs used to treat STIs 52
Table 4.7 Management of STI drugs 53
Table 4.8 Health worker training in the delivery of STI services 54
Table 4.9 Health worker training in the delivery of HIV/AIDS services 55
Table 4.10 Health worker training in universal blood precautions and tuberculosis case management..... 56
Figure 4.2 Training in universal precautions for handling blood..... 57
Table 4.11 STI consultation dynamics and examination procedures..... 58
Table 4.12 HIV/AIDS counseling and condom use promotion 59
Table 4.13 Client knowledge and behaviour related to STI/HIV/AIDS prevention and transmission 59
Table 4.14 Client knowledge of modes of HIV/AIDS prevention and transmission..... 60

Table 5.1 Availability of maternal health services 64
Table 5.2 In-service training in maternal health services 65
Table 5.3 Knowledge of warning signs among health workers providing maternal health services..... 67
Table 5.4 Availability of equipment and supplies for antenatal care..... 68
Table 5.5 Availability of medicines used for delivery of antenatal care services..... 68
Table 5.6 Laboratory testing and screening capacity..... 69
Table 5.7 History-taking during antenatal care consultations..... 70
Table 5.8 Clinical screening and treatment during antenatal care consultations 71
Table 5.9 Issues discussed by health worker with client during antenatal care consultations..... 72
Table 5.10 Satisfaction with consultation and waiting time among antenatal care clients..... 73
Table 5.11 Characteristics of delivery services 74
Table 5.12 Staffing facilities providing delivery care..... 75
Figure 5.1 Staffing patterns at night..... 76
Figure 5.2 Availability of supplies needed for normal delivery..... 77
Table 5.13 Availability of equipment and supplies needed for normal delivery 78
Table 5.14 Record keeping for delivery care..... 79
Table 5.15 Delivery fees..... 79
Table 5.16 Mother and baby friendly facility practices at facilities providing delivery care 80

Page

Table 5.17 Availability of equipment to handle obstetric complications and neonatal resuscitation ... 81
Figure 5.3 Availability of equipment for neonatal resuscitation ... 82
Table 5.18 Availability of emergency medicines for obstetric complications ... 83
Table 5.19 Post-abortion care ... 84
Table 5.20 Availability of Basic and Comprehensive Essential Obstetric Care ... 85
Table 5.21 Emergency referral ... 87

Table 6.1 Availability of child health services ... 90
Table 6.2 Availability of child health outreach services ... 91
Table 6.3 Essential oral drugs and pre-referral drugs ... 92
Figure 6.1 Availability of essential oral and pre-referral drugs ... 93
Table 6.4 Availability of essential oral drugs and pre-referral drugs ... 93
Table 6.5 Immunisation services ... 94
Table 6.6 In-service training among child health care providers ... 96
Table 6.7 Observance of pre-assessment procedures during sick-child consultations ... 97
Table 6.8 Information obtained about danger signs during sick-child consultations ... 98
Table 6.9 Assessment of cough or difficult breathing during sick-child consultations ... 99
Table 6.10 Treatment and followup for children with cough/difficult breathing ... 101
Figure 6.2 Assessment of diarrhoea ... 102
Table 6.11 Key ORT rules explained to caretakers of children with diarrhoea ... 102
Table 6.12 Assessment and management of children with fever ... 103
Table 6.13 Treatment of children with fever with antimalarials ... 104
Table 6.14 Assessment of malnutrition and anaemia among sick children ... 105
Table 6.15 Information about child's illness and treatment communicated to caretakers during consultation ... 106
Table 6.16 Caretakers' understanding of key health messages ... 107

FOREWORD

The 1999 Kenya Service Provision Assessment Survey (KSPA) was designed to gather information on the provision of reproductive and child health services in Kenya to complement information obtained in the 1998 Kenya Demographic and Health Survey (KDHS).

The KSPA collected information on the availability and quality of care provided to clients seeking services for family planning, sexually transmitted infections and HIV/AIDS, child health, and maternal health. A representative sample of all types of facilities from dispensaries to hospitals, in both governmental and private facilities, were assessed.

The survey included interviews with the service providers, observations of a sample of consultations between the health workers and clients seeking these services and interviews with clients after they were served. The preliminary findings were first reviewed with the health service providers, program managers, and policymakers in preparation for national dissemination of the study report.

Although most of the facilities were equipped to provide primary care and many had essential supplies and drugs available, the survey identified major weaknesses that require immediate re-address if we are to improve the quality of reproductive health services.

In the National Health Sector Strategic Plan (NHSSP), reproductive health has been identified as one of the priority packages that the Ministry of Health will address. This KSPA report is therefore an important tool in our efforts to address reproductive health issues. Areas of intervention that will make a significant difference have been proposed and are included as recommendations.

The Ministry of Health will play a leading role in addressing the problems identified throught the KSPA and will ensure that implementation of activities in the proposed areas of intervention is done in a co-ordinated manner. To this end, we are urging all stakeholders to play an active role in trying to close the gaps in the provision of high-quality reproductive and child health services to the Kenyan population.

Hon. Prof. Sam K. Ongeri, EGH, EBS, MP
Minister for Public Health

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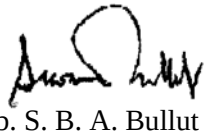
The 1999 Kenya Service Provision Assessment (KSPA) was designed to gather information on the provision of reproductive health and child health services in Kenya. The KSPA collected information on the readiness of Kenyan facilities to deliver these services and on the quality of care provided to clients seeking reproductive or child health services. The results serve to complement the household-based information on the utilisation of maternal and child health and family planning services collected during the 1998 Kenya Demographic and Health Survey.

The 1999 KSPA was a strenuous exercise that was accomplished through the collaborative efforts of staff from the Ministry of Health (MOH), the National Council for Population and Development (NCPD), the Central Bureau of Statistics, the University of Nairobi, and ORC Macro, as well as the special consultants who worked on the study. These organizations and individuals assisted in designing the survey instruments; in collecting, processing, and analysing the information; and in writing the report.

We wish to acknowledge the contributions from authors, members of the various technical committees, the technical support staff, and other professionals who individually and collectively gave comments and advice in the process of writing the report.

We are especially grateful to the project co-ordinators for their contribution to the success of the project. We also recognise the contribution of ORC Macro throughout the design, implementation, and analysis of the KSPA.

Furthermore, we wish to thank the United States Agency for International Development (USAID) and the Department for International Development (DFID) of the United Kingdom for the financial and material support they extended to the exercise.



Amb. S. B. A. Bullut
Director
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KEY FINDINGS AND RECOMMENDATIONS

The 1999 Kenya Service Provision Assessment Survey (KSPA) was conducted in a representative sample of 388 health facilities throughout Kenya. The survey covered all levels of facilities from dispensaries to hospitals and included both governmental and private facilities. The KSPA used interviews with health workers and clients as well as observations of provider-client consultations to obtain information on the functioning and quality of the services provided at these facilities in four key areas: family planning, sexually transmitted infections and HIV/AIDS, child health, and maternity care. The objective was to assess the strengths and weaknesses of the delivery of these health services and to provide recommendations as to how to improve the provision of services in the future.

The KSPA was undertaken jointly by the Ministry of Health (MOH) and the National Council for Population and Development (NCPD). Technical assistance and funding were provided through Macro International under the MEASURE *DHS*+ project. USAID and DFID provided financial support for the survey.

Key Findings

Capacity to Serve Clients

Through the facility inventory and the interviews with health workers, the KSPA collected information on a number of general indicators of the capacity of surveyed facilities to serve clients seeking reproductive and child health services. The key findings include:

- Overall, three-quarters of the KSPA facilities provided the full range of reproductive and child health services but only about one-quarter of all facilities had community outreach programs.

- About 1 in 4 facilities financed their services through full-cost recovery. An additional half had some form of cost-sharing financing. Facilities in Nairobi are more likely than those in other geographic areas to finance services through full-cost recovery.

- Public facilities provided services for more than twice the number of outpatients, on average, as Mission-operated or other private facilities. The average hospital served about 2,000 outpatients in the month before the survey. This was about twice the caseload of health centres and three to five times the caseload of dispensaries or clinics.

- The median age of a KSPA facility was 14 years, with hospitals having a median age of more than 35 years and clinics having a median age of 7 years. The median age of facilities is highest in Eastern province (17 years) and lowest in Nairobi (9 years).

- Only about 3 of 5 facilities had electric power at the time of the KSPA interview. One-fifth of KSPA facilities obtained their water from a source outside of the facility premises, and about the same proportion did not have a year-round source of water. Nearly 40 percent of the KSPA facilities had access to a telephone or short-wave radio at the facility, while another quarter had access on an emergency basis.

- The KSPA inventory included a checklist of 6 pieces of equipment (blood pressure machine, oral thermometer, flashlight or other examination light source, adult scale, needle holder and scissors) considered useful in more than one service Overall, about a third of the facilities had all the

general-purpose equipment items. Only about 2 in 5 facilities were equipped for IV administration.

- Regular supervisory visits from higher-level authorities provide facilities with incentives to maintain high-quality services. More than half of the KSPA facilities reported that they had received a supervisory visit in the past 3 months. Public facilities were more likely to report a recent visit, with two-thirds reporting a visit in the past 3 months, compared with less than half of Mission-operated facilities and a third of other privately operated facilities.

- Virtually all of the health workers interviewed in the KSPA graduated from either a medical training centre or a university. However, less than half of the health workers reported that their training had covered all reproductive and child health services.

- In-service training in at least one of the basic services was fairly common, but 2 in 5 health workers had never had an in-service training course. Only 40 percent had had any training in the past 5 years.

- When asked about problems hindering their job performance, more than half of the workers identified the lack of supplies/stocks as a major problem, while another quarter cited the inadequacy of the facilities. Among those problems related to the staff, staff shortages were mentioned by half of the health workers, and lack of adequate training was mentioned by a quarter. Staff morale, pay, and lack of supervision were also mentioned by 10 to 20 percent of staff.

Family Planning Services

The KSPA collected information related specifically to the capacity of facilities to provide high-quality family planning services. For the delivery of family planning services, the results of the facility inventory and health worker interviews show:

- About nine in 10 of the facilities surveyed offered family planning services and 88 percent of the facilities providing family planning services offered at least three methods.

- There is considerable variation by province in the availability of clinical methods. For example, only about a third of the facilities in Coast and Nyanza provinces offered the IUCD compared with 60 percent in Central province and 77 percent in Nairobi.

- About a quarter of the facilities had ever experienced delays in receiving contraceptive supplies, 1 in 6 had had a stockout or other delivery problem for at least one method during the six-month period before the survey, and 1 in 4 had an inadequate stock of at least one method at the time of the survey.

- An inadequate stock of condoms was found at 1 in 5 facilities, with facilities in Western and Coast provinces most likely to have low stocks.

- More than 8 in 10 facilities providing family planning services had a sign or poster informing potential clients of the availability of the service. However, comparatively few facilities (28 percent) had brochures or handouts available for clients.

- A little more than half of the health workers providing family planning services had attended any in-service training course on family planning, and only about a quarter had attended training since 1995.

During the KSPA, consultations with 144 new family planning clients were observed and interviews were conducted with both new and revisit clients to obtain insight into how well facilities actually were serving family planning clients. The results show that:

- Virtually all family planning clients expressed satisfaction with the services that they received, and the observers also reported that almost all clients were treated respectfully by providers.

- Providers often did not obtain information on the client's situation that was needed to assist clients in selecting an appropriate method. For example, in about half of the consultations, providers did not obtain information on the client's reproductive intentions. Providers asked about whether the client had discussed family planning with the spouse or partner in only 40 percent of the consultations.

- Many clients did not receive information on a range of methods. Providers discussed only one method in a quarter of the consultations, and the observers noted that providers promoted a specific method (generally injectables) in 45 percent of the consultations.

- In the area of technical competence, many providers were not observing appropriate infection-control procedures. For example, only about 4 in 10 providers were observed washing their hands prior to gloving for a pelvic examination. About a third did not ensure that instruments were decontaminated after an exam.

- Providers were observed following all recommended clinical procedures in only 4 in 10 pelvic exams. Many health workers also did not follow recommended procedures when providing injectables. Of key concern is that about 4 in 10 of the providers recapped the hypodermic needle after giving the injection, and half did not dispose of sharps properly.

- STI/HIV/AIDS counseling is not being effectively integrated into family planning service delivery. Less than a fifth of providers discussed risk factors related to the transmission of STIs and HIV/AIDs with new family planning clients, only 14 percent specifically mentioned that condoms protect against transmission, and only about 1 in 10 promoted condom use along with another family planning method as a means of STI prevention.

STI/HIV/AIDS Services

The KSPA results offer a broad overview of the availability of STI/HIV/AIDS services at Kenyan health facilities. Key findings from information obtained in the facility inventory and health worker interviews include:

- Nine in 10 KSPA facilities offered some type of STI services, and 6 in 10 have some type of HIV/AIDS services.

- The majority of facilities offering STI services employ a syndromic approach to the diagnosis of STIs, with only about 2 in 5 facilities having the capacity to test clients for common STIs. Only a little more than one-third of the facilities that provided STI/HIV/AIDS services reported that they offered HIV testing.

- The average facility offering STI services had only 5 of the 10 most commonly used medicines/drugs to treat STIs consistently available. Although facilities in Nairobi had an average of 8 drugs consistently available, those in Eastern and Coast provinces had an average of only half that number consistently available.

- Training was another area of concern. Half of the health workers involved in providing STI/HIV/AIDS services had not been trained in the universal precautions for handling blood or blood products. Among those who had been trained, 3 in 10 felt that the training was not adequate.

- Because tuberculosis is one of the common opportunistic infections associated with HIV/AIDS, it is also of considerable concern that less than half of the health workers providing STI/HIV/AIDS had training in the management of tuberculosis cases.

Observation and exit interview results with 150 STI clients provide information on other key aspects of the delivery of STI services including:

- Most health providers relied on client reports of the symptoms that they had experienced to diagnose STIs. Laboratory tests were run for only a little more than a third of the cases, and physical exams were conducted in less than 30 percent of the cases.

- An area of considerable concern is that health workers wore gloves in only about a third of the physical examinations of STI clients.

- The National AIDS Control Program in Kenya calls for STI clients to be counseled on condom use and given a supply of condoms. In the STI consultations observed during the KPSA, health workers promoted condoms with only a little more than a third of the clients, and condoms were given or sold to only 9 percent of the clients.

- Health workers were better at advising STI clients about the need for their partner to seek treatment than they were at condom promotion; nevertheless, they failed to give drugs or urge clients to get their partner to seek treatment in about a quarter of the STI consultations.

- Virtually all of the STI clients reported in the exit interviews that they knew about HIV/AIDS, and most recognised that it was preventable. Limiting the number of sexual partners and using condoms were mentioned as modes of prevention by about 8 in 10 clients who believed HIV/AIDS was preventable.

- Most male STI clients knew of a place to buy condoms; however, female clients were substantially less likely than men to be able to name a source (81 percent versus 61 percent).

- Despite the widespread awareness of the role condoms play in the prevention of HIV transmission, only about 1 in 9 STI clients had had used a condom the last time they had had sex.

Maternal Health Services

The KSPA collected information on the capacity of health facilities to provide maternal health services through pregnancy, at delivery, and during the postpartum period. The data obtained in the facility inventory and the health worker interviews show that:

- Overall, Kenyan facilities are well equipped to provide routine antenatal care and manage normal deliveries. However, shortages of basic supplies and drugs limit the ability of facilities to provide effective service. For example, 1 in 10 facilities providing antenatal care services experienced stockouts of iron and of tetanus toxoid vaccine during the six-month period before the survey.

- Many facilities are not able to provide women with emergency services. Around half of the facilities providing delivery care did not have a driver and vehicle available for emergency transport. In addition, skilled attendants are often not present after hours to provide emergency care.

- Many facilities also lack the equipment, supplies, and medicines to handle obstetric complications. Overall, two-fifths of the hospitals and a quarter of the maternities offering delivery care were judged to have all the elements needed to provide basic essential obstetric care.

- Although one of the priorities of the National Reproductive Health Strategy is to extend the coverage of post-abortion care, so far services remain very limited.

- The lack of staff training is another area of concern. For example, only 15 percent of all health workers providing maternal health services had received any type of in-service training in treating delivery complications.

Observation of antenatal care consultations and exit interviews conducted with women receiving antenatal care provide additional insight into the quality of maternal health services at the KSPA facilities. The results indicate that:

- Providers fail to ask for important routine information. For example questions about prior pregnancy complications were asked in only a quarter of all first-visit consultations.

- Providers are generally very good at handling routine screening, with 90 percent or more observed to perform key tasks including weighing the client, examining the abdomen and screening for anaemia. Of some concern is that the client's blood pressure was not taken in 17 percent of all consultations.

- Relatively few providers were complying with the MOH policy calling for universal treatment with iron at every consultation.

- Providers are missing important opportunities to counsel women during antenatal care consultations. Few providers, for example, counsel women about the warning signs of complications.

Child Health Services

During the KSPA, the interviewers collected information on the delivery of child health services including immunisations and management of common childhood diseases. Key results from the facility inventory and health worker interviewer include:

- About half of the facilities offering child health services had all the essential oral drugs needed to treat childhood illnesses, while about one-fifth had all the injectable drugs necessary to refer or to treat seriously ill children.

- Among facilities that provide immunisation services, vaccinations were given, on average, 3.8 days per week. Significantly, about a third of the facilities did not have all the necessary cold chain elements in place on the day of the survey.

- The majority of the health workers providing specific child health services did not receive any in-service training for the specific services they provide.

The observation of sick-child consultations and exit interviews with caretakers conducted during the KSPA provide additional insight into the quality of care being provided at facilities offering child health services. The results show that:

- During sick-child consultations, health providers obtained information about the general warning signs in one-fifth of all cases.

- The respiratory rate was assessed in only 12 percent of children with a cough or difficult breathing. Furthermore, around nine in ten sick children diagnosed with cough or cold (no pneumonia) were treated with antibiotics.

- In assessing the level of dehydration in children with diarrhoea, health providers did not perform the skin turgor test in more than half of all cases.

- About 60 percent of sick children with fever received an antimalarial, and very few sick children were assessed for malnutrition and anaemia.

- Less than half of the caretakers of sick children were told what illness(es) their children were suffering from. Furthermore, health providers often did not inform the caretakers how to give oral medicines at home.

- Caretakers appear to be comparatively well informed about signs indicating that a child's illness may be worsening. More than two-thirds of the caretakers of sick children were able to identify at least three signs that warrant immediate return to the health facility.

Recommendations

A seminar on the KSPA findings was held in Nairobi on August 17, 2000. The participants made a number of recommendations about the key problems in the delivery of reproductive and child health services identified in the KSPA. The following summarises the recommendations that arose from the discussion at the seminar.

Training. Training was a principal area of concern. Participants called for a thorough review of the training programmes in reproductive and child health. The review should address both the content and the coverage of training programmes. For content, the focus must be on strengthening providers' counselling and communication skills. The KSPA results document weaknesses in provider-client communication across all areas. For example, health workers providing STI and family planning services are not consistently counselling clients on the use of condoms to prevent HIV/AIDS, and antenatal care providers are not routinely advising women about the basic warning signs of pregnancy complications.

Providers are also not educating mothers or other caretakers on appropriate responses to illnesses in young children (e.g., on the warning signs necessitating further medical treatment or the importance of

increasing fluid intake for children with diarrhoea or fever). As training on the Integrated Management of Childhood Illness (IMCI) protocol is expanded in Kenya, the emphasis should be on improving the information that a provider offers to the caretaker on the diagnosis and appropriate treatment of the child's illness.

Improvements in training approaches should not focus solely on the expansion of health worker participation in formal training. There is a need to capitalize on opportunities for strengthening on-the-job training and other informal training approaches. These avenues are particularly important for reinforcing health worker compliance with appropriate infection control and waste disposal procedures.

For the coverage of training, the Ministry of Health and other organizations managing health facilities should review the training requirements for staff at the facilities they manage and develop plans to address the gaps in training of the various cadres of health workers that are identified. The training that health workers have received should be taken into account more systematically when making decisions about staff assignments and transfers. The Ministry of Health must also address the difficult problem of reducing the rates of attrition among trained staff.

Supervision. The KSPA results also suggest a need for increased routine supervision of the performance of health worker performance. Currently, the level of external supervisory oversight is better in the public sector than in the private sector. Therefore, one important challenge is to address the supervisory gap in privately run facilities.

Although supervisory visits were more common at public facilities, issues were raised about the limitations that the lack of transport put on the time that supervisors actually spend at a facility. It is important to ensure that supervisors visiting facilities have sufficient time to observe worker performance and to provide effective, supportive feedback to workers. In this regard, well-developed supervisory tools based on uniform objective criteria are needed.

Improving internal supervision and quality assurance programmes at facilities, especially hospitals and health centres, is another means of increasing the monitoring of the performance of health workers.

Infrastructure improvements. The KSPA identified deficiencies in the basic infrastructure at a substantial number of facilities, particularly in adequate water supply, means of emergency communication and transport, and the disposal of medical wastes. Facilities need to mobilize community involvement in addressing these problems, particularly the lack of communication and transport for emergency referrals. The Ministry of Health also needs to more widely disseminate simple, low-cost approaches to solving these problems that have already been successfully implemented at the dispensary level.

Inadequate supplies, equipment, and medicines. Health workers cannot do their jobs if they lack basic equipment, supplies, and medicines. Several avenues should be explored to address these problems, which are particularly of concern in public facilities providing primary care. First, facilities themselves must identify and control the waste of scarce supplies and medicines. One such example that the KSPA documented is the unnecessary use of antibiotics to treat of simple coughs and colds in children.

Second, a comprehensive policy for charging fees at public facilities is needed. Budgetary constraints make it unlikely that shortages at public facilities can be fully addressed without the introduction of basic fees. The KSPA results indicate that, in fact, a number of public facilities are already collecting some fees to support the provision of reproductive and child health services. This growing practice must be reflected in a clearly articulated policy governing the charging of fees at public institutions.

Recording and reporting. Deficiencies in recording and reporting were identified for all services. Health facilities are also frequently not making full use of existing records as a basis for monitoring the facility's performance and improving the quality of care.

HIV/AIDS prevention. The rapid spread of HIV/AIDS in Kenya is well documented. In response, the Government of Kenya has adopted an explicit policy that health workers are to counsel all clients seeking STI and family planning services about the risks of HIV/AIDS and on condoms as a means of prevention. The KSPA results indicate that the majority of health workers providing reproductive health services are not complying with these basic guidelines in serving either family planning or STI clients. Efforts are urgently needed to identify mechanisms for increasing counselling on the risks of HIV/AIDS and condom promotion in health facilities.

Chapter 1 Background and Survey Methodology

The Kenya Service Provision Assessment (KSPA) was designed to gather information on the provision of reproductive and child health services in Kenya. The assessment was undertaken to provide a comprehensive picture of the functioning and quality of health services in four areas: maternal health, child health, family planning, and sexually transmitted infections and HIV/AIDS. The KSPA's aim was to assess the strengths and weaknesses of the delivery of these health services and to provide recommendations on how to improve the provision of services in the future.

The KSPA was undertaken jointly by the Ministry of Health (MOH) and the National Council for Population and Development (NCPD). Technical assistance and funding were provided through Macro International under the MEASURE *DHS+* project. USAID and DFID provided financial support for the survey.

A. Health Service Provision in Kenya

The health care service delivery system in Kenya includes both community-level services and a network of static facilities providing preventive and curative health services (Ministry of Health 1999 and Ministry of Health 1997b). Approximately 8,000 community health workers and 12,000 to 15,000 community-based distributors of contraceptives provide the former services. At the community level, traditional birth attendants and other traditional healers also provide services to the population.

Overall, there are approximately 3,500 health care facilities in Kenya, operated by the government, nongovernmental organizations, and private providers. The government is the largest health care provider, managing the majority of hospitals, health centres, and dispensaries. Nongovernmental organisations and religious groups operate about a third of the hospitals and a quarter of the dispensaries. There are also a substantial number of privately operated maternities or nursing homes and clinics.

B. Survey Design

The Kenya Service Provision Assessment was the first national-level facility-based survey in Kenya to obtain comprehensive information on the delivery of reproductive and child health services. The survey drew upon the experience of two earlier Situation Analysis studies that largely focused on assessing the delivery of family planning services (Miller et al. 1991 and Ndhlovu et al. 1997).

The KSPA focused on the supply side of the health care situation in Kenya, gathering information on the availability of maternal and child health (MCH), family planning (FP), and sexually transmitted infection (STI) services and on the manner in which these services are delivered. The KSPA was designed to collect this information from a number of perspectives. Residents of local communities living in the areas sampled during the Kenya Demographic and Health Survey were interviewed to obtain information on the community's perspective on the availability and accessibility of reproductive and child health services. A sample of health facilities was also visited, and detailed information was collected on supplies, equipment, staffing, and other characteristics of the facilities.

In all of the visited facilities, staff that provided MCH, FP, and STI services were interviewed to obtain information on their background, training, and attitudes. In addition, in a subsample of KSPA facilities, consultations between family planning, antenatal care, STI, and sick-child clients and the health providers were observed. Exit interviews were also conducted in the subsample of facilities with clients who had received the services. The observation and exit interview data were collected to provide information to assess the quality of provider-client interactions.

C. Data Collection Instruments

The contents and the respondents for each of the eleven survey instruments used in the KSPA are detailed in Table 1.1. The KSPA survey instruments represented the first field adaptation of model questionnaires developed for facility-based surveys within the MEASURE *DHS+* program. The model survey instruments from the MEASURE *DHS+* program were initially modified to fit the Kenyan situation during a meeting held with Kenyan researchers and MOH staff in November 1998. The questionnaires were further revised after a pretest. Copies of the survey instruments are included in Appendix A.

D. Sample Design

The primary goal of the sample design was to obtain a representative sample of health care providers offering MCH, FP, and STI services that would provide reliable information on the manner in which these services are being delivered to the Kenyan population. A secondary objective was to design the sample in such a manner that the KSPA data could be linked to data from the 1998 Kenya Demographic and Health Survey (NCPD, CBS, and MI 1999). It was hoped that linking these two data sets would allow for an analysis of the relationship between the availability and functioning of health facilities and the population's utilisation of the services.

The following describes the procedures that were followed in selecting the communities and facilities surveyed in the KSPA.

1. Selection of the communities

A random sample of half of the 530 clusters in the 1998 Kenya Demographic and Health Survey sample was selected for the community portion of the KSPA. In rural areas, the KDHS clusters often included more than one community. Where this occurred, the community survey was conducted in the village closest to the geographic centre of the KDHS cluster. In urban communities, it was carried out in the specific geographic location where the KDHS cluster was located.

2. Selection of facilities sample

The design of the KSPA called for the survey to be carried out in a representative sample of hospitals, maternities/nursing homes, health centres, dispensaries, and clinics. Pharmacies, private physicians, and other community-based health providers were not covered in the survey

To select a sample of facilities for the KSPA, a complete list of all of the hospitals, maternities/nursing homes, health centres, dispensaries, and clinics in Kenya was used. This list was compiled from information that the Ministry of Health collected during visits to District Health Teams in August 1998. At that time, each District Health Team was asked to identify all the hospitals, maternities/nursing homes, health centres, dispensaries, and clinics in its district and to specify whether the facilities offered maternal and child health, family planning, and sexually transmitted infection services.

Table 1.1 Description of the survey instruments, Kenya Service Provision Assessment Survey 1999

Instrument	Respondent/ Observer	Main Topics
Community questionnaire	Community leaders and residents, including at least one woman	Community information Reproductive health services in the Community Availability and accessibility of health Facilities
Facility inventory questionnaire	Key informants including medical director, matron, or other individual in charge of facility	General information Personnel Maternal health services Child health services Family planning services STI/HIV/AIDS services Monitoring, supervision, and patient feedback Cost sharing Laboratory capability Availability of equipment and supplies Service statistics and record-keeping
Health worker questionnaire	Staff present in facility at time of interview	Experience and training in MCH/FP/STI services Family planning STI/HIV/AIDS services Knowledge and recommendations for treatment Supervision and demographics
New family planning client consultation protocol	Observation of new family planning client consultation by nurse interviewer	Client counseling Physical examination Method selection Provision of method Client followup Observer's impressions of consultation
Family planning client exit interview questionnaire	New and revisit clients receiving services at time of interview	Basic features Client satisfaction Personal characteristics of client
STI client consultation protocol	Observation of STI client consultation by nurse interviewer	Consultation characteristics Laboratory tests Diagnosis and treatment Privacy
STI client exit interview questionnaire	STI clients receiving services at time of interview	Information about the consultation General knowledge Knowledge of AIDS Client satisfaction Personal characteristics of client

Table 1.1, continued

Instrument	Respondent/ Observer	Main Topics
Sick-child consultation protocol	Observation of sick child consultation by nurse interviewer	General assessment Diarrhea Cough/rapid breathing Fever/malaria Ear problems Medicines for treatment Classification and treatment Observer's impressions of consultation
Sick-child visit exit interview questionnaire	Caretaker attending with sick child	Information about visit Caretaker satisifaction Background characteristics and household socio-economic status
Antenatal care consultation protocol	Observation of antenatal care consultation by nurse interviewer	Pre-consultation Consultation
Antenatal care client exit interview questionnaire	Pregnant women receiving antenatal care	Information about the visit Client satisfaction Personal characteristics of clients

Facilities that did not provide at least one of these services were excluded from the KSPA. The district facilities lists, which included both public and private facilities, were combined to create an initial frame for the KSPA. This frame included a total of 2,468 health facilities. Table 1.2 shows the distribution of these facilities by type and province.

The desire to link the KSPA and KDHS data affected the sampling frame in two ways. First, health facilities were excluded from the sampling frame if they were not located in districts in which one of the KDHS clusters selected for the community survey was located. A total of 159 facilities were dropped from the sample frame for this reason. In addition, dispensaries, clinics, and health centres were excluded from the frame if they were not located in the same division as a KDHS cluster. In total, 379 dispensaries and 187 health centres were eliminated from the KSPA frame because they were not in the same administrative division as the KDHS cluster. Thus, the final facility frame from which the KSPA sample was selected included a total of 1,813 facilities.

The elimination of facilities from the frame introduced an unknown degree of bias into the selection process; i.e., the final KSPA sample is not fully representative of the entire universe of health facilities delivering reproductive and child health services in Kenya. However, most of the excluded facilities were in rural areas. They are not likely to vary greatly from the rural facilities selected for the survey in terms of size, range of services offered, etc. Thus, any bias in the national estimates associated with the KSPA selection procedure is not likely to be significant. Moreover, from the standpoint of the overall objectives of the survey, the enhanced potential to link the KSPA and KDHS results was an advantage that outweighed the loss of some representativeness in the sample.

Prior to selection of the KSPA sample, the facility frame was stratified by facility type and province. For each stratum, the second column in Table 1.2 shows the total number of facilities selected for the KSPA sample. To ensure that the KSPA sample would include an adequate number of facilities to allow for analysis by type and province, the selection of facilities was not directly proportional to the distribution of the facilities in the frame by these characteristics. Thus, as described below, the KSPA data must be weighted before undertaking analysis of the results.

Table 1.2 Sample selection, Kenya Service Provision Assessment Survey 1999

Facility characteristic	Kenyan health facilities offering reproductive and child health services		
	Total number of facilities in frame	Number selected for the survey	Number selected for observation component of the survey
Facility type			
Hospital	206	70	22
Maternity/nursing home	131	58	18
Health centre	574	87	25
Dispensary	1,120	94	32
Clinic	437	84	26
Province			
Western	191	50	15
Rift Valley	645	62	31
Nyanza	367	58	14
Eastern	434	59	18
Coast	227	53	15
Central	386	58	15
Nairobi	218	53	15
Total	2,468	393	123

Finally, a subsample of the selected facilities was chosen for the observation and exit interview components of the KSPA. Prior to selection of the subsample, the facilities included in the KSPA sample were classified into the following three strata based on information on the family planning services that they provided:

- *No FP services*: facilities that did not offer FP services.

- *Low FP volume facilities:* facilities offering FP services that had an average quarterly volume of less than 100 couple years of protection (CYP), or in the case of facilities with no CYP data, those that did not have any staff trained in FP logistics management.

- *High FP volume facilities:* facilities offering FP services that had an average quarterly volume of 100 CYP or more, or in the case of facilities with no CYP data, those that had at least one staff member trained in FP logistics management.

The final column in Table 1.2 shows the number of facilities selected for inclusion in the observation component of the KSPA.

E. Implementation of the KSPA

1. Training and fieldwork

Fieldwork for the KSPA was carried out between April and September 1999. Prior to the start of the KSPA fieldwork, there was a two-week training for the field staff.

A total of 16 teams were involved in the KSPA data collection. Each team included one nurse and one social scientist. The nurse interviewers were responsible for conducting all the observations as well as conducting the facility inventory questionnaire and the health worker interview questionnaire. The social scientists were responsible for completing the community questionnaire and conducting the exit interviews. The District Population Officer regularly visited the teams to supervise the implementation of the survey. The District Public Health Nurse assisted the teams in locating facilities.

The data collected by the interviewers were directly entered into computers in the field. The direct data entry allowed for a reduction in the use of paper questionnaires and ensured against misplacing completed surveys. It also allowed for great efficiency in the data processing component of the KSPA since it made it easier to correct errors and obtain missing data.

2. Outcome of the fieldwork

The following summarises the outcome of the various types of interviews conducted at the facility level during the KSPA.

a. Facility inventory

The KSPA teams were unable to survey five facilities that had been included in the original sample. Another eight facilities were replaced during the course of the KSPA fieldwork, with other facilities selected at random from the original frame. Replacement occurred when the teams were not able to find the originally selected facility or the facility was not operational at the time of the fieldwork.

Table 1.3 shows the unweighted and weighted number of facilities surveyed during the KSPA according to the type of facility and the province where the facility was located. Weighting is necessary because, as discussed earlier, the selection of KSPA facilities was not directly proportional to the distribution of facilities by type and province in Kenya. The KSPA facility weights were based on the distribution of *all* health facilities delivering reproductive and child health services in Kenya.

Table 1.3 Number of health facilities surveyed, Kenya Service Provision Assessment Survey 1999

Facility characteristic	Unweighted number	Weighted number
Facility type		
Hospital	70	32
Maternity/nursing home	57	21
Health centre	86	90
Dispensary	95	176
Clinic	80	69
Province		
Western	48	30
Rift Valley	61	101
Nyanza	58	58
Eastern	59	68
Coast	52	36
Central	57	61
Nairobi	53	34
Total	388	388

As discussed earlier, the KSPA facilities were not actually selected from all health facilities offering reproductive and child health services but from a somewhat more restricted frame in which facilities were eliminated if they were not located in the same administrative units as the clusters surveyed during the 1998 Kenya DHS. This procedure enhanced the potential for linking the results of the KSPA to the KDHS. However, it introduced a presumably small but unknown degree of bias in the extent to which the KSPA facilities represent the universe of Kenyan facilities providing reproductive and child health services.

b. Health worker interviews

In facilities with fewer than ten staff, all health workers present on the first day of the facility visit were interviewed. In large facilities (more than 10 staff present), interviewers selected a systematic random sample of the staff present at the time of the interview. The procedures followed in selecting this sample were designed to ensure that at least one doctor would be interviewed in those facilities where there were one or more doctors on staff.

Table 1.4 shows the unweighted and weighted distributions of health workers interviewed in the KSPA. Data from the facility survey inventory on the number of all staff, by position, working at the facility at the time of the KSPA interview was used to calculate the weights. The weights were calculated separately within each facility type for the following staff categories: doctors, clinical officers, registered nurses (KRN/M, KRM, KRN, KRCN), and enrolled nurses (EN, ECN, KEM).

Table 1.4 Number of health workers interviewed by staff type, Kenya Service Provision Assessment Survey 1999

Type of health worker	Unweighted number	Weighted number
Doctors	76	51
Clinical officers	120	108
Registered nurses	188	155
Enrolled nurses	768	839
Total	1,152	1,152

c. Observation and exit interviews

The KSPA protocols also called for observation of consultations with new family planning clients, antenatal clients, STI clients, and sick-child clients at a subsample of facilities selected for the KSPA sample. In addition, exit interviewers were completed with each observed client for family planning, antenatal, and STI services and with the caretaker of the child following a sick-child observation. Exit interviews were also carried out with all revisit family planning clients.

As noted above, the facilities in which the observation and exit interviews were conducted were stratified according to the volume of family planning services delivered at the facility. In conducting the observation and exit interviews, the KSPA team spent 1.5 days in facilities that did not provide family planning services, 3.5 days in facilities in high-volume family planning facilities, and 5.5 days in low-volume family planning facilities.

Table 1.5 shows the number of observations and exit interviews with the various types of clients according to the type of facility. In general, the KSPA interviewers were successful in interviewing most of the clients (or caretakers) whose consultations with health workers were observed during the survey.

Table 1.5 Number of consultations observed and exit interviews conducted, Kenya Service Provision Assessment Survey 1999

	New FP		Revisit FP	STI		Antenatal		Sick child	
Facility type	O	E	E	O	E	O	E	O	E
Hospital	29	28	68	40	39	117	116	103	89
Maternity/nursing Home	7	4	34	8	8	73	71	15	14
Health centre	37	33	88	56	56	146	145	171	160
Dispensary	27	26	60	25	22	110	106	239	232
Clinic	14	13	38	21	19	66	63	96	94
Total	114	104	288	150	144	512	501	624	589

FP = Family planning
STI = Sexually transmitted infections
O = Observation
E = Exit interview

F. Organisation of the Report

The major findings from the KSPA are presented in the following chapters. Chapter 2 reviews general information on the functioning and staffing of the health facilities. The other four chapters review the KSPA results related to the delivery of services for family planning, STIs and HIV/AIDS, antenatal care and delivery, and child health services.

This chapter considers a number of key aspects of the functioning of the facilities surveyed in the KSPA, ranging from infrastructure to the management and supervisory systems. The information discussed in this chapter was obtained either in the facility inventory or from interviews with the facility staff.

A. Affiliation

The diversity of the Kenyan health care delivery system is evident in Table 2.1, which shows the distribution of KSPA facilities according to the type of organisation operating the facility. The majority of KSPA facilities were governmental facilities, which are mainly operated by the Ministry of Health but include some facilities run by local governments. Slightly more than 40 percent were non-governmental (privately run) facilities, 18 percent were operated by religious groups (Mission), and a quarter were operated by non-governmental organizations, private doctors, or other private health care providers.

As Table 2.1 shows, there were slightly more non-governmental hospitals than public hospitals. Seven in 10 or more health centres and dispensaries in the KSPA sample were public institutions while 9 in 10 or more maternities/nursing homes and clinics were private facilities. As expected, private facilities were more common in Nairobi than in other provinces. Nyanza had the greatest concentration of Mission-operated facilities, while Coast and Eastern provinces had the highest concentration of public facilities.

Table 2.1 Organisation operating the facility

Facility characteristics	Percent distribution of facilities				Number of facilities
		Non-governmental			
	Public	Mission	Other private	Total percent	
Facility type					
Hospital	46	36	18	100	32
Maternity/nursing home	-	5	95	100	21
Health centre	79	20	1	100	90
Dispensary	71	21	9	100	176
Clinic	15	4	81	100	69
Province					
Western	53	17	30	100	30
Rift Valley	59	20	22	100	101
Nyanza	54	26	19	100	58
Eastern	64	19	17	100	68
Coast	67	3	31	100	36
Central	53	21	26	100	61
Nairobi	41	12	47	100	34
All facilities	57	18	25	100	388

Source: 1999 Kenya SPA facility inventory

B. Availability of Reproductive and Child Health Services

The SPA survey is designed to assess the delivery of maternal health, child health, family planning, and STI/HIV/AIDs services at Kenyan health facilities. Access to these services is enhanced if facilities are able to offer the full complement of these services and if they have outreach efforts that bring the services into the community.

Table 2.2 looks at the range of service the KSPA facilities are providing and at the availability of outreach services. ***Overall, around three-quarters of the KSPA facilities provide the full range of reproductive and child health services.*** With respect to specific services, child health services are almost uniformly offered in all types of facilities, while family planning and maternal health services are the least available. ***About 1 in 4 facilities had outreach activities,*** providing at least some type of reproductive and/or child health services to communities.

Table 2.2 Availability of reproductive and child health services

Facility characteristic	Percentage of facilities offering: Reproductive and child health services: Maternal health	Child health	Family planning	STI/ HIV/ AIDS	All services offered	Outreach[1]	Number of facilities
Facility type							
Hospital	97	97	88	100	84	57	32
Maternity/nursing home	100	100	81	100	81	40	21
Health centre	99	100	93	98	90	17	90
Dispensary	77	100	87	89	67	21	176
Clinic	84	97	87	91	70	22	69
Operating organisation							
Public	86	100	91	91	77	21	221
Mission	87	100	79	91	69	59	70
Other private	85	98	88	96	77	17	97
Province							
Western	93	97	97	80	77	52	30
Rift Valley	86	99	87	88	72	30	101
Nyanza	88	98	79	93	70	26	58
Eastern	78	100	79	99	74	27	68
Coast	94	100	94	97	89	26	36
Central	82	100	98	100	82	17	61
Nairobi	88	100	88	88	69	15	34
All facilities	86	99	88	93	75	27	388

[1] Outreach was defined as any programme in which facility staff visited communities on a regular basis to deliver services.
Source: 1999 Kenya SPA facility inventory

As expected, hospitals, maternities/nursing homes, and health centres were somewhat more likely to provide a full range of reproductive and child health services than dispensaries or clinics. Hospitals were most likely to have some type of outreach followed by maternities/nursing homes. Mission-operated facilities were the least likely to offer the full range of services but the most likely to have outreach activities. Looking at the provincial differentials, facilities in Nairobi were the least likely to offer the full range of services and also the least likely to have any outreach.

C. Cost Recovery

Health facilities differ in the extent to which they try to recover the costs of services from clients. Information from the survey can be used to look at the extent to which KSPA facilities charge clients for at least some of the services they provide.

Table 2.3 presents the proportion of facilities that reported that they sought to fully or partially recover their costs through fees they charged clients. ***Overall, 3 out of 4 health facilities charged fees, and about 1 in 4 facilities recovered the full cost of the services through client fees.*** Among the facilities where the fees were not sufficient to pay the full costs of services, government support and donations and grants were the most important other sources of revenue (not shown in table).

As expected, the reliance on cost recovery or cost sharing varies according to the operating authority. Table 2.3 shows that two-thirds of all public facilities reported some sort of cost sharing. About half of the Mission-operated facilities reported that they recovered all of their costs through the fees they charged, and roughly another third depended on client fees for part of their financing. Among other private facilities, 70 percent depended on full cost recovery, and another 10 percent charged fees to recover part of their costs.

Table 2.3 Cost recovery

Facility characteristic	Percentage of facilities financing services through:		Number of facilities
	Full cost recovery	Cost sharing	
Facility type			
Hospital	41	42	32
Maternity/nursing home	81	5	21
Health centre	12	69	90
Dispensary	9	59	176
Clinic	74	4	69
Operating organisation			
Public	1	67	221
Mission	53	36	70
Other private	71	10	97
Province			
Western	30	47	30
Rift Valley	21	43	101
Nyanza	28	52	58
Eastern	26	59	68
Coast	14	53	36
Central	34	56	61
Nairobi	56	9	34
All facilities	28	47	388

Source: 1999 Kenya SPA facility inventory

Although the majority of KSPA facilities reported charging clients for services, fees may be waived for some types of services (e.g., MCH services or family planning services), some categories of clients (e.g., children under 5), or when the client cannot afford to pay. Overall, more than 9 in 10 facilities reported such exemptions or waivers, making it difficult to assess the potential effect of facility fees on clients' access to reproductive or child health services (not shown in table).

D. Facility Size

Two measures were collected in the KSPA that can be used to examine facility size: the number of outpatients seen during the preceding month and, for facilities providing inpatient care, the number of inpatient beds. As expected, the volume of outpatients varied with the type of facility (Table 2.4). During the month before the survey, the average hospital served about 2000 outpatients, or roughly 90 per workday. The average number of outpatients at hospitals was twice

the number at health centres, more than three times the number at dispensaries, and five times the number at clinics. On average, maternities and nursing homes served about one-tenth the number of outpatients seen at hospitals.

Table 2.4 Volume of outpatient and inpatient services at facilities

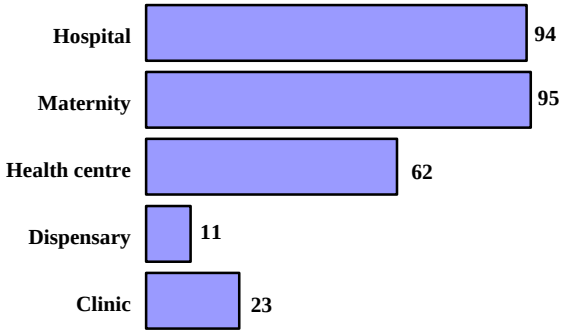
Facility characteristic	Median number of outpatients[1] served during the prior month	Inpatient care: Percentage of facilities offering inpatient care/able to observe patients overnight	Inpatient care: Among facilities offering inpatient care: Median number of inpatient beds	Inpatient care: Among facilities offering inpatient care: Median occupancy rate (percent)	Number of facilities
Facility type					
Hospital	1,989	94	120	68	32
Maternity/nursing home	230	95	27	40	21
Health centre	1,086	62	12	25	90
Dispensary	641	11	4	14	176
Clinic	407	23	10	26	69
Operating organisation					
Public	858	29	14	31	221
Mission	392	43	25	53	70
Other private	341	49	12	20	97
Province					
Western	650	50	18	30	30
Rift Valley	642	40	13	26	101
Nyanza	567	53	12	50	58
Eastern	490	25	18	35	68
Coast	975	28	13	26	36
Central	855	27	8	50	61
Nairobi	736	34	31	29	34
All facilities	666	36	14	30	388

[1] Outpatients included individuals receiving any type of health services at the facility. A total of 27 facilities did not provide information on the number of outpatients.
Source: 1999 Kenya SPA facility inventory

Public facilities provided services for more than twice the number of outpatients seen at Mission-operated or other private facilities. The average outpatient volume during the month before the survey also varied across provinces, from less than 500 at facilities in Eastern province to 975 at facilities in Coast province.

The capacity to serve inpatients also varied widely. As Figure 2.1 shows, almost all hospitals and maternities/nursing homes offered inpatient care, as did about two-thirds of the health centres. In contrast, 11 percent of dispensaries and 23 percent of clinics were prepared to handle inpatient care. As expected,

Figure 2.1
Inpatient care



Percentage of facilities with beds for inpatients

Source: 1999 Kenya SPA facility inventory

hospitals offering inpatient services had the greatest number of beds available (median=120 beds) followed by maternities/nursing homes (median=27 beds).

Occupancy rates are one measure of the extent to which inpatient care services are utilised. At facilities with inpatient beds, the facility informant was asked to provide an estimate of the normal occupancy rate. ***The results indicate that, on any given day, many inpatient beds at Kenyan health facilities are vacant***. As Table 2.4 indicates, hospitals have by far the highest median occupancy rate and dispensaries the lowest.

Finally, it is important to note that the outpatient and inpatient averages for each facility type conceal considerable variation in the number of clients actually served by individual institutions. The number of outpatients served in the KSPA facilities during the month prior to the survey ranged from 0 to 9,000, and the number of inpatient beds available ranged from 1 to 708.

E. Infrastructure

The basic infrastructure of a health facility is an important determinant of the quality of the services that the facility can provide. The KSPA obtained information on key elements of a facility's infrastructure, including its age, the availability of electricity and water, and of a telephone or radio.

The informants responding to the facility inventory were able to provide information on the date that the facility opened for only 337 of the 388 facilities. The oldest facility was a provincial hospital that opened in 1908, and the youngest was a private clinic that opened in 1999. Table 2.5

Table 2.5 Facility infrastructure

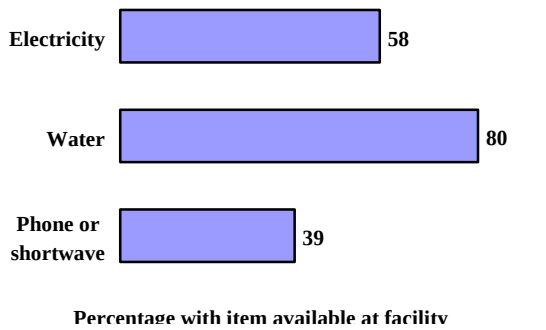
Facility Characteristic	Median age[1] (in years)	Percentage of facilities with: Electricity available on day of interview	Access to water: From source in compound	Access to water: Year-round supply	Phone/shortwave radio: At facility	Phone/shortwave radio: Available in emergency	Number of facilities
Facility type							
Hospital	35	94	88	91	85	9	32
Maternity/nursing home	6	86	100	91	90	10	21
Health centre	20	62	77	73	30	22	90
Dispensary	16	39	74	72	24	26	176
Clinic	7	81	90	91	50	37	69
Operating organisation							
Public	17	45	75	71	22	26	221
Mission	17	69	79	80	60	16	70
Other private	6	83	93	92	63	28	97
Province							
Western	10	37	70	83	27	20	30
Rift Valley	15	64	75	80	48	16	101
Nyanza	15	46	72	62	29	21	58
Eastern	17	36	77	79	28	32	68
Coast	15	61	81	72	44	9	36
Central	10	72	98	79	34	39	61
Nairobi	9	100	91	94	62	31	34
All facilities	14	58	80	78	39	24	388

[1] The age of the facility was not available for a total of 51 facilities.
Source: 1999 Kenya SPA facility inventory

shows that the mostly privately run maternities/nursing homes and clinics have been operating for shorter periods on average than the mainly publicly run dispensaries and health centres. The median age of facilities is highest in Eastern province (17 years) and lowest in Nairobi (9 years).

The majority of hospitals, maternities/nursing homes, and clinics report having electric power that is available on a 24-hour basis (Table 2.5). However, ***38 percent of health centres and 61 percent of dispensaries did not have electric power on the day of interview***. More than half of public institutions did not have electricity.

Figure 2.2
Access to electricity, water and means of communication



Source: 1999 Kenya SPA facility inventory

About a fifth of all KSPA facilities obtained water from a source outside of the facility premises (Figure 2.2). Many facilities also reported that they did not have a year-round supply of water. The percentage of facilities without a year-round source of water was greatest at public facilities, especially health centres and dispensaries, and at facilities in Nyanza province.

It is important for hospitals to have a telephone and/or shortwave radio to handle emergency referrals. Health centres and dispensaries should be able to at least have access to either a phone or a two-way radio to refer their emergency patients and to communicate with the District health management. The KSPA results indicate that nearly 40 percent of facilities have their own telephone or shortwave radio (Table 2.5 and Figure 2.2), and another 24 percent have access to a telephone or shortwave radio for emergency communication. In general, non-governmental facilities are much more likely than their public counterparts to have a telephone or radio. ***By province, the proportion of facilities that had access to a means of communication (either at the facility or accessible in an emergency) was lowest in Western and Nyanza provinces and highest in Nairobi***.

F. Operating Times

The time that a facility is open is a key determinant of whether the population has access to services. If a health facility has restrictive hours of operation, individuals in need of its services may not be able to go at the times when the services are offered. The information on operating times from the KSPA was provided by facility staff rather than being based on the interviewer's observation. Therefore, caution must be used in interpreting these results since it is possible that facility staff are not always available to clients during the hours of operation they report.

Virtually all facilities were reported to be open at least 5 days per week, and 96 percent were open to serve outpatients for at least 8 hours per day (not shown in table). Overall, as Table 2.6 shows, ***nearly 2 in 5 facilities offered services for outpatients 7 days per week, and more than one-fifth reported providing services 24 hours per day on the days that the facility was open***. Maternities/nursing homes were the most likely to be open 7 days per week and 24 hours per workday, followed by hospitals. Substantial proportions of health centres and clinics served outpatients 7 days per week, but much smaller percentages were open 24 hours per workday.

Public and Mission-operated facilities were much less likely than other private facilities to be open daily for outpatient services. They were also less likely than other private facilities to provide 24-hour services.

Table 2.6 Operating times

Facility characteristic	Percentage of facilities that were open: 7 days per week	24 hours per workday	Number of facilities
Facility type			
Hospital	78	59	32
Maternity/nursing home	95	62	21
Health centre	60	21	90
Dispensary	11	12	176
Clinic	46	17	69
Operating organisation			
Public	29	15	221
Mission	34	23	70
Other private	64	36	97
Province			
Western	57	30	30
Rift Valley	43	29	101
Nyanza	43	24	58
Eastern	21	7	68
Coast	34	17	36
Central	33	13	61
Nairobi	50	34	34
All facilities	39	21	388

Source: 1999 Kenya SPA facility inventory

G. Equipment and Supplies

The KSPA inventory collected a broad range of information on the types of equipment and supplies that were available at the visited facilities. This section looks at the availability of equipment and supplies that are generally needed to deliver reproductive and child health services. The section then considers specifically the availability of equipment and supplies needed for intravenous (IV) administration. Other equipment and supplies required for services in a specific area (e.g., antenatal or delivery care) are discussed within the subsequent chapters that describe each of these areas.

1. General-purpose equipment and supplies

The following pieces of equipment are considered to be of use in more than one service: blood pressure machine, oral thermometer, flashlight or other examination light source, adult scale, needle holder, and scissors. Table 2.7 shows the percentage of facilities that had at least one piece of each of these items in operational condition at the time of the KSPA, according to facility type.

Blood pressure measuring devices are present in most facilities, including all hospitals and maternities. Oral thermometers also are available in most facilities. Roughly 8 in 10 or more facilities had an operational adult weighing scale, needle holder, and scissors. A flashlight or

other light source for examinations is lacking in more than 7 in 10 dispensaries and in almost half of the health centres.

Table 2.7 Availability of general-purpose equipment

Facility characteristic	Percentage of facilities having item at the time of the survey							Number of facilities
	Blood pressure machine	Oral thermo-meter	Flash-light/ other light source	Adult scale	Needle holder	Scissors	All general-purpose equipment	
Facility type								
Hospital	100	100	88	94	97	97	78	32
Maternity/nursing home	100	95	95	100	95	95	86	21
Health centre	90	78	56	95	86	98	37	90
Dispensary	84	84	28	86	73	97	19	176
Clinic	88	94	78	84	78	97	52	69
Operating organisation								
Public	85	81	35	85	77	96	22	221
Mission	87	91	61	100	86	100	51	70
Other private	96	95	83	91	81	99	62	97
Province								
Western	87	67	30	93	67	97	20	30
Rift Valley	88	91	56	94	80	98	37	101
Nyanza	81	81	43	86	75	91	31	58
Eastern	91	87	46	79	82	100	28	68
Coast	92	89	56	94	75	94	46	36
Central	95	88	54	92	88	100	44	61
Nairobi	83	94	79	89	79	94	62	34
All facilities	89	87	52	89	80	97	37	388
	Among facilities having item at the time of the survey, percentage that were without the item at some point during the prior 6 months							
All facilities	16	6	5	2	4	3		388

Source: 1999 Kenya SPA facility inventory

Table 2.7 also shows the proportion of facilities that had all of the general-purpose equipment items. Overall, about a third of the facilities had all of the equipment. By facility type, the proportion with all the general-purpose equipment ranged from 19 percent for dispensaries to 86 percent for maternities/nursing homes. ***Mission-operated and other private facilities were much more likely than public facilities to have all of the equipment.*** Facilities in Western province were least likely to have all of the equipment while facilities in Nairobi were the most likely to have the equipment. Nevertheless, even in Nairobi, 2 in 5 facilities did not have all of the general-purpose equipment.

Finally, the extent to which facilities have problems with breakdowns of equipment or lost or misplaced items is examined in the last row of Table 2.7. In most cases, facilities with specific equipment items did not report breakdowns or other problems that left them without the item during the six months before the survey. Facilities were most likely to report problems with blood pressure measuring devices, with 16 percent of the facilities that had a blood pressure device at the time of the survey indicating that they had been without a functioning device at some time during the six months before the KSPA.

As with equipment, it is possible to define a number of items for which supplies are needed in order to serve clients in more than one service area. Table 2.8 examines two of these general use supplies: sutures and needles and protective clothing. Supplies that are primarily used in a specific service are treated in the chapter on that service.

Suturing supplies are needed at all levels of facilities and for various services from operations, caesarian sections, episiotomies, and general repairs of large or deep cuts. ***About one in five facilities did not have suturing supplies at the time of the survey***. Virtually all hospitals and maternities had these supplies, with dispensaries and health centres being the least likely to have suturing supplies.

Protective clothing is more of a problem. ***Almost half of the facilities did not have supplies of protective clothing available at the time of the survey***. Dispensaries and health centres were less likely than other facilities to have supplies of protective clothing. Mission-operated or other privately run facilities were more likely to have protective clothing available than public facilities; however, a quarter or more of the private facilities did not have supplies of protective clothing. Supplies of protective clothing were least available at facilities in Eastern province and most available at those in Central province.

Table 2.8 Availability of sutures and needles and protective clothing

Facility characteristic	Percentage of facilities having item at time of survey		Number of facilities
	Sutures and needles	Protective clothing	
Facility type			
Hospital	97	82	32
Maternity/nursing Home	100	95	21
Health centre	76	50	90
Dispensary	73	43	176
Clinic	82	69	69
Operating organization			
Public	71	45	221
Mission	89	64	70
Other private	88	74	97
Province			
Western	70	60	30
Rift Valley	74	57	101
Nyanza	71	47	58
Eastern	81	39	68
Coast	78	58	36
Central	95	74	61
Nairobi	77	53	34
All facilities	78	55	388
	Among facilities having the item at the time of the survey, percentage that had a stockout of the item at some point during the prior 6 months		
All facilities	7	3	388

Source: 1999 Kenya SPA facility inventory

Relatively few of the facilities with supplies of protective clothing at the time of the KSPA had experienced stockouts of these items during the six-month period before the survey. Among those that had sutures and needles, 7 percent had run out of supplies in the previous six months. Among those with supplies of protective clothing, 3 percent had lacked supplies at some point in the six-month period before the survey.

2. Intravenous equipment and supplies

For IV work, equipment sets and IV cannulae or disposable needles are necessary. Table 2.9 shows the current availability of each of these specific supplies and whether facilities ran out of the items in the past 6 months by facility characteristics.

Table 2.9 Availability of intravenous (IV) equipment and supplies

Facility characteristic	Percentage of facilities having item at the time of survey			Percentage equipped for IV administration	Number of facilities
	IV sets	Disposable cannulae	Disposable needles		
Facility type					
Hospital	97	88	91	91	32
Maternity/nursing home	95	91	100	95	21
Health centre	47	37	71	42	90
Dispensary	24	14	89	22	176
Clinic	57	46	94	56	69
Operating organisation					
Public	32	20	78	28	221
Mission	60	52	97	60	70
Other private	66	57	99	65	97
Province					
Western	53	47	83	47	30
Rift Valley	39	20	94	37	101
Nyanza	55	43	68	47	58
Eastern	35	35	85	32	68
Coast	61	33	83	60	36
Central	38	37	95	36	61
Nairobi	60	56	91	60	34
All facilities	46	35	86	43	388
	Among facilities having the item at time of survey, percentage that had a stockout of the item at some point during the prior 6 months				
All facilities	12	5	8		388

Source: 1999 Kenya SPA facility inventory

All types of facilities should have disposable needles since they are also used for immunisations. Thus, it is not surprising that the majority of facilities had supplies of disposable needles available at the time of the KSPA interview. Less than half of facilities had IV sets available and about a third had IV cannulae. Stockouts were more common for the sets than the cannulae or needles.

To see whether the lack of supplies affected the ability to administer IV fluids, the existing IV supply variables were combined. A facility was classified as able to administer IV if it had an IV administration set and either cannulae or disposable needles.

On the basis of the availability of supplies, most hospitals and maternities were able to administer IV. About 40 percent of the health centres and slightly more than 20 percent of the dispensaries were adequately equipped for IV administration. Again, private facilities were twice as likely to have the equipment to administer an IV as public sector facilities (Table 2.9). There was considerable variability by province in facility readiness to give an IV. Sixty percent of facilities in Nairobi were equipped to administer an IV. In contrast, only about one-third of facilities in Eastern, Central, and Rift Valley provinces had the necessary IV equipment.

H. Sterilisation Practices and Waste Disposal Procedures

The KSPA looked at two aspects of decontamination: the method used in disinfecting medical instruments and the procedures used in disposing of contaminated syringes and sharps.

Sterilisation is the preferred method for infection prevention since it eliminates bacterial endospores as well as microorganisms that can cause infection (AVSC International 1999). Acceptable procedures for sterilising instruments or other items include the use of steam under pressure (e.g., autoclaving), dry heat, or chemicals such as Cidex. High-level disinfection (HLD), which involves boiling or steaming the equipment or using chemical agents, is an alternative when sterilisation is not available. However, HLD does not eliminate endospores that cause illnesses like tetanus or gangrene.

The KSPA collected information on the availability of equipment for sterilisation and on the normal practice used for sterilising instruments and other items at the facility. With regard to equipment, autoclaves should be present in all hospitals and maternities. The results shown in Table 2.10 indicate that, while 9 in 10 hospitals do have an autoclave, only 8 in 10 maternities have this piece of equipment. Boiling pots and sterilisers should be available in all facilities, either because there is no autoclave or as a backup should the autoclave breakdown. Overall, more than one in five facilities had no boiling pot or steriliser.

With regard to actual practices, almost all hospitals and maternities/nursing homes employed sterilisation or high-level disinfection procedures (Table 2.11). A large number of health centres, dispensaries, and clinics boiled their instruments, while a small number used a microbicide alone. A few did no disinfection.

Appropriate procedures for the disposal of waste products are another key component of infection control. The KSPA inventory included questions about facility guidelines for waste disposal and about actual practices for the disposal of syringes and sharps.

Table 2.10 Availability of equipment for sterilisation of instruments

Facility characteristic	Percentage of facilities having item		Number of facilities
	Autoclave	Steriliser/ HLD boiling pot	
Facility type			
Hospital	91	81	32
Maternity/nursing home	81	90	21
Health centre	47	77	90
Dispensary	17	77	176
Clinic	30	81	69
Operating organisation			
Public	29	78	221
Mission	54	83	70
Other private	38	77	97
Province			
Western	33	70	30
Rift Valley	40	76	101
Nyanza	35	67	58
Eastern	16	91	68
Coast	47	72	36
Central	38	88	61
Nairobi	55	77	34
All facilities	36	79	388
	Among facilities with item at the time of the survey, percentage that had a stockout of the item at some time during the prior 6 months		
All facilities	7	8	388

Source: 1999 Kenya SPA facility inventory

With regard to actual practices, Table 2.11 shows that 2 in 5 facilities burned syringes and sharps and about 1 in 4 buried them or disposed of them in a special pit. About a third of the facilities reported that discarded syringes and sharps were put in the pit latrine or in the ordinary trash. This practice was most common among dispensaries, health centres, and clinics, but about 1 in 6 hospitals and 1 in 10 maternities disposed of used syringes and sharps in this manner.

Table 2.11 Instrument sterilisation and waste disposal practices

Sterilisation and waste disposal practices	Hospital	Maternity/ nursing home	Health centre	Dispen-sary	Clinic	All facilities
Sterilisation						
Autoclave	81	67	27	11	20	25
Boiling and chemicals	6	14	20	18	23	18
Boiling alone	9	14	45	60	49	48
Cidex alone	-	-	3	2	1	2
Other/Don't know	3	5	5	5	3	4
None	-	-	-	4	3	2
Total percent	100	100	100	100	100	100
Waste disposal						
Burn/incinerate	58	70	38	32	52	41
Special pit	21	15	28	20	13	21
Bury	6	5	3	2	3	3
Toss in trash	6	-	4	2	9	4
Pit latrine	9	10	26	41	23	30
Other	-	-	1	3	-	2
Total percent	100	100	100	100	100	100
Number of facilities	32	21	90	176	89	388

Source: 1999 Kenya SPA facility inventory

I. Management and Record Keeping

The KSPA obtained information on several indicators related to the management structure of Kenyan health facilities and on the functioning of record keeping systems.

1. In-house management committees

Management committees are important in ensuring the efficient and effective delivery of services at health facilities. Most public facilities have in-house management committees that had met in the six-month period before the KSPA (Table 2.12). Active management committees are also present in the majority of Mission-operated facilities. In contrast, among other privately operated facilities, about 1 in 6 had an active management committee.

2. Record keeping

Well-maintained records are important to ensure continuity of care for patients and for effective management and supervision of facility operations and staff. KSPA interviewers were asked to provide an overall assessment of the adequacy of record keeping at the facilities they visited. As Table 2.12 indicates, ***the KSPA teams found records to be well-kept in the majority of facilities, and the majority of facilities maintain a record or file for each of their clients***. A greater proportion of maternities/nursing homes and clinics, which are largely privately operated, were considered to have well-kept records than hospitals, health centres, or dispensaries. Public facilities were also considerably less likely than private facilities to maintain a separate record for each client.

Table 2.12 Management and record keeping

Facility Characteristic	Percentage of facilities				Among facilities with registers, percentage holding quarterly reviews	Number of facilities
	Having active management committee	Having well-kept records according to interviewer's assessment	Maintaining one record/ file per patient	Maintaining register for at least one reproductive/ child health service		
Facility type						
Hospital	75	53	84	97	55	32
Maternity/nursing Home	30	76	91	95	60	21
Health centre	87	52	48	96	44	90
Dispensary	77	56	35	70	50	176
Clinic	16	72	74	71	49	69
Operating organization						
Public	86	54	38	80	45	221
Mission	69	68	63	84	58	70
Other private	17	64	75	75	55	97
Province						
Western	77	41	47	93	46	30
Rift Valley	67	52	33	84	54	101
Nyanza	72	55	62	76	43	58
Eastern	75	47	38	65	41	68
Coast	69	66	58	86	40	36
Central	59	75	69	80	58	61
Nairobi	37	85	83	82	57	34
All facilities	66	59	52	80	49	388

Note: An active management committee was defined as a health management team or board or dispensary committee that met at least once in the 6-month period before survey.
Source: 1999 Kenya SPA facility inventory

More than 8 in 10 facilities maintain registers of the clients receiving reproductive and child health services at the facility. However, only half of the facilities review the registry information quarterly. Hospitals, maternities/nursing homes and health centres are somewhat more likely than primary care facilities to maintain registers. Registers are somewhat more common among Mission-operated and public facilities than among other private facilities; however, public facilities are less likely than Mission-operated or other private facilities to hold register reviews.

J. Mechanisms to Ensure Quality of Care

The KSPA obtained information on a number of factors that facilitate the provision of high-quality services at the health facilities surveyed. They include the availability of up-to-date care guidelines, supervisory activities, and mechanisms for obtaining patient feed-back.

1. Availability of care guidelines

The KSPA collected information on whether facilities had recent versions of guidelines for reproductive and clinical care. The guidelines and standards define appropriate care in areas such as family planning and STI treatment and are important reference materials for facility staff. For

the purposes of the KSPA, they were considered recent if they had been issued during the five-year period before the survey.

Overall, 3 in 5 facilities had recent guidelines or standards available. Maternities/nursing homes were least likely to have the guidelines or standards available, while hospitals and health centres were most likely to have them (Table 2.13). In general, public facilities and facilities operated by religious organisations had the guidelines and standards available more often than other private facilities.

Table 2.13 Mechanisms for ensuring quality of care

Facility characteristic	Percentage of facilities				Number of facilities
	Having up-to-date guidelines for reproductive and clinical care available	Conducting case/ mortality reviews every three months	Having had a supervisory visit during past three months	Having mechanisms for obtaining patient feedback	
Facility type					
Hospital	73	56	47	67	32
Maternity/nursing home	40	43	40	71	21
Health centre	73	36	71	47	90
Dispensary	56	26	57	50	176
Clinic	59	13	38	59	69
Operating organisation					
Public	65	26	68	48	221
Mission	64	46	47	59	70
Other private	51	26	33	63	97
Province					
Western	43	37	70	33	30
Rift Valley	77	33	39	66	101
Nyanza	60	41	59	59	58
Eastern	38	7	69	31	68
Coast	69	20	69	49	36
Central	60	42	53	61	61
Nairobi	74	21	50	62	34
All facilities	61	29	55	53	388

Source: 1999 Kenya SPA facility inventory

2. Mortality/case reviews

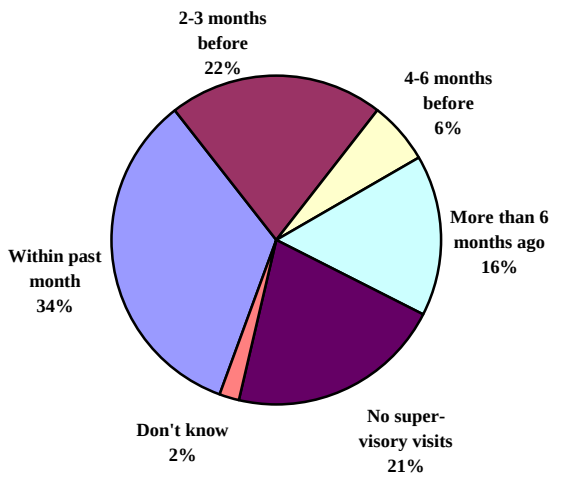
Mortality or other case reviews are useful tools for staff of facilities to assess their own performance and identify ways in which they can improve the care they offer. As Table 2.13 shows, less than one-third of all facilities conduct regular mortality/case reviews. Higher-level facilities are more likely to have such reviews than primary-care facilities. Among Mission-operated facilities, nearly half conduct regular mortality/case reviews compared with about a quarter of public or other private facilities.

3. Supervisory visits

Regular supervisory visits from higher-level authorities provide facilities with incentives to improve the quality of the services provided. Although outside supervision does not guarantee higher quality of services, facilities without this supervision may become lax in their procedures.

As Figure 2.3 shows, ***more than half of the facilities reported that supervisory personnel from the Ministry of Health or from the organisation operating the facility had visited the facility during the three-month period before the KSPA,*** and a third said that the visit had taken place in the month before the interview. Supervisory visits were less frequent at the remaining facilities, and supervisory personnel did not visit 1 in 5 facilities.

Figure 2.3
Frequency of supervisory visits



Source: 1999 Kenya SPA facility inventory

As Table 2.13 shows, public facilities were more likely than private facilities to report recent supervisory visits. More than two-thirds of public facilities were visited by supervisory personnel in the three-month period before the KSPA compared with somewhat less than half of the Mission-operated facilities and a third of the other privately operated facilities. There was considerable variation across provinces in the proportion reporting a recent supervisory visit, from 39 percent of facilities in Rift Valley to 70 percent in Western province.

4. Patient feedback

Patient feedback is important for gaining an understanding of the level of client satisfaction. Only half of the facilities had ways to ascertain opinions of patients, with hospitals and maternities/ nursing homes seeking feedback more often than other facilities (Table 2.13). Of facilities that sought input from patients, two-thirds reported that they changed their programs or services as a result (not shown in table).

K. Staffing

Questions were included in the KSPA inventory on the staffing pattern at the surveyed facilities. The questions focused on staff working in the areas of maternal and child health. Thus, the results provide information on the numbers and type of staff providing these services, but they are not necessarily representative of the entire staffing pattern at the facility.

Table 2.14 looks at the availability of medical personnel providing MCH services at KSPA facilities. ***The results indicate that nurses, particularly enrolled nurses, provide most MCH services***. As expected, doctors providing MCH services are available in only a minority of the facilities, primarily in hospitals and maternities/nursing homes. Privately run facilities are more likely to have a doctor providing MCH services than are public facilities. The proportion of facilities with an MCH doctor varies from 10 percent in Eastern province to 27 percent in Nairobi. MCH clinical officers and registered nurses are available at more facilities than are doctors. Nevertheless, less than one-third of all facilities had either of these types of personnel on staff.

Table 2.14 Staffing pattern

Facility characteristic	Percentage of facilities with at least one:					Median number of medical staff	Number of facilities
	Doctor	Clinical officer	Registered nurse	Enrolled nurse	Medical staff available at night		
Facility type							
Hospital	81	61	88	97	91	17	32
Maternity/nursing home	71	43	52	91	91	5	21
Health centre	7	60	42	98	73	5	90
Dispensary	3	5	14	93	32	2	176
Clinic	21	26	31	85	44	2	69
Operating organisation							
Public	7	28	29	96	45	2	221
Mission	28	29	39	90	56	3	70
Other private	34	29	34	87	65	2	97
Province							
Western	23	37	20	97	47	3	30
Rift Valley	13	30	28	92	55	2	101
Nyanza	26	38	29	88	57	2	58
Eastern	10	19	34	93	49	2	68
Coast	22	25	36	91	53	2	36
Central	15	26	27	97	46	2	61
Nairobi	27	29	62	94	50	6	34
All facilities	17	28	32	93	52	2	388

Note: Registered nurses include KRN/Ms, KRMs, KRNs, and KRCNs. Enrolled nurses include ENs, ECNs, and KEMs.
Source: 1999 Kenya SPA facility inventory

The availability of MCH personnel at night is an important indicator of the facility's ability to handle emergency care, especially for pregnant women and sick children. ***Table 2.14 shows that about half of all facilities offering MCH services had medical personnel available at night to provide these services***. As expected, hospitals, maternities/nursing homes, and health centres are considerably more likely to have medical staff available at night than are dispensaries or clinics. Public facilities are less likely to have MCH staff available at night than are private facilities.

Finally, the number of personnel providing MCH services serves both as an indicator of the size of the facility and of its ability to handle a large patient load. According to the results in Table 2.14, Kenyan facilities have a median of 2 medical staff providing MCH services. Hospitals have roughly eight times as many personnel providing MCH services as the typical KSPA facility. Facilities in Nairobi typically have a higher median number of MCH staff than facilities in other provinces.

L. Staff Training and Supervision

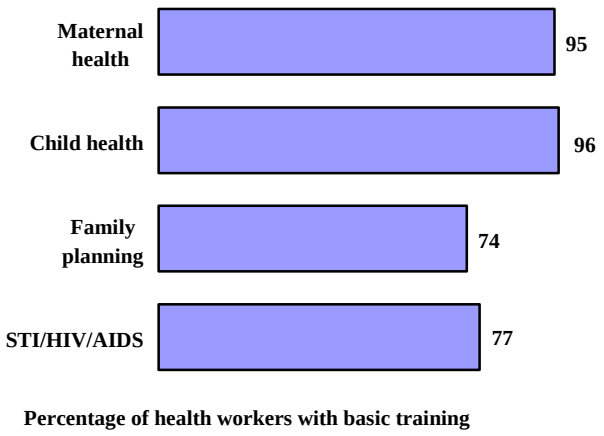
As described in Chapter 1, the KSPA interviewed professional and other staff at health facilities. This section reviews data on health worker training, supervision, and job satisfaction obtained from the interviews with facility staff. All of these elements may have a direct effect on employee performance and thus on the quality of the services clients receive.

1. Training

The KSPA collected data on two types of training for medical staff: pre-service or basic medical training and in-service courses. The following discussion of staff training provides an overview of the extent to which health workers had received basic or in-service training on the delivery of reproductive or child health services. More detail is provided in subsequent chapters of the report on the training staff received in specific areas, e.g., family planning.

Virtually all of the health workers interviewed in the KSPA graduated from either a medical training centre or a university (not shown). However, less than half of the health workers reported that their training had covered all reproductive and child health services. As Figure 2.4 shows, about 1 in 4 health workers did not receive training in family planning or in HIV/AIDS or the treatment of STIs as part of their basic medical education. The relatively recent onslaught of the AIDS epidemic is likely a factor in the comparatively low percentage of health workers whose basic training covered the subject.

Figure 2.4
Basic training in reproductive and child health services



Source: 1999 KSPA health worker interview

In-service training in at least one of the basic services was fairly common; nevertheless, about 2 in 5 health workers had never had an in-service training course (Table 2.15). Moreover, many of the workers had not had recent training. Two in five health workers had attended an in-service training course in 1995 or later. About half of the doctors and clinical officers had had recent in-service training compared with about a third of the nurses. Health workers at public facilities were somewhat more likely to have had recent in-service training than workers at privately run facilities. The staff in maternities/nursing homes were much less likely than staff at other facilities to have had any recent in-service training.

Table 2.15 Basic and in-service training

Health worker and facility characteristics	Percentage of health workers who had: Basic training in all areas	Any in-service training	Recent in-service training	Number of health workers
Type of health worker				
Doctor	62	67	49	51
Clinical officer	57	62	52	108
Registered nurse	57	53	36	155
Enrolled nurse	39	58	38	839
Facility type				
Hospital	46	59	41	455
Maternity/nursing home	54	47	28	79
Health centre	42	57	41	298
Dispensary	41	56	38	195
Clinic	43	69	41	124
Operating organisation				
Public	38	62	42	668
Mission	58	49	37	263
Other private	47	56	36	221
Province				
Western	28	74	49	133
Rift Valley	58	53	36	282
Nyanza	43	54	41	195
Eastern	39	54	38	160
Coast	41	55	36	93
Central	38	60	38	152
Nairobi	47	61	40	137
All workers	44	58	40	1,152

Source: 1999 Kenya SPA health worker interview

2. Supervision

Regular contact with a supervisor is beneficial in any health system. The supervisor has the role of ensuring that the latest medical standards are known and implemented. He or she also has the responsibility of receiving reports on problems in providing high-quality services and of resolving those problems to the greatest extent possible. In this context, regular supervision is necessary to maintaining and improving health services.

Only slightly more than half of the medical staff reported being regularly supervised on the job (Table 2.16). The percentages of health workers reporting that they were regularly supervised did not vary substantially according to the health worker's position or any of the facility characteristics. Among the health workers who received regular supervisory visits, only about a quarter had been given a schedule for such visits. About two-thirds of health workers who were supervised generally reported receiving feedback from their supervisors. The likelihood of receiving feedback was greatest for doctors and staff working in clinics. The proportion of health workers who received feedback during the last supervisory visit ranged from less than 50 percent of staff at facilities in Western province to more than 80 percent of the health workers who were supervised at facilities in Rift Valley.

Table 2.16 Supervision of health workers

Health worker and facility characteristics	Percentage of health workers who had regular supervision	Among those health workers who reported being supervised regularly, the percentage who:		Number of health workers
		Were given schedule for supervisory visits	Received feedback during last supervisory session	
Type of health worker				
Doctor	31	13	87	51
Clinical officer	49	25	65	108
Registered nurse	59	27	70	155
Enrolled nurse	57	23	68	839
Facility type				
Hospital	53	26	71	455
Maternity/nursing home	56	22	67	79
Health centre	59	25	64	298
Dispensary	59	19	66	195
Clinic	44	22	80	124
Operating organisation				
Public	55	22	66	668
Mission	58	30	71	263
Other private	52	24	71	221
Province				
Western	57	18	47	133
Rift Valley	50	21	81	282
Nyanza	62	30	53	195
Eastern	51	28	75	160
Coast	56	12	58	93
Central	61	31	77	152
Nairobi	52	20	79	137
All workers	55	24	68	1,152

Source: 1999 Kenya SPA health worker interview

M. Obstacles to Job Performance

The health workers interviewed in the KSPA were asked to identify the most difficult problems they faced in doing their jobs. They were prompted by the interviewer to report more than one response, but were not asked specifically about particular problems. Their spontaneous responses have been grouped into two tables. Table 2.l7 focuses on the problems related to the facility's infrastructure and equipment or supplies, and Table 2.18 focuses on staff-related problems.

More than half of the facility staff interviewed in the KSPA reported that lack of supplies was a key factor in making it difficult to perform their jobs. Staff at health centres were the most likely to cite this as a serious problem, followed by staff in dispensaries. Among staff in public institutions, 3 in 4 reported that they were hampered in doing their job by the lack of supplies. This percentage was more than double that of Mission-related facilities and three times that of other private facilities that cited supplies as a problem. Although all staff mentioned a shortage of supplies as a difficult problem, clinical officers and nurses were much more likely to cite this problem than were doctors.

Table 2.17 Facility-related problems cited by health workers

Health worker and facility characteristics	Percentage of health workers citing problem:			Number of health workers
	Lack of supplies/ stock	Inadequate facilities	Inadequate transport for patients	
Type of health worker				
Doctor	35	24	4	51
Clinical officer	62	37	15	108
Registered nurse	61	32	18	155
Enrolled nurse	55	23	14	839
Facility type				
Hospital	50	25	8	455
Maternity/nursing home	27	23	3	79
Health centre	74	30	23	298
Dispensary	61	26	18	195
Clinic	41	18	13	124
Operating organisation				
Public	76	32	18	668
Mission	30	15	10	263
Other private	24	17	7	221
Province				
Western	50	27	24	133
Rift Valley	65	33	13	282
Nyanza	58	30	13	195
Eastern	51	24	13	160
Coast	53	26	12	93
Central	48	7	10	152
Nairobi	54	22	15	137
All workers	55	26	14	1,152

Source: 1999 Kenya SPA health worker interview

As Table 2.17 also shows, a quarter of the health workers felt that the inadequacies in the facilities where they worked (e.g., in the building, equipment, availability of utilities) hampered their ability to deliver care to clients. Fourteen percent mentioned inadequate transport as a major problem that limited their ability to send patients to other facilities for care. As was the case with supplies, workers at public institutions were more likely to mention these problems than workers in private institutions.

Considering the differentials by province, health workers from facilities in the Rift Valley mentioned lack of supplies and inadequate facilities more often than staff from facilities in other provinces. Health workers from facilities in Western province were most likely to point to inadequate transport as a problem.

Table 2.18 summarises staff-related problems that the health workers mentioned as hampering their job performance. ***Shortages of personnel was clearly the main staffing issue, with nearly half of all health workers mentioning that this problem hampered their work***. Training was an issue for a quarter of the health workers, while the demoralised condition of the staff was cited by 18 percent. Low pay was seen as a problem hampering performance by 17 percent of the health workers. One in 10 health workers saw lack of supervision or feedback as hampering their performance.

Table 2.18 Staff-related problems cited by health workers

Health worker and facility characteristics	Percentage of health workers citing problem:					Number of health workers
	Staff shortages/ too many patients	Lack of training/ inadequate training	Staff demoralised/ lack motivation	Staff underpaid	Lack of supervision/ feedback on performance	
Type of health worker						
Doctor	39	24	12	8	2	51
Clinical officer	46	28	16	18	6	108
Registered nurse	55	25	28	21	14	155
Enrolled nurse	49	24	16	17	10	839
Facility type						
Hospital	54	26	19	20	10	455
Maternity/nursing home	32	20	17	17	4	79
Health centre	47	24	13	14	11	298
Dispensary	56	28	19	15	11	195
Clinic	34	19	25	15	10	124
Operating organisation						
Public	54	25	17	17	11	668
Mission	48	32	19	21	11	263
Other private	35	15	17	12	5	221
Province						
Western	39	13	9	9	6	133
Rift Valley	48	35	14	13	11	282
Nyanza	62	37	21	26	16	195
Eastern	54	12	12	13	4	160
Coast	56	25	28	31	19	93
Central	45	16	20	16	4	152
Nairobi	35	22	26	18	10	137
All workers	49	25	18	17	10	1,152

Source: 1999 KSPA health worker interview

Chapter 3 Family Planning Services

The KSPA collected a broad range of information on the delivery of family planning services in Kenyan health facilities. The chapter looks first at data collected in the facility inventory and health worker interviews on the capacity of facilities to serve family planning clients. The chapter then presents information on the interaction between family planning clients and providers obtained through exit interviews and observations of FP consultations at a subsample of the KSPA facilities. Using the latter data, the chapter also looks at the extent to which STI services are being integrated into family planning services.

A. Kenyan Family Planning Programme

The Kenyan family planning programme was launched in 1967. The programme has made substantial progress in expanding the use of contraception in Kenya in the more than 30 years since family planning was integrated into the maternal and child health services of the Ministry of Health. According to the 1998 Kenya Demographic and Health Survey (1998 KDHS), the contraceptive prevalence rate (CPR) for the country as a whole was 39 percent of currently married women, up from 33 percent in 1993 (NCPD, CBS, and MI 1999). Accompanying this change in CPR was a shift in method mix from traditional and less effective methods to more effective modern methods.

Despite the rising CPR, there is still considerable unmet need for family planning in Kenya. Findings from the KDHS indicated that about 1 in 4 currently married women was in need of family planning at the time of the survey, 10 percent because they wanted to delay their next birth and 14 percent because they had achieved their desired family size. There is also a growing number of unmarried individuals of reproductive age who want and are in need of family planning services.

The KDHS results indicate that 85 percent of current users of modern contraceptive methods had obtained their methods from the types of health facilities surveyed in the KSPA (i.e., hospitals, maternities/nursing homes, health centres, dispensaries, and clinics). The KSPA data allows for a detailed examination of how family planning services are delivered at these facilities. This information on the "supply side" is intended to help the programme to meet the demand documented in the KDHS.

B. Capacity of Facilities to Serve Family Planning Clients

Using data from the inventory and health worker questionnaires, it is possible to look at the extent to which the Kenyan health facilities are prepared to serve family planning clients. The indicators examined included the availability of family planning services; the range of methods offered; commodity management practices; information, education, and communication efforts; fees for family planning services; and staff experience and training.

1. Availability of family planning services

Ensuring that family planning services are widely available is a basic prerequisite to increasing contraceptive use. The KSPA results indicate that nearly 90 percent of the surveyed facilities offered family planning services (Table 3.1). Nyanza and Eastern provinces had the lowest proportions of KSPA facilities providing family planning, but even in those provinces, family planning services were available at 4 out of 5 facilities.

Although services are widely available, the volume of family planning clients varies considerably across facilities. ***The majority of KSPA facilities offering family planning reported fewer than 250 family planning visits in a three-month period (around four clients per day)***. As expected, hospitals and health centres reported higher numbers of visits than other facilities. Public facilities also had higher volumes of family planning clients than private facilities.

Table 3.1 Availability of family planning services

Facility characteristic	Percentage providing family planning services	Among facilities offering family planning services, percentage with:				Number of facilities
		Family planning visits[1]		Adolescent counseling	Family planning outreach[2]	
		Low volume	High volume			
Facility type						
Hospital	88	21	46	29	31	32
Maternity/nursing home	81	53	12	35	6	21
Health centre	93	39	21	21	31	90
Dispensary	87	54	7	24	14	176
Clinic	87	43	20	44	14	69
Operating organisation						
Public	91	43	20	23	14	221
Mission	79	46	9	24	49	70
Other private	88	52	10	42	11	97
Province						
Western	97	52	10	35	45	30
Rift Valley	87	52	11	18	19	101
Nyanza	79	44	11	37	26	58
Eastern	79	27	20	13	19	68
Coast	94	61	12	27	12	36
Central	98	52	22	43	10	61
Nairobi	88	27	30	35	7	34
All facilities	88	46	16	28	19	388

[1] Family planning visits — based on information on number of visits recorded during the period from October 1 to December 31, 1998. Low-volume facilities had fewer than 250 visits and high-volume facilities had 500 or more visits. Information on volume of visits was not available for 78 facilities.
[2] Outreach program — Facility staff visit communities on a regular basis to offer family planning counseling or method provision.
Source: 1999 Kenya SPA facility inventory

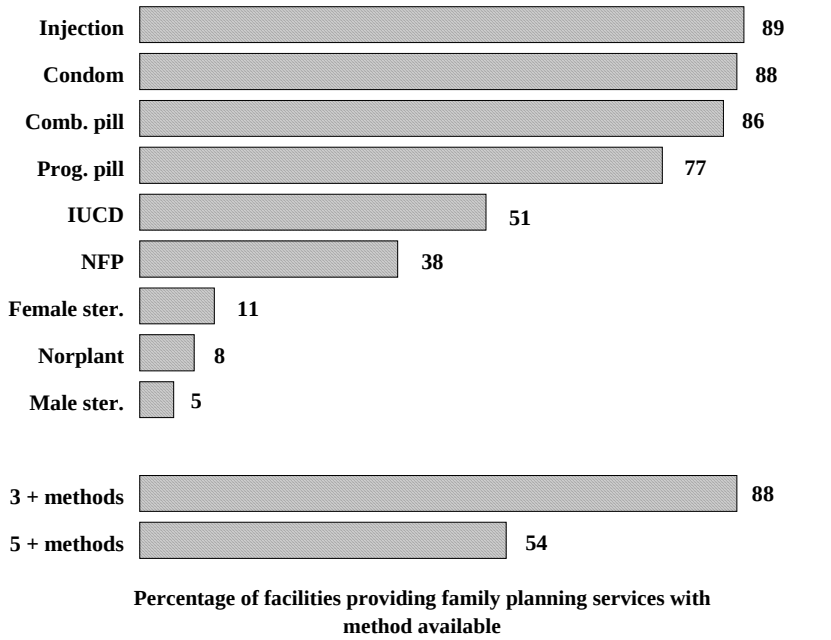
The need to ensure that adolescents have access to family planning services has been an area of increasing concern for many family planning programmes worldwide. Although the majority of facilities did not have any special services for teenagers, more than one quarter of the KSPA facilities reported offering special family planning counseling for adolescents. Private facilities were more likely than public or Mission-operated facilities to have adolescent counseling. Facilities in Eastern and Rift Valley provinces were the least likely to report having adolescent counseling.

Finally, outreach programs can play a major role in promoting family planning use in a population. In Kenya, relatively few health facilities have any outreach program at all, and even fewer facilities offer family planning methods or counseling as part of this outreach. Mission-operated health facilities were the most likely to have family planning outreach activities. Outreach programs were most common in Western and Nyanza provinces.

2. Range of methods available

Having a range of contraceptive methods available is important because clients seeking family planning have different concerns, health needs, and reproductive histories. Most Kenyan health facilities have a range of methods available. Among all health facilities offering family planning services, nearly 90 percent had three or more methods available at the time of the KSPA, and more than half had five or more methods available (Figure 3.1).

Figure 3.1
Availability of family planning methods



Source: 1999 Kenya SPA facility inventory

The injectable was the most widely available method followed closely by the condom and the pill (Figure 3.1 and Table 3.2). Progestin-only pills are appropriate for breastfeeding women since they do not affect milk production. Most facilities offering the pill had both combination and progestin-only pills available. However, about 1 in 10 facilities that provide the pill did not have progestin-only pills available at the time of the KSPA.

Clinical methods were not as readily available as injections, condoms, and pills. This is expected because health facility staff must have special skills or training to provide methods like the intrauterine contraceptive device (IUCD), Norplant, female sterilization, and vasectomy.

The IUCD was the most widely available clinical method. Overall, half of all facilities were prepared to offer the IUCD to clients. However, the proportion of facilities offering the IUCD varied by province from around a third of facilities in Coast and Nyanza provinces to slightly less than 80 percent of facilities in Nairobi. The availability of female sterilisation also varied considerably by province; Eastern province had the lowest proportion of facilities offering female sterilisation (6 percent) while Nyanza had the highest proportion (20 percent).

Table 3.2 Availability of specific family planning methods

Facility characteristic	Among facilities providing family planning services, percentage with method available:									Number of facilities providing family planning services
	Pill									
	Combin-ation	Pro-gestin	Injec-tion	Con-dom	IUCD	Nor-plant	Female steril-isation	Male steril-isation	Natural family planning	
Facility type										
Hospital	82	79	82	79	71	43	54	21	54	28
Maternity/ nursing home	82	65	94	94	65	18	47	6	53	17
Health centre	92	81	88	91	69	4	7	2	42	84
Dispensary	81	71	87	84	28	1	1	0	28	153
Clinic	93	90	100	93	70	15	12	12	48	59
Operating organisation										
Public	92	80	94	93	51	5	6	3	27	201
Mission	56	55	56	53	31	7	13	6	67	55
Other private	92	87	99	97	64	17	21	11	45	85
Province										
Western	79	62	90	90	52	10	10	7	35	29
Rift Valley	78	82	83	78	49	8	9	2	27	88
Nyanza	91	72	94	91	35	7	20	7	52	46
Eastern	87	70	89	87	53	7	6	2	27	54
Coast	91	62	91	100	33	12	9	6	50	33
Central	90	88	90	90	60	8	10	7	47	60
Nairobi	90	93	97	90	77	10	17	7	37	30
All facilities	86	77	89	88	51	8	11	5	38	341

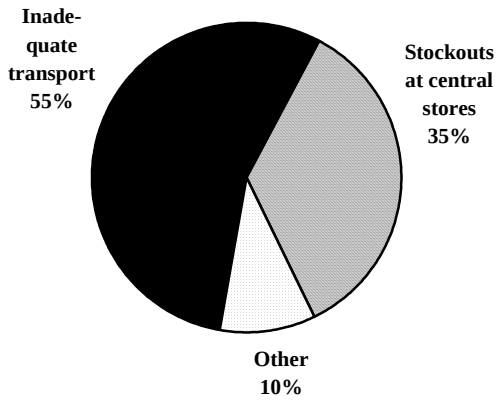
Source: 1999 Kenya SPA facility inventory
IUCD = Intrauterine contraceptive device

3. Commodities acquisition, management, and record keeping

The KSPA considered a number of aspects of contraceptive acquisition and management. ***About a quarter of facilities reported they had ever experienced a delay in acquiring contraceptives.*** Government facilities were more likely to experience delays in getting contraceptives than Mission or other private facilities (Table 3.3). Facilities in Rift Valley were least likely to report delays and those in Coast and Nyanza provinces were the most likely. Among facilities that had ever experienced delays in receiving contraceptives, the most common causes were inadequate transport (55 percent) or stockouts at central stores (35 percent) (Figure 3.2).

Facilities often picked up contraceptive commodities rather than depending on deliveries. More than half of the facilities reported that they

Figure 3.2
Common causes for delays in getting contraceptive commodities



Facilities reporting delays in getting commodities

Source: 1999 Kenya SPA facility inventory

usually were responsible for getting contraceptive supplies. As expected, public and Mission-operated facilities were less likely than other private facilities to pick up supplies. Nevertheless, about 2 in 5 public and Mission facilities usually go to pick up their supplies.

Table 3.3 Contraceptive commodities: acquisition, management, and record keeping

Facility characteristic	Among facilities offering family planning services, percentage that:			Number of facilities providing family planning services
	Ever experienced delays in getting supplies	Usually picked up supplies	Maintained stock records	
Facility type				
Hospital	18	41	75	28
Maternity/nursing home	18	82	82	17
Health centre	32	52	88	84
Dispensary	32	45	83	153
Clinic	20	71	83	59
Operating organisation				
Public	34	44	92	201
Mission	16	44	55	55
Other private	21	81	82	85
Province				
Western	30	53	87	29
Rift Valley	16	68	86	88
Nyanza	39	50	85	46
Eastern	35	56	75	54
Coast	42	44	88	33
Central	25	37	78	60
Nairobi	23	50	90	30
All facilities	28	53	83	341

Source: 1999 Kenya SPA facility inventory

Generally, KSPA facilities were performing well in the area of commodity record keeping. More than 80 percent of the facilities offering contraceptives maintain a record of their contraceptive stocks (Table 3.3). Mission-operated facilities were considerably weaker than other facilities in this area, with only slightly more than half reporting that they kept records of their contraceptive stocks.

Most KSPA facilities that maintained stock records were following appropriate storage practices (data not shown in table). In 90 percent of these facilities, contraceptives were stored according to their expiration date. In virtually all cases (99 percent), the area in which contraceptives were stored in these facilities were observed by the KSPA interviewer to be protected from rain, temperature extremes, and pests.

Many facilities reported that they had experienced a stockout or other delivery problem in the case of at least one of the methods they offered. ***Overall, 1 in 6 facilities had been unable to deliver at least one method because of a stockout or other problem during the six-month period prior to the KSPA*** (Table 3.4). More than 1 in 5 facilities in Nyanza, Eastern and Western prov-

inces had experienced a stockout or other problem that kept them from delivering a method that they usually offered in the six-month period before the KSPA.

Table 3.4 Stockouts or other problems with the delivery of contraceptives

Facility characteristic	All methods: Among facilities providing family planning services, percentage that had: Stockout or other delivery problem for at least one method during six months before survey	All methods: Among facilities providing family planning services, percentage that had: Inadequate supply of at least one method at time of interview	Number of facilities offering family planning services	Condom: Among facilities offering condom, percentage with an inadequate supply at time of interview	Number of facilities providing condoms
Facility type					
Hospital	18	21	28	18	22
Maternity/nursing home	18	24	17	20	16
Health centre	18	25	84	19	76
Dispensary	16	25	153	25	129
Clinic	15	20	59	13	56
Operating organisation					
Public	18	27	201	24	187
Mission	11	13	55	14	29
Other private	15	23	85	13	82
Province					
Western	21	62	29	59	27
Rift Valley	15	19	88	21	69
Nyanza	24	13	46	-	42
Eastern	22	15	54	13	47
Coast	18	53	33	46	33
Central	10	15	60	11	54
Nairobi	7	17	30	7	27
All facilities	16	24	341	20	298

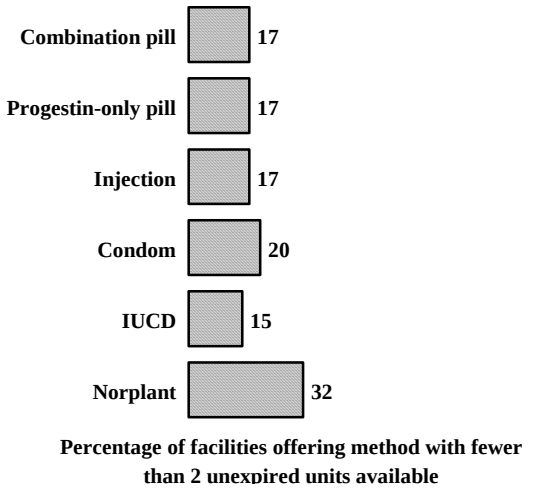
Note: An adequate supply was defined as two or more unexpired units.
Source: 1999 Kenya SPA facility inventory

The KSPA not only looked at whether the facility reported stockouts but also at whether facilities had a minimum supply of selected methods (i.e., pills, condoms, injections, the IUCD, or NORPLANT) on hand at the time of the survey. To obtain this information, KSPA interviewers were asked to observe if there was an adequate supply of a method available at facilities offering the method. An adequate stock was defined as two or more unexpired units of the method.

Using this definition, ***about a quarter of all facilities providing family planning services did not have on hand an adequate stock of at least one of the contraceptive methods that they offered*** (Table 3.4). Public facilities were twice as likely to have an inadequate supply of a method as Mission-operated facilities (27 percent and 13 percent, respectively). Facilities in Western and Coast provinces were three to four times more likely to have inadequate stocks at the time of the KSPA than facilities in other provinces.

Regarding specific methods, about a third of the facilities offering NORPLANT either did not have the method in stock at the time of the KSPA visit or had only one unit (Figure 3.3). Fifteen percent of facilities offering the IUCD did not have an adequate number available at the time of the survey. Similar proportions of facilities offering the pill (either combination or progestin-only) lacked an adequate supply.

Figure 3.3
Inadequate stock of methods



Source: 1999 Kenya SPA facility inventory

In Kenya, because of the high prevalence of HIV/AIDS, it is recommended that facilities encourage dual method use (i.e., the condom in addition to another method) among family planning clients. The KSPA results indicate that ***1 in 5 facilities reporting that they offered condoms either did not have condoms available at the time of the interview or had only a minimal supply on hand***. Table 3.4 shows that public facilities, especially dispensaries, and facilities in Western and Coast provinces were more likely than other facilities to have inadequate condom stocks.

4. Family planning information, education, and communication

The availability of FP information in health facilities is essential to the promotion of family planning services. The KSPA looked at several basic information, education, and communication indicators including whether the facilities offering family planning promoted the availability of those services and had brochures or pamphlets on family planning to distribute to clients.

The more prominent that signs promoting the availability of family planning are, the greater the chance that women will recognise that the facility offers family planning services. In general, the KSPA found that ***more than 80 percent of facilities offering family planning services displayed a family planning sign or poster*** (Table 3.5). In approximately one-third of all facilities, the signs or posters were displayed both outside and inside the facility, 12 percent had signs or posters only outside the facility, and 40 percent had these materials only inside the facility (not shown in table).

Sixty percent of facilities had the reproductive health logo displayed. The percentage displaying the logo varied from 41 percent of the facilities in Eastern province to 73 percent of the facilities in Rift Valley.

Comparatively few facilities had educational materials on family planning to give to clients. Only about a quarter of the facilities had brochures or other materials. The proportion of facilities that had materials to distribute to clients varied from less than 20 percent in Eastern province to 43 percent in Nairobi. Mission-operated facilities were somewhat less likely than public or other private facilities to have printed materials available for clients.

Table 3.5 Family planning information, education, and communication materials

Facility characteristic	Among facilities providing family planning services, percentage that:			Number of facilities providing family planning services
	Had family planning sign/ poster	Displayed repro-ductive health logo	Had family planning brochure/ handouts	
Facility type				
Hospital	82	57	36	28
Maternity/nursing home	77	59	41	17
Health centre	91	66	30	84
Dispensary	84	61	24	153
Clinic	83	54	31	59
Operating organisation				
Public	89	73	27	201
Mission	73	31	24	55
Other private	84	49	32	85
Province				
Western	83	63	28	29
Rift Valley	88	73	32	88
Nyanza	91	63	26	46
Eastern	74	41	19	54
Coast	91	55	36	33
Central	80	60	21	60
Nairobi	93	60	43	30
All facilities	85	60	28	341

Source: 1999 Kenya SPA facility inventory

Finally, health talks in which clients are given information about family planning are an important information and education tool. Overall, the informant(s) interviewed in the facility inventory in more than 9 in 10 facilities said that health staff gave health talks on family planning for facility clients (data not shown in table). The KSPA protocol did not include observation of such talks, and no information was collected on the frequency or content of the talks. Therefore, it is difficult to judge the coverage of these talks and thus their impact. However, the results of earlier studies indicate that daily health talks are not commonly given at Kenyan health facilities (Ndhlovu et al. 1997).

5. Fees for family planning services

For some potential users, the cost of family planning services can be a barrier to use. The KSPA facility inventory included questions on whether the facilities were charging fees for family planning services. In the majority of facilities, clients were not charged for family planning services; however, ***44 percent of facilities indicated that they charged some type of fee to family planning clients*** (Table 3.6).

Fees vary according to the type of organisation operating the facility. Public facilities were the least likely to charge fees, with only a quarter of the government facilities that offer family planning charging a fee. In contrast, more than 50 percent of Mission-operated facilities and 80 percent of private facilities charged fees for family planning services (Table 3.6).

Table 3.6 Fees for family planning services

Facility characteristic	Among facilities providing family planning services, percentage charging fee	Number of facilities providing family planning services
Facility type		
Hospital	32	28
Maternity/nursing home	89	17
Health centre	31	84
Dispensary	32	153
Clinic	82	59
Operating organisation		
Public	25	201
Mission	56	55
Other private	80	85
Province		
Western	59	29
Rift Valley	35	88
Nyanza	33	46
Eastern	57	54
Coast	36	33
Central	45	60
Nairobi	53	30
All facilities	44	341

Source: 1999 Kenya SPA facility inventory

6. Staff composition, experience, and workload

Another aspect of the capacity of facilities to serve clients is the experience and training of the health workers who are delivering family planning services. As described in Chapter 1, interviews were conducted with health workers at each of the facilities included in the KSPA. The health worker questionnaire obtained information that can be used to assess the composition, experience and workload of health workers involved in the provision of family planning services at Kenyan health facilities.

As noted in Chapter 2, a total of 1,152 health workers were interviewed during the KSPA. Around 60 percent of these staff reported that they personally served family planning clients. Looking at the positions of staff that reported that they provided family planning, the majority were enrolled nurses (Table 3.7). About 1 in 7 of the staff delivering family planning services was a registered nurse while 1 in 12 was a doctor or clinical officer.

Among the health workers providing family planning services, many had been involved in the delivery of family planning services at the facility for a long time (Table 3.7). Almost 20 percent had provided family planning at the facility where they were interviewed for at least 10 years. On the other hand, ***a quarter of the health workers had been delivering family planning services at the facility where they were interviewed for one year or less***.

Table 3.7 Composition, experience, and workload of facility staff delivering family planning services

Staff characteristic	Percent distribution
Composition of staff	
Doctor	4
Clinical officer	4
Registered nurses	13
Enrolled nurses	79
Years of experience in delivering family planning services	
1 year or less	27
2-3 years	23
4-5 years	17
6-9 years	19
10-14 years	10
15 years or more	5
Number of hours spent delivering family planning services per week	
8 hours or less	44
9-16 hours	14
17-24 hours	9
25-40 hours	27
41 hours or more	4
Not sure	2
Total percent	100
Number of health workers	624

Source: 1999 Kenya SPA health worker interview

There was little evidence of specialisation among the family planning workers; virtually all of the health workers who provided family planning were responsible for delivering other reproductive or child health services as well (data not shown in table). ***A little more than half of the health workers involved in family planning service delivery spent 16 hours or less per week providing these services*** (Table 3.7).

7. Training in family planning service provision

Table 3.8 summarises the training in family planning service provision that the staff delivering family planning services in KSPA facilities had received. The majority of the health workers reported that family planning had been covered in their basic medical training. Fewer health workers had attended any in-service training on family planning. ***A little more than half of the health workers who were providing family planning services at the time of the survey had attended at least one in-service course on family planning.*** Among health workers who had had in-service training, many had not had a recent course. Overall, 26 percent of health workers who delivered family planning services had attended at least one in-service course covering family planning since 1995.

The likelihood that staff would have had in-service training varied both according to the facility where they worked and their position. In general, health workers in maternities/nursing homes and health centres and in facilities in Rift Valley and Nyanza were less likely than other health workers to have had in-service training.

Table 3.8 Health worker training in family planning service delivery

Health worker and facility characteristics	Percentage of health workers providing family planning services:			Number of health workers providing family planning services
	Whose basic training included family planning	Who had attended at least one family planning in-service course		
		Any	Recent	
Type of health worker				
Doctor	96	72	28	26
Clinical officer	85	60	24	26
Registered nurse	91	38	21	80
Enrolled nurse	75	57	27	493
Facility type				
Hospital	74	68	39	171
Maternity/nursing home	89	46	23	47
Health centre	75	47	21	181
Dispensary	81	51	21	133
Clinic	81	58	23	92
Operating organisation				
Public	76	56	26	392
Mission	86	53	34	63
Other private	79	53	24	149
Province				
Western	55	71	36	56
Rift Valley	76	46	23	155
Nyanza	83	48	31	104
Eastern	81	57	25	88
Coast	76	65	37	49
Central	83	64	25	101
Nairobi	85	52	17	71
All facilities	78	55	26	624

Source: 1999 Kenya SPA health worker interview

C. Quality of Family Planning Service Delivery

As described above, data from the facility inventory and health worker interviews are useful in evaluating the basic capacity of facilities to provide family planning services. Information collected in the observation and exit interview components of the KSPA provide additional insights into how well facilities are actually serving family planning clients. In total, 114 consultations with new family planning clients were observed during the KSPA fieldwork. Exit interviews were conducted with 104 of the new family planning clients as well as with 288 revisit clients.

1. FP client profile

Most family planning clients were seen at primary care facilities. About one-third received their services at dispensaries (22 percent) or clinics (15 percent), 33 percent at health centres, 24 percent at hospitals and the remainder at maternities/nursing homes (data not shown in table).

The reproductive profile of new and revisit clients differ somewhat (Table 3.9). Revisit clients were slightly more likely to be currently married or living with a partner than new clients. They

were also slightly older, had more children on average and were more likely to be limiters than new clients. ***Injectables were clearly the most popular method among both new and revisit clients, followed by the pill***.

Table 3.9 Background characteristics of family planning clients

Background characteristic	New clients	Revisit clients
Marital status		
% currently in union	73	84
Mean age	25.3	28.4
Mean number of children	2.4	3.1
% wanting to limit	40	51
% obtaining:		
Injectables	56	70
Pill	25	22
Number of clients	104	286

Note: Information was not available for 10 new family planning clients whose consultation was observed but for whom an exit interview was not completed.
Source: 1999 Kenya SPA family planning client exit interview

2. Assessing the quality of care

A framework developed by Bruce and Jain is useful in assessing the quality of the family planning services at the KSPA facilities. The Bruce-Jain framework includes six dimensions on which the quality of services are assessed including client-provider information exchange, interpersonal relations, choice of methods, technical competence of providers, continuity and followup, and constellation of services (Bruce 1990).

Regarding the dimension of interpersonal relations, few problems were detected in the KSPA, either in the information collected through the observation or exit interviews. Observers reported that the providers treated virtually all of their clients respectfully (Table 3.10). Most clients indicated in the exit interviews that they were satisfied with the treatment they received; 71 percent reported that they were treated well, and 28 percent said that they had been very well treated by the provider. As always with the exit interview results, some caution must be used in interpreting these findings. Clients may have been treated somewhat better than the usual practice because providers were aware that their behavior was being studied.

Another dimension in the Bruce-Jain framework where providers seem to be performing well is follow-up. The observation data indicate that the KSPA providers informed virtually all new family planning clients (99 percent) to return for resupply or follow-up (not shown in table).

An important dimension of the quality of care within the Bruce-Jain framework is the exchange of information between the client and the provider during the consultation***. The results of the KSPA suggest that providers have somewhat mixed performance on information exchange***. The observation and exit interview data confirm that providers almost always checked with new family planning clients about their method preferences (95 percent), but did not always ask about other aspects of their attitudes and behavior that are important in shaping contraceptive decisions. For example, less than half of the new family planning clients reported in the exit interview that the provider had checked with them about their future childbearing intentions, which is unfortunate since an understanding of the client's childbearing desires is an important element in the selection of an appropriate contraceptive method. Observers also reported that providers asked if the client had discussed family planning with the spouse or partner in only two-fifths of all new client consultations.

Table 3.10 Assessment of provider performance on interpersonal relations and information exchange during new family planning client consultations

Interpersonal relations and information exchange indicators	Percentage of consultations in which specific action was observed or reported
Treated clients with respect (O)	98
Obtained information about:	
Age (O)	80
Breastfeeding status (O)	70
Signs of pregnancy (O)	31
Reproductive intentions (E)	47
Prior contraceptive use (O)	88
Client's method preference	100
Discussion with husband/partner (O)	40
Encouraged client's questions (O)	70
Tailored information to client's needs (O)	23
Used IEC materials (O)	74
Promoted or emphasised a particular method (O)	45
Provided information on chosen method:	
How to use (O)	95
Side effects (O)	67
What to do in case of problems (O)	67
Number of new family planning clients	114

Note: Information from exit interviews (E) based on 104 respondents.
Source: O = 1999 Kenya SPA new family planning client consultation observation
E = 1999 Kenya SPA family planning client exit interview

There were also other areas of the information exchange process in which there was cause for concern. For example, 30 percent of the providers did not encourage clients to ask questions during the consultation. Much of the information given to clients was general, with only 23 percent of the providers making an effort to tailor the information they provided to the client's specific situation.

Regarding the information providers gave on methods, observers reported that virtually all pro viders (95 percent) discussed with the client how to use the method the client accepted. However, providers were somewhat less likely to talk about the method's potential side effects or to tell clients what actions to take if they experience problems with the method.

Regarding the choice of method, health workers did not discuss the full range of contraceptive options in most of the consultations. Table 3.11 shows that in about a quarter of new client consultations, the provider discussed only a single method with the client. Even in cases in

Table 3.11 Range of methods discussed with new family planning clients

Number of methods discussed	Percent distribution
One only	25
2-3 methods	21
4-5 methods	24
6 or more methods	31
Total percent	100
Number of new client consultations	114

Source: 1999 Kenya SPA new family planning client consultation observation

which the provider talked about more than one method, providers often promoted one method over the others. Overall, the observers felt that providers promoted a method in 45 percent of all new client consultations (Table 3.10), with injectables being the method most often promoted (not shown in table).

In the area of technical competence, the results suggest that ***many providers were not observing infection control procedures, particularly for hand washing*** (Table 3.12). For example, less than half of health workers were observed to wash their hands prior to conducting pelvic exams with new family planning clients, and only 15 percent washed their hands prior to giving injectables.

Table 3.12 Assessment of provider compliance with infection control procedures during new family planning client consultations

Compliance with infection control procedures	Percentage of family planning consultations in which specific action was observed
Pelvic examinations	
Washed hands before putting on gloves	43
Put on new or disinfected gloves	93
Used sterilised or HLD instruments	76
Ensured instruments and reusable gloves were decontaminated	62
Followed all recommended procedures	39
Number of consultations	42
Provision of injectables	
Washed hands before injection	15
Used new packet of syringe and needle	100
Cleaned site with spirit swab	100
Followed all recommended procedures	15
Number of consultations	66

Source: 1999 Kenya SPA new family planning client consultation observation

The observation data also suggest ***procedures for disinfecting gloves and instruments were not being followed uniformly at health facilities.*** The observers reported that instruments used in the exam had not been properly sterilised or disinfected in about one-quarter of pelvic examinations. They also found that gloves and instruments were not properly disinfected following the exam in more than one-third of all cases.

Table 3.13 looks at compliance with recommended clinical procedures for conducting pelvic exams and providing the injection. For the pelvic exam, providers followed all of the recommended procedures in only 44 percent of the examinations. For the individual actions, compliance with recommended procedures ranged from 67 percent for preparing instruments prior to the exam and

asking the client to relax vaginal muscles immediately prior to the exam to 91 percent for explaining the procedure to the client prior to beginning the exam.

Table 3.13 Assessment of provider compliance with recommended clinical procedures during new family planning client consultations

Compliance with clinical procedures	Percentage of consultations in which specific action was observed
Pelvic examinations	
Explained procedure to client	91
Prepared all instruments before exam	67
Inspected external genitalia	81
Asked client to take slow, deep breaths and relax all muscles	67
Inspected cervix and and vaginal mucosa	79
Performed bimanual exam gently and without discomfort	88
Followed all recommended procedures	44
Number of pelvic consultations	42
Provision of injectables	
Reconfirmed client's choice	96
Ensured client not pregnant	92
Shook bottle before injection	99
Drew all medicine from vial	99
Drew back plunger before injection	94
Gave intramuscularly	91
Allowed dose to self-disperse	44
Advised client not to massage site	23
Disposed of hypodermic needle without recapping	58
Disposed of sharps in puncture resistant containers	50
Followed all recommended procedures	4
Number of consultations	66

Source: 1999 Kenya SPA observation of new family planning client consultation

Regarding the procedures that were followed in giving injectables, 90 percent or more of providers reconfirmed the client's choice and ensured that she was not pregnant prior to administering the injection. More than 90 percent also followed the recommended procedures for giving the injection. However, more than 40 percent massaged the site after giving the injection, rather than allowing the dose to self-disperse. Only about a quarter of the providers remembered to advise clients not to massage the site.

Of greater concern is that ***providers frequently did not handle or dispose of needles properly when giving injectables.*** Observers reported that needles were recapped after the injections in more than 40 percent of the consultations, potentially exposing the worker to a skin prick. The needles were not disposed of properly in half of all cases.

D. Integration of Family Planning and STI/HIV/AIDS Services

The National Reproductive Health Strategy adopted after the Cairo Conference addressed the need for integration of STI/HIV/AIDS into family planning services (Ministry of Health 1997b). The Ministry of Health's reproductive health and family planning policy guidelines and standards for service providers explicitly calls for providers to advise family planning clients of the need for protection against STIs and HIV/AIDS (Ministry of Health 1997c).

Results from the observation component of the KSPA indicate that health workers were not taking the opportunity of counseling sessions to discuss risk factors related to STIs and HIV/AIDS or modes of prevention. Providers rarely discussed risk factors with new family planning clients (Table 3.14). The topic was raised in only about one-fifth of new client consultations. There was also little discussion of the role of condoms in preventing infections and almost no mention of other modes of prevention.

Table 3.14 Discussion of STI/HIV/AIDS risk and prevention during new family planning client consultations

Risk factors and prevention measures	Percentage of consultations in which item was discussed
Discussion of risk factors	19
Mention condoms protect against STI/HIV/AIDS	14
Promote use of dual method for STI prevention	11
Discuss prevention methods other than condom	6
Number of consultations	114

Source: 1999 Kenya SPA new family planning client consultation observation

Data from the exit interviews indicate that although STIs or HIV/AIDS are not discussed at most individual counseling sessions, substantial minorities of new and revisit clients received at least some information on the topic during visits to the facility. Overall, 29 percent of new clients and 49 percent of revisit clients said that they were given some information on STIs or HIV/AIDS (data not shown in table).

Finally, one of the goals of the strategy of integrating STI/HIV/AIDS and family planning services is to increase condom use among the population at risk for these diseases. ***Overall, only about half of all facilities have an explicit policy of recommending dual method use to clients***. Facilities in Nyanza and Nairobi provinces are the most likely to have formally adopted a policy of promoting the use of condoms along with other family planning methods (data not shown in table).

Chapter 4 STI/HIV/AIDS Services

The various components of the KSPA capture a spectrum of information on the management, diagnosis, and treatment of sexually transmitted infections (STIs) and HIV/AIDS. This chapter uses information from the facility inventory to describe the environment in which services are delivered and from the health worker questionnaire to understand the degree of training and supervision of those staff providing services to STI and HIV/AIDS patients. The chapter also presents information gathered from the observation of clients seeking care for STIs or HIV/AIDS and from the exit interview questionnaire administered to these same clients.

A. Kenyan STI/HIV/AIDS Programme

The Government of Kenya (GOK) sees the high prevalence of sexually transmitted infections and HIV/AIDS as a major problem for Kenya's future development (NCPD 1997). It recognises that the combination of a large sexually active group of youth and inadequate knowledge and education about STIs and HIV/AIDS are major factors responsible for the increasing spread of STIs and HIV/AIDS. To reduce the spread of STIs and HIV/AIDS, the GOK is focusing on efforts to educate the population about the means of preventing STIs and HIV/AIDS. The major challenges are to increase the population's acceptance and use of condoms and promote other behavioral changes that will reduce individual's risk of infection. The results of the KSPA presented in this chapter allow an assessment of the extent to which health facilities are equipped to meet these challenges.

B. Capacity of Facilities to Manage STI/HIV/AIDS Clients

Data was collected in the facility inventory and the health worker questionnaire on the capacity of Kenyan health facilities to serve clients seeking care for STIs or HIV/AIDS. In general, the results indicate that there is a range in the ability of facilities to provide counseling, treatment, and testing for STIs and HIV/AIDS.

1. Availability of STI services

More than 90 percent of the facilities offered some type of STI services. Virtually all facilities that offered STI services had the capacity to treat STIs (Table 4.1), with a somewhat lower proportion of facilities providing counseling (80 percent). As expected, testing services are less consistently available. Overall, 45 percent of facilities that reported that they offered STI services had the capability to test for STIs. In general, private facilities were more likely to report having testing services than public facilities.

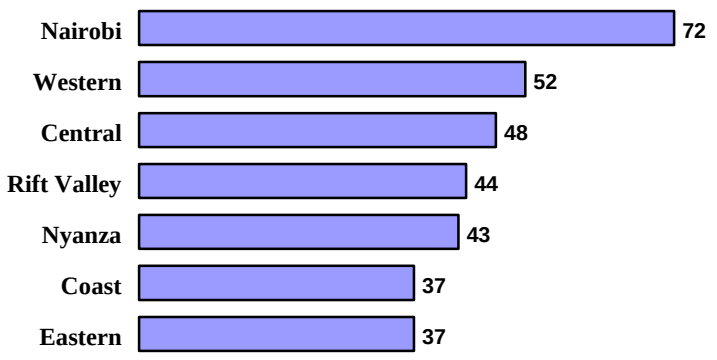
The availability of STI services varied from one province to another. All facilities in Central province reported that they offered some form of STI services; however, in Western province, only 80 percent of facilities had STI services available. Counseling services were most available from facilities that offered STI services in the Central province (95 percent) and least available in Nairobi (86 percent). As for testing services, more than 7 in 10 of the facilities in Nairobi that offered any STI services were able to test for STIs compared with 37 percent in the Eastern and Coast provinces (Figure 4.1).

Table 4.1 Availability of STI services

Facility characteristic	Percentage of facilities providing any STI service	Among facilities providing STI services, percentage that offer:			Total number of facilities
		Treatment	Counseling	Testing	
Facility type					
Hospital	100	100	97	97	32
Maternity/nursing home	100	100	90	90	21
Health centre	98	99	83	63	90
Dispensary	89	98	93	16	176
Clinic	90	98	84	53	69
Operating organisation					
Public	91	99	90	31	221
Mission	91	100	91	69	70
Other private	96	99	86	59	97
Province					
Western	80	96	92	52	30
Rift Valley	88	100	87	44	101
Nyanza	93	100	91	43	58
Eastern	99	96	88	37	68
Coast	97	100	83	37	36
Central	100	100	95	48	61
Nairobi	85	100	86	72	34
All facilities	93	99	89	45	388

Source: 1999 Kenya SPA facility inventory

Figure 4.1
Capacity to test for sexually transmitted infections



Percentage of facilities providing STI services offering testing

Source: 1999 Kenya SPA facility inventory

2. Availability of HIV/AIDS services

Far fewer KSPA facilities provided services related to the management of HIV/AIDS than offered STI services. About 60 percent of the KSPA facilities provided some type of HIV/AIDS-related services (Table 4.2). Of those facilities that offered some form of HIV/AIDS services, 90 percent had counseling services available to HIV/AIDS clients, about 60 percent offered treatment, and one-third reported that they had the capacity to test for HIV/AIDS. Regarding

treatment, facilities did not have the capacity to treat the HIV infection but offered treatment for the opportunistic infections from which many AIDS patients suffer (e.g., pneumonia or diarrhoea).

Table 4.2 Availability of HIV/AIDS services

Facility characteristic	Percentage of facilities providing HIV/AIDS services	Among facilities providing HIV/AIDS services, percentage offering:			Number of facilities
		Treatment	Counseling	Testing	
Facility type					
Hospital	94	65	100	97	32
Maternity/nursing home	85	71	88	65	21
Health centre	65	59	78	17	90
Dispensary	47	51	93	18	176
Clinic	58	59	98	21	69
Operating organisation					
Public	51	51	91	22	221
Mission	70	61	82	51	70
Other private	71	66	96	35	97
Province					
Western	53	47	94	27	30
Rift Valley	60	82	93	29	101
Nyanza	59	58	79	29	58
Eastern	62	26	86	31	68
Coast	34	39	100	50	36
Central	70	62	93	36	61
Nairobi	62	64	91	38	34
All facilities	59	58	90	33	388

Source: 1999 Kenya SPA facility inventory

As with STI services, private facilities were more likely to offer HIV/AIDS services than public facilities. Central province had the highest proportion of KSPA facilities that offered HIV/AIDS services while the lowest proportion was found in Coast province (70 and 34 percent, respectively).

The available HIV/AIDS services varied with the type of the facility. The variation was especially notable for the availability of testing. Virtually all hospitals offering HIV/AIDS services had the capacity to test for HIV. In contrast, only about 1 in 5 dispensaries, clinics, and health centres that provided HIV/AIDS services were able to test for HIV. The proportion of facilities that offered testing ranged from 27 percent in Western province to 50 percent in Coast province.

3. Outreach services

Outreach services play an important role in the prevention and treatment of STIs and HIV/AIDS. Less than 15 percent of the facilities that provided STI services offered any outreach services. ***Thirty-seven percent of the facilities that offered STI services provided training to community workers on STI/HIV/AIDS prevention and means of transmission*** (Table 4.3). Hospitals and health centres were the most likely to offer outreach treatment services and also were more likely to train community workers on STIs and HIV/AIDS.

Table 4.3 STI/HIV/AIDS outreach

Facility characteristic	Among facilities providing STI services, percentage that offer:		Number of facilities providing STI services
	Outreach STI treatment	Training of community workers	
Facility type			
Hospital	33	55	32
Maternity/nursing home	5	25	20
Health centre	21	41	88
Dispensary	9	36	156
Clinic	10	28	62
Operating organisation			
Public	6	35	201
Mission	50	39	64
Other private	7	39	93
Province			
Western	25	57	24
Rift Valley	20	50	89
Nyanza	22	44	54
Eastern	8	21	67
Coast	9	31	34
Central	8	28	61
Nairobi	3	28	29
All facilities	14	37	358

Source: 1999 Kenya SPA facility inventory

The percentage of facilities offering outreach STI treatment services varies by province, with Western having the highest percentage (25 percent) and Nairobi having the lowest (3 percent). Western and Rift Valley have the highest percentages of facilities training community workers on STI/HIV/AIDS prevention and transmission; however, even in these two provinces, only slightly more than half of all facilities have a training programme for these workers.

4. Diagnostic capabilities

The KSPA collected information on the capacity of facilities offering STI and HIV/AIDS services to test for these diseases. The survey also collected information on the capacity of these facilities to test for tuberculosis. Tuberculosis is one of the common opportunistic infections associated with HIV/AIDS. Identifying individuals with active tuberculosis is important from a public health perspective in order to prevent or reduce its transmission to other members of the household or community.

Not all levels of health facilities are expected to provide comprehensive STI/HIV/AIDS testing services, with hospitals likely to have the greatest diagnostic capabilities. The results in Table 4.4 confirm that virtually all hospitals had a diagnostic laboratory. The majority of maternities/nursing homes (85 percent) and two-thirds of health centres also had a diagnostic laboratory.

Among the facilities with diagnostic capabilities, there is a range in ability to test for specific STIs. More than 8 in 10 facilities with a diagnostic laboratory were able to test for syphilis, and more than 7 in 10 were able to test for gonorrhea. In contrast, about one-third of the facilities with a diagnostic laboratory had the capacity to test for HIV/AIDS.

Table 4.4 STI/HIV/AIDS diagnostic capabilities

Facility characteristic	Percentage of facilities providing STI/ HIV/AIDS services that had a diagnostic laboratory	Among facilities with diagnostic laboratory, the percentage able to conduct tests for:			Percentage of facilities providing STI/ HIV/AIDS services able to test for tuberculosis	Number of facilities providing STI/ HIV/AIDS services
		Syphilis	Gonorrhea	HIV		
Facility type						
Hospital	97	100	90	94	88	32
Maternity/nursing home	85	94	88	59	79	20
Health centre	65	75	56	11	26	88
Dispensary	12	83	78	28	8	157
Clinic	47	87	83	23	33	63
Operating organisation						
Public	30	75	68	27	16	203
Mission	69	91	73	44	44	64
Other private	53	92	82	44	41	93
Province						
Western	52	92	83	33	48	24
Rift Valley	39	89	74	42	31	89
Nyanza	49	77	52	33	17	54
Eastern	32	68	67	23	13	67
Coast	38	85	77	46	29	34
Central	43	89	85	46	33	61
Nairobi	62	100	83	39	42	30
All facilities	43	85	73	38	28	360

Source: 1999 Kenya SPA facility inventory

Not many Kenyan health facilities have the capacity to test for tuberculosis. ***Only a quarter of all the facilities reported that they offered sputum testing or chest x-rays to identify tuberculosis cases***.

Hospitals were more likely to be able to test for specific STIs and for tuberculosis than other facilities. Private facilities were more than twice as likely as public facilities to have diagnostic capabilities. There was considerable variability by province in the ability to test for STIs and especially for tuberculosis. Western province had the highest proportion of facilities reporting that they had the capacity to test for tuberculosis and Eastern province had the lowest proportion (48 percent and 13 percent, respectively).

5. Reporting of STIs and HIV/AIDS

Accurate and timely reporting of STI and HIV/AIDS cases is important in assessing the impact of these diseases on the population. Overall, as Table 4.5 indicates, the majority of facilities reported to a government agency or to headquarters of the organization operating the facility on the cases of STIs, and about 2 in 5 facilities reported on HIV/AIDS cases. Reporting levels were somewhat higher for STIs than for HIV/AIDS. ***Public facilities were more likely to report on STIs and HIV/AIDS than private facilities were.*** Facilities in Eastern province consistently had the lowest rate of reporting. Facilities in Nairobi also had comparatively low reporting levels.

Table 4.5 Reporting of STI/HIV/AIDS cases

Facility characteristic	Percentage of facilities providing STI/HIV/AIDS services reporting cases to government or operating organisation headquarters			Number of facilities providing STI/ HIV/AIDS services
	Syphilis	Gonorrhea	HIV/ AIDS	
Facility type				
Hospital	66	66	64	32
Maternity/nursing home	50	50	45	20
Health centre	64	70	42	88
Dispensary	62	69	38	157
Clinic	43	46	33	63
Operating organisation				
Public	65	73	43	203
Mission	53	53	41	64
Other private	47	50	37	93
Province				
Western	79	79	61	24
Rift Valley	62	64	35	89
Nyanza	78	87	69	54
Eastern	25	39	21	67
Coast	82	82	44	34
Central	62	64	43	61
Nairobi	37	40	33	30
All facilities	59	64	41	360

Source: 1999 Kenya SPA facility inventory

6. Drug availability, management, and record keeping

Drug availability is an important component in the management of STIs. The ten drugs most commonly used in the treatment of STIs vary in their availability. As Table 4.6 shows, doxycycline and metronidazole are the most widely available drugs. Spectinomycin was the least available drug.

Table 4.6 Availability of drugs used to treat STIs

Facility type	Percentage of facilities providing STI treatment services having drug available									
	Amox-ycilin	Benza-thine Pen.	Doxy-cycline	Erythro -mycin	Metroni-dazole	Norflo-xacin	Nystatin Pessaries	Proben-ecid	Spectin-omycin	Tetra-cycline
Hospital	79	81	88	52	88	56	44	42	46	47
Maternity/ nursing home	91	90	79	55	85	79	40	26	30	90
Health centre	66	78	85	51	90	56	44	42	38	52
Dispensary	46	53	87	39	93	40	30	33	22	64
Clinic	87	74	66	60	68	60	34	27	21	72
All facilities	63	68	83	47	87	51	36	35	29	62

Source: 1999 Kenya SPA facility inventory

To better understand the likelihood that an STI client would enter a facility and be provided with the necessary drug(s), it is also important to consider both the facilities that did not have the drug on hand at the time of the survey and the facilities reporting a stockout in the past six months of major STI drugs. ***Stockouts of the primary drugs used to treat the most common STIs are a major problem in Kenyan health facilities.*** Fewer than 1 in 20 facilities could be considered to have the STI drugs consistently available; i.e., they had all of the ten drugs most commonly used to treat STIs available at the time of the survey and had experienced no stockouts of those drugs during the six-month period before the survey.

Table 4.7 Management of STI drugs

Facility characteristic	Among facilities providing STI services: Percentage with all drugs consistently available[1]	Median number of drugs consistently available[1]	Percentage with stock record for STI drugs	Number of facilities providing STI services
Facility type				
Hospital	9	6	81	32
Maternity/nursing home	5	7	45	20
Health centre	5	5	73	88
Dispensary	3	4	53	156
Clinic	7	5	37	62
Operating organisation				
Public	3	4	59	201
Mission	6	5	67	64
Other private	8	6	47	93
Province				
Western	4	5	71	24
Rift Valley	3	5	61	89
Nyanza	2	6	82	54
Eastern	3	4	34	67
Coast	6	4	47	34
Central	13	5	54	61
Nairobi	3	8	62	29
All facilities	5	5	57	358

[1] A facility was considered as having STI drugs as consistently available if all drugs were available at the time of the interview and no stockouts of the drugs had occurred during the 6-month period before the survey

Source: 1999 Kenya SPA facility inventory

The average KSPA facility offering STI services had five of the ten drugs consistently available. Maternities and nursing homes had the largest number of drugs consistently available (7) and dispensaries had the smallest number (4). The average facilities treating STI clients in Nairobi had 8 of the 10 drugs consistently available. In comparison, facilities that served STI clients in Eastern and Coast provinces had only half that number consistently available.

The maintenance of stock records for drugs is essential to avoiding stockouts. Overall, ***slightly more than half of all facilities maintain a stock record of their STI drugs***. A little more than 80 percent of hospitals maintain a record of the stock of STI drugs; in contrast, fewer than half of all maternities and clinics had stock records.

C. Training of Health Workers to Provide STI and HIV/AIDS Services

Using data from the health worker interviews, it is possible first to look at the extent to which health workers providing STI and HIV/AIDS services have had either basic and/or in-service training in these services. The health workers were also asked about the training that they had had in universal precautions and in the management of patients with tuberculosis.

1. STI training

More than 80 percent of health workers providing STI services reported that their basic training included STIs (Table 4.8). In-service training in counseling and/or syndromic management of STIs was much less common. A little more than a third of the health workers providing STI services had had at least one in-service training course on STIs. Most of those had had recent training; 9 in 10 of the health workers with some in-service training (33 percent of all workers providing STI services) had been to at least one course since 1995.

Table 4.8 Health worker training in the delivery of STI services

Health worker and facility characteristics	Percentage of health workers providing STI services who had: Basic training in STI services	In-service training in STI counseling and/or syndromic management: Any	In-service training in STI counseling and/or syndromic management: Recent	Total number of health workers providing STI services
Type of health worker				
Doctor	98	36	30	43
Clinical officer	89	51	41	79
Registered nurse	84	35	25	75
Enrolled nurse	78	35	33	419
Facility type				
Hospital	82	43	45	184
Maternity/nursing home	94	23	19	47
Health centre	76	35	27	178
Dispensary	81	38	34	128
Clinic	86	38	27	79
Operating organisation				
Public	75	39	32	344
Mission	91	34	36	141
Other private	88	37	34	131
Province				
Western	75	51	41	58
Rift Valley	90	41	36	145
Nyanza	74	34	35	116
Eastern	80	31	28	90
Coast	79	41	35	48
Central	84	32	31	97
Nairobi	81	40	26	63
All health workers	81	37	33	616

Source: 1999 Kenya SPA health worker interview

Almost all physicians had basic STI training, while only slightly more than three-quarters of enrolled nurses said that their basic training included STIs. Regarding in-service training, clinical officers were more likely both to have had any training and to have had in-service training than other health workers. Staff at Mission-operated facilities report having STIs covered in basic training more frequently than staff in public or other private facilities; however, they had the lowest percentage of staff having taken any in-service training courses in STIs.

The average health worker believed that his/her training in the syndromic management of STIs was adequate to allow them to perform their duties. However, 34 percent of the workers felt that their training was not sufficient (not shown in table).

2. HIV/AIDS training

In general, ***about half of the health workers who provided HIV/AIDS services reported that their basic training had covered HIV/AIDS, and a similar percentage had had in-service training covering HIV/AIDS counseling***. Among those who had had in-service training, the majority had attended at least one course since 1995. Overall, a little more than a third of the health workers who provided HIV/AIDS services had had recent training in counseling AIDS patients.

Table 4.9 Health worker training in the delivery of HIV/AIDS services

Health worker and facility characteristics	Percentage of health workers providing HIV/AIDS services who had:			Number of health workers providing HIV/AIDS services
	Basic training in HIV/AIDS	In-service training in HIV/AIDS counseling		
		Any	Recent	
Type of health worker				
Doctor	70	43	28	40
Clinical officer	55	58	44	48
Registered nurse	61	44	25	52
Enrolled nurse	45	47	37	197
Facility type				
Hospital	53	58	41	125
Maternity/nursing home	77	36	20	30
Health centre	48	42	30	83
Dispensary	45	42	41	64
Clinic	46	49	29	35
Operating organisation				
Public	42	45	34	183
Mission	65	53	38	87
Other private	57	48	34	77
Province				
Western	19	70	54	27
Rift Valley	59	51	38	83
Nyanza	61	39	33	61
Eastern	48	38	24	42
Coast	67	54	29	24
Central	48	44	33	65
Nairobi	47	53	40	35
All health workers	52	48	35	337

Source: 1999 Kenya SPA health worker interview

Health workers in maternities/nursing homes, in facilities run by Missions, and in facilities in the Coast province were most likely to have had HIV/AIDS covered in basic training. Regarding in-service training, health workers in hospitals, Mission-operated facilities, and facilities in the Western province had the highest levels.

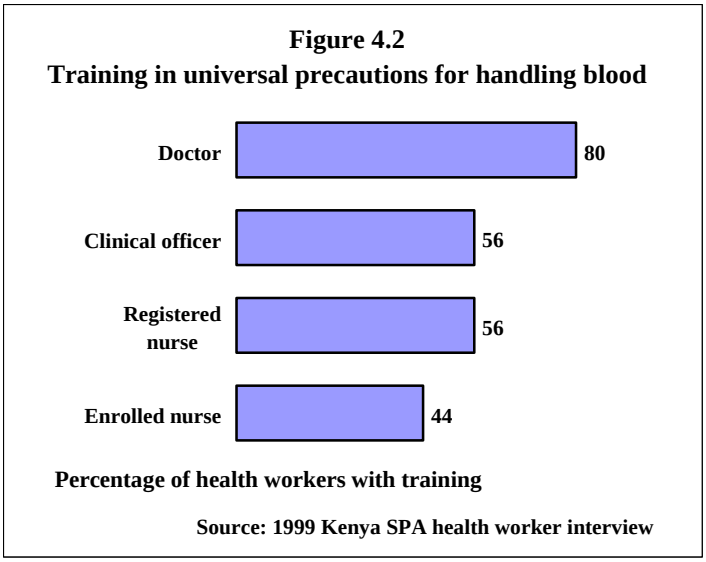
3. Training in universal blood precautions and management of tuberculosis patients

Slightly less than half of all health workers providing STI/HIV/AIDS services had training in universal precautions in handling blood and blood products (Table 4.10). By health worker category, the proportion with training ranged from 44 percent of enrolled nurses to 80 percent of doctors (Figure 4.2). Among those who have had training on universal blood precautions, 3 in 10 felt that the training was inadequate (not shown in table). Maternities had the highest proportion of staff with training on the precautions, while health centres and dispensaries had the lowest proportions trained. Facilities operated by private organizations other than Missions are most likely to have staff trained on the precautions.

Table 4.10 Health worker training in universal blood precautions and tuberculosis case management

Health worker and facility characteristics	Among health workers providing STI/HIV/AIDS services, the percentage with training in:		Number of health workers providing STI/ HIV/AIDS services
	Universal precautions in handling blood/ blood products	Case management of tuberculosis	
Type of health worker			
Doctor	80	75	44
Clinical officer	56	53	81
Registered nurse	56	47	81
Enrolled nurse	44	42	434
Facility type			
Hospital	57	43	195
Maternity/nursing home	74	67	48
Health centre	42	45	184
Dispensary	39	43	131
Clinic	49	49	81
Operating organisation			
Public	43	46	350
Mission	51	40	146
Other private	64	52	136
Province			
Western	29	35	58
Rift Valley	64	46	151
Nyanza	45	48	119
Eastern	40	40	93
Coast	60	54	50
Central	45	45	101
Nairobi	52	56	66
All health workers	49	46	638

Source: 1999 Kenya SPA health worker interview



Regarding the tuberculosis case management training, Table 4.10 shows that, surprisingly, only about two-fifths of the health workers providing STI/HIV/AIDS services in hospitals had such training. As many tuberculosis clients go to hospitals for treatment, the low percentage of staff with training in case management of the illness is of considerable concern.

D. Observation of STI Consultations

1. Consultation dynamics

A total of 150 STI consultations were observed during the KSPA. Although the number of observations was relatively small, the results from the observation of STI clients illustrate some interesting findings in the dynamics of the interaction between providers and STI clients.

An important aspect of the client/provider interaction relates to the extent to which the provider gathers information about the client's history and reasons for visiting the health facility. ***A high percentage of STI clients were asked questions important for proper diagnosis.*** More than 90 percent of clients were asked about the nature of their symptoms and their onset, and three-fourths were asked for the history of their recent sexual contacts (Table 4.11).

Privacy is well maintained during STI consultations, with nearly all clients seen privately (Table 4.11). Physical examinations were not common. The health worker examined the genitalia in less than a third of all the consultations, with examinations being slightly more common for male clients than female clients. Only two female clients were examined using a speculum, and only eight had a bimanual examination (not shown in table). ***Few health workers used gloves when performing a physical examination of the client.*** Health workers wore gloves during only about a third of the physical examinations that were observed.

Table 4.11 STI consultation dynamics and examination procedures

Questions asked/ procedures performed/ treatment recommended	Percentage of consultations with STI clients in which specific action was observed		
	Males	Females	All
Provider asks client about:			
Nature of present symptoms	95	99	97
Onset/duration of symptoms	93	90	91
History of recent sexual contacts	79	75	77
During examination:			
Privacy maintained	98	96	97
External genitalia fully exposed	33	25	28
External genitalia thoroughly examined for discharge and lesions	28	17	21
If examined, gloves worn	11	54	35
Laboratory test(s) run	37	38	37
If test run, results available same day	86	94	91
Treatment:			
Client receives prescription	33	36	35
Client receives medicines	63	65	64
Client instructed to complete full course of treatment	95	82	87
Client urged to bring partner for treatment	70	68	69
Client given drugs for partner	4	5	5
Total number of consultations	93	57	150

Source: 1999 Kenya SPA STI client consultation observation

Laboratory tests were run for about a third of the cases (Table 4.11). The diagnostic tests performed in the highest frequency were the RPR/VDRL (14 percent) for syphilis and the gram stain for gonorrhea (13 percent). Only one client was tested for HIV/AIDS (not shown in table). In 9 in 10 cases when a test was run on a client, results were available on the day of consultation and were used to guide the client's treatment regimen.

Properly treating STIs is essential to controling infection in the population. ***Health workers gave medicines or a prescription for these drugs to virtually all clients with a diagnosed STI***. As Table 4.11 shows, in more than 8 in 10 of the consultations, the provider advised the client to take the full course of the medication. Two-thirds of clients were urged to bring their partner in for treatment, and 5 percent were given drugs for the partner's treatment.

2. HIV/AIDS Counseling

Clients visiting a health facility to receive services related to the management of STIs should also be tested for, or at least counseled about, the potential risk of HIV/AIDS. Furthermore, health workers should be promoting the use of condoms to clients with STIs since the National AIDS/STD Control Program (NASCOP) in Kenya explicitly recommends that health workers counsel clients on condom use, give out condoms, and advise clients to convince their partner to seek treatment as well.

Nevertheless, as Table 4.12 shows, ***only a third of the health workers were observed mentioning the risk of acquiring HIV/AIDS to their STI clients.*** Only slightly more than a third of health workers were observed promoting condoms, and fewer than 1 in 10 providers gave or sold

condoms to the STI clients. Providers also did little to educate STI clients about the condom; only 11 percent instructed clients about how to use the condom, and 2 percent demonstrated how to put on a condom.

Table 4.12 HIV/AIDS counseling and condom use promotion

HIV/AIDS counseling/ condom use promotion	Males	Females	All
Risk of HIV/AIDS mentioned	33	36	35
Condoms promoted	39	34	36
Condoms provided/sold to patient	12	6	9
Instructions on condom use provided	7	14	11
Provider demonstrates how to put on a condom	2	2	2
Number of STI consultations	93	57	150

Source: 1999 Kenya SPA STI client consultation observation

E. Client Behaviour and Knowledge related to STI/HIV/AIDS Prevention

Exit interviews were completed with almost all of the STI clients whose consultations with providers were observed during the KSPA. The exit interviews included a series of questions on condom knowledge and use. The results indicate that almost 90 percent of men generally know of a place to buy a condom, and virtually all say that they could get a condom if they wanted (Table 4.13). Women are substantially less likely than men to admit knowing a place to get condoms, with only 61 percent able to name a source. They are also somewhat less likely to express confidence that they could get a condom if they wanted.

Only about 1 in 9 STI clients had used a condom the last time they had had sexual intercourse. A somewhat higher percentage of men than women reported condom use during the last sexual encounter. Among men who reported that a condom was used, all said that the condom had been used to prevent an STI or HIV/AIDS. Among women, the proportion who used condoms for prevention was somewhat lower (75 percent).

Table 4.13 Client knowledge and behaviour related to STI/HIV/AIDS prevention and transmission

Client knowledge/behaviour	Males	Females	All
Client knows of a place to buy condoms	87	61	71
Client knowing where to buy condoms could get a condom if wanted to	98	85	91
Last time client had sexual intercourse, condom was used	15	9	11
Of those who used a condom last time they had sex, STI/HIV prevention was a primary reason	100	75	88
Total number of exit interviews	89	55	144

Source: 1999 Kenya SPA STI client exit interview

The low level of condom use does not appear to be related to a lack of awareness of the risk of HIV/AIDS. Nearly all STI clients report hearing about AIDS, and 92 percent believed that the disease was preventable (Table 4.14). About 6 in 10 of the clients had spoken to their partner about AIDS, and a similar percentage knew of a place where they could be tested for the HIV virus. Less than a fifth of the STI clients had been tested for the HIV virus. The likelihood that the individual had been tested was higher for male than for female clients.

Table 4.14 Client knowledge of modes of HIV/AIDS prevention and transmission

Client knowledge	Males	Females	All
Client heard of AIDS	100	98	99
If knows about AIDS:			
Client believes that AIDS is preventable	96	90	92
Client has spoken with partner about ways to prevent AIDS	71	55	61
Client knows of a place to get an AIDS test	71	58	63
Client has been tested	24	15	18
If believes AIDS is preventable:			
Client thinks risk of AIDS is influenced by number of sexual partners	93	86	89
Client thinks one can prevent AIDS by abstaining from sex	46	28	35
Client thinks use of condoms can prevent AIDS	91	78	83
Total number of exit interviews	89	55	144

Source: 1999 Kenya SPA STI client exit interviews

About 9 in 10 of the STI clients who expressed the belief that AIDS could be prevented identified the number of sexual partners that an individual had as one factor influencing the chance of getting AIDS (Table 4.14). Condoms were seen as a means of preventing AIDS by more than 8 in 10 STI clients, and about half mentioned abstinence from sex as a means of avoiding contracting AIDS. Women were markedly less likely to mention abstinence from sex as a means of preventing HIV/AIDS, possibly because they do not consider it a realistic option.

Chapter 5 Maternal and Newborn Health Services

This chapter provides an overview of the Kenyan maternal and newborn health services environment derived from four modules of the KSPA: the facility inventory, the health worker interview, the antenatal care observation, and the client exit interview. The chapter highlights the key aspects of maternal and newborn care including the availability of staff and services for antenatal care, safe delivery, post-partum care and obstetric complications:

A. Maternal Health Care in Kenya

1. Maternal health status and health care utilisation

Complications related to pregnancy and childbirth are among the leading causes of morbidity and mortality of Kenyan women. Recent estimates suggest that there are 590 deaths per 100,000 live births, representing a 1 in 36 lifetime risk of dying from a maternally related cause (NCPD, CBS, and MI 1999). Hospital-based studies suggest that the majority of these deaths are due to obstetric complications, including haemorrhage, sepsis, eclampsia, obstructed labour, and unsafe abortion. Unsafe abortions practices alone are thought to cause at least a third of all maternal deaths. The remaining deaths are due to indirect causes, that is, the result of existing diseases aggravated by the physiological effects of pregnancy, and, of these latter causes, anaemia is amongst the most significant, although deaths from HIV/AIDS are becoming increasingly common (Ministry of Health 1996).

Compared with other African countries, Kenyan women's use of maternal health services is high. The Kenya DHS found that 92 percent of women attend for antenatal care at least once, 28 percent make two or three visits, and more than 60 percent of women attend four or more times (NCPD, CBS and MI, 1999). However, the majority of these women attend relatively late in pregnancy since the median gestation at first visit is 5.7 months. Delivery within a health facility or with a skilled attendant is much less common than antenatal care. Only 44 percent of women have a skilled attendant present at delivery, while slightly less than one-quarter of women deliver with a traditional birth attendant (TBA), one-quarter deliver with a relative, and nearly one-tenth of women deliver entirely alone. The majority of the deliveries with a skilled attendant occur mainly in hospitals. Overall, 30 percent of all deliveries occur in hospitals, 5 percent in health centres and 5 percent in private clinics.

Wide regional disparities are disguised in these aggregate figures, however. Delivery at home, for example, is twice as common in rural areas as in urban areas, and the proportion of births with a skilled attendant ranges from 78 percent in Nairobi to only 33 percent in Western Province (NCPD, CBS and MI, 1999).

2. Maternal health policy

Maternal health services in Kenya began as part of an integrated MCH programme in 1972, but it was not until the inauguration of the Safe Motherhood Initiative in Nairobi in 1987 that specific programmes to reduce maternal mortality and improve maternal health were established. Early efforts focussed on training TBAs to screen high-risk pregnancies for complications but are now directed towards providing women with access to care at the facility level.

The National Reproductive Health Strategy published in 1997 (Ministry of Health, 1997b) has two principle maternal health objectives: to reduce maternal mortality to 170 per 100,000 live

births by the year 2010 and to increase professionally attended deliveries to 90 percent in the same time period. The main elements of the strategy include improving facility capacity at all levels to manage pregnancy-related complications, unsafe abortion, and newborn care and establishing a functioning referral system.

3. Organisation of maternal health services

Maternal health services are provided by facilities at every level of the Kenyan health system. At the lowest level of the public sector, dispensaries, which are staffed by enrolled nurses, public health technicians, or patients' attendants provide antenatal care; treatment for simple medical problems in pregnancy such as anaemia; and occasionally conduct uncomplicated deliveries. At the next level, health centres, which are staffed by midwives or nurses, clinical officers, and occasionally by doctors, provide a wider range of services and carry out deliveries more frequently. Health centres should be able to provide basic first aid for obstetric complications but are not equipped for surgery or for providing care for obstructed labour. District hospitals are the lowest level of health facility equipped to carry out caesarean sections.

Clinics and maternities also provide a wide range of maternal health services. Although these facilities exist in the public sector, the majority are private establishments. The types of services that they provide are therefore very heterogeneous. Some clinics provide only antenatal care while others, particularly the larger establishments or polyclinics, also provide delivery care and surgery. Most maternities provide normal delivery care, and some are equipped to carry out caesarean sections.

Doctors, clinical offices, registered midwives and nurses, and enrolled midwives and nurses make up the professional labour force of skilled[1] attendants. Compared with doctors, clinical officers have little obstetric training overall although some provide obstetric care on a regular basis. Registered midwives (KRM) or nurse/midwives (KRNM) have three years of training and form the senior level of the nursing service. In general they fulfill a teaching, administration, or supervisory role. Enrolled midwives (KEM), nurse/midwives (KENM), and nurses (KEN) have two years of training and comprise the majority of the labour force in all facilities.

Although providing women with access to a skilled attendant at birth is a key element in the National Reproductive Health Strategy, there are major problems in the availability and distribution of health sector manpower. There are recognised shortages of doctors and clinical officers across the country, particularly in rural areas and at facilities below the hospital level. More than half of all health personnel and four-fifths of doctors are urban based (Ministry of Health 1997b).

4. Essential maternal health services

For maternal health services to be effective, women need to be provided with a continuum of care throughout pregnancy, delivery, and the postnatal period. These services should include antenatal care, delivery care, care for obstetric complications, and postnatal care. It is particularly important that women are provided with effective emergency care since complications may affect up to 40 percent of women during pregnancy, delivery or in the immediate postpartum period, and for up to 15 percent of women these complications may be life threatening (UNICEF 1999).

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[1] A skilled provider is a doctor, nurse, or midwife who can provide care for a normal pregnancy, delivery, and labour and diagnose and manage pregnancy complications when they arise.

- Antenatal care should include services that monitor the progress of the pregnancy to assess foetal and maternal health, screen for and treat common medical problems (e.g., anaemia, STDs, etc.), provide preventive treatment such as immunisation against tetanus or iron for anaemia, and counsel women on a range of important health issues (such as the recognition of warning signs in pregnancy and when and where to seek care, etc.).

- Delivery care should include delivery with a skilled attendant, a person who can provide normal delivery care and recognise and manage pregnancy complications when they occur.

- Emergency care should include services to provide for the most common obstetric emergencies (i.e., sepsis, haemorrhage, eclampsia, retained placenta, and abortion complications) as well as for neonatal care, surgery, and blood transfusion. At lower levels, health facilities should be able to provide first-aid treatment and when necessary, refer to higher levels of care. (UNICEF 1999; WHO 1994).

- Postnatal care should include services that assess the physical, nutritional and, emotional well-being of mothers and newborns, provide information on infant care (such as breastfeeding, immunisation, etc.), provide information on maternal well-being (such as the recognition of complications), and provide preventive care (such as family planning, etc.)

This chapter provides information on the quality and availability of maternal health services in Kenya measured against some of these standards to identify gaps in provision of services and to determine how best to strengthen the current provision of care.

5. Organisation of the presentation of the KSPA maternal health results

The chapter begins with a general overview of the availability of maternal health services. The chapter then focuses on issues related to antenatal care services, including the capacity of facilities to provide antenatal services and the quality of the care provided. Data from the facility inventory, the health worker interview, and from observations and exit interviews with antenatal care clients are used to explore these issues.

In the second part of the chapter, the focus is on the capacity of Kenyan health facilities to provide delivery care. The capacity of health facilities to handle routine deliveries is examined first. The chapter then addresses the capacity of facilities to respond to obstetric complications.

B. Availability of Maternal Health Services and Staff

1. Availability of maternal health services

For women to be able to use services, the services must first be accessible and available. ***Antenatal care was provided by 86 percent of both public and private facilities*** surveyed in the KSPA (Table 5.1). Practically all hospitals, maternities, and health centres, and approximately 80 percent of dispensaries and clinics, provide antenatal care. By comparison, ***delivery care is provided in only one-third of all facilities, mainly in hospitals, maternities/nursing homes and health centres***. A greater proportion of facilities in Western province provide delivery care than facilities in other provinces.

Table 5.1 Availability of maternal health services

Facility characteristic	Percentage of facilities that provide: Antenatal care	Percentage of facilities that provide: Delivery care	Percentage of facilities providing antenatal care that provide: Antenatal outreach[1]	Number of facilities
Facility type				
Hospital	97	91	48	32
Maternity/nursing home	95	95	10	21
Health centre	94	67	35	90
Dispensary	77	9	25	176
Clinic	81	28	14	69
Operating organisation				
Public	86	30	18	221
Mission	87	49	67	70
Private	83	45	15	97
Province				
Western	93	73	52	30
Rift Valley	85	28	33	101
Nyanza	86	50	30	58
Eastern	77	30	19	68
Coast	94	39	21	36
Central	82	33	18	61
Nairobi	88	32	13	34
All facilities	86	37	26	388

[1] Outreach services was defined as any programme in which facility staff visited communities on a regular basis to deliver maternal health services early pregnancy detection and entry into antenatal care, home visits for pregnant women, and distribution of iron tablets.
Source: 1999 Kenya SPA facility inventory

Outreach programmes, i.e., the provision of services in sites beyond the health facility, play an important role in extending health services coverage in areas where the population is widely dispersed and access to services is poor. A relatively small proportion of health facilities, mainly in the private sector, provide outreach. Antenatal outreach services are more likely to be offered by hospitals and health centres than other facilities. Considerable regional variation exists in the provision of these services. Half the facilities in Western province provide antenatal outreach services, compared with less than 20 percent of the facilities in Eastern, Coast, and Central provinces.

2. Staffing at maternal health facilities

As Chapter 1 discussed, the overall numbers of doctors and clinical officers working in health facilities are small, so that the majority of maternal health services are being provided by registered nurses and especially by enrolled nurses. The health worker interviews conducted during the KSPA provide information on the training and knowledge of these staff. More than three-quarters of the 1,152 health care workers interviewed during the KSPA were providing maternal health services at the time they were interviewed. Almost all the workers who said they delivered maternal health services provided antenatal care services, while slightly more than half provided delivery care and postnatal care.

Maternal health care providers need a very broad range of skills in order to provide both preventive and curative services as well as emergency obstetric care. Pre-service and in-service training are crucial to developing and maintaining provider skills. Virtually all staff delivering maternal health services in KSPA facilities had pre-service training covering antenatal, delivery, and postnatal care. ***Table 5.2 shows, however, that less than a fifth of these had received any in-service training in the services that they were providing***.

Table 5.2 In-service training in maternal health services

Health worker and facility characteristics	Among health workers providing specific maternal health services, percentage with in-service training in that service			Percentage of health workers providing any maternal health service with in-service training in management of complications	Number of health workers providing maternal health services
		Delivery care			
	Antenatal care	Any training in delivery care	Use of the partograph		
Type of health worker					
Doctor	29	34	25	27	43
Clinical Officer	14	5	5	9	57
Registered nurse	28	31	27	26	122
Enrolled nurse	12	17	11	13	699
Facility type					
Hospital	17	20	16	17	347
Maternity/nursing home	17	22	17	17	71
Health centre	14	16	7	8	252
Dispensary	8	6	6	25	150
Clinic	25	43	26	15	101
Operating organisation					
Public	15	19	12	15	512
Mission	13	17	14	14	222
Private	19	25	19	19	187
Province					
Western	10	8	4	9	100
Rift Valley	13	21	15	12	239
Nyanza	19	24	14	18	153
Eastern	11	21	15	12	125
Coast	17	24	21	16	73
Central	14	20	15	17	128
Nairobi	26	26	23	27	103
All health workers	15	20	14	15	921

Source: 1999 Kenya SPA health worker interview

This dearth of in-service training was common to all facilities and all grades of staff. Although doctors were more likely than other grades to have received in-service training, no more than one-third had received in-service training in antenatal care, delivery care, use of the partograph, or delivery complications. An even smaller proportion of clinical officers and enrolled nurses had received any maternal care in-service training.

Most pregnancy complications cannot be predicted. Consequently, all maternal care providers need to acquire life-saving skills since early recognition and prompt management of complications is crucial to preventing maternal and newborn deaths. Table 5.2 shows that ***only 15***

percent of health workers had received in-service training in the management of delivery complications. Less than one-third of those who had training attended a course since 1995 (not shown in table).

3. Knowledge of warning signs among maternal health workers

As part of the health worker interview, all maternal health workers were asked to list the symptoms and warning signs during **late** pregnancy, delivery, and after delivery that would prompt them to admit a woman or refer her to another level for care. Their responses provide a measure of provider knowledge and decision-making about obstetric complications. Responses corresponding to any of 10 different symptoms or problem categories shown at the bottom of Table 5.3 were recorded. Since most maternal deaths occur around the time of delivery, health workers must know what action to take for these common problems.

There is a need to improve providers' knowledge of obstetric complications. One-quarter of the health workers providing maternal health services named symptoms from more than 7 of the warning sign categories, one-third named 5 or 6, one-third 3 or 4, and one-tenth named two or fewer.

Differences by provider type and facility type were small. In general, doctors and clinical officers knew more than registered nurses who in turn were a little more knowledgeable than enrolled nurses. Surprisingly, clinical officers performed as well as doctors, despite the fact that doctors generally have more experience and training.

C. Antenatal Care Services

The KSPA survey collected information in the facility inventory on the availability of basic equipment, supplies, and medicines required to provide antenatal care services and the capability of facilities to conduct simple screening tests for conditions that often occur during pregnancy (e.g., anaemia). The results of the observation of consultations with antenatal care clients and from exit interviews with clients receiving antenatal care services provide another means of assessing the delivery of antenatal care in Kenyan facilities.

1. Availability of equipment and supplies

The items of equipment and supplies used to assess facility's capacity to provide normal pregnancy care were selected from current Kenyan standards, namely MOH lists of drugs, supplies and equipment provided to facilities. The availability of equipment needed for the delivery of antenatal care services was assessed in two ways in Table 5.4. First the table shows whether facilities had the MCH/basic equipment[2] set provided by the Ministry of Health and, if the set was available, whether it was complete. In addition, the table also considers the availability of several individual items selected to assess whether a facility had the appropriate equipment and supplies for providing antenatal care. These included a blood pressure gauge, a stethoscope, an obstetric stethoscope, a thermometer, a measuring tape, an infant scale, an adult scale, and antenatal cards.

[2] The kit includes items needed for antenatal care (such as a tape measure, scale, foetal stethoscope, etc.) as well as equipment for conducting a normal delivery (such as forceps and gloves). The exact contents of the kit can be found in Appendix B.

Table 5.3 Knowledge of warning signs among health workers providing maternal health services

Health worker and facility characteristic	Percentage of health workers providing antenatal, delivery, or postnatal care with knowledge of warning signs[1]				Number of health workers
	Number of categories known				
	0-2	3-4	5-6	7 or more	
Type of health worker					
Doctor	6	30	40	24	43
Clinical officer	8	28	37	27	57
Registered nurse	12	31	31	27	122
Enrolled nurse	7	39	31	19	699
Facility type					
Hospital	7	36	31	27	347
Maternity/nursing home	5	38	42	15	71
Health centre	7	36	35	23	252
Dispensary	13	35	24	29	150
Clinic	9	46	30	16	101
Operating organisation					
Public	9	35	30	26	512
Mission	7	38	32	23	222
Private	8	39	34	19	187
Province					
Western	15	47	30	10	100
Rift Valley	4	25	30	41	239
Nyanza	3	25	37	34	153
Eastern	17	51	21	10	125
Coast	6	47	40	7	73
Central	8	35	33	24	128
Nairobi	7	49	34	10	103
All health workers	8	37	32	24	921

[1] Warning signs are grouped into the following 10 categories: (1) previous bad obstetric history/abdominal scars/previous stillbirth; (2) hypertension/headache/swelling/fits; (3) anaemia/pallor/fatigue/breathlessness; (4) cessation of foetal movement/baby does not move; (5) malpresentation/abnormal lie/position of foetus; (6) sepsis/foul-smelling discharge/ postpartum abdominal pain; (7) light bleeding/spotting; (8) haemorrhage/heavy bleeding; (9) multiple pregnancy/large abdomen; (10) obstructed/prolonged labour.

Source: 1999 Kenya SPA health worker interview

As Table 5.4 shows, more than 8 in 10 facilities had the MCH/basic equipment set available. In many cases, however, the set was incomplete. Considering the availability of the individual items, ***more than 9 in 10 facilities had the items considered essential for providing antenatal care, except for the thermometer, measuring tape, and supply of antenatal cards***.

2. Availability of medicines

Table 5.5 shows the availability of medicines for routine prophylaxis during pregnancy (e.g., iron, tetanus toxoid, and antimalarials for endemic areas) as well as the availability of a limited number of oral antibiotics for minor infections. All of the medicines shown should routinely be available in health centres or at the hospital level.

Most facilities had iron and tetanus toxoid in stock at the time of the survey. MOH policy is to prescribe iron each time a woman attends for antenatal care. Thus, ***the finding that more than 10 percent of the facilities lacked iron is an important missed opportunity for providing prophylaxis to pregnant women***. Similarly, the finding that 11 percent of the facilities did not have tetanus toxoid in stock is also important, particularly when many women attend for antenatal care on only one or two occasions.

The antibiotics listed in Table 5.5 are those most commonly available at health facilities for treating minor infections. Substantial numbers of the facilities did not have a number of the antibiotics on stock.

Table 5.4 Availability of equipment and supplies for antenatal care services

Equipment item	Percentage of facilities providing antenatal care services that had set/item(s) available
MCH/basic equipment set	
Present	85
Complete	45
Individual items	
Blood pressure gauge	90
Stethoscope	94
Foetoscope	97
Thermometer	86
Measuring tape	41
Infant scale	92
Adult scale	94
Antenatal cards	44
Number of facilities	332

Source: 1999 Kenya SPA facility inventory

Table 5.5 Availability of medicines for antenatal care services

Medicine	Percentage of facilities providing antenatal care services that had medicine available
Tetanus toxoid	90
Tetracycline ointment	87
Ferrous sulphate	86
Cotrimoxazole	79
Amoxycillin	63
Penicillin V	33
Erythromycin	47
Fansidar	79
Chloroquine	61
Number of facilities	332

Source: 1999 Kenya SPA facility inventory

3. Laboratory screening capacity

Ideally all facilities providing antenatal care services should be able to carry out a certain number of simple screening tests for conditions that occur often in pregnancy. Many of these simple tests, such as the haematocrit for the detection of anaemia and urinalysis for the detection of asymptomatic proteinuria, can permit early diagnosis and treatment of conditions that might subsequently cause considerable morbidity for both mother and baby.

Overall, relatively few facilities are able to carry out the six screening tests shown in Table 5.6. This is because lower-level facilities such as dispensaries, which do not normally have a diagnostic laboratory, are included in the denominator. Most hospitals and maternities are able to screen women for the majority of the tests, although only half of all maternities screen for HIV. Less than half of all clinics and health centres and a very small minority of dispensaries have laboratory screening capacity (not shown in table).

Table 5.6 Laboratory testing and screening capacity

Test	Percentage of facilities providing antenatal care services that are able to conduct screening tests
Pregnancy	35
Urinalysis	43
HCT/PCV	35
Blood glucose	31
Malaria	42
Syphilis	38
HIV	16
Number of facilities	332

Source: 1999 Kenya SPA facility inventory

4. Observation of antenatal care consultations

The KSPA collected observation data on a total of 512 antenatal care consultations in a range of health facilities. In the discussion that follows, this information is used in assessing three aspects of routine antenatal care: history-taking, clinical examination, and counseling.

In reviewing the observation results, it is important to acknowledge that the health workers were aware that they were being observed and this may have influenced their performance. While all provider observations are subject to a best-behaviour bias to a greater or lesser degree, they are nevertheless an effective means of monitoring the quality of clinical services delivery. Moreover, the observation bias has the advantage of increasing the specificity of the observation. If a task is not carried out in this setting, then it is unlikely to be done in any other.

Another issue that must be kept in mind in considering the antenatal consultation data is that outside of a small number of clinical tasks that should be invariably performed, it is not always clear exactly what should take place at each visit. To partially address this problem, the discussion that follows takes into account whether the consultation is the client's first or subsequent visit for antenatal care. For the first visit, there is greater agreement on the appropriate tasks, particularly on history-taking.

a. Routine history-taking

Table 5.7 looks at a number of items of information that health care providers would be expected to obtain from antenatal care clients as part of the routine history-taking. In general, the provider should ask about these items at the first visit. In subsequent visits, these questions would generally not need repetition since most of this information should be available to the provider from the antenatal card.

Most providers were asking pregnant women regardless of their visit status about problems they might be having during the pregnancy. However, many providers did not obtain other important information in the history. Age is important since mothers at the beginning and end of their reproductive lives have a much greater incidence of pregnancy complications. Table 5.7 shows that about one-quarter of providers did not ask women who were at the facility for the first antenatal care visit for their age. Asking women the date of their last menstrual period is

important for assessing foetal growth, their since the findings on clinical examination should be compared with the gestational age calculated from this date. Fifteen percent of providers did not ask this question of women attending for antenatal care for the first time.

Table 5.7 History-taking during antenatal care consultations

Item	Percentage of consultations in which client provided or health worker asked about item	
	First visit	Subsequent visit
Age	74	24
Parity	86	38
Date of last delivery	63	20
Last menstrual period	85	25
Abortions	24	5
Stillbirths	19	3
Taking medication	37	26
Problems in current pregnancy	90	88
Number of consultations	232	275

Note: Total includes 5 consultations in which the visit status was unknown.
Source: 1999 Kenya SPA antenatal care consultation observation

Less than a quarter of providers asked new antenatal care clients about any previous spontaneous or induced abortions or stillbirths. Women who have experienced a previous stillbirth are at much higher risk of a future stillbirth and therefore need to be identified in order to try to prevent a subsequent recurrence. Only about a third of the women were asked about whether they were taking any medications.

b. Clinical examination

The Kenyan clinical guidelines specify a number of routine tasks that should take place at every visit. ***Table 5.8 shows that in general, health care providers are carrying out these routine pregnancy screening tasks.*** Most women had their blood pressure taken, were screened for anaemia (clinical examination for pallor or laboratory assessment), were weighed, and had their abdomen examined (palpation and foetal heartbeat assessed). However, 40 percent of health centre staff did not measure blood pressure. Few health staff gave iron prophylaxis despite a MOH policy to dispense iron to all pregnant women.

c. Counseling

Table 5.9 shows the percentage of health care providers who counseled women about aspects of their pregnancy. The nature of the counseling provided during a specific antenatal care visit will vary according to the gestation of the pregnancy, the provider's awareness of the woman's knowledge on certain issues, and many other factors. However, at a minimum, mothers attending for the first time should be advised about diet, delivering with a skilled attendant, and recognizing warning signs.

Table 5.8 Tasks performed during antenatal care consultations

Facility characteristic	Percentage of antenatal care consultations in which health worker was observed performing routine screening task					Number of antenatal care consultations
	Weighed	Blood pressure taken	Abdomen examined[1]	Screened for anaemia[2]	Treated for anaemia	
Facility type						
Hospital	100	100	100	97	40	130
Maternity/nursing home	96	100	100	96	17	47
Health centre	99	60	100	87	34	163
Dispensary	99	81	100	98	40	110
Clinic	89	95	100	92	31	62
Operating organisation						
Public	99	70	100	90	37	255
Mission	100	92	100	98	46	107
Private	94	98	100	97	24	150
Province						
Western	90	65	100	75	52	52
Rift Valley	99	94	100	99	22	183
Nyanza	94	66	100	94	63	32
Eastern	99	70	100	91	41	97
Coast	100	89	100	100	56	45
Central	100	100	100	90	32	62
Nairobi	98	63	100	100	17	41
All consultations	98	83	100	94	35	512

[1] Abdominal palpation and foetal heartbeat assessed
[2] Clinical examination for pallor or blood test
Source: 1999 Kenya SPA antenatal care consultation observation

Table 5.9 Issues discussed by health worker with client during antenatal care consultations

Issues discussed	First visit	Subsequent visit
Diet during pregnancy	34	42
Benefits of breastfeeding	10	7
Family planning	10	7
Seek help if problems	9	19
Trained person for delivery	23	24
Asks if has questions	56	56
Told when to return	99	99
Discusses major problem signs:		
Vaginal bleeding	9	6
Fever	4	3
Excessive tiredness	20	15
Swollen hands and face	8	8
Any of the four problem signs	26	23
Number of consultations	232	275

Note: Total includes 5 consultations in which the visit status was unknown.
Source: 1999 Kenya SPA antenatal care consultation observation

Providers are missing important opportunities to counsel pregnant women. Of women attending antenatal care for the first time, slightly more than half were given the opportunity to ask questions, a third were counselled about diet, and a quarter were encouraged to deliver with a skilled attendant. Less than a quarter of the providers discussed warning signs such as excessive tiredness, vaginal bleeding, or fever. The KSPA results also indicate these issues were rarely discussed in subsequent visits.

5. Interviews with clients

Exit interviews were carried out with 501 women after their antenatal care consultations. The exit interview questionnaire obtained basic demographic information on the women. It also covered a range of issues related to the subjective experience of care as well as some objective measures of quality such as waiting time.

Before looking at the information related to client satisfaction, it must be acknowledged that the results may be affected by a considerable courtesy bias and thus should be interpreted with caution. Most women reported that that they had adequate privacy during their consultations. ***In general, the exit interviews show that women report general satisfaction with the quality of services*** (Table 5.10). Of the quarter of women who asked questions of their health care provider, most felt that their questions had been answered satisfactorily.

Client volume at many antenatal clinics can be very high, and many women may have to wait a long time before being seen. Most women, however, felt that their waiting time was reasonable. For the three-quarters of all women who felt that their waiting time was reasonable, the median waiting time was 21 minutes, with a range of 15 minutes for maternities and 30 minutes for dispensaries. One-quarter of women felt that their waiting time was too long, and for these women, the median waiting time was 90 minutes. This time ranged from one hour for clinics and maternities to two hours for hospitals.

Table 5.10 Satisfaction with consultation and waiting time among antenatal care clients

Facility characteristic	Among clients, percentage who:			Median wait time		Number of antenatal care clients
	Asked provider questions	If had questions, given answers	Had adequate privacy	For women considering wait reasonable	For women considering wait too long	
Facility type						
Hospital	25	69	80	20	120	116
Maternity/nursing home	20	58	90	20	90	71
Health centre	11	92	79	30	60	145
Dispensary	37	78	84	20	75	106
Clinic	26	100	89	15	30	63
Operating organisation						
Public	19	60	86	20	120	249
Mission	27	86	84	20	105	105
Private	25	94	82	20	60	147
Province						
Western	29	47	98	30	120	116
Rift Valley	25	84	80	20	68	63
Nyanza	39	100	65	15	105	71
Eastern	15	36	71	30	60	63
Coast	7	100	93	10	50	71
Central	23	100	88	20	100	145
Nairobi	22	89	98	35	90	145
All clients	22	78	84	20	90	501

Source: 1999 Kenya SPA antenatal client exit interview

D. Availability of Delivery Services

Not all facilities offering maternal health services are equipped to handle deliveries. This section considers the general availability of delivery services and the staffing at delivery facilities and then focuses on the capacity of facilities to manage both routine deliveries and obstetric complications.

1. Availability of delivery services

Most Kenyan facilities providing delivery care, excluding hospitals, are small and conduct relatively few deliveries per month. Excluding hospitals, which have a median of 28 beds in each facility and where deliveries per month exceed 90, other types of facilities have between 2 and 8 delivery beds and conduct a median of 5 to 11 deliveries per month (Table 5.11). Coast and Western provinces have the lowest average number of deliveries in facilities.

In the facility inventory, key informants were asked whether their facility provided a range of services that included assisted vaginal delivery, caesarean section, blood transfusion, and post-abortion care. In general, only hospitals, maternities, and some clinics would be expected to provide the first three services.

Table 5.11 Characteristics of delivery services

Facility characteristic	Among facilities offering delivery services						Number of facilities offering delivery care
	Median number of delivery beds	Median number of deliveries (per month)	Percentage of facilities reported as having:				
			Assisted vaginal delivery available	Caesarean section available	Blood transfusion available	Post-abortion care available	
Facility type							
Hospital	28	91	66	79	86	89	29
Maternity/nursing home	7	9	80	50	65	80	20
Health centre	6	11	27	N/A	5	13	59
Dispensary	1	5	38	N/A	N/A	13	16
Clinic	5	9	42	20	16	58	19
Operating organisation							
Public	6	12	32	15	19	25	66
Mission	11	20	53	35	35	44	34
Other private	6	8	59	39	46	70	44
Province							
Western	4	8	32	18	24	18	22
Rift Valley	9	13	52	36	39	54	28
Nyanza	5	11	39	14	24	41	28
Eastern	7	12	33	29	29	52	21
Coast	3	5	64	29	43	43	14
Central	7	18	45	26	26	45	20
Nairobi	11	22	64	55	46	55	11
All facilities	7	12	45	27	32	43	144

N/A = Not available. These services would generally be expected to be available only in hospitals, maternities, and some clinics.
Source: 1999 Kenya SPA facility inventory

Assisted vaginal delivery is required when the progress of labour is slow and there is a need to expedite the delivery because of concerns for the mother or baby's well-being. For assisted vaginal delivery, facilities should have either the equipment for a vacuum extraction (ventouse) or obstetric forceps. Two-thirds of hospitals and 80 percent of maternities provided assisted vaginal delivery services but only a minority of lower-level facilities provided these services.[3] Assisted vaginal delivery was more common in the private than in the public sector.

Four out of five hospitals and about half of the maternities reported that they are able to perform caesarean section. Blood transfusion services were available in a similar proportion of hospitals and in two-thirds of the maternities.

Although one of the priorities of the National Reproductive Health Strategy is to expand the coverage of post-abortion care, these services remain very limited. Less than half of all delivery facilities, mainly private hospitals and maternities/nursing homes, were reported to provide post-abortion care services. Post-abortion care services were more common at Mission-operated and other private facilities than in public facilities.

2. Staffing in delivery facilities

Table 5.12 shows the availability of various types of staff at delivery facilities.[4] Since delivery facilities must carry out more complex procedures on a 24-hour basis, they require a substantially higher staffing complement than other facilities. ***Although Table 5.12 does not take into account the staff/patient ratio at each facility, it does suggest a reasonable staffing complement in most facilities providing delivery care***. Virtually all delivery facilities were staffed by an enrolled nurse, half had a registered nurse or clinical officer available, and about 40 percent had a doctor on staff. As expected, staffing varied with the level of the facility. Doctors were available in the majority of hospitals and maternities, but only a minority of other facilities.

Figure 5.1 shows the situation with respect to night-time staffing patterns. ***Less than half of all Kenyan delivery facilities had a doctor or clinical officer available at night.*** More than a quarter were managed only by an enrolled nurse.

E. Capacity of Facilities to Manage Normal Deliveries

Facility capacity to provide care for normal deliveries and to provide emergency care for obstetric complications are assessed independently since the two situations require very different levels of service provision. This section of the chapter examines key indicators of the functioning of Kenyan health facilities in managing routine delivery care.

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[3] Most health centres, dispensaries, and clinics that reported being able to carry out assisted vaginal deliveries did not have a ventouse. Although the availability of obstetric forceps was not assessed by the KSPA, forceps are not commonly used in these lower level facilities. Thus, the results for lower-level facilities must be treated with caution as informants in some of these facilities may have misunderstood the term.

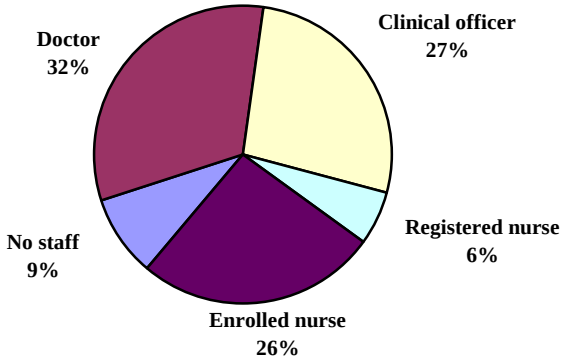
[4] The KSPA assessed the availability of doctors, clinical officers, and nurses at each facility but did not determine the specialisation of the medical staff, nor did the survey distinguish between the availability of nurses or midwives.

Table 5.12 Staffing in facilities providing delivery care

Facility characteristics	Percentage of delivery facilities staffed by: Doctor	Clinical officer	Registered nurse[1]	Enrolled nurse[2]	Number of facilities providing delivery care
Facility type					
Hospital	86	62	90	100	29
Maternity/nursing home	70	45	55	90	20
Health centre	7	68	48	100	59
Dispensary	13	27	6	100	16
Clinic	47	30	42	95	19
Operating organisation					
Public	17	71	61	100	66
Mission	50	41	35	100	34
Other private	61	37	50	93	44
Province					
Western	32	32	27	100	22
Rift Valley	41	71	64	100	28
Nyanza	36	59	38	100	28
Eastern	30	50	57	100	21
Coast	43	43	50	86	14
Central	35	60	60	100	20
Nairobi	64	36	82	100	11
All facilities	38	53	52	99	144

[1] Includes KRN/M, KRN, KRNM, KRCN/MCH
[2] Includes MCH and maternity KEN, KEM, and KECN and MCH and maternity midwives
Source: 1999 Kenya SPA facility inventory

Figure 5.1
Staffing patterns at night



Percent distribution of facilities providing delivery care by most senior staff type available at night

Source: 1999 Kenya SPA facility inventory

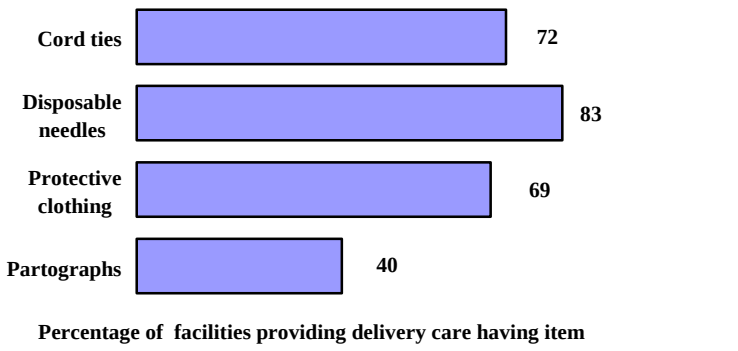
1. Availability of equipment and supplies for normal delivery

To evaluate the facility's capacity to provide normal delivery care, the availability of a limited number of key items of equipment and supplies was assessed. The key items chosen for inclusion in the tables were selected from lists of drugs, supplies and equipment provided by the MOH to facilities. Where possible, these items were also selected to conformed to indicators in the WHO Safe Motherhood Needs Assessment Tool (WHO 1994). It is important to emphasise that these lists of equipment, drugs, and supplies represent the minimum of what should be available to provide effective care.

Regarding equipment, the KSPA obtained information on the availability of the MCH/basic equipment and delivery sets. [5] These sets include all of the items needed for conducting a normal delivery (such as forceps and gloves). Since many of these kits were incomplete, the availability of 5 individual equipment items was also used to assess the delivery facilities' readiness to provide normal delivery care. These items included a scissors, a needle holder, sutures and needles, a speculum, and forceps. More than 9 in 10 delivery facilities had each of the individual items with the exception of sutures and needles, which only 85 percent of facilities had available (not shown in table).

The KSPA also assessed the availability of a limited number of supplies required for performing delivery care. These included partographs, protective clothing, disposable needles, reusable syringes, and cord ties.[6] As Figure 5.2 shows, major problems exist in the supply of all these basic items, particularly the partograph. The availability of these supplies was much greater and the number of stockouts much less in the private sector (not shown in table).

Figure 5.2
Availability of supplies needed for normal delivery



Source: 1999 Kenya SPA facility inventory

Table 5.13 looks at the availability of equipment sets and of all basic equipment items and supplies by facility characteristic. Most facilities had the MCH/basic equipment and the delivery sets available. In many cases, however, the sets were not complete; only about half of all facilities providing delivery care had a complete MCH/basic equipment set, and a little less than two-thirds

[5] See Appendix B for a detailed list of the equipment in each set.
[6] The availability of other items that are basic to providing delivery services (e.g., disinfectant, soap,) gloves, cotton wool or gauze) was not assessed.

had a complete delivery set. Considering the items defined as essential for delivery care, 7 in 10 of the facilities had all five equipment items but less than a third had all of the supplies.

As Table 5.13 also shows, hospitals, maternities/nursing homes, and clinics were more likely than other facilities to have all of the basic equipment and supplies needed for a normal delivery. ***Public sector facilities were less likely to have all of the essential items, especially the supplies, than Mission-operated and other private facilities***. Facilities in Western and Nyanza provinces were the least likely to have all essential supplies and equipment while those in Nairobi were the most likely.

Table 5.13 Availability of equipment and supplies needed for normal delivery

Facility characteristic	Percentage of all facilities providing delivery care						Number of facilities providing delivery care
	Having specific equipment available					Having all basic supplies[2] available	
	MCH/ basic equipment set		Delivery set		All basic equipment items[1]		
	Present	Complete	Present	Complete			
Facility type							
Hospital	93	59	100	79	87	66	29
Maternity/nursing home	90	75	100	95	90	60	20
Health centre	90	40	87	49	55	12	59
Dispensary	88	38	63	24	47	32	16
Clinic	90	63	90	74	90	31	19
Operating organisation							
Public	92	38	82	40	54	12	66
Mission	85	51	94	76	79	44	34
Private	93	71	96	82	88	51	44
Province							
Western	86	41	95	38	54	14	22
Rift Valley	93	54	100	59	72	36	28
Nyanza	90	46	93	59	59	18	28
Eastern	95	48	71	70	71	33	21
Coast	86	50	71	57	79	36	14
Central	90	50	90	74	80	35	20
Nairobi	91	83	100	100	91	64	11
All facilities	90	51	80	62	70	31	144

[1] Includes scissors, a needle holder, sutures and needles, a speculum, and forceps
[2] Includes partographs, protective clothing, disposable needles, and cord ties
Source: 1999 Kenya SPA facility inventory

2. Record keeping and information handling

Kenyan facilities collect a wide range of routine information on pregnancy outcomes. The five most common groups of summary data collected in registers are shown in Table 5.14 below.

Most delivery facilities in Kenya routinely collect information on live births and maternity admissions. Slightly more than half of all facilities recorded information on stillbirths or perinatal deaths and about one-third recorded information on maternal deaths. Hospitals were more likely

to collect this type of routine data than other facilities. This data is invaluable for internal audit and providing information for the improvement of clinical services. However, ***slightly less than half of all delivery facilities held quarterly review meetings to review the data.***

Promoting the use of the partograph[7] by retraining and updating midwifery skills is a priority in the National Reproductive Health Strategy. ***Only two-thirds of hospitals and maternities were using partographs on a regular basis, and outside these settings, use of the tool was relatively uncommon***. Partographs were used almost twice as often in private facilities as in public facilities.

Table 5.14 Record keeping for delivery care

Facility characteristic	Percentage of delivery facilities: Recording information on: Deliveries/ live births	Maternity admissions	Parto-graphs	Stillbirths/ perinatal deaths	Maternal deaths	Assisted delivery including caesarean section	Holding quarterly review meetings	Number of facilities providing delivery care
Facility type								
Hospital	93	93	69	79	66	76	55	29
Maternity/ nursing home	90	90	53	60	40	47	60	20
Health centre	87	86	22	49	22	7	42	59
Dispensary	38	44	6	25	6	0	38	16
Clinic	63	68	26	47	26	20	53	19
Operating organisation								
Public	83	81	25	46	21	14	36	66
Mission	83	77	44	71	51	41	62	34
Private	73	80	44	51	34	39	55	44
All facilities	80	81	35	54	32	27	48	144

Source: 1999 Kenya SPA facility inventory

3. Delivery fees

Fees for maternal health services were first introduced into Kenyan public facilities with the implementation of a cost recovery programme in 1989. For all facilities, the median charge for a delivery was 560 Kenyan Shillings (KSh). Delivery charges in 9 in 10 public facilities were less than this amount, however. Moreover, 1 in 5 dispensaries, and a few hospitals and health centres did not charge fees (not shown). In contrast, private sector deliveries were far more expensive. The median charge for a delivery in a maternity or clinic was KSh 1500.

These delivery charges also varied according to whether supplies such as gloves, syringes, and drugs were included. Generally, the lower the fee, the less likely it was that the fee included the cost of supplies.

[7] The partograph is a graphical tool for monitoring the progress of labour.

4. "Mother and baby friendly" practices and policies

Whilst the principal aim of the facility inventory was to assess the capacity of facilities to provide quality services from a provider's perspective, a small number of questions were also included about policies and practices promoting the well being of mothers and newborns.

The KSPA included several questions to assess whether facilities implemented policies to promote the well-being of mothers and newborns. Although intrapartum support is associated with proven benefits, only about half of all facilities allow women to have a companion during delivery (Table 5.16). Lower-level facilities were more likely to permit a companion than hospitals or maternities. All facilities permitted women to stay for, on average, up to 24 hours after delivery.

Table 5.15 Delivery fees

Facility characteristic	Among facilities providing delivery care, percentage charging: Less than 500 Kenyan Shillings	Median
Facility type		
Hospital	41	500
Maternity/nursing home	-	1,834
Health centre	78	68
Dispensary	50	409
Clinic	75	1,297
Operating organisation		
Public	92	60
Mission	15	899
Private	7	1,500
All facilities	48	560

Source: 1999 Kenya SPA facility inventory

Three newborn care practices were assessed. ***Practically all health facilities had a policy to promote breastfeeding on demand, and few facilities received or distributed free formula supplements to mothers***. Ophthalmia neonatorum (newborn eye disease) is a common cause of morbidity for newborns. Although topical antibiotics are an effective preventive treatment, only about three-quarters of health facilities had a policy for routine prophylaxis. Hospitals and dispensaries were more likely to have a policy of routine prophylaxis than other facilities.

Table 5.16 Mother and baby friendly facility practices at facilities providing delivery care

Facility characteristic	Percentage of facilities providing delivery care that: Allowed relative during delivery	Median duration of postpartum stay (hours)	Had no free baby formula	Encouraged nursing on demand	Had policy on routine eye prophylaxis	Number of facilities providing delivery care
Facility type						
Hospital	35	24	93	97	77	29
Maternity/nursing home	32	24	95	90	75	20
Health centre	58	24	98	93	77	59
Dispensary	53	2	100	94	81	16
Clinic	45	15	90	79	45	19
Operating organisation						
Public	52	24	96	92	75	66
Mission	44	48	100	94	85	34
Private	42	24	96	88	61	44
All facilities	47	24	96	92	73	144

Source: 1999 Kenya SPA facility inventory

F. Capacity of Facilities to Provide Care for Obstetric Complications

Since the majority of obstetric complications can neither be predicted nor prevented, all health facilities providing delivery care should be able to manage the most common obstetric complications. These include haemorrhage, eclampsia, sepsis, obstructed labour, retained placenta, and abortion complications. Facilities should also provide effective neonatal resuscitation. Lower-level facilities should be able to diagnose complications, provide basic first aid, and refer to higher levels of care for definitive treatment. This means ensuring that a small stock of emergency medicines and supplies is available in all facilities at all times and that appropriately skilled staff are available to manage or refer complications when they arise.

1. Equipment for handling obstetric complications and neonatal resuscitation

The availability of equipment for obstetric complications was assessed by determining the availability of kits for perineal tears, vacuum extraction, and laparotomy and of a minimum list of items for neonatal resuscitation.

The availability of equipment kits for obstetric complications is shown in Table 5.17. As previously noted, where equipment sets were reported as available but incomplete, it is difficult to assess the facility's actual capacity to manage obstetric complications since no information was obtained on the missing items.

Table 5.17 Availability of equipment to handle obstetric complications and neonatal resuscitation

Facility characteristic	Percentage of facilities providing delivery care with equipment available							Number of facilities providing delivery care
	Equipment to handle obstetric complications						All basic equipment for neonatal resuscitation[1]	
	Perineal repair		Vacuum extraction set		Caesarean			
	Present	Complete	Present	Complete	Present	Complete		
Facility type								
Hospital	86	67	83	76	86	76	38	29
Maternity/ nursing home	90	85	58	50	50	50	50	20
Health centre	50	27	10	3	3	3	13	59
Dispensary	31	25	-	-	-	-	19	16
Clinic	84	70	15	15	20	20	20	19
Operating organisation								
Public	47	20	17	14	18	15	8	66
Mission	77	65	47	35	35	35	44	34
Private	86	79	41	36	41	39	34	44
Province								
Western	50	27	14	14	18	14	14	22
Rift Valley	79	38	46	38	39	36	29	28
Nyanza	50	43	21	14	17	17	14	28
Eastern	62	52	29	29	29	25	14	21
Coast	64	57	36	29	36	29	29	14
Central	70	60	25	20	26	26	35	20
Nairobi	100	100	55	55	55	55	64	11
All facilities	65	49	31	26	29	27	25	144

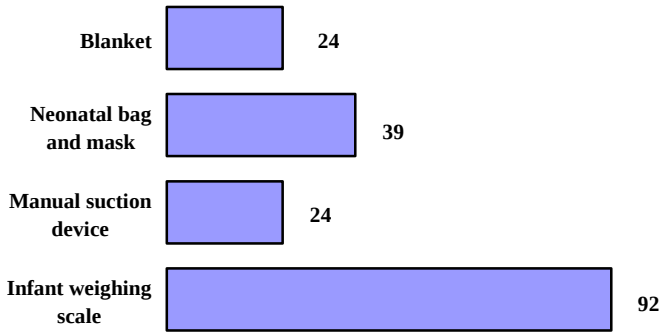
[1] Includes blanket, resuscitation bag and mask, manual suction device and weighing scale
Source: 1999 Kenya SPA facility inventory

Most hospitals, maternities and clinics and half of all health centres had a perineal repair set for repairing perineal tears or suturing episiotomies. Eight in 10 hospitals and around 6 in 10 maternities had vacuum extraction equipment (ventouse) to provide assisted vaginal delivery. As expected, few lower level facilities possessed this type of equipment.

Four-fifths of all hospitals and half of all maternities had equipment for carrying out caesarean sections. Since surgery is not performed in lower-level facilities, this equipment is unlikely to be found in other facilities.

Since it is impossible to predict many situations where resuscitation will be required, all delivery facilities should have basic equipment to resuscitate newborn babies. Four items were included in the indicator for essential neonatal equipment: a blanket, a resuscitation bag and mask, a manual suction device, and a weighing scale. ***In general, delivery facilities were not well equipped for neonatal resuscitation***. The only item that a majority of facilities had was an infant weighing scale (Figure 5.3).

Figure 5.3
Availability of equipment for neonatal resuscitation



Percentage of facilities providing delivery care having item

Source: 1999 Kenya SPA facility inventory

2. Medicines for treating obstetric complications

The availability of medicines for the three main medical obstetric complications—sepsis, haemorrhage, and eclampsia—and the availability of anaesthetic agents are considered in Table 5.18.

The capacity to treat sepsis was assessed by determining the availability of four drugs: injectable ampicillin, an injectable penicillin, gentamycin, and metronidazole.[8] Oral metronidazole and an injectable penicillin should be available at dispensary level, and almost all facilities providing delivery care had these medicines in stock. Ampicillin and gentamycin should be available at hospitals, but not generally at lower levels. Supply problems affected ampicillin and gentamycin, particularly in the public sector. Even at the hospital level, only slightly more than a quarter of facilities had ampicillin in stock, and 40 percent did not have gentamycin available.

[8] The KSPA assessed only the presence of oral metronidazole.

Facilities were assessed overall as having an effective treatment for sepsis available if they had in stock either ampicillin or both penicillin and gentamycin. On this basis, ***58 percent of hospitals had medicines available to treat puerperal sepsis.*** In comparison, 87 percent of maternities/ nursing homes had all the medicines in stock.

The availability of medicines to treat eclampsia was assessed by determining the availability of two basic types of medicine, an injectable anticonvulsant (diazepam or magnesium sulphate) and an oral antihypertensive (methyl dopa or propranolol). Only diazepam should be available routinely below hospital level, and most facilities had it in stock. Between 80 and 90 percent of hospitals and maternities had an antihypertensive in stock but these medicines were less available at lower-level facilities. ***Taking into account the availability of both an injectable anticonvulsant and an oral antihypertensive, only 10 percent of hospitals did not have sufficient medicines to treat eclampsia.***

Table 5.18 Availability of emergency medicines for obstetric complications

Maternal emergency medicines	Percentage of facilities providing delivery care with medicine available					Number of facilities providing delivery care
	Hospital	Maternity/ nursing home	Health centre	Dispensary	Clinic	
Sepsis						
Injectable penicillin	100	100	97	94	95	97
Gentamycin	60	84	27	25	74	47
Metronidazole	83	95	72	81	95	81
Ampicillin	27	55	5	19	35	22
All[1]	58	87	23	37	62	46
Eclampsia						
Diazepam or magnesium sulphate	93	95	88	88	90	90
Methyl dopa or Propranolol	93	90	25	33	58	53
All[2]	90	90	25	31	58	52
Haemorrhage						
Ergometrine or Oxytocin	80	100	85	69	95	86
IV Solution	93	100	63	81	80	79
All[3]	79	100	63	56	79	73
Anaesthesia						
Lignocaine	83	95	90	88	90	89
Nitrous oxide or other general agent	62	50	7	-	20	25
All facilities	29	20	59	16	19	144

[1] Have available either ampicillin or any injectable penicillin and gentamycin.
[2] Have available both an injectable anticonvulsant and an oral hypertensive.
[3] Have available either ergometrine or oxytocin and IV solution.
Source: 1999 Kenya SPA facility inventory

Facility capacity to treat haemorrhage was assessed by determining the availability of ergometrine or oxytocin and the availability of IV fluids. All are standard items at the health centre level or above. Since haemorrhage is the principal cause of maternal death, it is essential that facilities are well equipped to deal with this complication. ***More than one-fifth of hospitals and a third of health centres lacked the essential medicines to treat haemorrhage.***

The availability of local and general anaesthetic agent was also assessed. ***Most facilities had lignocaine[9] in stock, and more than half of all hospitals and maternities had nitrous oxide or other general anaesthetic agents available.***

3. Abortion care and post-abortion care

In hospital-based studies, induced abortion is recognised as a major cause of maternal mortality in Kenya. Assessing the true extent of the problem is difficult because many women never come to medical attention and reporting biases and differences in hospitals' classification of the cause of death contribute to significant underrecording.

Overall, 43 percent of delivery facilities provided abortion care. Among delivery facilities offering abortion care, 70 percent were able to perform dilatation and curettage (D&C), and 41 percent provided manual vacuum aspiration (MVA).

Most hospitals and most maternities provided both pre- and post-procedure counseling. Family planning services were also offered by most but not all delivery facilities that provide post-abortion care.

Table 5.19 Post-abortion care

Facility characteristic	Percentage of delivery facilities offering post-abortion care that:						
	Performed manual vacuum aspiration (MVA)	Performed dilatation and curettage (D&C)	Had pre-procedure counseling	Had post-procedure complications counseling	Offered family planning counseling	Offered family planning services	Number of facilities providing post-abortion care
Facility type							
Hospital	39	88	73	73	73	65	26
Maternity/nursing home	56	75	81	88	94	88	16
Health centre	25	29	50	63	100	100	8
Dispensary	N/A	N/A	N/A	N/A	N/A	N/A	2
Clinic	46	55	64	64	100	91	11
Operating organisation							
Public	29	53	53	59	77	71	17
Mission	40	86	87	88	73	67	15
Private	48	71	77	77	97	93	30
All facilities	41	69	73	75	86	81	62

N/A = Not available. These services would generally be expected to be available only in hospitals, maternities, and some clinics.
Source: 1999 Kenya SPA facility inventory

[9] Local anaesthetic agent most commonly used for suturing episiotomies.

4. Assessment of capacity to treat obstetric complications

The overall capacity of Kenyan facilities to respond to a range of obstetric complications can be summarised in terms of their ability to provide Basic Essential Obstetric Care and Comprehensive Obstetric Care. According to international standards, Basic Essential Obstetric Care (BEOC) involves care for the normal pregnancy as well as treatment of haemorrhage, eclampsia, sepsis, and retained placenta and provision of assisted vaginal delivery, post-abortion care, and neonatal resuscitation (UNICEF 1999; WHO 1998). All elements of Basic Essential Obstetric Care should be provided at the first referral level. Comprehensive Essential Obstetric Care (CEOC) involves, in addition to all of the elements of Basic Essential Obstetric Care, the provision of caesarean section and blood transfusion.

Table 5.20 presents the proportions of Kenyan delivery facilities that were judged as able to provide each element of BEOC and CEOC. One factor to remember in considering Table 5.20 is that the equipment, medicines and supplies that are included in the elements within BEOC and CEOC indicators are not standard at all facility levels within the Kenyan system. However, since all facilities providing delivery care should arguably be equipped for responding to these emergencies, Table 5.20 presents the percentages for all facilities offering delivery care except dispensaries.

Table 5.20 Availability of Basic and Comprehensive Essential Obstetric Care (BEOC and CEOC)

	Percentage of facilities providing delivery care that offered emergency services and had staffing, equipment, medicines, and supplies available to provide the care					
Emergency service	Hospital	Maternity	Health centre[1]	Clinic[1]	Dispensary[1]	All facilities
Haemorrhage	67	80	15	26	N/A	37
Eclampsia	80	70	3	26	N/A	32
Sepsis	57	79	9	30	N/A	32
Neonatal resuscitation	69	80	18	37	N/A	40
Retained placenta	92	85	63	50	38	68
Assisted vaginal delivery	69	48	3	14	N/A	24
Post-abortion care	79	68	3	32	N/A	31
BEOC	40	30	3	5	N/A	15
Blood transfusion	74	33	3	0	N/A	21
Caesarean section	60	40	3	16	N/A	21
CEOC	28	15	3	-	N/A	9
Total number	29	20	59	16	19	144

N/A = Not available
[1] Several of the elements required for constructing the indicator are not standard at this level.
Source: 1999 Kenya SPA facility inventory

In considering a facility's capacity to provide each of the elements of BEOC and CEOC, four factors were considered: the facility had to provide the services; staff needed to be available 24 hours a day; and the necessary drugs, equipment, and supplies had to be available. Regarding the staffing component of the indicator, it should be noted that the skill of the individual worker to

provide the functions specified is not taken into account. Appendix C includes detailed tables assessing these for each of the individual obstetric care elements.

The following summarises the capacity of Kenyan facilities offering delivery care to handle the various elements included in Basic Essential Obstetric Care. Detailed information on the components of each indicator is found in Appendix C.

- **Treatment of haemorrhage (arresting haemorrhage and treating shock).** Haemorrhage is the most common cause of maternal death. A rapid response to haemorrhage is important since haemorrhage may kill within the space of a few hours. Less than 40 percent of all facilities offering delivery care were able to provide basic first aid for haemorrhage. More than four-fifths of health centres, two-fifths of hospitals, and one-fifth of maternities did not have all of the elements to be considered fully ready to deal with haemorrhage. In general, facilities either did not provide care for haemorrhage or lacked the required medicines (See Table C.1).

- **Treatment of eclampsia.** Although the majority of hospitals and maternities were able to provide care for eclampsia, up to one-quarter of hospitals and maternities and three-quarters of clinics were not prepared to treat eclampsia. The majority of lower-level facilities lacked medications needed to deal with eclampsia[10] (See Table C.2).

- **Treatment of sepsis.** Two-fifths of hospitals, one-fifth of maternities and the majority of all clinics were not prepared to respond to sepsis, mainly because of a lack of medicines. Few health centres met the standard because ampicillian and gentamycin are not routinely available below the hospital level (See Table C.3).

- **Provision of neonatal resuscitation.** A third of hospitals, one-fifth of maternities, and the majority of health centres and clinics were not prepared to provide neonatal resuscitation. In general, facilities lacked the necessary equipment to handle resuscitation (See Table C.4).

- **Treatment of retained placenta.** Overall, two-thirds of delivery facilities are able to treat a retained placenta. Almost all hospitals and most maternities were able to treat women with a retained placenta, as well as two-thirds of health centres and a small number of dispensaries.

- **Provision of assisted vaginal delivery (ventouse/vacuum extraction).** Half of all maternities and one-third of hospitals were not equipped to provide assisted vaginal delivery (Table C.6). Even when the availability of caesarean section was also considered as a means to expedite delivery, these proportions remained relatively unchanged (See Table C.6).

- **Post-abortion care.** Post-abortion care is available at 31 percent of all facilities. Hospitals and maternities were much more likely to offer this care than lower-level facilities. (See Table C.6).

Table 5.20 also shows the proportion of facilities providing all of the elements of Basic Essential Obstetric Care. ***Overall, only two-fifths of hospitals and less than one-third of maternities had all of the elements necessary to perform all of the functions of the Basic Essential Obstetric Care***.

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[10] This indicator required the presence at the facility of an oral antihypertensive that is not standard below the hospital level.

As described above, Comprehensive Essential Obstetric Care includes the capacity to perform caesarean sections and provide blood transfusions in addition to all of the elements of Basic Essential Obstetric Care. KSPA facilities offering delivery varied in the capacity to provide these two elements:

- **Provision of caesarean section.** Just over three-quarters of hospitals, half of all maternities, and a small number of clinics were able to perform caesarean sections. Most facilities that reported being able to provide the service had all the essential equipment. The availability of a doctor on a 24-hour basis is a problem in up to a third of facilities (See Table C.8).

- **Provision of blood transfusion services.** Three-quarters of delivery hospitals, slightly more than a third of maternities, and a small number of health centres provide blood transfusion services (See Table C.9).

Overall, about a quarter of all hospitals and 15 percent of maternities were assessed as ready to provide Comprehensive Essential Obstetric Care.

These indicators are relatively complex, with many assumptions implicit in the construction of the various component elements. Consequently, the results presented in Table 5.20 should be looked at as providing a general assessment of the capacity of Kenyan delivery facilities to provide essential obstetric care. The results clearly suggest that ***the majority of Kenyan facilities are not well equipped for managing obstetric complications. Major problems exist in the availability of medicines, supplies, and equipment that compromise the ability to deliver adequate care.***

5. Emergency referral

At the lower levels of the health system, facilities that do not have the capacity to treat certain obstetric complications must be able to provide basic first aid and then be able to transfer women quickly to higher levels of care for definitive treatment. For this to occur, referring facilities need to have access to transport and/or a means of communication by which they can summon help urgently.

Many Kenyan facilities do not have the capacity to transfer women rapidly in the event of an obstetric emergency. Overall, about three-quarters of all facilities offering delivery care services had access to an emergency phone or radio for summoning help. This included most hospitals but only half of all health centres (Table 5.21). By comparison, less than half of facilities, mainly in the private sector, had a driver and vehicle available. This included 70 to 80 percent of hospitals and maternities. Two-thirds of facilities offering delivery services had referral forms, which are useful for improving communication between service levels.

Table 5.21 Emergency referral

Facility characteristic	Percentage of facilities providing delivery care that had:			Number of facilities providing delivery care
	Access to phone/radio	Driver and vehicle	Referral form	
Facility type				
Hospital	93	86	72	29
Maternity/nursing home	100	70	80	20
Health centre	50	23	55	59
Dispensary	63	44	81	16
Clinic	90	47	74	19
Operating organisation				
Public	52	25	53	66
Mission	85	74	79	34
Private	95	61	81	44
Province				
Western	50	27	48	22
Rift Valley	72	66	76	28
Nyanza	68	43	93	28
Eastern	76	38	30	21
Coast	71	43	86	14
Central	85	55	60	20
Nairobi	100	58	82	11
Total number of facilities	72	47	67	144

Source: 1999 Kenya SPA facility inventory

Using information from the KSPA, this chapter looks at the delivery of child health services in Kenya. The chapter looks specifically at the capacity of Kenyan health facilities to provide child immunisations and to treat diarrhoea, acute respiratory infections, measles, malaria, and malnutrition. At least three out of four episodes of childhood illnesses in countries like Kenya are caused by one of these five conditions, and seven in ten deaths of children under age 5 are the result of one, or a combination, of these conditions. Appropriate management of these conditions is therefore believed to be crucial to drastically reduce under-five deaths.

The World Health Organisation (WHO) and UNICEF have developed a protocol for the Integrated Management of Childhood Illnesses (IMCI), which is intended to assist front-line health workers to assess and appropriately treat the five major childhood illnesses[1]. Kenya is in the initial phases of adopting the IMCI protocol. Only pilot IMCI training has been undertaken to date; therefore, it is not expected that many Kenyan health workers will as yet be employing the IMCI approach. However, many of the elements of the IMCI approach are already part of Kenya's standards and policy on the delivery of child health services. Moreover, the utilisation of the IMCI framework in this analysis is expected to provide useful baseline IMCI measures against which later progress in implementing the IMCI protocol across Kenyan health facilities can be judged. Therefore, this chapter will use the IMCI protocol whenever possible in looking at the delivery of child health services.

A. Child Health Situation in Kenya

The results of the 1998 Kenya DHS indicated that the health situation of children in Kenya appears to have deteriorated somewhat during the mid-1990s, following a period of steady improvements during the 1980s and early 1990s (NCPD, CBS, and MI 1999). One sign of the worsening health situation was a rise in child mortality levels. At the time of the 1998 KDHS, the child mortality rate in Kenya was 112 per 1,000. At this rate more than 1 in 9 children die before reaching their fifth birthday. Comparison of the 1998 results with the 1993 Kenya DHS suggests that mortality levels among young children rose by 24 percent during the period between the surveys.

Immunisation against vaccine-preventable diseases is key in reducing child mortality levels. In Kenya, only about two-thirds of children age 12-23 months are fully immunised. Moreover, immunisation coverage rates were lower in 1998 than in 1993.

Malnutrition is another factor contributing to excess child deaths. The 1998 KDHS found that about a third of children under age five in Kenya are stunted or too short for their age. Stunting reflects a chronic state of malnutrition that can leave children more vulnerable to life-threatening illnesses. The KDHS results show that children suffering from illnesses like diarrhoea and acute respiratory infections that can become life threatening are regularly taken to health facilities for treatment. However, about 4 in 10 children reported to have such illnesses at the time of the DHS were not taken for treatment.

[1] IMCI is a broad strategy that encourages a range of interventions for the prevention and management of major childhood illnesses both at the health facilities and at home. Not all IMCI concepts are new. However, it integrates previous vertical programmes (e.g., ARI, CDD, malaria) in such a way that a trained front-line health worker would be able to assess, classify, treat and counsel all five of the above conditions during a sick child's consultation (WHO 1999 and WHO 1995).

B. Availability of Child Health Services

Table 6.1 describes the proportion of facilities that provide various types of child health services. Almost all the surveyed facilities provide at least some child health services with little difference between public and private sectors, including maternity and/or nursing homes. Well-child services (immunisation and growth monitoring) are provided in more than 8 in 10 facilities.

Table 6.1 Availability of child health services

Facility characteristic	Among all facilities, percentage providing child health services	Among facilities offering child health services, percentage providing				Number of facilities
		Well-child services		Treatment for		
		Immunisations	Growth monitoring	Common childhood illnesses	Severe childhood illnesses	
Facility type						
Hospital	98	100	97	94	84	32
Maternity/nursing home	100	86	86	86	67	21
Health centre	99	96	99	93	9	90
Dispensary	100	81	86	86	1	176
Clinic	94	79	85	82	10	69
Operating organisation						
Public	100	84	90	86	10	221
Mission	100	97	99	96	17	70
Other private	98	81	83	86	25	97
Province						
Western	98	100	97	86	21	30
Rift Valley	99	91	94	94	11	101
Nyanza	99	77	86	90	23	58
Eastern	100	82	84	88	15	68
Coast	99	89	97	77	9	36
Central	100	80	85	89	12	61
Nairobi	95	88	88	77	21	34
All facilities	99	86	90	88	15	388

Immunisations — BCG, polio, DPT, and measles
Common childhood illnesses — diarrhoea, respiratory diseases, mild malnutrition, and mild malaria
Severe childhood illnesses — severe malaria and malnutrition
Source: 1999 Kenya SPA facility inventory

Likewise, most of the facilities provide treatment of common childhood illnesses. Across provinces, for example, the percentage of facilities able to treat common childhood illnesses, such as diarrhoea or mild malaria, ranges from 77 percent in Nairobi and Coast provinces to 94 percent in Rift Valley.

On the other hand, treatment of serious conditions, such as cerebral malaria that require parenteral medicines is not that common among the facilities. Facilities were considered to have the capacity to treat severe illnesses if the facility:

- offered treatment for severe malnutrition and malaria in children
- had personnel who were able to initiate an intravenous line

- had intravenous fluids, intravenous/intramuscular antibiotics, and antimalarials.

Overall, 15 percent of all facilities met the above criteria. All hospitals, regardless of type, are expected to provide such services since they represent the next level referral institutions for primary care facilities. However, about one-sixth of all hospitals did not have the resources to handle serious childhood conditions.

Private facilities are slightly better prepared for treating or giving pre-referral treatment than public facilities. Nyanza had the highest proportion of facilities able to provide treatment for serious childhood illnesses, followed by Nairobi and Western provinces.

2. Outreach Services

As part of the Primary Health Care (PHC) strategy in Kenya, health providers are expected to extend basic services as close to the community as possible, through training and support of community volunteers or by establishing outreach services. As noted in Chapter 2, outreach services are relatively restricted in scope at most health facilities. Overall, a quarter of facilities offering child health services had some type of outreach programme (Table 6.2).

Table 6.2 Availability of child health outreach services

Facility characteristic	Among facilities providing child health services, percentage with having any outreach services	Among facilities providing any outreach service, percentage that offer various child health outreach services				Number of facilities
		Immuni-sations	Growth monitoring	Treatment for sick children	School health programme	
Facility type						
Hospital	50	94	88	93	69	32
Maternity/nursing home	10	50	50	67	50	21
Health centre	39	86	86	80	66	90
Dispensary	23	68	68	60	43	175
Clinic	16	55	64	55	36	67
Operating organisation						
Public	21	72	72	64	51	221
Mission	59	93	93	93	56	70
Other private	17	44	44	44	50	94
Province						
Western	53	94	94	100	73	29
Rift Valley	30	83	83	77	58	101
Nyanza	26	93	93	87	33	57
Eastern	27	39	39	39	33	68
Coast	26	78	44	44	78	35
Central	17	90	90	90	64	61
Nairobi	15	40	40	40	25	34
All facilities	27	77	76	72	54	388

Source: 1999 Kenya SPA facility inventory

Among facilities providing child health services that have outreach, immunisation (77 percent) seems the most common outreach activity, followed closely by growth monitoring (76 percent) and treatment of sick children (72 percent). Slightly more than half of the facilities offering outreach services have school health programs. School health services may include teaching formal school health curriculum, organising special health education activities, and providing immunisation or other preventive or curative services.

C. Availability of Basic Medicines

Adequate and regular supply of basic medicines, equipment, and supplies are necessary for effective and efficient child health service delivery. The availability of key essential drugs, and the status of the facility-based cold chain system or vaccine supply is considered in this section.

The key essential drugs for the treatment of childhood diseases are defined in terms of the Kenyan standard treatment and drug policy. They include the following drugs: first-line drug for pneumonia (co-trimoxazole), first-line drug for malaria (Fansidar), oral rehydration salts (ORS), iron, mebendazole (Vermox), and an anti-pyretic (paracetamol or asperin). Injectable pre-referral drugs are those of which health providers are expected to give the initial dose before referring seriously ill children to hospitals. These include quinine iv/im, gentamycin im, and benzylpenicillin. Table 6.3 shows the percentage of facilities that had each drug available at the time of the KSPA interview, and, among facilities that had the drug available at the time of the interview, the percentage that had experienced a stockout of the drug at some point during the six-month period before the interview.

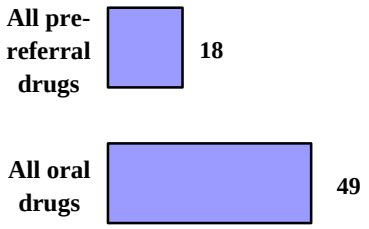
Table 6.3 Essential oral drugs and pre-referral drugs

Drug	Among facilities providing child health services, percentage with drug available at time of interview	Among facilities with drug available, percentage experiencing a stockout during the six months before the interview
Essential oral drugs		
Co-trimoxazole[1]	86	21
Fansidar	78	7
Oral Rehydration Salts	86	5
Iron	85	7
Mebendazole (Vermox)	85	7
Anti-pyretic drugs[2]	88	25
Pre-referral drugs		
Quinine[3]	37	15
Gentamycin	34	7
Benzylpenicillin	78	14

[1] Includes co-trimoxazole 200 mg + 40 mg/5 ml suspension 50 ml (Septrin) and/or co-trimoxazole 400 mg + 80 mg.
[2] Includes paracetamol BP, paracetamol paediatric, and asperin.
[3] Includes quininesulphate 300 mg/ml, 2 ml and quinine sulphate 300 mg
Note: For co-trimoxacole, anti-pyretic drugs and quinine where the facility might have had more than one type or dosage, the facility was considered to have experienced a stockout if it had run out of at least one type or dosage during the six-month period before the survey.
Source: 1999 Kenya SPA facility inventory

Figure 6.1 shows that about half of all facilities providing child health services had all six essential oral drugs on hand at the time of the KSPA interview. Another 28 percent were missing only one of the six drugs (not shown in figure). Facilities were much less likely to have all three of the pre-referral drugs available. Figure 6.1 shows that fewer than 1 in 5 facilities had all of the essential pre-referral drugs at the time of the KSPA interview. Forty-one percent of the facilities did not have any of the pre-referral drugs at the time of the interview (not shown in figure).

Figure 6.1
Availability of essential oral and pre-referral drugs



Percentage of facilities providing child health services with all drugs available

Source: 1999 Kenya SPA facility inventory

Table 6.4 looks at the extent to which the availability of the essential oral and pre-referral drugs varied according to facility characteristics. There were relatively small differences in the availability of essential oral drugs, except at clinics. About a third of the clinics had all the essential drugs available compared to 50 to 60 percent of the other facilities.

Table 6.4 Availability of essential oral drugs and pre-referral drugs

Facility characteristic	Among facilities providing child health services, percentage with: All essential oral drugs	All pre-referral drugs	Number of facilities
Facility type			
Hospital	56	53	32
Maternity/nursing home	60	65	21
Health centre	52	13	90
Dispensary	50	3	175
Clinic	36	31	67
Operating organisation			
Public	43	1	221
Mission	73	39	70
Other private	45	40	94
Province			
Western	52	27	29
Rift Valley	50	11	101
Nyanza	47	26	57
Eastern	44	13	68
Coast	46	20	35
Central	59	17	61
Nairobi	41	24	34
All facilities	49	18	385

Essential oral drugs — co-trimoxazole, Fansidar, oral rehydration salts, iron, paracetamol/ asperin, and mebendazole (Vermox)
Pre-referral drugs — gentamycin, benzylpenicillin, and quinine
Source: 1999 Kenya SPA facility inventory

There was greater variation in the availability of pre-referral drugs across the various types of facilities, especially between public and private sector facilities (Table 6.4). Maternities and hospitals, which are expected to have all three drugs, had the greatest availability, but even among those facilities, about a third or more did not have all of the drugs. The great majority of dispensaries and health centres did not have the full complement of pre-referral drugs on hand.

D. Availability of Immunisation Services

As discussed earlier, slightly more than 80 percent of the KSPA health facilities provided immunisation services. For those facilities that provided immunisations, data is available on the number of days per week in which immunisations were given, the percentage that were unable to provide vaccinations at any time in the six months preceding the survey, and the percentage of facilities with all the necessary elements of the cold chain system. These results are presented in Table 6.5.

Table 6.5 Immunisation services

Facility characteristic	Among facilities providing immunisation services: Average number of days per week vaccinations given (mean)	Percentage unable to provide vaccinations[1] at least one day in past six months	Percentage with all necessary cold chain items	Number of facilities
Facility type				
Hospital	4.3	23	72	31
Maternity/nursing home	4.0	17	50	18
Health centre	4.4	26	84	86
Dispensary	3.0	39	58	142
Clinic	4.4	15	59	53
Operating organisation				
Public	3.9	31	71	186
Mission	3.2	32	59	68
Other private	3.9	19	57	76
Province				
Western	3.9	41	69	29
Rift Valley	2.9	25	68	91
Nyanza	3.8	48	61	44
Eastern	3.9	31	51	56
Coast	4.0	36	72	31
Central	4.6	16	81	48
Nairobi	4.4	10	53	30
All facilities	3.8	29	65	330

Cold chain components — a working refrigerator, a working thermometer, and an updated cold chain temperature chart
[1] BCG, Polio, DPT and measles
Source: 1999 Kenya SPA facility inventory

Depending on the type of facility, immunisation services are expected to be available five days a week for any child less than five years of age. To reduce wastage, however, some facilities may offer immunisations for children two to three days per week. On average, KSPA facilities that provide immunisation services offered the service nearly 4 days in a week (Table 6.5). Dispensaries had the most limited availability, offering vaccinations only an average of three days per week. Mission-operated facilities provided vaccinations somewhat less often than governmental and other private facilities. Looking at provincial differentials, the average number of days that immunisation services are available was lowest at facilities in Rift Valley (2.9 days) and highest at facilities in Central province (4.6 days) and Nairobi (4.4 days).

Data from the KSPA can also be used to assess the status of the cold chain system for facilities that provide immunisations. The elements of a good cold chain system are 1) a working refrigerator, 2) a working refrigerator thermometer, and 3) an updated cold chain temperature chart. Two-thirds of all facilities that provide immunisations have all the above cold chain elements in place.

Health centres, followed by hospitals, were more likely than any other facilities to maintain an adequate cold chain system. Government-managed facilities, which provide the majority of Kenyan children with immunisation services, were more likely to have all the elements of an effective cold chain system than other types of facilities.

E. In-service Training

In-service training is an integral part of maximising the human resource capacity for effective service provision. With the continuing introduction of new approaches or interventions, health providers need in-service training to update their skills and knowledge. Table 6.6 uses information obtained in the interviews conducted with health care providers during the KSPA to assess the extent of in-service training in key child health-related services (i.e., immunisation and the case management of respiratory illnesses, diarrhoea, and malaria).

Table 6.6 In-service training among child health care providers

Health worker and facility characteristics	Among health workers delivering a specific service, percentage that have had any refresher training in the service:			
	Immunisation	ARI treatment	Diarrhoea treatment	Malaria treatment
Type of health worker				
Doctor	38	33	29	23
Clinical officer	24	30	28	24
Registered nurse	23	11	14	9
Enrolled nurse	30	17	29	13
Facility type				
Hospital	28	24	25	19
Maternity/nursing home	23	23	19	13
Health centre	31	16	27	11
Dispensary	27	17	31	15
Clinic	33	20	29	12
Operating organisation				
Public	33	16	27	13
Mission	19	23	25	17
Other private	28	22	28	17
Province				
Western	42	26	41	18
Rift Valley	28	25	28	22
Nyanza	26	16	30	16

Eastern	24	12	18	2
Coast	34	9	23	14
Central	33	21	20	11
Nairobi	25	15	30	9
All facilities	29	19	27	14
Total number of health workers	757	755	800	812

Source: 1999 Kenya SPA health worker interview

About one-third of the providers for immunisation services had attended an in-service training course in EPI (Expanded Programme in Immunisation). Even fewer providers had ever attended refresher training on the management of common illnesses, with health workers treating malaria having the least likelihood of in-service training in the case management of that illness (14 percent). In general, doctors were the most likely to have had in-service training and registered nurses were the least likely. Considering provinces, in-service training coverage for child health providers was highest in Western province for immunisations, ARI, and diarrhoea, and it was highest in Rift Valley for malaria.

F. Quality of Care during Sick-Child Consultations

As noted in Chapter 1, the KSPA included observations of sick-child consultations at a subsample of facilities and exit interviews with the child's caretaker immediately after the consultation. A total of 624 consultations were observed during the survey. A total of 589 exit interviews were completed with caretakers.

The observation data and the results from the exit interviews provide the basis for an assessment of the extent to which health workers followed basic standards of care in treating the sick children. The standards used to assess the quality of the care during these consultations are based on the Ministry of Health guidelines and WHO/UNICEF's Integrated Management of Childhood Illnesses. Although Kenya has only recently begun to implement the IMCI approach, the results provide a useful baseline for later examination of the success of the program.

1. Pre-assessment procedures

The KSPA collected information on the following four general pre-assessment procedures that should be a part of all sick-child consultations: weighing the child, body temperature determination, asking or looking for health card, and checking immunisation status. All these are useful aids for proper case management, especially during the classification and treatment processes of common childhood illnesses.

In general, the majority of sick children are not being weighed during sick-child visits. At the time of the exit interview, the KSPA interviewer asked to see the child's growth card to check whether a weight was recorded. A third of the caretakers were able to show the interviewer a growth card, and, among those having a card, 39 percent had a weight recorded for the child on the day of the visit (not shown in table).

Table 6.7 presents information from the observation component on the extent to which providers were following the other three pre-assessment procedures. Within the IMCI context, health workers are expected to measure the body temperature of every sick child by using a thermometer or simply by touching the body of the child. About three-quarters of sick children in the KSPA had their body temperature assessed in some way. Providers at private facilities were somewhat more likely to measure the body temperature than the providers at public facilities.

Records were checked in the case of only a minority of sick children. Most clinicians did not ask about the child's health card, with inquiries about the card noted in only about one-third of the cases. Only about one-fifth of sick children were checked for immunisation status. This reflects the fact that most health facilities in Kenya currently do not provide immunisation services for the sick children. The IMCI protocol, which the Ministry of Health has recently adopted as standard policy, emphasises the provision of all needed vaccinations to all sick children during sick-child consultations, except in very few instances when some vaccines are contraindicated.

Table 6.7 Observance of pre-assessment procedures during sick-child consultations

Facility characteristic	Percentage of sick-child consultations in which health worker:				Number of sick children
	Measured/ felt body temperature	Asked for/ received health card	Examined immunisation record	Performed all tasks	
Facility type					
Hospital	68	33	30	26	103
Maternity/nursing home	67	60	47	33	15
Health centre	64	44	27	21	171
Dispensary	82	31	17	12	239
Clinic	93	21	15	14	96
Operating organisation					
Public	66	35	23	16	364
Mission	88	48	35	30	94
Other private	91	23	14	13	166
Province					
Western	73	35	29	21	67
Rift Valley	85	31	17	16	203
Nyanza	85	41	30	23	66
Eastern	69	38	17	12	118
Coast	67	46	38	25	61
Central	69	20	13	13	61
Nairobi	71	29	31	21	48
All facilities	76	34	22	17	624

Source: 1999 Kenya SPA sick-child consultation observation

Overall, the complete set of pre-assessment procedures were followed in less than 20 percent of all the sick-child consultations observed during the KSPA. Compliance with all four of the pre-assessment procedures shown in Table 6.7 was highest at Mission-operated facilities and facilities in the Coast province.

2. Assessment of general danger signs

Assessment of general danger signs is another key element of the IMCI protocol. After the general pre-assessment procedures, health workers who are managing sick children are expected to ask about or look for the presence of general danger signs. Within the IMCI context, a sick child has a general danger sign if he/she has at least one of four signs: unable to drink or breastfeed, vomits everything, has had convulsions during current illness, or looks lethargic or unconscious.

During the KSPA, observers recorded whether the health workers asked about or the child's caretaker mentioned the first three of these signs.

Since IMCI is not yet widely implemented in Kenya, it was expected that very few health workers if any would ask about or look for these general dangers signs in sick children. In general, health workers and caretakers were most likely to discuss whether the child was able to drink or breastfeed. Information on the ability to drink or breastfeed was obtained in about half of all sick child consultations, on vomiting in more than two-fifths of the consultations, and on convulsions in about a quarter of the consultations. The health worker obtained information on all three signs in a fifth of the cases (Table 6.8).

Table 6.8 Information obtained about danger signs during sick-child consultations

Facility characteristic	Percentage of all sick-child consultations in which information was obtained on whether the child:				Number of sick children
	Was unable to drink/ breastfeed	Vomited everything	Had convulsions	Had all three danger signs	
Facility type					
Hospital	48	45	26	22	103
Maternity/nursing home	53	40	47	33	15
Health center	49	37	23	17	171
Dispensary	53	51	26	23	239
Clinic	56	41	17	10	96
Operating organization					
Public	44	40	20	16	364
Mission	61	54	26	21	94
Other private	61	48	34	27	166
Province					
Western	43	45	19	13	67
Rift Valley	67	60	37	34	203
Nyanza	64	49	17	14	66
Eastern	27	18	11	6	118
Coast	48	46	31	25	61
Central	36	18	13	5	61
Nairobi	63	67	27	25	48
All facilities	51	44	24	20	624

Source: 1999 Kenya SPA sick-child consultation observation

3. Assessment and treatment of cough or difficult breathing

Cough or difficult breathing is one of the four major symptoms for which the IMCI protocol provides guidance to the health providers on how to assess, classify, and treat sick children. When managing a cough or difficult breathing, health providers are expected to 1) ask about the duration of the cough, 2) count the number of breaths per minute using a timer or a watch with a second hand, 3) look for chest indrawing, and 4) listen or feel stridor when the child is calm. The first two tasks are easy for the observer to judge. For the third task, a proxy was used, i.e., expos-

ing the chest of the child. The fourth element is omitted from this analysis because it could not be assessed during the visit.

The duration of a cough is a very important parameter that helps health providers decide what to do for children with respiratory illness. In IMCI, children who cough for 30 days or more should be screened for pulmonary tuberculosis. During the survey, most of the caretakers of children with a cough or difficult breathing were asked about the duration of the cough; health providers obtained this information in more than 8 in 10 consultations in which the child had a cough or difficulty breathing (Table 6.9). Providers in Mission-run or other private facilities were more likely than providers in public facilities to get this information.

Table 6.9 Assessment of cough or difficult breathing during sick-child consultations

Facility characteristic	Among consultations in which the child had cough or difficult breathing, the percentage in which the health worker:			Number of children with cough
	Obtained information about duration of cough	Counted number of breaths	Exposed child's chest	
Facility type				
Hospital	80	17	73	78
Maternity/nursing home	100	46	82	11
Health centre	87	9	53	121
Dispensary	82	6	61	165
Clinic	88	23	78	64
Operating organisation				
Public	79	5	54	271
Mission	95	28	87	60
Other private	93	21	77	108
Province				
Western	83	22	42	36
Rift Valley	95	14	76	130
Nyanza	93	16	57	44
Eastern	58	6	56	96
Coast	98	20	71	45
Central	82	10	61	51
Nairobi	92	3	68	37
All facilities	84	12	64	439

Source: 1999 Kenya SPA sick-child consultation observation

Surprisingly, respiratory rate measurement (i.e., counting the number of breaths that a child who is ill with a cough or difficult breathing takes during a minute) is not implemented as often as would be expected. Only 12 percent of children in all provinces have had a respiratory rate measurement (Table 6.9). The procedure is used most often in maternities/nursing homes and clinics. The highest frequency was observed in Western province (22 percent), followed by Coast province (20 percent).

Traditionally, hospital-based providers are known to prefer stethoscopes and x-rays in diagnosing respiratory tract problems. Thus, it is not surprising that comparatively few providers at hospitals employed the respiratory rate measurement. However, it is less clear why the procedure is not more commonly used by other providers, particularly at the health center or dispensary level.

In IMCI, the severity of pneumonia is assessed by looking for the presence of chest indrawing in children over 2 months of age. Since it is not possible to tell whether a health provider is looking for chest indrawing, exposure of the child's chest was used in the KSPA as a proxy for this procedure. Health providers exposed the chest of two-thirds of all children with a cough or difficult breathing. However, since this is a proxy measure, it is not possible to conclude with any certainty that the proportion who undressed the children took the action to look for evidence of chest indrawing. In fact, since the health providers often did not count the number breaths for children with a cough, it is more likely that stethoscope use was the main reason for exposing the children's chests.

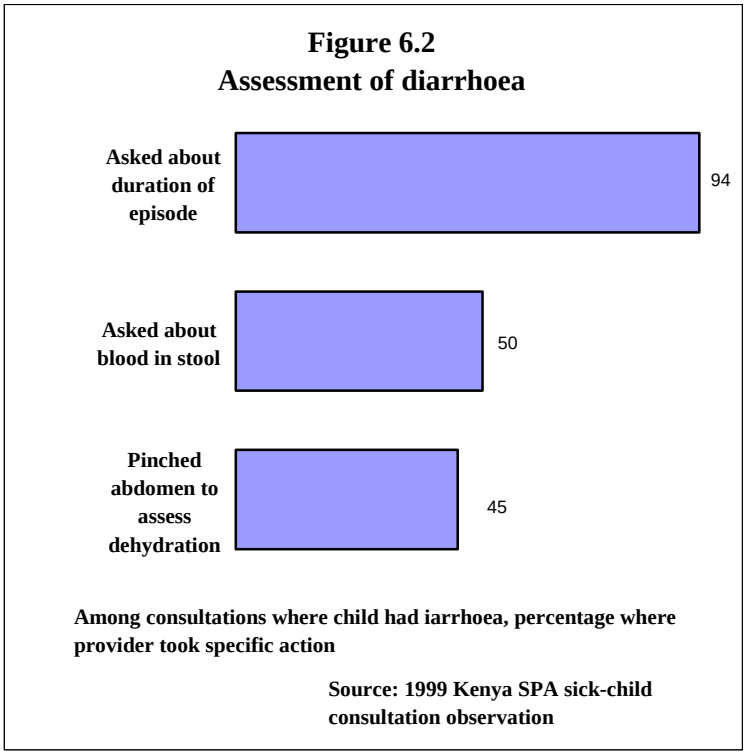
Children with pneumonia should be brought back to the health facility for re-assessment two days after beginning antibiotic treatment. Without follow-up dates, sick children might miss more rigorous antibiotic treatments if their condition deteriorates or stays the same after two days with first-line treatment. Out of 110 cases diagnosed as pneumonia, only 59 percent were given any follow-up date by the provider (data not shown in table).

As part of proper case management, health providers should advise the caretakers of children with a cough or cold (no pneumonia) to soothe the throat with a safe remedy at home, i.e., tea with honey. No antibiotics are expected to be given solely for simple coughs or colds. During the survey, the health workers under observation diagnosed 260 cases of coughs or colds[2]. Out of those cases, 89 percent received antibiotic treatments (Table 6.10). Antibiotics were prescribed somewhat more often in public facilities than in Mission-operated or other privately run facilities.

Table 6.10 Treatment and followup for children with cough/difficult breathing

Facility characteristic	Among children diagnosed as having simple cough or cold, percentage given antibiotics	Number of children diagnosed as having only cough or cold
Facility type		
Hospital	80	51
Maternity/nursing home	63	8
Health centre	94	64
Dispensary	91	95
Clinic	91	42
Operating organisation		
Public	93	173
Mission	79	29

[2] Excluding cases with other condition(s) that require antibiotic treatments.



Other private	81	58
Province		
Western	89	18
Rift Valley	85	54
Nyanza	81	21
Eastern	92	60
Coast	90	38
Central	92	36
Nairobi	88	33
All facilities	89	260

Source: 1999 Kenya SPA sick-child consultation observation

4. Assessment and treatment of diarrhoea

The caretaker reported that the child had diarrhoea in 124 of the sick-child consultations. During the observation of these consultations, information was collected on the following four tasks involved in proper diarrhoea case management: 1) inquiry about the duration of the episode, 2) inquiry on blood in stool, 3) skin turgor test, and 4) explanations of the three rules of home treatment.

Information on the duration of the episode is vital for the proper classification of persistent diarrhoea, i.e., a diarrhoea episode that lasts 14 days or more. Up to 20 percent of diarrhoea episodes may become persistent and, therefore, contribute to malnutrition. Figure 6.2 shows information on the duration of the episode was obtained in 94 percent of the consultations involving a diarrhoeal complaint.

Usually caretakers report voluntarily about the presence of blood in their children's stool. However, if it is not mentioned, the clinician must ask about it to make sure that children with dysentery do not leave the facility without proper antibiotic treatment. Sometimes children may have both watery diarrhoea and dysentery, but the mother may report the loose stools only. The KSPA results suggest that health workers did not ask about blood in the stool in half of all consultations in which the child had diarrhoea (Figure 6.2).

The death of a child with non-persistent diarrhoea is usually due to dehydration. Therefore, the foundation of diarrhoea case management begins with proper assessment of dehydration. Health providers are expected to perform several tasks to evaluate the level of dehydration in children with diarrhoea; in the KSPA, observers noted only whether providers did the skin turgor test (skin pinch). As Figure 6.2 shows, providers were observed to use this tool to assess dehydration in less than half of the sick-child consultations involving a diarrhoeal complaint.

The KSPA results also allow for an evaluation of the extent to which providers are educating caretakers about appropriate home treatment practices. According to both the CDD and IMCI protocols, health providers must explain to each caretaker of a child with diarrhoea the three rules of home treatment: 1) give extra fluids (ORS solution or available home fluids), 2) breastfeed/feed more frequently and longer at each feeding, and 3) return for followup immediately if there is blood in the stool or the child's condition worsens. These rules are extremely important for successful oral rehydration therapy (ORT).

Table 6.11 looks at the extent to which health workers at Kenyan health facilities were educating caretakers about these rules. The results indicate, unfortunately, that during sick children's consultations involving a diarrhoeal complaint, caretakers were not well informed about the three rules of home treatment. Providers were most likely to discuss when the child should be brought back for followup, but even this rule was discussed in little more than half of all cases of children with diarrhoea. Less than half of the caretakers were advised to continue feeding and to increase the child's fluid intake.

Table 6.11 Key ORT rules explained to caretakers of children with diarrhoea

ORT rule	Percentage of consultations in which provider advised the caretaker to take specific action
To increase fluids and breastfeeding	40
To continue feeding	48
When to return	55
Number of children with diarrhoea	124

Source: 1999 Kenya SPA sick-child consultation observation

5. Assessment and treatment of fever

The most important conditions that cause fever among Kenyan children are malaria and measles. The presence of a generalised rash of measles or a history of measles within the past 3 months in a febrile child is sufficient for measles diagnosis. In this survey, the fact that the health provider undressed and looked at the trunk and back of the child was used as a proxy for assessment of measles rash. Furthermore, the observers noted whether providers checked for the presence of neck stiffness. Neck stiffness indicates the existence of a more severe condition, most probably meningitis, and therefore requires a referral to the next level of medical care.

Table 6.12 shows that the health providers looked for a measles rash on a little more than one-third of the children with fever. In comparing public and private facilities, about one-third of feb-

rile children in public institutions were checked for generalised measles rash, while the frequency of such procedures is slightly higher in facilities run by the missions or by other private providers. Health workers in Rift Valley performed this task more frequently (72 percent) than those in other provinces. In contrast, the providers in Eastern province checked for the measles rash in only 3 percent of the cases.

Checking for neck stiffness in children with fever is not a common practice in most Kenyan health facilities. Only 12 percent of all children with fever had this assessment.

The IMCI protocol recommends that children with fever be brought back to the facility in two days if their fever persists. For this reason, it is important that the health providers should inform the caretakers when to return for follow-up. During the survey, less than half of the caretakers of febrile children were informed about a return date for follow-up.

The World Health Organisation recommends that, in areas at high risk for malaria, children with fever should be promptly and adequately treated with an appropriate antimalarial within the first 48 hours after the onset of the fever. In Kenya, all children with fever should be presumptively treated for malaria. The first-line antimalarial is sulfadoxine-pyrimethamine (Fansidar). In some provinces or districts, where the risk of malaria is low, the health providers are expected to ask about the child's history of travel to malarious areas in all febrile cases.

Table 6.12 Assessment and management of children with fever

Facility characteristic	Among consultations in which the child had a fever, percentage in which the provider:				Number of children with fever
	Asked about duration of fever	Looked for a generalised rash	Checked for stiffness in the neck	Gave followup date	
Facility type					
Hospital	84	29	21	41	56
Maternity/nursing home	67	67	17	67	6
Health centre	91	45	10	43	110
Dispensary	80	32	9	42	153
Clinic	89	46	15	62	70
Operating organisation					
Public	80	29	9	39	231
Mission	96	46	13	49	68
Other private	92	53	18	66	96
Province					
Western	85	23	20	58	60
Rift Valley	96	72	18	67	111
Nyanza	94	33	13	56	54
Eastern	52	3	1	6	73
Coast	98	45	4	57	47
Central	87	27	8	32	37
Nairobi	92	39	15	23	13
All facilities	85	38	12	47	395

Source: 1999 Kenya SPA sick-child consultation observation

Table 6.13 Treatment of children with fever with antimalarials

Facility characteristic	Among consultations for fever, the percentage receiving antimalarials	Among consultations in which antimalarials were prescribed, the percentage receiving:		Number of children with fever
		Fansidar	Chloroquine	
Facility type				
Hospital	29	31	56	56
Maternity/nursing home	33	50	100	6
Health centre	68	43	88	110
Dispensary	78	21	95	153
Clinic	53	41	72	70
Operating organisation				
Public	71	28	92 79 78	231
Mission	41	29		68
Other private	58	43		96
Province				
Western	75	37	83	60
Rift Valley	60	48	79	111
Nyanza	65	22	92	54
Eastern	70	19	94	73
Coast	77	31	92	47
Central	32	8	92	37
Nairobi	23	33	67	13
All facilities	63	32	87	395

Source: 1999 Kenya SPA sick-child consultation observation

As Table 6.13 shows, 63 percent of children with fever received treatment with an antimalarial. Among those receiving antimalarials, around one-third were treated with Fansidar. Many children were given oral chloroquine (87 percent). Thus, many facilities are not yet complying with the national malaria policy and guidelines.

6. Assessment of malnutrition and anaemia

Health providers need to assess the presence of malnutrition and anaemia in sick children, regardless of the caretakers' main complaints. The IMCI protocol guides health providers who manage sick children to 1) take the weight and plot it against the growth chart, 2) undress the child to look for visible severe wasting, 3) look and compare the palms of the child for the presence of some pallor or severe pallor, and 4) check both feet for the presence of oedema. The above tasks may not be common among Kenyan child health providers since IMCI is not widely introduced to all provinces.

Since most children were usually weighed outside the consultation room, the KSPA observers relied on the caretakers to report at the exit interview whether their sick children were weighed on the day of the survey. However, the observers did note whether the child's palms or nailbeds were assessed for pallor and whether the feet were checked for oedema. Table 6.14 demonstrates that relatively few sick children were assessed for anaemia and bipedal oedema.

Table 6.14 Assessment of malnutrition and anaemia among sick children

Facility characteristic	Percentage of all sick-child consultations in which the provider: Checked palms and nailbeds for pallor	Checked both feet for oedema	Did all tasks	Number of sick children
Facility type				
Hospital	26	15	11	103
Maternity/nursing home	47	20	20	15
Health centre	20	15	14	171
Dispensary	11	8	4	239
Clinic	17	16	12	96
Operating organisation				
Public	17	11	9	364
Mission	21	11	6	94
Other private	19	16	11	166
Province				
Western	15	16	12	67
Rift Valley	20	17	11	203
Nyanza	11	17	9	66
Eastern	4	4	4	118
Coast	31	7	7	61
Central	12	0	0	61
Nairobi	48	27	27	48
All facilities	18	13	9	624

Source: 1999 Kenya SPA sick-child consultation observation

7. Communication with the caretakers

The level of interaction between providers and the caretakers of sick children were assessed in the KSPA by observing whether the provider explained what the child had to the caretaker and, for those who received oral drugs, how to give the child the medicines at home. These indicators describe the communication skills required for any health provider who is managing a sick child.

In general, Table 6.15 shows that less than half of the caretakers of sick children were told what illness(es) their children were suffering from. If medicines were prescribed, providers often did not inform the caretaker how the medicines were to be taken; more than 40 percent of providers did not give the caretaker any information on how to administer the medication. Even fewer caretakers (16 percent) received a demonstration in the consultation room about how to give oral medicines at home.

The child health providers who dispense or prescribe oral medicines are expected not only to explain and demonstrate how to administer the medicines at home, but also to make sure that the caretakers understand the key messages that are given. Overall, one-fifth of providers were observed asking questions or otherwise checking to verify the caretakers' comprehension of how to administer oral medicines at home.

Table 6.15 Information about child's illness and treatment communicated to caretakers during consultation

Facility characteristics	Percentage of all sick-child consultations in which the provider:				Number of sick children
	Informed caretaker of diagnosis	If oral drugs prescribed			
		Explained how to give drug	Demonstrated how to give drug	Checked caretaker's understanding	
Facility type					
Hospital	53	39	3	20	103
Maternity/nursing home	67	91	18	18	15
Health centre	36	66	12	22	171
Dispensary	33	47	17	15	239
Clinic	65	89	33	29	96
Operating organisation					
Public	28	50	11	17	364
Mission	66	65	20	17	94
Other private	62	74	26	29	166
Province					
Western	23	67	8	8	67
Rift Valley	71	59	12	25	203
Nyanza	33	87	69	42	66
Eastern	18	28	1	5	118
Coast	41	95	7	9	61
Central	26	31	16	5	61
Nairobi	48	74	26	52	48
All facilities	43	58	16	20	624

Source: 1999 Kenya SPA sick-child consultation observation

8. Caretaker's knowledge

Key health messages that individuals caring for sick children are expected to take away from health facilities are to give more fluids or feeding, including breastfeeding, to any sick child and to return immediately with the child to the health facility if there are signs that the illness is growing worse. Caretakers were interviewed as they were going out of the facility to assess their knowledge of these two key elements.

Table 6.16 shows that slightly more than half of the caretakers knew to increase fluid intake and feeding for any sick child. About two-thirds of these caretakers knew at least three signs that indicate immediate return to the health facility. A little less than a quarter of the caretakers knew about the need to increase fluids and about general danger signs requiring medical attention.

Table 6.16 Caretakers' understanding of key health messages

	Percentage of caretakers who knew to:	

Facility characteristic	Increase fluids or breastfeeding for any sick child	Recognised at least 3 signs requiring immediate return to health facility	Showed understanding of both key messages	Number of caretakers
Facility type				
Hospital	54	73	18	89
Maternity/nursing home	64	57	36	14
Health centre	52	71	22	160
Dispensary	58	68	24	232
Clinic	64	59	33	94
Operating organisation				
Public	55	72	21	341
Mission	61	60	30	87
Other private	60	63	29	161
Province				
Western	97	12	88	66
Rift Valley	49	78	12	194
Nyanza	73	49	43	63
Eastern	38	80	10	111
Coast	53	89	8	53
Central	63	60	26	57
Nairobi	56	89	10	45
All facilities	57	68	24	589

Source: 1999 Kenya SPA exit interview with sick-child caretaker

Since the travel time to health facilities is relatively short for the majority of caretakers, we expect a high and prompt utilisation rate for child health services. With the introduction of IMCI, more caretakers are expected to know the importance of bringing sick children promptly to health facilities. According to information obtained from caretakers in the KSPA, 43 percent of the children had been sick for two days or less before they were brought for care, a quarter had been sick for three days, and a third had been sick for four or more days before advice was sought from the provider (not shown in table).

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APPENDIX A

LIST OF STAFF: KENYA SERVICE PROVISION ASSESSMENT SURVEY

APPENDIX A
LIST OF STAFF: KENYA SERVICE PROVISION ASSESSMENT SURVEY

ADMINISTRATION

Amb. S. B. A. Bullut
Director, National Council for Population and Development (NCPD)
Dr. M. Hassan
Director, Division of Primary Health Care, Ministry of Health (DPHC)

PROJECT CO-ORDINATORS

Dr. P. M. L. Kizito	NCPD
Dr. Margaret Makumi	DPHC

FIELD CO-ORDINATOR

Jennifer Omufwoko	DPHC

TECHNICAL STAFF

Cosmas Mutunga	DPHC
Margaret Mbugua	DPHC
Stephen Andolo	DPHC
Maria Mosomi	NCPD
Vane Nyong'a	NCPD
Michael Mbayah	NCPD
George Kichamu	NCPD
Samuel A. Ogola	NCPD
Roselyn Mutemi	National AIDS Council
Micah K. Kisoo	National AIDS Council
Dr. Alice Mutungi	Department of Obstetrics/Gynaecology, University of Nairobi

MACRO STAFF

Dr. Alfredo Aliaga
Dr. Abdikamal Alisalad
Devin O'Neill
Keith Purvis
Dr. Amanda Rose
Dr. Shea Rutstein
Dr. Ann Way
Dr. Marilyn Wilkinson
Arlinda Zhuzhuni

NURSE INTERVIEWERS

Robert Tsofwa
Joseph Kenga
Esther Kalya
Abijah Kaugi
Ruth Murimi
Alois Muinde Kyengo
Fredrick Oigo
Jane Mageka
Raphael Koskei
Tabitha Ndegwa
Violet Vijedi
Patrick L. Okamo
Grace Kwamboka
Antony Ayieko
Raphael Mutua
Lilian Chepngetich

SOCIAL SCIENTISTS

Rebecca Chebet
Caroline Cherotich
Winfred Mutinda
Robert Mutinda
Emily Chege
Tabitha Wangari
Dorothy Achieng
Andrew Anyembe
Irene Namai
Amos Tobiko
Mwanahidi Juma
Henry Mchapo
Victoria Kioga
Caroline Njeru
Marion T Themor
Charles Momanyi
Juliet Wambua
David Marende

NCPD/DPHC SUPPORT STAFF

Margaret A. Odera, Secretary
James Macharia, In-charge of Computer
Julius Majale
Seif Kamau
Margaret M. Njogu, Accountant
Charles M. Kariuki, Accountant
Samuel Kamunyu, Accounts
Joshua Natange

DRIVERS

Simon Karanja
J. Onguko
Eric Mungai
J. Mokaya
S. Bett
J. Langat
Macharia Kagwanja
Kiong Kisilu
J. Makori
D. N Njenga
F. Wakoba
Julius Korir
Isaac Lumbasi
Z. K. Atuya
S. Monyoncho
Ernest Ojoro
J. Murungi
Jeffa Chai
Edward Mutungei
S. H. Karanja
F. Anubi
C. N. Kimanthi
M. Simiyu
M. Okello
Joseph Anyanga
J. Ogembo
S. Yasindi

NCPD FIELD CO-ORDINATORS

E. Kisaka
E. Adienge
H. Oyugi
A. Juma
O. Samo
O. Onyango
C. Oisebe
P. Nyakwara
Z. Gathito
S. Ogola
K. Kioga
P. Reriani
J. Mbatha

OTHER STAFF WHO PARTICIPATED IN THE STUDY

Ms. Margaret Mukabana, NCPD
Dr. Linus Ettyang, NCPD

APPENDIX B

CONTENT OF EQUIPMENT SETS

APPENDIX B
CONTENT OF EQUIPMENT SETS

Delivery Set
Large 12" kidney dish with lid
Medium 10" kidney dish with lid
Long 8" artery forceps
Medium gallipot
Blunt-ended 5" cord scissor
7" episiotomy scissor
10" cord clamp
10" toothed dissecting forceps
10" non-toothed dissecting forceps
Medium bowl
10" sponge holding forceps
10" needle holder
Large stitching tray
Needles
Perineal 02 catgut
Straight 5" scissor
Plastic cord ligatures
Green towel
Size 40 green gown
Pads
Latex, sterile, re-usable, medium 7, 7.5, and 8 gloves
Sterile gauze swabs
CUSCOES medium speculum
3 m rubber sheet Mackintosh
Blood pressure machine

Perineal Repair Set
10" sponge holding forceps
Large 160 mm artery forceps
Small 140 mm artery forceps
180 mm needle holder
Stitch scissors
Toothed 200 mm dissecting forceps
Latex, sterile, reusable, medium 7, 7.5, 8 gloves
Vaginal, large, sims speculum
Vaginal, Hamilton Bailey speculum

Neonatal Resuscitation Set
Mucus extractor
Infant face mask (2 different sizes)
Ventilation bag
Ch 12 suction catheter
Ch 10 suction catheter
Infant laryngoscope with spare bulb and battery
3.5 endotracheal tubes
A or b suction machine
Electric suction machine for adults, newborns, infants; complete with detachable tubes and glass jars
Manual suction machine for adults, newborns, infants, complete with detachable tubes and glass jars

Vacuum Extraction Set
Vacuum extractor
Vacuum syringe (single and double valve)
4-12 mm flexible cannulae
Vacuum pump with extra glass bottles
Connecting tubing
Flexible 5, 6, 7, 8, 9, 10, 12 mm cannulae
Curved rigid 7, 8, 9, 10, 11, 12, 14 mm cannulae
Straight rigid 7, 8, 9, 10, 11, 12 mm cannulae

Equipment for Obstetric Laparatomy/Caesarean Section
20 x 30 cm stainless steel universal instrument tray with cover
19 cm tissue forceps
28 cm uterine tenaculum forceps
Small, curved artery forceps
Small, straight artery forceps
16 cm long, straight artery forceps
Green amitage
22.5 cm sponge forceps
20 cm uterine haemostasis forceps
Straight, 22.5 cm hysterectomy forceps
12.5 cm mosquito forceps
No. 3 surgical knife handle
No. 4 surgical knife handle
Surgical knife blades
7.3 cm, size 6 triangular point suture needles
No. 12, size 6 round bodied retractor
Size 3 single abdominal retractor
Double-ended, Richardson single abdominal retractor
Straight, 17.5 cm needle holder
Straight operating, blunt-pointed, Mayo 17 cm scissors
Curved operating, blunt-pointed, Mayo 17 cm scissors
Straight, 23 cm scissors
Suction nozzles
22.5 cm, 23 French gauge suction tube
Curved (dry), 22.5 cm intestinal clamps
Straight, 22.5 cm intestinal clamps
Non-toothed tissue, 15 cm dressing forceps
Non-toothed tissue, 25 cm dressing forceps
Cocker
Towel clip
Medium bowl
15 cm diameter gallipot
Toothed dissection forceps
Non-toothed; Bryant 5" dissection forecps
10" kidney dish
Medium forceps holder
Latex, sterile, reusable, medium, 7, 7.5, 8 gloves
CUSCOES medium, large, small speculum

Minilap BTL Set
10" forceps tenaculum
Uterine elevator
19.5 cm, Babcock tissue forceps
Tubal hook
Richardson-Eastman abdominal retractor
Latex, sterile, reusable, medium 7, 7.5, 8 gloves
Proctoscope

Dilatation and Curettage Set
Sims heavy vaginal speculum
Sponge (ring) holding forceps
Single toothed forceps tenaculum
Long dressing forceps
Size 13-27, French uterine dilatators
Sharp and bland size 0 or 00 uterine currets
Latex, sterile, reusable, medium 7, 7.5, 8 gloves
Malleable metal sound

Equipment for Anaesthesia
Adult/pediatric mask
Oropharyngeal airways
Small, medium, large laryngoscope
8 mm and 10 mm endotracheal tubes with cuffs
Magil intubating forceps
Ovum forceps for emergencies
15 mm plastic endotracheal tube connector for each tube size
18-gauge to 25-gauge spinal needles
Draw-over system anaesthesia appartus
Oxygen flow meter set with manometer and flowmeter
Assorted size tubes and connectors for the oxygen flow meter set
Foot-operated suction appartus
Electrically operated suction appartus
Complete lumbar puncture set

IUD Insertion and Removal Set
Large 12", medium 12" kidney dish with lid
10" sponge dish
Toothed uterine tenaculum
Medium gallipot
Simpsons 9" graduated uterine sound
Curved long scissor
Straight long scissor
CUSCOES medium speculum
CUSCOES small speculum
Medium bowl
Long, straight artery forceps
12" cheattle forceps and container
4-6" deep, large oblong tray with lid
Plastic containers for decontamination process
Rubber, sterile, reusable 7 and 8 surgical gloves
Vulsellum forceps
Dressing forceps

Norplant Kit
5" mosquito forceps
Crile forceps
Norplant insertion trocar
3 handle surgical knife
Green towel
Medium kidney dish
Iodine cup
Pair of Norplant removal forceps

Vasectomy Kit
Haemostatic straight, 14 cm forceps
Haemostatic curved, 12.5 cm forceps
Allis 15 cm tissue forceps
No. 3 surgical knife handle

MCH/FP Clinic Basic Equipment Set
3 mm rubber sheet Mackintosh
Spygmomanometer—wall, child, and adult cuff
Spygmomanometer—desk, child, and adult cuff
Scale—personal sliding weight
Practitioner, binaural stethoscope
S/S large gallipot
S/S medium gallipot
Toothed uterine tenaculum
Dressing Bryants 5" forceps
Cheattle Inst s/s forceps
Stainless, 9" graduated uterine sound
CUSCOES small speculum
CUSCOES medium speculum
CUSCOES large speculum
Surgical s/s sharp/blunt scissors
Glass jar with chrome plate lid
Medium protective examination gloves
Large protective examination gloves
Nylon, LUER, re-autoclavable 2 ml, 5 ml, 10 ml syringes
140 cm metric imperial tape measure
Multistix
Plastic container for decontamination
Salter type infant weighing scale with three sets of weighing trousers
Bathroom type adult weighing scale
Foetal stethoscope
Surgeon’s hand brushes with white nylon bristles
Clinical oral thermometer
Low reading thermometer
Blood pressure machine
Plain, spring type, stainless steel dressing forceps
Small kidney dish with lid
Large 12" kidney dish with lid
Medium 10" kidney dish with lid
Medium, stainless steel sponge bowl
Large, stainless steel sponge bowl
Sponge holding forceps
Cutting, round needles
Non-cutting, round needles
Straight Mayo needle holder
Nylon, LUER, reautoclavable 2 ml, 5 ml, 10 ml syringes
Suture material
Curved 6" scissor
Small straight scissor
Dust bin with pedal
Catheter Foley charriere various sizes
Thin, latex, non-sterile, medium gloves
Thin, latex, non-sterile, large gloves
Household gloves, size 7.5
Medium protective examination gloves
Large protective examination gloves

Basic Dressing Tray
Medium kidney dish with lid
Medium, stainless steel bowl
Long, curved scissors
Toothed dressing forceps
Plain dressing forceps
20x30 cm stainless steel universal instrument tray with cover
Medium gallipot
Stitch removing scissors
5" scissors
Long, sharp-ended scissors
Needle holder
Latex, sterile, reusable, Medium 7, 7.5, 8 gloves
Waste basket with paddle

Theatre Equipment
Operating lamps
Anaesthetic machine
Emergency ventilator (for provincial general hospitals [PGHs])
Diathermy machine (for PGH)
Instrument trolley
Instrument cupboard
Recovery bed
Kicker bucket
Autoclave
Portable autoclave
ECG monitor (for PGH)
Resuscitation tray (for PGH)

APPENDIX C

CAPACITY TO TREAT OBSTETRIC COMPLICATIONS: DETAILED TABLES

APPENDIX C
CAPACITY TO TREAT OBSTETRIC COMPLICATIONS: DETAILED TABLES

Table C.1 Capacity to treat haemorrhage

Facility type	Percentage of facilities providing delivery care with capacity to treat haemorrhage					Number of facilities providing delivery care
	Services provided	Ergome-trine or oxytocin[1] available	IV solution, cannulae and giving sets available	Staff available 24 hours	Services, medicines, equipment and staff available	
Hospital	93	80	86	100	67	29
Maternity/nursing home	90	100	90	95	80	20
Health centre	37	85	37	95	15	60
Dispensary[1]	19	69	50	73	19	16
Clinic	42	95	68	84	26	19
All facilities	54	86	60	91	37	144

Note: Dispensaries are generally not open 24 hours
[1] Ergometrine is not a standard medicine below health centre level.
Source: 1999 Kenya SPA facility inventory

Table C.2 Capacity to treat eclampsia

Facility type	Percentage of facilities providing delivery care with capacity to treat eclampsia				Number of facilities providing delivery care
	Services provided	Diazepam/ magnesium sulphate and methyldopa/ propranolol available[1]	Staff available 24 hours	Services, medicines, and staff available	
Hospital	93	87	100	80	29
Maternity/nursing home	79	90	95	70	20
Health centre	7	25	95	3	60
Dispensary	-	33	73	-	16
Clinic	37	58	84	26	19
All facilities	37	52	91	32	144

Note: Dispensaries are generally not open 24 hours
[1] Methyl dopa and propranolol are standard at only hospital level .
Source: 1999 Kenya SPA facility inventory

Table C.3 Capacity to treat infection

Facility type	Percentage of facilities providing delivery care with capacity to treat infection					Number of facilities providing delivery care
	Services provided	Ampicillin or penicillin, and gentamycin and metronidazole available[1]	IV infusion sets and cannulae available	Staff available 24 hours	Services, medicines, equipment, and staff available	
Hospital	100	60	90	100	57	29
Maternity/nursing home	95	90	90	95	79	20
Health centre	62	23	42	95	9	60
Dispensary	50	38	50	73	19	16
Clinic	55	63	75	84	30	19
All facilities	72	47	63	91	32	144

Note: Dispensaries are not generally open 24 hours
[1] Ampicillin and gentamycin are standard at only hospital level.
Source: 1999 Kenya SPA facility inventory

Table C.4 Capacity to provide neonatal resuscitation

Facility type	Percentage of facilities providing delivery care able to perform neonatal resuscitation				Total number of facilities
	Services provided	Equipment available	Staff available 24 hours	Services, equipment, and staff available	
Hospital	100	69	100	69	29
Maternity/nursing home	100	85	95	80	20
Health centre	67	23	95	18	60
Dispensary[1]	63	19	73	19	16
Clinic	60	53	84	37	19
All facilities	76	44	91	40	144

[1] Dispensaries in general are not equipped to carry out deliveries or to manage pregnancy complications
Source: 1999 Kenya SPA facility inventory

Table C.5 Capacity to treat retained placenta

Facility type	Percentage of facilities providing delivery care with capacity to treat retained placenta			Number of facilities providing delivery care
	Services provided	Staff available 24 hours	Services and staff available	
Hospital	93	100	92	29
Maternity/nursing home	85	95	85	20
Health centre	64	95	63	60
Dispensary[1]	40	73	38	16
Clinic	50	84	50	19
All facilities	69	91	68	144

[1] Dispensaries in general are not equipped to carry out deliveries or to manage pregnancy complications
Source: 1999 Kenya SPA facility inventory

Table C.6 Capacity to treat obstructed or prolonged labour

Facility type	Percentage of facilities providing delivery care with capacity to treat obstructed or prolonged labour: assisted vaginal delivery (AVD)				Number of facilities providing delivery care
	Services provided	Equipment available	Staff available	Services, equipment, and staff available	
Hospital	79	76	100	69	29
Maternity/nursing home	80	48	95	48	20
Health centre	27	3	95	3	60
Dispensary[1]	38	-	73	-	16
Clinic	40	15	84	14	19
All facilities	48	26	91	24	144

[1] Dispensaries in general are not equipped to carry out deliveries or to manage pregnancy complications
Source: 1999 Kenya SPA facility inventory

Table C.7 Capacity to provide post-abortion care

Facility type	Percentage of facilities providing delivery care with capacity to provide post-abortion care			Number of facilities providing delivery care
	Services provided	Staff available 24 hours	Services and staff available	
Hospital	80	100	79	29
Maternity/nursing home	70	95	68	20
Health centre	3	95	3	60
Dispensary[1]	-	73	-	16
Clinic	37	84	32	19
All facilities	33	91	31	144

[1] Dispensaries in general are not equipped to carry out deliveries or to manage pregnancy complications
Source: 1999 Kenya SPA facility inventory

Table C.8 Availability of caesarean section

Facility type	Percentage of facilities providing delivery care able to perform caesarean section					Number of facilities providing delivery care
	Services provided	Equipment available	Staff available[1]	Services, medicines, equipment, and staff available	All services and equipment for assisted vaginal delivery and caesarean section	
Hospital	79	77	79	60	78	29
Maternity/nursing home	50	50	68	40	56	20
Health centre	3	3	7	3	4	60
Dispensary	-	-	-	-	1	16
Clinic	20	20	26	16	17	19
All facilities	27	27	32	21	28	144

[1] Doctor available
Source: 1999 Kenya SPA facility inventory

Table C.9 Availability of blood transfusion

Facility type	Percentage of facilities providing delivery care with blood transfusion services			Number of facilities providing delivery care
	Services provided	Staff available	All services and staff available	
Hospital	79	100	77	29
Maternity/nursing home	35	95	35	20
Health centre	3	95	3	60
Dispensary	-	73	-	16
Clinic	-	84	-	19
All facilities	22	91	22	144

Source: 1999 Kenya SPA facility inventory

APPENDIX D

QUESTIONNAIRES

APPENDIX D

QUESTIONNAIRES

Kenya Service Provision Assessment
1999

Community Questionnaire

IDENTIFICATION

Province_____ . . . . . .

District_____ . . . . . .

Location_____ . . . . . .

Name of place:_____ . . . . . .

Cluster number . . . . . .

Urban/rural (Urban = 1, Rural = 2) . . . . . .

GPS Reading:

Latitude . . . . . .

Longitude . . . . . .

Altitude . . . . . .

	N/S	Degrees	Minutes	Thousandths
Latitude			.	
	E/W	Degrees	Minutes	Thousandths
Longitude	E		.	

Altitude: Meters

Waypoint . . . . . .

Date of visit_____

Day . . . . . .

Month . . . . . .

Year. . . . . .

Name of interviewer_____

Name . . . . . .

Interview language: 01 = Kalenjin; 02 = Kamba; 03 = Kikuyu; 04 = Kisii; 05 = Luhya; 06 = Luo; 07 = Meru/Embu; 08 = Mijikenda; 09 = Kiswahili; 10 = English; 11 = Masai; 12 = Other_____

Language . . . . . .

Position of persons interviewed:

POSITION OF PERSONS INTERVIEWED	SEX (Male = 1; Female = 2)
1 _____	
2 _____	
3 _____	
4 _____	
5 _____	
6 _____	

Beginning time:	Hour . . . . . [ ][ ] Minutes . . . . . [ ][ ]

Section 1. Community information

AFTER ASSEMBLING THE INFORMANTS, READ THE FOLLOWING GREETING:
Hello. We are carrying out a survey of health facilities and communities for the Ministry of Health to understand when and why people use health facilities. I would like to ask you some questions about your community and the health services available here. Please be assured that this discussion is strictly confidential and you may choose to stop the interview at any time.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
100	May I continue?	YES . . . . . 1 NO 2	 ➜STOP
101	TYPE OF LOCALITY	NAIROBI/MOMBASA . . . . . 1 SMALL CITY/PERI-URBAN . . . . . 2 TOWN . . . . . 3 RURAL 4	➜108 ➜107 ➜105
102	What is the name of the closest town?	_____ [ ][ ]	
103	Which is the most common type of transportation to go to the nearest town?	CAR/TRUCK . . . . . 01 BUS/MATATU . . . . . 02 MOTORCYCLE . . . . . 03 BICYCLE . . . . . 04 ANIMAL . . . . . 05 WALKING . . . . . 06 OTHER_____ . . 96	
104	How far (in minutes) is the nearest town using this form of transport?	MINUTES . . . . . [ ][ ][ ]	
105	What is the main access route to this community?	ALL WEATHER ROAD/TARMAC . . . . . 1 SEASONAL ROAD . . . . . 2 WATERWAY . . . . . 3 PATH . . . . . 4 OTHER_____ . . 6	
106	What are the main economic activities in this community? (CIRCLE ALL MENTIONED)	AGRICULTURE . . . . . A LIVESTOCK . . . . . B FISHING . . . . . C COMMERCE . . . . . D MANUFACTURING . . . . . E OTHER_____ . X	
107	Is telephone service available here?	YES . . . . . 1 NO 2	
108	What is the primary source of water for this community?	PIPED . . . . . 01 PUBLIC TAP . . . . . 02 WELL . . . . . 03 RIVER/STREAM/LAKE . . . . . 04 RAINWATER . . . . . 05 PURCHASED FROM VENDOR/CITY . . . . . 06 OTHER_____ . 96	➜111 ➜111 ➜111
109	Is this water supply maintained by the community?	YES . . . . . 1 NO 2	
110	How long does it take to go there, get water, and come back for most people in this community (including any waiting time)?	MINUTES . . . . . [ ][ ][ ]	
111	Has this community suffered from a food shortage at any time in the last two years?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
112	Is emergency transport available to residents of this community?	YES . . . . . 1 NO 2	
113	How long (in minutes) does it take to travel from (NAME OF PLACE) to the closest: a) Pre-school? b) Primary school? c) Secondary school? d) University/technical school? e) Local market? f) Public transportation? IF MORE THAN ONE DAY, WRITE '997'. DON'T KNOW = 998.	MINUTES: PRESCHOOL. . . . . [ ][ ][ ] PRIMARY SCHOOL . . . [ ][ ][ ] SECONDARY SCHOOL [ ][ ][ ] UNIVERSITY/ TECHNICAL SCHOOL . [ ][ ][ ] MARKET . . . . . [ ][ ][ ] PUBLIC TRANSPORT . [ ][ ][ ]	

Section 2: Reproductive Health Services in the Community

201	Is there at least one herbalist in (NAME OF PLACE/ NEIGHBORHOOD)?	YES . . . . . 1 NO 2	➜205
202	How many herbalists are there in this area?	NO. OF HERBALISTS. . . . . [ ][ ] DON'T KNOW 98	
203	For what services do people in this community use the herbalist? (CIRCLE ALL MENTIONED) PROBE: Any other service?	CHILD ILLNESS . . . . . A ADULT ILLNESS . . . . . B PREGNANCY . . . . . C ABORTION . . . . . E FAMILY PLANNING . . . . . F STI TREATMENT . . . . . G OTHER BELIEFS & TRADITIONS . . . . . H OTHER_____ . . X	
204	Why do people in this community use the herbalist? (CIRCLE ALL MENTIONED) PROBE: Any other reason?	COST . . . . . A CREDIT . . . . . B ACCESSIBILITY . . . . . C PROVIDER ATTITUDE . . . . . D EFFECTIVENESS . . . . . E OTHER_____ . . X	
205	How many pharmacies/duka la dawa are there in (NAME OF PLACE/NEIGHBOURHOOD)?	NO. OF PHARMACIES. . . . . [ ][ ] NONE . . . . . 00 DON'T KNOW 98	➜208
206	For what services do people in the community use the pharmacist? (CIRCLE ALL MENTIONED) PROBE: Any other service?	CHILD ILLNESS . . . . . A ADULT ILLNESS . . . . . B PREGNANCY . . . . . C ABORTION . . . . . E FAMILY PLANNING . . . . . F STI TREATMENT . . . . . G MEDICINE/SUPPLIES . . . . . H OTHER_____ . . X	
207	Why do people in this community use the pharmacist? (CIRCLE ALL MENTIONED) PROBE: Any other reason?	COST . . . . . A CREDIT . . . . . B ACCESSIBILITY . . . . . C PROVIDER ATTITUDE . . . . . D QUALITY OF SERVICE . . . . . E OFFER REFERRALS . . . . . F OTHER_____ . . X	
208	Is there at least one traditional birth attendant (TBA) in (NAME OF PLACE/NEIGHBORHOOD)?	YES . . . . . 1 NO 2	➜211
209	How many TBAs are there in this community?	NO. OF TBAS . . . . . [ ][ ] DON'T KNOW 98	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
210	How many of these TBAs have received formal training from the MOH, an NGO or some other group?	NO. TRAINED. . . . . [ ][ ] NONE . . . . . 00 DON'T KNOW 98	
211	Does this community have at least one community health worker (CHW, CBD, PHT, FHFE)?	YES . . . . . 1 NO 2	➜220
212	How many different community health workers are active in this community?	NO. OF CHWS . . . . . [ ][ ] DON'T KNOW 98	
213	How often does a CHW visit households in the community or is the CHW available for visits from community residents?	EVERYDAY/LIVES IN COMMUNITY . . . . . 01 MORE THAN ONCE A WEEK . . . . . 02 WEEKLY . . . . . 03 BI-WEEKLY . . . . . 04 MONTHLY . . . . . 05 QUARTERLY . . . . . 06 SEMI-ANNUALLY . . . . . 07 ANNUALLY . . . . . 08 OTHER_____ . 96 DON'T KNOW 98	
214	Does this community health worker provide to community residents: a) Basic medicines (aspirin)? b) TB medicines? c) Vitamins? d) Antenatal care? e) Counseling? f) Immunisations (with or without syringes)? g) Family planning services? h) Information on safe motherhood? i) Information on child survival/health? j) Information on family planning? k) Information on STIs and HIV/AIDS?	YES NO MEDICATIONS . . . . . 1 2 TB MEDICATIONS . . . . . 1 2 VITAMINS . . . . . 1 2 ANTENATAL . . . . . 1 2 COUNSELING . . . . . 1 2 IMMUNISATIONS . . . . . 1 2 FAMILY PLANNING . . . . . 1 2 INFO ON MATERNAL . . . . . 1 2 INFO ON CHILD . . . . . 1 2 INFO ON FP . . . . . 1 2 INFO ON STIS 1 2	
215	Is at least one of these community health workers a family planning community-based distributor (CBD)?	YES . . . . . 1 NO 2	➜220
216	How many CBDs work in this community?	NO. OF CBDs. . . . . [ ][ ] DON'T KNOW 98	
217	How often does a CBD visit households in the community or is the CBD available for visits from community residents?	EVERYDAY/LIVES IN COMMUNITY . . . . . 01 MORE THAN ONCE A WEEK . . . . . 02 WEEKLY . . . . . 03 MONTHLY . . . . . 04 QUARTERLY . . . . . 05 SEMI-ANNUALLY . . . . . 06 ANNUALLY . . . . . 07 OTHER_____ . 96 DON'T KNOW 98	
218	What organizations have CBDs working in this community? (CIRCLE ALL MENTIONED) PROBE: Any others?	FPAK . . . . . A MOH/GTZ . . . . . B MARIE STOPES . . . . . C MAENDELEO YA WANAWAKE . . . . . D NAIROBI CITY COUNCIL . . . . . E CRESCENT MEDICAL AID . . . . . F CHAK . . . . . G FAMILY LIFE PROMOTION/FLPS . . . . . H CARE . . . . . I OTHER_____ . X	
219	Do the CBDs working in this community: a) Provide family planning counseling? b) Provide condoms? c) Provide the pill? d) Provide other methods? e) Refer residents for other methods? f) Accompany women to facilities for methods?	YES NO COUNSELING . . . . . 1 2 CONDOMS . . . . . 1 2 PILL . . . . . 1 2 OTHER METHODS . . . . . 1 2 REFER FOR FP . . . . . 1 2 ACCOMPANY 1 2	
Now I would like to get your opinion on some important health matters.			
220	Why do women wait until they are four to five months pregnant to get antenatal care?	_____ _____	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
221	Why do women here often get antenatal care but deliver at home?	_____ _____	
222	Why don't many mothers take their children for all the necessary immunisations?	_____ _____	

Section 3. Identification of health facilities and services

301	Have you ever heard of FACILITY 1?	YES . . . . . 1 NO 2	 ➜304
302	Do people in this community use this facility?	YES . . . . . 1 NO 2	 ➜304
303	For what services? (CIRCLE ALL MENTIONED) PROBE: Any other services?	CHILD ILLNESS . . . . . A IMMUNISATION . . . . . B NUTRITION . . . . . C ADULT ILLNESS . . . . . D ANTENATAL CARE . . . . . E MATERNITY . . . . . F FAMILY PLANNING . . . . . G STI TREATMENT . . . . . H REFERRAL . . . . . I LABORATORY TESTS . . . . . J OTHER_____ . X	
304	Have you ever heard of FACILITY 2?	YES . . . . . 1 NO 2	 ➜307
305	Do people in this community use this facility?	YES . . . . . 1 NO 2	 ➜307
306	For what services? (CIRCLE ALL MENTIONED) PROBE: Any other services?	CHILD ILLNESS . . . . . A IMMUNISATION . . . . . B NUTRITION . . . . . C ADULT ILLNESS . . . . . D ANTENATAL CARE . . . . . E MATERNITY . . . . . F FAMILY PLANNING . . . . . G STI TREATMENT . . . . . H REFERRAL . . . . . I LABORATORY TESTS . . . . . J OTHER_____ . X	
307	Have you ever heard of FACILITY 3?	YES . . . . . 1 NO 2	 ➜310
308	Do people in this community use this facility?	YES . . . . . 1 NO 2	 ➜310
309	For what services? (CIRCLE ALL MENTIONED) PROBE: Any other services?	CHILD ILLNESS . . . . . A IMMUNISATION . . . . . B NUTRITION . . . . . C ADULT ILLNESS . . . . . D ANTENATAL CARE . . . . . E MATERNITY . . . . . F FAMILY PLANNING . . . . . G STI TREATMENT . . . . . H REFERRAL . . . . . I LABORATORY TESTS . . . . . J OTHER_____ . X	
310	Have you ever heard of FACILITY 4?	YES . . . . . 1 NO 2	 ➜313
311	Do people in this community use this facility?	YES . . . . . 1 NO 2	 ➜313

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
312	For what services? (CIRCLE ALL MENTIONED) PROBE: Any other services?	CHILD ILLNESS . . . . . A IMMUNISATION . . . . . B NUTRITION . . . . . C ADULT ILLNESS . . . . . D ANTENATAL CARE . . . . . E MATERNITY . . . . . F FAMILY PLANNING . . . . . G STI TREATMENT . . . . . H REFERRAL . . . . . I LABORATORY TESTS . . . . . J OTHER_____ . X	
313	Have you ever heard of FACILITY 5?	YES . . . . . 1 NO 2	 ➜316
314	Do people in this community use this facility?	YES . . . . . 1 NO 2	 ➜316
315	For what services? (CIRCLE ALL MENTIONED) PROBE: Any other services?	CHILD ILLNESS . . . . . A IMMUNISATION . . . . . B NUTRITION . . . . . C ADULT ILLNESS . . . . . D ANTENATAL CARE . . . . . E MATERNITY . . . . . F FAMILY PLANNING . . . . . G STI TREATMENT . . . . . H REFERRAL . . . . . I LABORATORY TESTS . . . . . J OTHER_____ . X	
316	Where do community residents normally get their medicines?	HEALTH FACILITY . . . . . 1 PHARMACY . . . . . 2 CHEMIST SHOP . . . . . 3 RETAIL SELLER/SHOP . . . . . 4 KIOSKS . . . . . 5 OTHER_____ . . 6 DON'T KNOW 8	
317	Is there a means for the community to participate in the management of local health services?	YES . . . . . 1 NO 2	
318	Have you ever heard of health management committees or boards (also called health center board or dispensary board)?	YES . . . . . 1 NO 2	 ➜324
319	Do you know if any member of this community is a member of a health management committee or board?	YES . . . . . 1 NO 2	 ➜321
320	Does anyone here serve on a health management committee or board?	YES . . . . . 1 NO 2	
321	Do you think that these committees or boards have improved services at nearby health facilities?	YES . . . . . 1 NO 2	
322	Does the community choose who should represent them on the management committee?	YES . . . . . 1 NO 2	
323	Do the community representatives on the board represent the views of the community effectively?	YES . . . . . 1 NO 2	
324	What is the most common religion practiced among residents of this community?	CATHOLIC . . . . . 01 PROTESTANT/OTHER CHRISTIAN . . . . . 02 MUSLIM . . . . . 03 HINDU . . . . . 04 NO RELIGION . . . . . 05 TRADITIONAL . . . . . 06 OTHER_____ . 96 DON'T KNOW 98	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
325	How long would it take you to **walk** to the nearest place that provides:	MINUTES:	
	a) child immunsations?	IMMUNISATION.	
	b) growth monitoring and correct feeding practices?	GROWTH MONITORING	
	c) ORS packets?	ORS PACKETS	
	d) treatment for severe cough?	TREATMENT OF COUGH	
	e) antenatal care?	ANTENATAL CARE	
	f) maternity care?	MATERNITY	
	g) care for complications during delivery?	PROBLEM DELIVERY .	
	h) care for malaria?	MALARIA	
	i) condoms?	CONDOMS	
	j) TRUST condoms?	TRUST	
	k) the pill?	PILL	
	l) the injectable?	INJECTABLE	
	m) the IUCD?	IUCD	
	n) female sterilization?	FEMALE STERIL.	
	p) treatment for sexually transmitted infections?	STI TREATMENT	
	q) testing for HIV/AIDS?	HIV/AIDS TESTING.	
		DON'T KNOW = 998; TOO FAR TO WALK = 996	
326	MARK THE ENDINGTIME:	HOURS	
		MINUTES	

COMMENTS:

Kenya Service Provision Assessment

1999

Facility Inventory Questionnaire

FACILITY IDENTIFICATION

Name of the facility_____

Facility Location_____

Code of the facility . . . . . .

Type of Health Facility: (1 = National Hospital; 2 = Provincial General Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Center, 6 = Dispensary; 7 = Maternity/Nursing Home; 8 = Clinic) . . . . . .

Province . . . . . .

District . . . . . .

Location_____ . . . .

Sub-location_____ . . . .

GPS Reading:

	N/S	Degrees	Minutes	Thousandths
Latitude			.	
	E/W	Degrees	Minutes	Thousandths
Longitude	E		.	

Altitude . . . . . Meters

Waypoint . . . . . .

Position of person interviewed: (01 = Hospital Administrative Officer; 02 = Doctor; 03 = Clinical Officer; 04 = KRN/M, KRM, KRN or KRCHN; 05 = EM, EN or ECN; 06 = Midwife; 96 = Other_____) . . . . . .

Date:

Day . . . . . .

Month . . . . . .

Year. . . . . .

Name of the interviewer_____

Name . . . . . .

SUMMARY OF QUESTIONNAIRES ASSOCIATED WITH THE FACILITY

Number of

Staff Interviews . . . . . .

Sick Child Observation and Exit Interview . . . .

Family Planning Observation . . . . . .

Family Planning Exit Interviews . . . . . .

Antenatal Care Observation and Exit Interview

STI Observation and Exit Interview . . . . . .

Section 1. Interviewer Observation Upon Arrival

No.	QUESTIONS	CODE CLASSIFICATION	GO TO
101	AT WHAT TIME WERE THERE PATIENTS AT THE FACILITY?	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ] DON'T KNOW [ ][ ]	
102	AT WHAT TIME WAS THE FIRST CONTACT WITH A HEALTH WORKER?	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

103	IS THERE A SIGN OR POSTER ADVERTISING THE AVAILABILITY OF:	YES, OUTSIDE	YES, INSIDE	YES, BOTH	NO	
	FAMILY PLANNING?	1	2	3	4	
	ANTENATAL CARE?	1	2	3	4	
	MATERNITY CARE?	1	2	3	4	
	POSTNATAL CARE?	1	2	3	4	
	CDD?	1	2	3	4	
	ARI?	1	2	3	4	
	IMMUNISATIONS?	1	2	3	4	
	NUTRITION SERVICES?	1	2	3	4	
	BREAST FEEDING?	1	2	3	4	
	MALARIA TREATMENT?	1	2	3	4	
	STI TREATMENT?	1	2	3	4	
	HIV/AIDS SERVICES?	1	2	3	4	
	FEE SCHEDULES?	1	2	3	4	

104	IS THE REPRODUCTIVE HEALTH LOGO IN EVIDENCE AT THE HEALTH FACILITY?	YES . . . . . 1 NO 2	

105	ARE THERE BROCHURES OR OTHER HANDOUTS FOR CLIENTS/PATIENTS TO TAKE AWAY AVAILABLE FOR THE FOLLOWING SERVICES:		YES	NO	
	FAMILY PLANNING?	FP	1	2	
	ANTENATAL CARE?	ANTENATAL	1	2	
	MATERNITY CARE?	MATERNITY	1	2	
	POSTNATAL CARE?	POSTNATAL	1	2	
	CDD?	CDD	1	2	
	ARI?	ARI	1	2	
	IMMUNISATION?	IMMUNIZATION	1	2	
	NUTRITION?	NUTRITION	1	2	
	BREAST FEEDING?	BREAST FEEDING	1	2	
	MALARIA?	MALARIA	1	2	
	STIs?	STIs	1	2	
	HIV/AIDS?	HIV/AIDS	1	2	
	CURRENT FEE SCHEDULE?	FEE SCHEDULE	1	2	

FIND THE IN-CHARGE PERSON PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Hello. I am representing the Ministry of Health. We are conducting a survey of health facilities with the goal of finding ways to improve service delivery. We would be interested in talking to you about this facility and your experiences in providing health services. Please be assured that this discussion is strictly confidential and can't be traced to you. You may choose to stop the interview or refuse to answer questions at any time. May I continue?

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
200	PERMISSION RECEIVED TO CONTINUE?	YES . . . . . 1 NO 2	 ➜STOP

Section 2: General Information

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	Which organisation operates this health facility?	MOH . . . . . 01 MUNICIPALITY/CITY COUNCIL . . . . . 02 PARASTATAL . . . . . 03 OTHER GOVERNMENT . . . . . 04 RELIGIOUS . . . . . 05 PRIVATE/COMPANY . . . . . 06 NGO . . . . . 07 OTHER_____ . . 96 DON'T KNOW 98	
202	Which year was this facility opened?	YEAR OPEN. . . [ ][ ][ ][ ] DON'T KNOW 9998	
203	How many days per week is this facility open for outpatients? (Outpatients are people seen for preventive care and sick people who go home the same day.)	DAYS. . . . . [ ] DON'T KNOW 8	
204	At what time does this facility open to see outpatients today?	HOUR. . . . . [ ][ ] MINUTES. . . . . [ ][ ] 24 HOURS PER DAY . . . . . 25 DON'T KNOW = 98	➜206
205	At what time will this facility stop seeing outpatients today?	HOUR. . . . . [ ][ ] MINUTES. . . . . [ ][ ] DON'T KNOW = 98	
206	Does this facility have power today?	YES . . . . . 1 NO 2	➜208
207	How many hours per day is power available?	HOURS PER DAY . . . . . [ ][ ] ALL HOURS . . . . . 24 DON'T KNOW 98	
208	Is there water available in the compound today?	YES . . . . . 1 NO 2	➜210
209	How far away is the source of water used by this facility?	WITHIN 500 METERS . . . . . 1 BETWEEN 500 AND 1000 METERS . . . . . 2 MORE THAN 1 KM. AWAY 3	
210	Is this water available year-round or only seasonally?	YEAR ROUND . . . . . 1 SEASONALLY 2	
211	Is there drinking water available for patients?	YES . . . . . 1 NO 2	
212	Is there a toilet or latrine for patients?	YES . . . . . 1 NO 2	
213	Does this facility have a phone or short-wave radio?	YES . . . . . 1 NO 2	➜215
214	Does this facility have access to a phone or short-wave radio if necessary for an emergency?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
215	Does this facility offer inpatient care or are patients ever observed overnight?	YES . . . . . 1 NO 2	 ➜219
216	How many beds are available for in-patient care in this facility?	NUMBER . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
217	How many in-patients did this facility have last night?	NO. OF INPATIENTS. . . [ ][ ][ ][ ] DON'T KNOW 9998	
218	What would you estimate to be the normal occupancy rate of this facility?	OCCUPANCY RATE (%). . . . . [ ][ ][ ] DON'T KNOW 998	
219	How many outpatients were seen at this facility last month (including MCH)?	NUMBER. . . . [ ][ ][ ][ ] DON'T KNOW 9998	
220	Does this facility have an outreach program? (Outreach program is when facility staff visit villages on a regular basis to deliver services)	YES . . . . . 1 NO 2	 ➜223
221	Does this outreach program include: a) school health programs? b) health education? c) treatment of sick children? d) family planning counseling or provision? e) immunisation? f) child growth monitoring? g) early pregnancy detection and entry into antenatal care? h) home visits for pregnant women? i) distribution of iron tablets? g) treatment of STIs?	YES NO SCHOOL PROGRAMS . . . . . 1 2 HEALTH EDUCATION . . . . . 1 2 TREATMENT OF CHILDREN 1 2 FAMILY PLANNING . . . . . 1 2 IMMUNIZATION . . . . . 1 2 CHILD GROWTH . . . . . 1 2 PREGNANCY DETECTION . 1 2 HOME VISITS . . . . . 1 2 IRON TABLETS . . . . . 1 2 STI TREATMENT 1 2	
222	How many villages/communities does the outreach program regularly (at least quarterly) visit?	NUMBER . . . . . [ ][ ]	
223	Has this facility ever provided training on STI/HIV transmission and signs/symptoms, safer sex and condom promotion to Community Service Workers?	YES . . . . . 1 NO 2	
224	Does the facility give blood transfusions?	YES . . . . . 1 NO 2	 ➜226
225	May I see some record of the facility giving blood transfusions?	SAW RECORD . . . . . 1 DID NOT SEE RECORD . . . . . 2 ONLY RECORDED IN FILE 3	
226	Does this facility conduct case/mortality reviews at least every three months?	YES . . . . . 1 NO 2	
227	Does the facility have guidelines and standards for clinical and reproductive health care issued in the last five years?	YES . . . . . 1 NO 2	 ➜301
228	May I see copies of all the guidelines/protocols that you have? Clinical Guidelines Reproductive Health Guidelines National Malaria Policy and Guidelines Obstetrical protocols 1994 or later Protocol for MVA (Manual Vacuum Aspiration) Management of Sexually Transmitted Infections Manual for Clinical Workers Cost Sharing Operations Manuals	CIRCLE IF SEEN CLINICAL . . . . . A REPRO HEALTH . . . . . B MALARIA . . . . . C OBSTETRICAL PROTOCOLS . . . . . D MVA PROTOCOL . . . . . E STI . . . . . F CLINICAL WORKERS . . . . . G COST SHARING . . . . . H	

Section 3. Personnel

Now I need to ask you about the staff working at the facility.

STAFF	301 What is the established (ideal) number of positions for (STAFF) at this facility?	302 How many positions for (STAFF) are filled?	303 How many (STAFF) are male?	304 Are any (STAFF) available at night?
	None = 00; Don't know = 98; No established number = 97			
a) MCH & maternity doctors				YES . . . . . 1 NO 2
b) MCH & maternity clinical officers				YES . . . . . 1 NO 2
c) MCH & maternity KRN/M, KRM, KRN, KRCN				YES . . . . . 1 NO 2
d) MCH & maternity EN, ECN, KEM				YES . . . . . 1 NO 2
e) MCH & maternity midwives				YES . . . . . 1 NO 2
f) Pharmacists				YES . . . . . 1 NO 2
g) Laboratory staff				YES . . . . . 1 NO 2
h) Other technical staff				
i) Administrative staff				
j) Subordinate/casual staff				YES . . . . . 1 NO 2
x) Other: _____				

Section 4. Maternal Health Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
401	Does this facility offer maternal health services? (Maternal health services are pregnancy related services)	YES . . . . . 1 NO 2	➜403
402	Does this facility refer women for maternal health services?	YES . . . . . 1 NO 2	➜501 ➜501
403	Does this facility have: a) access to a working vehicle 24 hours per day? b) access to a 24 hour driver? c) a referral form/letter?	Yes No WORKING VEHICLE . . . . . 1 2 24 HOUR DRIVER . . . . . 1 2 REFERRAL FORM 1 2	
404	Does this facility offer ANC?	YES . . . . . 1 NO 2	 ➜418
405	Are the following services normally performed during the first antenatal visit, subsequent antenatal visits, all ANC visits or not performed at all: a) Obtain medical and reproductive history? b) Take the woman's height? c) Weigh the woman? d) Take the woman's blood pressure? e) Screen the woman for syphilis? r) Presumptive treatment/prophylaxis for malaria?	FIRST SUB. ALL NONE HISTORY . . . . . 1 2 3 4 HEIGHT . . . . . 1 2 3 4 WEIGH. . . . . 1 2 3 4 BLOOD PRES. . . . 1 2 3 4 SYPHILIS . . . . . 1 2 3 4 MALARIA 1 2 3 4	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
406	Are women attending ANC screened for anaemia?	YES . . . . . 1 NO 2	 ➜408
407	What method (s) is (are) used for screening ANC attendees for anaemia? (CIRCLE ALL MENTIONED) PROBE: Any others?	PALLOR TESTING . . . . . A TALQUIST (FILTER PAPER) . . . . . B HAEMOGLOBIN . . . . . C OTHER_____ . X DON'T KNOW . . . . . Z	
408	Do women attending ANC normally get tetanus toxoid injection?	YES . . . . . 1 NO 2	 ➜410
409	When? (CIRCLE ALL MENTIONED) PROBE: Any other time?	FIRST VISIT . . . . . A FOUR WEEKS AFTER 1ST SHOT . . . . . B ALL VISITS . . . . . C OTHER RESPONSE . . . . . X DON'T KNOW . . . . . Z	
410	Do you screen ANC attendees for HIV?	YES, ROUTINELY . . . . . 1 YES, OPTIONAL . . . . . 2 NO 3	 ➜412
411	Does the HIV testing include/is the HIV testing: a) pre or post-test counseling? b) patient confidentiality?	YES NO COUNSELING . . . . . 1 2 CONFIDENTIALITY 1 2	
412	Are iron tablets given during ANC visits?	YES . . . . . 1 NO 2	 ➜418
413	How often do antenatal clients receive iron tablets?	EVERY VISIT . . . . . 1 WHEN TABLETS AVAILABLE . . . . . 2 WHEN PATIENT SUSPECTED TO BE SEVERELY ANAEMIC ONLY . . . . . 3 OTHER_____ . . 6 DON'T KNOW 8	
414	How many tablets are normally given to an antenatal client per visit?	NO. OF IRON TABLETS GIVEN . . . . . [ ][ ]	
415	How do the health workers decide how many iron tablets to give the woman?	SET NUMBER . . . . . 1 SCREENING DETERMINES . . . . . 2 OTHER_____ . 6 DON'T KNOW 8	
416	Do you receive enough iron tablets to give to all antenatal clients?	YES . . . . . 1 NO 2	
417	How much do you charge for a 14 day course of iron tablets?	KSH . . . . . [ ][ ]	
418	Does this facility provide delivery services?	YES . . . . . 1 NO 2	 ➜425
419	How many maternity beds are available?	NO. OF MATERNITY BEDS. . . . . [ ][ ] NONE 00	
420	How many deliveries are handled at this facility on average per month?	NO. OF DELIVERIES. . . . . [ ][ ][ ] DON'T KNOW 998	
421	What is the average length of stay of a post-partum woman after a normal delivery?	NO. OF HOURS . . . . [ ][ ][ ]	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
422	Does this facility receive free baby formula from baby formula companies for distribution to postpartum women?	YES . . . . . 1 NO 2	
423	For new mothers and babies, does the facility have a policy for: a) encouraging breastfeeding on demand? b) nutrition supplements? c) routine eye prophylaxis?	YES NO FEEDING ON DEMAND . . . . . 1 2 SUPPLEMENTS . . . . . 1 2 EYE PROPHYLAXIS 1 2	
424	Does this facility have a policy to allow someone to stay with the woman during labour and delivery, such as a TBA or relative?	YES . . . . . 1 NO 2	

MATERNAL SERVICES AVAILABLE IN THE FACILITY: Now I would like to ask you about the services available in this facility. ASK NO. 425 FOR EACH SERVICE AND IF IT IS AVAILABLE, CONTINUE ACROSS THE TABLE WITH THE NEXT QUESTION. IF UNAVAILABLE, ASK ABOUT THE NEXT SERVICE.

SERVICE	425. Can the facility provide SERVICE?	426. Is SERVICE available 24 hours per day?
a) Treatment for postpartum haemorrhage/ excessive bleeding	Yes . . . . . 1 No . . . . . 2 ➜b	YES . . . . . 1 NO 2
b) Treatment of hypertension	Yes . . . . . 1 No . . . . . 2 ➜c	YES . . . . . 1 NO 2
c) Treatment of pre-eclampsia/eclampsia	Yes . . . . . 1 No . . . . . 2 ➜d	YES . . . . . 1 NO 2
d) Treatment of sepsis	Yes . . . . . 1 No . . . . . 2 ➜e	YES . . . . . 1 NO 2
e) Manual removal of the placenta	Yes . . . . . 1 No . . . . . 2 ➜f	YES . . . . . 1 NO 2
f) Vacuum extraction	Yes . . . . . 1 No . . . . . 2 ➜g	YES . . . . . 1 NO 2
g) Assisted vaginal delivery for prolonged labour	Yes . . . . . 1 No . . . . . 2 ➜h	YES . . . . . 1 NO 2
h) Resuscitation of a newborn	Yes . . . . . 1 No . . . . . 2 ➜i	YES . . . . . 1 NO 2
i) Caesarian section	Yes . . . . . 1 No . . . . . 2 ➜427	YES . . . . . 1 NO 2

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
427	Does the facility provide post-abortion care or deal with the complications of abortion?	YES . . . . . 1 NO 2	 ➜429
428	Are the following services provided for abortion and post abortion care? a) manual vacuum aspiration (MVA)? b) dilation and curettage (D&C)? c) pre-procedure counseling? f) counseling for post-procedure complications? d) family planning/reproductive health counseling? e) family planning services?	YES NO VACUUM ASPIRATION . . . . . 1 2 D&C . . . . . 1 2 PRE-COUNSELING . . . . . 1 2 POST-COUNSELING . . . . . 1 2 FP COUNSELING . . . . . 1 2 FP SERVICES 1 2	
429	Does this facility have an inclusive cost for ANC services or for the total maternity care?	YES . . . . . 1 NO 2	 ➜433
430	What is this charge?	KSH. . . . . [ ][ ][ ][ ][ ]	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
431	What is included in this fee? (CIRCLE ALL MENTIONED) PROBE: Anything else?	ANC CARD . . . . . A ANC REGISTRATION . . . . . B ANC CONSULTATION . . . . . C ANC TT INJECTION . . . . . D IRON AND FOLATE SUPPLEMENTS . . . . . E MALARIA TREATMENT . . . . . F SYPHILLIS SCREENING . . . . . G HB . . . . . H ALL ANC VISITS . . . . . I LABORATORY FEES . . . . . J DELIVERY . . . . . K POST-PARTUM CARE . . . . . L OTHER_____ . . . X	→433
432	What is the charge for the following ANC services: ANC card? ANC registration? ANC consultation? ANC TT injection? Malaria presumptive treatment or chemoprophylaxis? Syphilis screening? HB?	KSH: ANC CARD . . . . . [ ][ ][ ] REGISTRATION . . . . [ ][ ][ ] CONSULTATION . . . [ ][ ][ ] TT INJECTION . . . . . [ ][ ][ ] MALARIA . . . . . [ ][ ][ ] SYPHILIS . . . . . [ ][ ][ ] HB . . . . . [ ][ ][ ]	
433	How much does this facility charge for a normal delivery?	KSH . . . . . [ ][ ][ ][ ][ ] INCLUDED IN OVERALL FEE 99990	
434	Does this include the cost of gloves, syringes, drugs and other items which the woman must purchase?	YES . . . . . 1 NO 2	

Section 5: Child Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
501	Does this facility offer any child health services? (Child health services are preventive and curative care for children)	YES . . . . . 1 NO 2	➜503
502	Does this facility refer children for all child health services?	YES . . . . . 1 NO 2	➜601 ➜601
503	How many days per week are sick children seen?	NUMBER OF DAYS . . . . . [ ]	
504	How many hours per week are sick children seen?	HOURS PER WEEK. . . . . [ ][ ] DON'T KNOW 98	
505	Is someone on call to see sick children at other times?	YES . . . . . 1 NO 2	

CHILD HEALTH SERVICES AVAILABLE IN THE FACILITY: Now I would like to ask you about the child services available in this facility. ASK NO. 506 FOR EACH SERVICE AND IF IT IS AVAILABLE, CONTINUE ACROSS THE TABLE. IF UNAVAILABLE, ASK QUESTION 510 AND THEN CONTINUE WITH NEXT SERVICE.

SERVICE/ VACCINATION	506. Does the facility offer SERVICE?	507. How much is the charge for SERVICE (including card and consultation) in KSH? DON'T KNOW = 998	508. Have you had a shortage of/been unable to offer SERVICE in last 6 months?	509. How many days have you been out of SERVICE/been unable to provide SERVICE in the last 6 months? DON'T KNOW = 998	510. Do you refer patients for SERVICE?
a) BCG vaccination	YES . . . . . 1 NO . . 2 ➜510a		YES . . . . . 1 NO . . . . . 2 ➜506b		YES . . . 1 NO 2
b) Polio (OPV) vaccination	YES . . . . . 1 NO . . 2 ➜510b		YES . . . . . 1 NO . . . . . 2 ➜506c		YES . . . 1 NO 2
c) DPT vaccination	YES . . . . . 1 NO . . 2 ➜510c		YES . . . . . 1 NO . . . . . 2 ➜506d		YES . . . 1 NO 2
d) Measles vaccination	YES . . . . . 1 NO . . 2 ➜510d		YES . . . . . 1 NO . . . . . 2 ➜506e		YES . . . 1 NO 2
e) Hepatitis B vaccination	YES . . . . . 1 NO . . 2 ➜510e		YES . . . . . 1 NO . . . . . 2 ➜506f		YES . . . 1 NO 2
f) Child growth monitoring	YES . . . . . 1 NO . . 2 ➜510f		YES . . . . . 1 NO . . . . . 2 ➜506g		YES . . . 1 NO 2
g) Treatment of diarrhoea	YES . . . . . 1 NO . . 2 ➜510g		YES . . . . . 1 NO . . . . . 2 ➜506h		YES . . . 1 NO 2
h) Treatment of respiratory disease	YES . . . . . 1 NO . . 2 ➜510h		YES . . . . . 1 NO . . . . . 2 ➜506i		YES . . . 1 NO 2
i) Nutrition supplements	YES . . . . . 1 NO . . . 2➜510i		YES . . . . . 1 NO . . . . . 2 ➜506j		YES . . . 1 NO 2
j) Treatment of mild malnutrition	YES . . . . . 1 NO . . . 2➜510j		YES . . . . . 1 NO . . . . . 2 ➜506k		YES . . . 1 NO 2
k) Treatment of severe malnutrition	YES . . . . . 1 NO . . . 2➜510k		YES . . . . . 1 NO . . . . . 2 ➜506l		YES . . . 1 NO 2
l) Treatment of mild malaria	YES . . . . . 1 NO . . . 2➜510l		YES . . . . . 1 NO . . . . . 2 ➜506m		YES . . . 1 NO 2
m) Treatment of severe malaria	YES . . . . . 1 NO . . 2➜510m		YES . . . . . 1 NO . . . . . 2 ➜506n		YES . . . 1 NO 2
n) Ability to begin intravenous fluid therapy	YES . . 1➜508n NO . . . 2➜510n		YES . . . . . 1 NO . . . . . 2 ➜506o		YES . . . 1 NO 2
o) Intravenous/muscular antibiotics/malarials	YES . . 1➜508o NO . . . 2➜510o		YES . . . . . 1 NO . . . . . 2 ➜511		YES . . . 1 NO 2

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
511	FILTER: IF ONE YES CIRCLED IN Q. 510, CIRCLE '1', IF NOT, CIRCLE '2'.	YES . . . . . 1 NO 2	➜513
512	Where do you refer patients? (CIRCLE ALL MENTIONED) PROBE: Anywhere else?	GOVERNMENT HOSPITAL . . . . . A HEALTH CENTER . . . . . B PRIVATE HOSPITAL . . . . . C PRIVATE CLINIC . . . . . D OTHER_____ . X	
513	FILTER: IF ONE YES CIRCLED IN Q. 506, a TO e, CIRCLE '1', IF NOT, CIRCLE '2'.	YES . . . . . 1 NO 2	➜516
514	How many days per week are vaccinations given?	NO. OF DAYS . . . . . [ ]	
515	When did this facility start providing vaccinations?	YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
516	Do you receive a drug kit on schedule?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
517	Where does the facility usually get its supplies?	GOVERNMENT SUPPLIER . . . . . 1 PRIVATE SUPPLIER . . . . . 2 COMMUNITY SUPPLIER . . . . . 3 NGO/MISSION . . . . . 4 OTHER_____ . 6	
518	How are supplies usually received?	DELIVERED TO FACILITY . . . . . 1 PICKED UP FROM SUPPLIER . . . . . 2 SOMETIMES DELIVERED/SOME- TIME PICKED UP . . . . . 3 OTHER_____ . 6	
519	Do you ever experience a delay in the receiving of the supplies?	YES . . . . . 1 NO 2	 ➜601
520	What is the most common cause of a delay in delivery of supplies?	INADEQUATE TRANSPORT . . . . . 01 INSUFFICIENT FUEL . . . . . 02 ADMINISTRATIVE DIFFICULTIES . . . . . 03 INSUFFICIENT STAFF . . . . . 04 FINANCIAL PROBLEMS . . . . . 05 STOCK OUT AT CENTRAL STORE . . . . . 06 OTHER_____ . 96	

Section 6: Family Planning Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
601	Does this facility offer family planning services? (Family planning is methods or advice for child spacing or limiting)	YES . . . . . 1 NO 2	➜603
602	Does this facility refer women for family planning services?	YES . . . . . 1 NO 2	➜701 ➜701
603	Is dual method use recommended at this facility? (Dual method use is condom plus another method)	YES . . . . . 1 NO 2	
604	In this facility, how many of the following types of staff provide family planning services: Doctors? Clinical officers? KRN/KRCN/KRN-M/EN/ECN/EM? Midwives?	DON'T KNOW = 998 DOCTORS . . . . . [ ][ ][ ] CLINICAL OFFICERS . [ ][ ][ ] NURSES . . . . . [ ][ ][ ] MIDWIVES . . . . . [ ][ ][ ]	
605	CHECK 604, IF NO DOCTORS WORK IN FAMILY PLANNING, CIRCLE 'NO', OTHERWISE, CIRCLE 'YES'.	YES . . . . . 1 NO 2	 ➜608
606	Are any doctors trained in female sterilization procedures?	YES . . . . . 1 NO 2	
607	Are any doctors trained in male sterilization procedures?	YES . . . . . 1 NO 2	
608	Are any staff at this facility trained in IUCD insertion/removal?	YES . . . . . 1 NO 2	
609	Are any staff trained in Norplant insertion/removal?	YES . . . . . 1 NO 2	
610	Does this facility provide family planning health talks to: non-users of contraceptive methods? new acceptors? continuing users?	YES NO DK NON-USERS . . . . . 1 2 8 NEW ACCEPTORS . . . . . 1 2 8 CONTINUING USERS 1 2 8	
611	Do these health talks cover: STIs? HIV/AIDS?	YES NO DK STIS . . . . . 1 2 8 HIV/AIDS 1 2 8	
612	Does this facility provide special family planning counseling to adolescents?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
613	How are contraceptives usually received?	DELIVERED TO FACILITY . . . . . 1 PICKED UP FROM SUPPLIER . . . . . 2 SOMETIMES DELIVERED/PICKED UP . . . 3 OTHER_____ . . 6	
614	Do you ever experience a delay in the delivery of the contraceptives?	YES . . . . . 1 NO 2	➜616
615	What is the most common cause of a delay in the delivery of contraceptives?	INADEQUATE TRANSPORT/NO FUEL . . . 1 ADMINISTRATIVE DIFFICULTIES . . . . . 2 INSUFFICIENT STAFF . . . . . 3 FINANCIAL PROBLEMS . . . . . 4 STOCK OUTS AT CENTRAL STORE . . . . 5 OTHER_____ . . . 6	

FAMILY PLANNING METHODS AVAILABLE IN THE FACILITY: Now I would like to ask you about the family planning methods available in this facility. ASK NO. 616 FOR EACH METHOD. IF AVAILABLE, CONTINUE ACROSS THE TABLE. IF UNAVAILABLE, ASK Q. 621 AND THEN CONTINUE WITH NEXT METHOD. IF Q. 618 IS NO, SKIP TO Q. 620.

METHOD	616. Does the facility have METHOD now?	617. How long has METHOD been available at this facility?	618. Have you had a stockout of METHOD or been unable to provide METHOD in the last 6 months?	619. How many days in the last 6 months have you been out of METHOD or unable to provide METHOD? DON'T KNOW = 98	620. TWO UNEXPIRED UNITS OBSERVED	621. Do you refer clients for METHOD?
a) Combination pill	YES . . . . . 1 NO 2 ➜621a	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜620a		YES . . 1 ➜b NO . . . 2 ➜b	YES . . . . 1 NO 2
b) Progestin only pill	YES . . . . . 1 NO 2 ➜621b	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜620b		YES . . 1 ➜c NO . . . 2 ➜c	YES . . . . 1 NO 2
c) Injection	YES . . . . . 1 NO . 2 ➜621c	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜620c		YES . . 1 ➜d NO . . . 2 ➜d	YES . . . . 1 NO 2
d) IUCD	YES . . . . . 1 NO 2 ➜621d	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜620d		YES . . 1 ➜e NO . . . 2 ➜e	YES . . . . 1 NO 2
e) NORPLANT	YES . . . . . 1 NO 2 ➜621e	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜620e		YES . . . 1 ➜f NO . . . . 2 ➜f	YES . . . . 1 NO 2
f) Condoms	YES . . . . . 1 NO . 2 ➜621f	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜620f		YES . . 1 ➜g NO . . . 2 ➜g	YES . . . . 1 NO 2
g) Female sterilization	YES . . . . . 1 NO 2 ➜621g	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜616h			YES . . . . 1 NO 2
h) Male sterilization	YES . . . . . 1 NO 2 ➜621h	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜616i			YES . . . . 1 NO 2
i) Natural family planning	YES . . . . . 1 NO . . 2➜621i	<1 YEAR . . . . . 1 1 - 5 YEARS . . 2 > 5 YEARS . . . 3	YES . . . . . 1 NO . . . . . 2 ➜622			YES . . . . 1 NO 2

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
622	FILTER: CHECK QUESTION 621, IF ANY MARKED 'YES' CIRCLE '1', IF ALL MARKED 'NO', CIRCLE '2'.	YES . . . . . 1 NO 2	➜625
623	When clients are referred for family planning methods, where are they typically referred to? (CIRCLE ALL MENTIONED) PROBE: Any others?	MOH HOSPITAL . . . . . A PRIVATE HOSPITAL . . . . . B HEALTH CENTER . . . . . C DISPENSARY . . . . . D MATERNITY . . . . . E CLINIC . . . . . F CBD/CHW . . . . . G PHARMACY/CHEMIST . . . . . H OTHER (SPECIFY)_____ . . X	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
624	For what reasons are they referred elsewhere? (CIRCLE ALL MENTIONED) PROBE: Any other reasons?	NOT DESIGNATED FOR METHODS . . . . A RUN OUT OF METHODS . . . . . B STAFF NOT TRAINED IN METHODS . . . C NO EQUIPMENT . . . . . D OTHER_____ . . . X	
625	Does this facility charge for family planning services?	YES . . . . . 1 NO 2	 ➜631
626	Is there an annual fee for family planning services or a first-time fee?	YES . . . . . 1 NO 2	 ➜628
627	How much is this fee?	KSH. . . . . [ ][ ][ ][ ]	
628	Is there a consultation fee for family planning clients?	YES . . . . . 1 NO 2	 ➜630
629	How much is this fee?	KSH. . . . . [ ][ ][ ]	
630	How much is the charge for: a) the pill (1 cycle)? b) an injection? c) condoms (3 units)? d) an IUCD? e) female sterilization? f) male sterilization (vasectomy)? METHOD UNAVAILABLE = 996; DON'T KNOW = 998	 KSH. . . . . [ ][ ][ ] KSH. . . . . [ ][ ][ ] KSH. . . . . [ ][ ][ ] KSH. . . . . [ ][ ][ ] KSH. . . . . [ ][ ][ ] KSH. . . . . [ ][ ][ ]	
631	May I view the waiting area for family planning clients? INTERVIEWER: ASSESS WHETHER THERE IS SHELTER FROM SUN AND RAIN.	SHELTERED . . . . . 1 NOT SHELTERED . . . . . 2 NOT SHOWN 3	
632	May I see the area where family planning clients are counseled? INTERVIEWER: ASSESS THIS AREA.	SEPARATE ROOM . . . . . 1 CURTAINED AREA . . . . . 2 OTHER AFFORDING PRIVACY . . . . . 3 SAME AREA AS OTHERS WAITING . . . . . 4 NOT SHOWN 5	
633	May I see the area where family planning clients are examined? INTERVIEWER: ASSESS THIS ROOM. IFYOU HAVE QUESTIONS ON PROCEDURE PLEASE CONSULT THE MANUAL.	SEPARATE ROOM . . . . . 1 CURTAINED AREA . . . . . 2 OTHER AFFORDING PRIVACY . . . . . 3 NO PRIVACY . . . . . 4 NOT SHOWN ROOM 5	 ➜701
634	INTERVIEWER: ASSESS THE AMOUNT OF LIGHT IN THE EXAMINATION ROOM.	OVERHEAD LIGHT . . . . . 1 LAMP LIGHT . . . . . 2 NATURAL LIGHT THRU WINDOW . . . . . 3 DIMLY LIT 4	

Section 7: STI/HIV/AIDS Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
701	Does this facility offer services for counseling of STIs?	YES . . . . . 1 NO 2	➜703
702	Does this facility refer patients for counseling of STIs?	YES . . . . . 1 NO 2	
703	Does this facility offer services for testing of STIs?	YES . . . . . 1 NO 2	➜705
704	Does this facility refer patients for testing of STIs?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
705	Does this facility offer services for treatment of STIs?	YES . . . . . 1 NO 2	➜707
706	Does this facility refer patients for treatment of STIs?	YES . . . . . 1 NO 2	
707	FILTER: IF 701, 703 OR 705 ARE 'YES', CIRCLE '1'; OTHERWISE CIRCLE '2'.	YES . . . . . 1 NO 2	➜721
708	Does this facility get referrals for STI services?	YES . . . . . 1 NO 2	➜710
709	From where do you get STI referrals? (CIRCLE ALL MENTIONED) PROBE: Any others?	MOH HOSPITALS . . . . . A PRIVATE HOSPITALS . . . . . B HEALTH CENTRES . . . . . C DISPENSARIES . . . . . D CLINICS . . . . . E CBD/CHW . . . . . F OTHER_____ . . X	
710	Since what year have you offered services for STIs at this facility?	YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
711	How many days per week are STI services available?	DAYS . . . . . [ ]	
712	How are diagnoses of STIs made in this facility?	SYNDROMIC . . . . . 1 ETIOLOGIC . . . . . 2 BOTH . . . . . 3 OTHER_____ . . 6	
713	Does this facility have an informed consent protocol for STI patients?	YES . . . . . 1 NO 2	
714	Is there a fee for STI consultations at this facility?	YES . . . . . 1 NO 2	➜716
715	What is the fee for an STI consultation?	KSH. . . . . [ ][ ][ ] DON'T KNOW 998	
716	Are medications for STI treatment provided free of charge on site?	YES . . . . . 1 NOT ON SITE . . . . . 2 NOT FREE OF CHARGE 3	➜718 ➜718
717	Where do patients go to receive medications?	OTHER FACILITY . . . . . 1 PHARMACY/SHOP . . . . . 2 OTHER _____ . 6	
718	May I see the area where STI patients are counseled? INTERVIEWER: ASSESS THIS AREA.	SEPARATE ROOM . . . . . 1 CURTAINED AREA . . . . . 2 OTHER AFFORDING PRIVACY . . . . . 3 SAME AREA AS OTHERS WAITING . . . 4 NOT SHOWN AREA 5	
719	May I see the area where STI patients are examined? INTERVIEWER: ASSESS THIS ROOM.	SEPARATE ROOM . . . . . 1 CURTAINED AREA . . . . . 2 OTHER AFFORDING PRIVACY . . . . . 3 NO PRIVACY . . . . . 4 NOT SHOWN ROOM 5	➜722
720	INTERVIEWER: ASSESS THE AMOUNT OF LIGHT IN THE EXAMINATION ROOM.	OVERHEAD LIGHT . . . . . 1 LAMP LIGHT . . . . . 2 NATURAL LIGHT THRU WINDOW . . . . 3 DIMLY LIT 4	➜722
721	To which facilities do you refer STI patients? (CIRCLE ALL MENTIONED) PROBE: Any others?	MOH HOSPITALS . . . . . A PRIVATE HOSPITALS . . . . . B HEALTH CENTRES . . . . . C DISPENSARIES . . . . . D CLINICS . . . . . E OTHER_____ . . X NONE . . . . . Y	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
722	Does this facility offer counseling for HIV/AIDS?	YES . . . . . 1 NO 2	➜724
723	Does this facility refer patients for counseling of HIV/AIDS?	YES . . . . . 1 NO 2	
724	Does this facility offer testing for HIV/AIDS?	YES . . . . . 1 NO 2	➜726
725	Does this facility refer patients for testing of HIV/AIDS?	YES . . . . . 1 NO 2	
726	Does this facility offer treatment for HIV/AIDS?	YES . . . . . 1 NO 2	➜728
727	Does this facility refer patients for treatment of HIV/AIDS?	YES . . . . . 1 NO 2	
728	FILTER: IF 722, 724 OR 726 ARE 'YES', CIRCLE '1'; OTHERWISE CIRCLE '2'.	YES . . . . . 1 NO 2	➜733
729	Since what year have you offered services for HIV/AIDS?	YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW 9998	
730	How many days per week are HIV/AIDS services available?	DAYS . . . . . [ ]	
731	Does this facility provide training to relatives/friends for home care of HIV/AIDS patients?	YES . . . . . 1 NO 2	
732	Is treatment of TB offered to HIV infected clients by this facility?	YES . . . . . 1 NO 2	
733	Does this facility offer the following tests for TB: a) sputum testing? b) chest x-ray?	YES NO DK SPUTUM . . . . . 1 2 8 CHEST X-RAY 1 2 8	
734	During the first 2 months of tuberculosis treatment, how many days each week is the patient seen by a health care worker and given medicine?	DAYS . . . . . [ ]	
735	Does this facility refer patients for TB services?	YES . . . . . 1 NO 2	➜737
736	To which facilities do you refer TB patients? (CIRCLE ALL MENTIONED) PROBE: Any others?	MOH HOSPITALS . . . . . A PRIVATE HOSPITALS . . . . . B HEALTH CENTRES . . . . . C DISPENSARIES . . . . . D CLINICS . . . . . E OTHER_____ . . X	
737	Does this unit (STI/HIV) have a working microscope?	YES . . . . . 1 SHARE FACILITY MICROSCOPE . . . . . 2 NO 3	
738	Does this facility provide education to patients at the STI or HIV clinic on: a) Condom use? b) STI/HIV prevention? c) Consequences of STI/HIV? d) Treatment compliance? e) Contact tracing?	YES NO DK CONDOM USE . . . . . 1 2 8 STI/HIV PREVEN . . . . . 1 2 8 STI/HIV CON. . . . . 1 2 8 COMPLIANCE. . . . . 1 2 8 CONTACTS. 1 2 8	
739	Are condoms available on site for STI/HIV patients?	YES . . . . . 1 NO 2	➜801
740	Is there a fee for condoms?	YES . . . . . 1 NO 2	➜801
741	How much are condoms (per 3 units)?	KSH. . . . . [ ][ ]	

Section 8: Monitoring, Supervision and Patient Feed-back

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
801	A supervisory visit is when someone from your organisation or the Ministry of Health visits this facility to observe what is occurring and to work with the staff here to improve services. When was the last supervisory visit by the reproductive health supervisor?	WITHIN LAST MONTH . . . . . 1 WITHIN LAST 3 MONTHS . . . . . 2 WITHIN LAST 6 MONTHS . . . . . 3 MORE THAN 6 MONTHS AGO . . . . . 4 NO SUPERVISORY VISITS . . . . . 5 DON'T KNOW 8	 ➜804 ➜804
802	What occurred during this supervisory visit? (CIRCLE ALL MENTIONED) PROBE: Anything else?	RECORDS/REPORTS REVIEWED . . . . A MEETINGS CONDUCTED . . . . . B CHECKED/BROUGHT SUPPLIES . . . . . C OBSERVED CONSULTATIONS . . . . . D DISCUSSED PROBLEMS . . . . . E OTHER_____ . X NOTHING . . . . . Y	
803	Who has made a supervisory visit to this facility in last 12 months? (CIRCLE ALL MENTIONED) PROBE: Anyone else?	PUB. HEALTH NURSE . . . . . A PUB. HEALTH OFFICER . . . . . B MEDICAL OFFICER . . . . . C DISTRICT MATRON . . . . . D MCH COORDINATOR . . . . . E CLINICAL SERVICES MANAGER . . . . . F DISTRICT AIDS CONTROL COOR. . . . . G PROGRAM COORDINATOR . . . . . H OTHER_____ . . X	
804	Is there a mechanism at this facility to ascertain the opinions of patients/clients who come here?	YES . . . . . 1 NO 2	 ➜807
805	How do you assess patient/client opinions? (CIRCLE ALL MENTIONED) PROBE: Any other ways?	EXIT QUESTIONNAIRE . . . . . A CLIENT FOLLOW-UP . . . . . B FOCUS GROUPS . . . . . C SUGGESTION BOX . . . . . D SELF-ADMINISTERED QUESTIONNAIRE . . . . . E COMMUNITY MEETINGS . . . . . F COPE METHOD . . . . . G REPORTS BY CLIENTS . . . . . H OTHER_____ . X	
806	In the last 12 months, has the facility altered its program or services as a result of patient/client opinion?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
807	Are patients normally informed about their diagnosis at this facility?	YES . . . . . 1 NO 2	

Section 9: Cost Sharing

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
901	Has this facility had a meeting of the following committees in the last six months: a) Health management team? b) Health management board? c) Drugs and procurement committee? d) Health centre/Dispensary committee?	YES NO DK MGMT TEAM . . . . . 1 2 8 MGMT BOARD . . . . . 1 2 8 DRUG . . . . . 1 2 8 DISPENSARY 1 2 8	
902	FILTER: ARE ANY YES RESPONSES CIRCLED IN Q. 901?	YES . . . . . 1 NO 2	 ➜905
903	How often does this committee meet?	MONTHLY . . . . . 1 QUARTERLY . . . . . 2 SEMI-ANNUALLY . . . . . 3 ANNUALLY . . . . . 4 OTHER_____ . 6	
904	Are the meetings minuted?	YES . . . . . 1 NO 2	
905	Does the board have a budget or expenditure plan?	YES . . . . . 1 NO 2	 ➜907

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
906	Who approves this?	MEDICAL BOARD . . . . . 1 MEDICAL OFFICER . . . . . 2 OTHER_____ . . 6	
907	How does this facility finance its services? (CIRCLE ALL MENTIONED) PROBE: Any others?	GOVERNMENT/TAXATION . . . . . A FULL COST RECOVERY . . . . . B COST SHARING . . . . . C DONATIONS/GRANTS . . . . . D CONTRACTS . . . . . E INSURANCE . . . . . F OTHERS_____ G	➜915 ➜915 ➜915 ➜915 ➜915
908	Who has the responsibility for setting cost-sharing/cost of service levels? (CIRCLE ALL MENTIONED) PROBE: Any one else?	FOLLOW MOH GUIDELINES . . . . . A DHMT . . . . . B PHMT . . . . . C HEALTH FACILITY COMMITTEE . . . . . D ALL SERVICES FREE OF CHARGE . . . . E SERVICE PRICE SET CENTRALLY . . . . . F OTHER_____ . . X	 ➜1001
909	Does the facility keep any of the money that it collects?	YES . . . . . 1 NO 2	 ➜912
910	What proportion of these fees do you get back?	PERCENT. . . . . [ ][ ][ ]	
911	What does the facility use this money for? (CIRCLE ALL MENTIONED) PROBE: Any other uses?	BUY MEDICINES . . . . . A IMPROVE FACILITIES . . . . . B BUY EQUIPMENT/SUPPLIES . . . . . C PAY STAFF . . . . . D SEND PART TO DISTRICT . . . . . E OTHER_____ . . X	
912	What was your target collection last year (in 1000s of KSH)?	[ ][ ][ ][ ][ ]	
913	How much was collected last year (in 1000s of KSH)?	[ ][ ][ ][ ][ ]	
914	Who decides what to do with the money that is collected?	MOH . . . . . 1 FACILITY MANAGER . . . . . 2 COMMUNITY . . . . . 3 MANAGEMENT TEAM . . . . . 4 OTHER_____ . 6	
915	Does this facility operate a waiver system for those who cannot afford to pay?	YES . . . . . 1 NO 2	 ➜919
916	Who decides to waiver clients/patients?	HEALTH FACILITY COMMITTEE . . . . . 01 SERVICE PROVIDERS . . . . . 02 OFFICER IN CHARGE . . . . . 03 HOSPITAL ADMINISTRATOR . . . . . 04 MEDICAL SUPERVISOR . . . . . 05 HOSPITAL MATRON . . . . . 06 OTHER_____ . . 96	
917	Does the facility have written guidelines for exemptions/waivers?	YES . . . . . 1 NO 2	
918	What percentage of people have their costs waived?	PERCENT. . . . . [ ][ ][ ]	
919	What services are exempt from payment? (CIRCLE ALL MENTIONED) PROBE: Any others?	MCH . . . . . A MATERNITY . . . . . B FAMILY PLANNING . . . . . C STI . . . . . D HIV/AIDS . . . . . E OTHER_____ . . X NONE 7	
920	What categories of client are exempt? (CIRCLE ALL MENTIONED)	PWA . . . . . A U5 . . . . . B U15 . . . . . C OTHERS_____ . X	

Section 10: Laboratory Capability

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1001	Do you have a blood bank?	YES . . . . . 1 NO 2	 ➜1005
1002	May I see where the blood is stored?	STORED IN REFRIGERATOR . . . . . 1 NOT STORED IN REFRIGERATOR . . . . . 2 NOT OBSERVED 3	 ➜1004
1003	How many units of blood do you have in stock today?	UNITS. . . . . [ ][ ][ ]	
1004	Do you screen blood used for transfusions for: a) syphilis? b) hepatitis B? c) hepatitis C? d) HIV 1? e) HIV 2?	YES NO SYPHILIS . . . . . 1 2 HEP B . . . . . 1 2 HEP C . . . . . 1 2 HIV 1 . . . . . 1 2 HIV 2 . . . . . 1 2	
1005	Do you have a diagnostic laboratory?	YES . . . . . 1 NO 2	 ➜1010

TEST		1006. Can this facility conduct TEST for patients?	1007. How many days until the patient receives the results? SAME DAY = 00	1008. What is the fee for TEST? INCLUDED IN OTHER FEES =9997
Syphilis	a) RPR or VDRL	YES . . . . . 1 NO . . . . . 2 ➜b	[ ][ ]	[ ][ ][ ][ ]
	b) TPHA	YES . . . . . 1 NO . . . . . 2 ➜c	[ ][ ]	[ ][ ][ ][ ]
Gonorrhea	c) Gram Stain	YES . . . . . 1 NO . . . . . 2 ➜d	[ ][ ]	[ ][ ][ ][ ]
d) Wet mount		YES . . . . . 1 NO . . . . . 2 ➜e	[ ][ ]	[ ][ ][ ][ ]
HIV	e) Elisa for HIV-1	YES . . . . . 1 NO . . . . . 2 ➜f	[ ][ ]	[ ][ ][ ][ ]
	f) Elisa for HIV-2	YES . . . . . 1 NO . . . . . 2 ➜g	[ ][ ]	[ ][ ][ ][ ]
	g) Rapid HIV	YES . . . . . 1 NO . . . . . 2 ➜h	[ ][ ]	[ ][ ][ ][ ]
h) WBC (white blood count)		YES . . . . . 1 NO . . . . . 2➜i	[ ][ ]	[ ][ ][ ][ ]
i) Trichomonas		YES . . . . . 1 NO . . . . . 2➜j	[ ][ ]	[ ][ ][ ][ ]
j) Differential		YES . . . . . 1 NO . . . . . 2➜k	[ ][ ]	[ ][ ][ ][ ]
k) Hepatitis B		YES . . . . . 1 NO . . . . . 2➜l	[ ][ ]	[ ][ ][ ][ ]
l) Urinalysis		YES . . . . . 1 NO . . . . . 2➜m	[ ][ ]	[ ][ ][ ][ ]
m) Pregnancy test		YES . . . . . 1 NO . . . . . 2➜n	[ ][ ]	[ ][ ][ ][ ]
n) Stool for ovum/parasites		YES . . . . . 1 NO . . . . . 2➜o	[ ][ ]	[ ][ ][ ][ ]
o) Blood glucose		YES . . . . . 1 NO . . . . . 2➜p	[ ][ ]	[ ][ ][ ][ ]

TEST	1006. Can this facility conduct TEST for patients?	1007. How many days until the patient receives the results? SAME DAY = 00	1008. What is the fee for TEST? INCLUDED IN OTHER FEES =9997
p) Electrolytes	YES . . . . . 1 NO . . . . . 2➜q		
q) Liver function test	YES . . . . . 1 NO . . . . . 2➜r		
r) Smear for malaria	YES . . . . . 1 NO . . . . . 2➜s		
s) Haemoglobin/hemocrit (PCV)	YES . . . . . 1 NO . . . . . 2➜1010		

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1009	How do you test haemoglobin levels at this facility?	COULTER COUNTER . . . . . 1 COLORIMETER . . . . . 2 COMPARITOR METHOD . . . . . 3 HAEMOGLOBINOMETER . . . . . 4 OTHER_____ . 6 DON'T KNOW 8	

SUPPLY	1010. Is there a refrigerator for SUPPLY?	1011. Is there a working thermometer in the refrigerator?	1012. WHAT IS THE TEMPERATURE? (In centigrade)	1013. Is there a cold chain temperature chart?	1014. IN THE LAST 30 DAYS, IS THE TEMPERATURE RECORD UP TO DATE?	1015. RECORD THE NUMBER OF DAYS WHEN THE TEMPERATURE WAS ABOVE 8˚ C OR BELOW 0˚ C IN THE LAST 30 DAYS.
a) Vaccines	YES . . . . . 1 NO . . . 2 ➜b	YES . . . . . 1 NO . . . . 2 ➜b	+ - [ ][ ]	YES . . . 1 NO . 2 ➜b	YES . . . . . 1 NO 2	[ ][ ]
b) Lab reagents	YES . . . . . 1 NO 2 ➜1101	YES . . . . . 1 NO . 2 ➜1101	+ - [ ][ ]			

Section 11: Availability of Equipment and Supplies

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1101	What is the method MOST frequently used for either high level disinfection (HLD) or sterilization of medical instruments (not linens)?	BOILING ALONE . . . . . 1 AUTOCLAVE . . . . . 2 CIDEX ALONE . . . . . 3 BOILING & CIDEX/STERANEOUS/ TETRACIDE . . . . . 4 NONE . . . . . 5 OTHER _____ . 6 DON'T KNOW 8	
1102	What fuel is most often used to sterilize medical instruments?	ELECTRICITY . . . . . 1 GAS . . . . . 2 KEROSENE . . . . . 3 CHARCOAL/WOOD . . . . . 4 OTHER_____ . 6 DON'T KNOW 8	
1103	How do you dispose of contaminated syringes and sharps?	BURN/INCINERATE . . . . . 01 BURY . . . . . 02 TOSS IN TRASH . . . . . 03 REUSE . . . . . 04 PIT LATRINE . . . . . 05 SPECIAL PIT . . . . . 06 OTHER_____ . 96	
1104	Does this facility have a written protocol for the disposal of contaminated items?	YES . . . . . 1 NO 2	
1105	When was the last inventory of drugs, equipment or supplies? (MONTH AND YEAR)	MONTH. . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1106	Who holds requisitions for drugs, equipment and supplies?	FACILITY IN-CHARGE . . . . . 1 DHMT . . . . . 2 DHN . . . . . 3 OTHER_____ . . 6	

MEDICATION AVAILABLE IN THE FACILITY:
Now I would like to ask you about the medications available in this facility. When we are finished, I will need to see your stock of some of the medications that we discuss. ASK NO. 1107 FOR EACH MEDICATION AND IF IT IS NOT AVAILABLE, SKIP TO THE NEXT MEDICATION. VIEW THOSE MEDICINES NOT SHADED IN 1109.

MEDICATION	1107. Do you have this MEDICATION now?	1108. At any time in the last 6 months did this facility run out of MEDICATION?	1109. REGISTER IF AT LEAST TWO UNEXPIRED MEDICINES OBSERVED
1) Acetylsalicyclic Acid BP 300mg (Aspirin)	YES . . . . . 1 NO . . . . . 2 ➜2)	YES . . . . . 1 NO 2	
2) Adrenaline Tartrate BP 1mg/ml, 1ml	YES . . . . . 1 NO . . . . . 2 ➜3)	YES . . . . . 1 NO 2	
3) Aminophylline BP 250mg/10 ml	YES . . . . . 1 NO . . . . . 2 ➜4)	YES . . . . . 1 NO 2	
4) Amitripyline Hydrochloride BP 25 mg	YES . . . . . 1 NO . . . . . 2 ➜5)	YES . . . . . 1 NO 2	
5) Amoxycillin BP 250 mg	YES . . . . . 1 NO . . . . . 2 ➜6)	YES . . . . . 1 NO 2	
6) Amoxycillin BP 500 mg	YES . . . . . 1 NO . . . . . 2 ➜7)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
7) Amoxycillin dry Powder for Suspension 125 mg/5ml 100 ml	YES . . . . . 1 NO . . . . . 2 ➜8)	YES . . . . . 1 NO 2	
8) Ampicillin BP 500 mg	YES . . . . . 1 NO . . . . . 2 ➜9)	YES . . . . . 1 NO 2	
9) Benzathine Penicillin 2.4 mega (e.g. Panadur injection)	YES . . . . . 1 NO . . . . . 2 ➜10)	YES . . . . . 1 NO 2	
10) Benzoic and Salicyclic Acid Ointment BP 500 g (e.g. Whitfield)	YES . . . . . 1 NO . . . . . 2 ➜11)	YES . . . . . 1 NO 2	
11) Benzyl penicillin BP 1 mega	YES . . . . . 1 NO . . . . . 2 ➜12)	YES . . . . . 1 NO 2	
12) Brufen 400mg	YES . . . . . 1 NO . . . . . 2 ➜13)	YES . . . . . 1 NO 2	
13) Chloramphenicol BP 250 mg	YES . . . . . 1 NO . . . . . 2 ➜14)	YES . . . . . 1 NO 2	
14) Chloramphenicol Ear Drops BP 10% 5ml	YES . . . . . 1 NO . . . . . 2 ➜15)	YES . . . . . 1 NO 2	
15) Chloroquine 50mg Base/5ml suspension 5.000 ml or 1.000 ml	YES . . . . . 1 NO . . . . . 2 ➜16)	YES . . . . . 1 NO 2	
16) Chloroquine 150 mg Base	YES . . . . . 1 NO . . . . . 2 ➜17)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
17) Chloroquine 200mg base/5 ml	YES . . . . . 1 NO . . . . . 2 ➜18)	YES . . . . . 1 NO 2	
18) Chlorpheniramine Maleate BP 4mg (e.g. Piriton)	YES . . . . . 1 NO . . . . . 2 ➜19)	YES . . . . . 1 NO 2	
19) Chlorpheniramine Maleate 10mg/ml, 2 ml (e.g. Piriton)	YES . . . . . 1 NO . . . . . 2 ➜20)	YES . . . . . 1 NO 2	

MEDICATION	1107. Do you have this MEDICATION now?	1108. At any time in the last 6 months did this facility run out of MEDICATION?	1109. REGISTER IF AT LEAST TWO UNEXPIRED MEDICINES OBSERVED
20) Chlorpropamide 250mg (e.g. Diabiabenes)	YES . . . . . 1 NO . . . . . 2 ➜21)	YES . . . . . 1 NO 2	
21) Chlorpromazine Hydrochloride BP 100mg or 25mg (e.g. Largactil)	YES . . . . . 1 NO . . . . . 2 ➜22)	YES . . . . . 1 NO 2	
22) Chlorpromazine Hydrochloride 50mg/2ml	YES . . . . . 1 NO . . . . . 2 ➜23)	YES . . . . . 1 NO 2	
23) Clotrimazole 1% Cream 20g	YES . . . . . 1 NO . . . . . 2 ➜24)	YES . . . . . 1 NO 2	
24) Clotrimazole Vaginal Pessaries 100mg	YES . . . . . 1 NO . . . . . 2 ➜25)	YES . . . . . 1 NO 2	
25) Cloxacillin/Flucloxacillin	YES . . . . . 1 NO . . . . . 2 ➜26)	YES . . . . . 1 NO 2	
26) Co-trimoxazole 200 mg + 40 mg/5ml Suspension 50 ml (Septrin)	YES . . . . . 1 NO . . . . . 2 ➜27)	YES . . . . . 1 NO 2	
27) Co-trimoxazole 400 mg + 80mg	YES . . . . . 1 NO . . . . . 2 ➜28)	YES . . . . . 1 NO 2	
28) Diazepam 5 mg/ml, 2ml (e.g. Valium)	YES . . . . . 1 NO . . . . . 2 ➜29)	YES . . . . . 1 NO 2	
29) Diazepam BP 5mg (e.g. Valium)	YES . . . . . 1 NO . . . . . 2 ➜30)	YES . . . . . 1 NO 2	
30) Doxycycline 100mg	YES . . . . . 1 NO . . . . . 2 ➜31)	YES . . . . . 1 NO 2	
31) EH (combined Ethambutol & INH)	YES . . . . . 1 NO . . . . . 2 ➜32)	YES . . . . . 1 NO 2	
32) Ergometrine Maleate 500 mcg/ml, 1ml	YES . . . . . 1 NO . . . . . 2 ➜33)	YES . . . . . 1 NO 2	
33) Erythromycin 500 mg	YES . . . . . 1 NO . . . . . 2 ➜34)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
34) Ethambutol	YES . . . . . 1 NO . . . . . 2 ➜35)	YES . . . . . 1 NO 2	
35) Fansidar (e.g. Falsidin)	YES . . . . . 1 NO . . . . . 2 ➜36)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
36) Ferrous sulphate BP 200 mg/ film coated	YES . . . . . 1 NO . . . . . 2 ➜37)	YES . . . . . 1 NO 2	
37) Folic acid BP 5 mg	YES . . . . . 1 NO . . . . . 2 ➜38)	YES . . . . . 1 NO 2	
38) Frusemide BP 40mg (e.g. Lasix)	YES . . . . . 1 NO . . . . . 2 ➜39)	YES . . . . . 1 NO 2	
39) Gentamycin 40 mg/ml, 2ml	YES . . . . . 1 NO . . . . . 2 ➜40)	YES . . . . . 1 NO 2	
40) Gentian Violet Crystals BP 25 g	YES . . . . . 1 NO . . . . . 2 ➜41)	YES . . . . . 1 NO 2	
MEDICATION	1107. Do you have this MEDICATION now?	1108. At any time in the last 6 months did this facility run out of MEDICATION?	1109. REGISTER IF AT LEAST TWO UNEXPIRED MEDICINES OBSERVED

41) Gentian Violet Crystals Powder 5g	YES . . . . . 1 NO . . . . . 2 ➜42)	YES . . . . . 1 NO 2	
42) Hydrocortisone Eye Drops 1%, 10ml	YES . . . . . 1 NO . . . . . 2 ➜43)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
43) Hydrocortisone Ointment BP 1% 500g	YES . . . . . 1 NO . . . . . 2 ➜44)	YES . . . . . 1 NO 2	
44) Hydrocortisone Sodium Succinate injection (IM/IV) BP 100 mg	YES . . . . . 1 NO . . . . . 2 ➜45)	YES . . . . . 1 NO 2	
45) Hyoscine Butylbromide 10mg (e.g. Buscopan)	YES . . . . . 1 NO . . . . . 2 ➜46)	YES . . . . . 1 NO 2	
46) Indomethacin 25mg (e.g. Indocid)	YES . . . . . 1 NO . . . . . 2 ➜47)	YES . . . . . 1 NO 2	
47) INH	YES . . . . . 1 NO . . . . . 2 ➜48)	YES . . . . . 1 NO 2	
48) IV solution (0.9%) - Ringer's, Hartmann's, Normal Saline	YES . . . . . 1 NO . . . . . 2 ➜49)	YES . . . . . 1 NO 2	
49) Dextrose IV solution (0.18%) - with 4%, 5% or 10% dextrose	YES . . . . . 1 NO . . . . . 2 ➜50)	YES . . . . . 1 NO 2	
50) Lidocaine Hydrochloride 2% 50ml	YES . . . . . 1 NO . . . . . 2 ➜51)	YES . . . . . 1 NO 2	
51) Lignocaine HCL Injection 2% 50ml	YES . . . . . 1 NO . . . . . 2 ➜52)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
52) Magnesium Sulphate	YES . . . . . 1 NO . . . . . 2 ➜53)	YES . . . . . 1 NO 2	
53) Magnesium Trisilicate Compound 250/120 (e.g. Actal)	YES . . . . . 1 NO . . . . . 2 ➜54)	YES . . . . . 1 NO 2	
54) Mebendazole BP 100mg	YES . . . . . 1 NO . . . . . 2 ➜55)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
55) Methyldopa 250 mg (e.g. Aldomet)	YES . . . . . 1 NO . . . . . 2 ➜56)	YES . . . . . 1 NO 2	
56) Metronidazole 200mg (e.g. Flagyl)	YES . . . . . 1 NO . . . . . 2 ➜57)	YES . . . . . 1 NO 2	
57) Niclosamide 500mg	YES . . . . . 1 NO . . . . . 2 ➜58)	YES . . . . . 1 NO 2	
58) Nitrous oxide or other general Deliveries	YES . . . . . 1 NO . . . . . 2 ➜59)	YES . . . . . 1 NO 2	
59) Norfloxacin 400mg	YES . . . . . 1 NO . . . . . 2 ➜60)	YES . . . . . 1 NO 2	
60) Nystatin dry powder 100 000 units/ml 10ml	YES . . . . . 1 NO . . . . . 2 ➜61)	YES . . . . . 1 NO 2	
61) Nystatin Passaries 100,000 iu	YES . . . . . 1 NO . . . . . 2 ➜62)	YES . . . . . 1 NO 2	
62) Oral Rehydration Salts (ORS)	YES . . . . . 1 NO . . . . . 2 ➜63)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
MEDICATION	1107. Do you have this MEDICATION now?	1108. At any time in the last 6 months did this facility run out of MEDICATION?	1109. REGISTER IF AT LEAST TWO UNEXPIRED MEDICINES OBSERVED

63) Oxytocin (e.g. Syntocinon)	YES . . . . . 1 NO . . . . . 2 ➜64)	YES . . . . . 1 NO 2	
64) Paracetamol BP 500 mg	YES . . . . . 1 NO . . . . . 2 ➜65)	YES . . . . . 1 NO 2	
65) Paracetamol Paediatric 120 mg/5ml Suspension 1.000 ml	YES . . . . . 1 NO . . . . . 2 ➜66)	YES . . . . . 1 NO 2	
66) Penicillin V Potassium BP 125mg/5ml Suspension 100 ml	YES . . . . . 1 NO . . . . . 2 ➜67)	YES . . . . . 1 NO 2	
67) Penicillin V Potassium BP 250 mg	YES . . . . . 1 NO . . . . . 2 ➜68)	YES . . . . . 1 NO 2	
68) Phenobarbitone BP 30mg	YES . . . . . 1 NO . . . . . 2 ➜69)	YES . . . . . 1 NO 2	
69) Phenytoin Sodium 50 mg (e.g. Epanutin)	YES . . . . . 1 NO . . . . . 2 ➜70)	YES . . . . . 1 NO 2	
70) Probenicid 500mg	YES . . . . . 1 NO . . . . . 2 ➜71)	YES . . . . . 1 NO 2	
71) Procaine Penicillin BP 4 mega	YES . . . . . 1 NO . . . . . 2 ➜72)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
72) Promethazine Hydrochloride BP 25 mg	YES . . . . . 1 NO . . . . . 2 ➜73)	YES . . . . . 1 NO 2	
73) Propranolol Hydrochloride BP 40mg (e.g. Inderol)	YES . . . . . 1 NO . . . . . 2 ➜74)	YES . . . . . 1 NO 2	
74) Pyrazinamide	YES . . . . . 1 NO . . . . . 2 ➜75)	YES . . . . . 1 NO 2	
75) Quinine Sulphate 300mg/ml, 2ml	YES . . . . . 1 NO . . . . . 2 ➜76)	YES . . . . . 1 NO 2	
76) Quinine Sulphate 300mg	YES . . . . . 1 NO . . . . . 2 ➜77)	YES . . . . . 1 NO 2	
77) Rifampin or Rifampincin	YES . . . . . 1 NO . . . . . 2 ➜78)	YES . . . . . 1 NO 2	
78) Rifater (combined INH, rifampin & pyra)	YES . . . . . 1 NO . . . . . 2 ➜79)	YES . . . . . 1 NO 2	
79) Salbutamol 2mg/5ml Suspension 100ml (e.g. Ventolin)	YES . . . . . 1 NO . . . . . 2 ➜80)	YES . . . . . 1 NO 2	
80) Salbutamol BP 4mg (e.g. Ventolin)	YES . . . . . 1 NO . . . . . 2 ➜81)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
81) Sodium Hypochlorite Strong Solution BP 8% or 2.5%, 1.000 ml (e.g. Jik)	YES . . . . . 1 NO . . . . . 2 ➜82)	YES . . . . . 1 NO 2	
82) Spectinomycin 2g inj. (e.g. Togamycin)	YES . . . . . 1 NO . . . . . 2 ➜83)	YES . . . . . 1 NO 2	
83) Streptomycin injection	YES . . . . . 1 NO . . . . . 2 ➜84)	YES . . . . . 1 NO 2	
84) Tetracycline 1% 5g	YES . . . . . 1 NO . . . . . 2 ➜85)	YES . . . . . 1 NO 2	
MEDICATION	1107. Do you have this MEDICATION now?	1108. At any time in the last 6 months did this facility run out of MEDICATION?	1109. REGISTER IF AT LEAST TWO UNEXPIRED MEDICINES OBSERVED

85) Tetracycline Hydrochloride BP 250 mg	YES . . . . . 1 NO . . . . . 2 ➜86)	YES . . . . . 1 NO 2	
86) Triple penicillin 6:3:3	YES . . . . . 1 NO . . . . . 2 ➜87)	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
87) Vitamin B Complex	YES . . . . . 1 NO . . . . . 2 ➜88)	YES . . . . . 1 NO 2	
88) Water for injections	YES . . . . . 1 NO . . . . . 2 ➜89)	YES . . . . . 1 NO 2	
89) Zinc Sulphate 0.25% Eye Drops 10ml	YES . . . . . 1 NO . . . . . 2 ➜1110	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1110	Do you have the tetanus toxoid vaccine now?	YES . . . . . 1 NO 2	➜1112
1111	At any time during the last six months did this facility run out of tetanus toxoid?	YES . . . . . 1 NO 2	
1112	Does this facility have the delivery set?	YES . . . . . 1 NO 2	➜1114
1113	Is it complete?	YES . . . . . 1 NO 2	
1114	Does this facility have the perineal repair set?	YES . . . . . 1 NO 2	➜1116
1115	Is it complete?	YES . . . . . 1 NO 2	
1116	Does this facility have the neonatal resuscitation equipment set?	YES . . . . . 1 NO 2	➜1118
1117	Is it complete?	YES . . . . . 1 NO 2	
1118	Does this facility have the vacuum extraction set?	YES . . . . . 1 NO 2	➜1120
1119	Is it complete?	YES . . . . . 1 NO 2	
1120	Does this facility have the obstetric laparatomy/caesarean section set?	YES . . . . . 1 NO 2	➜1122
1121	Is it complete?	YES . . . . . 1 NO 2	
1122	Does this facility have the minilap BTL set?	YES . . . . . 1 NO 2	➜1124
1123	Is it complete?	YES . . . . . 1 NO 2	
1124	Does this facility have the equipment for anaesthesia set?	YES . . . . . 1 NO 2	➜1126
1125	Is it complete?	YES . . . . . 1 NO 2	
1126	Does this facility have the IUD insertion and removal set?	YES . . . . . 1 NO 2	➜1128

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1127	Is it complete?	YES . . . . . 1 NO 2	
1128	Does this facility have the Norplant kit?	YES . . . . . 1 NO 2	➜1130
1129	Is it complete?	YES . . . . . 1 NO 2	
1130	Does this facility have the vasectomy pack?	YES . . . . . 1 NO 2	➜1132
1131	Is it complete?	YES . . . . . 1 NO 2	
1132	Does this facility have the MCH/FP basic equipment set?	YES . . . . . 1 NO 2	➜1134
1133	Is it complete?	YES . . . . . 1 NO 2	
1134	Does this facility have the basic dressing tray set?	YES . . . . . 1 NO 2	➜1136
1135	Is it complete?	YES . . . . . 1 NO 2	
1136	Does this facility have the theatre equipment set?	YES . . . . . 1 NO 2	➜1138
1137	Is it complete?	YES . . . . . 1 NO 2	

EQUIPMENT	1138. Is EQUIPMENT available and operational?	1139. Have you been without EQUIPMENT at any time in the last six months?	1140. I need to see the EQUIPMENT
a) Autoclave	YES . . . . . 1 NO . . . . . 2 ➜b	YES . . . . . 1 NO 2	
b) Blood pressure machine	YES . . . . . 1 NO . . . . . 2 ➜c	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
c) Boiling pots for HDL or Sterilizer	YES . . . . . 1 NO . . . . . 2 ➜d	YES . . . . . 1 NO 2	
d) Clinical Oral Thermometer	YES . . . . . 1 NO . . . . . 2 ➜e	YES . . . . . 1 NO 2	
e) Fetoscope	YES . . . . . 1 NO . . . . . 2 ➜f	YES . . . . . 1 NO 2	
f) Flashlight or Light Source for Examinations	YES . . . . . 1 NO . . . . . 2 ➜g	YES . . . . . 1 NO 2	
g) Forceps	YES . . . . . 1 NO . . . . . 2 ➜h	YES . . . . . 1 NO 2	
h) Infant Weighing Scale	YES . . . . . 1 NO . . . . . 2 ➜i	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
i) Laparoscope	YES . . . . . 1 NO . . . . . 2 ➜j	YES . . . . . 1 NO 2	
j) Manual Suction Device (Delee or bulb syringe)	YES . . . . . 1 NO . . . . . 2 ➜k	YES . . . . . 1 NO 2	
k) Measuring tape	YES . . . . . 1 NO . . . . . 2 ➜l	YES . . . . . 1 NO 2	
l) Needle Holder	YES . . . . . 1 NO . . . . . 2 ➜m	YES . . . . . 1 NO 2	

EQUIPMENT	1138. Is EQUIPMENT available and operational?	1139. Have you been without EQUIPMENT at any time in the last six months?	1140. I need to see the EQUIPMENT
m) Neonatal Ventilator Device (Ambu/Hudson silicone)	YES . . . . . 1 NO . . . . . 2 ➔n	YES . . . . . 1 NO 2	
n) Otoscope	YES . . . . . 1 NO . . . . . 2 ➔o	YES . . . . . 1 NO 2	
o) Scale for adults	YES . . . . . 1 NO . . . . . 2 ➔p	YES . . . . . 1 NO 2	
p) Scissors	YES . . . . . 1 NO . . . . . 2 ➔q	YES . . . . . 1 NO 2	
q) Speculum	YES . . . . . 1 NO . . . . . 2 ➔r	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
r) Stethoscope	YES . . . . . 1 NO . . . . . 2 ➔s	YES . . . . . 1 NO 2	
s) Tenaculum	YES . . . . . 1 NO . . . . . 2 ➔t	YES . . . . . 1 NO 2	
t) Uterine elevator	YES . . . . . 1 NO . . . . . 2 ➔u	YES . . . . . 1 NO 2	
u) Vacuum extractor	YES . . . . . 1 NO . . . . . 2 ➔1141	YES . . . . . 1 NO 2	

SUPPLIES	1141. Are SUPPLIES available now?	1142. Have you run out of SUPPLIES at any time during the last 6 months?	1143. OBSERVE IF THERE ARE LEAST TWO SUPPLIES
a) Antenatal cards	YES . . . . . 1 NO . . . . . 2 ➔b	YES . . . . . 1 NO 2	
b) Blanket or wrapper for newborns	YES . . . . . 1 NO . . . . . 2 ➔c	YES . . . . . 1 NO 2	
c) Cord ties/clamps	YES . . . . . 1 NO . . . . . 2 ➔d	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
d) Disposable intravenous cannulae	YES . . . . . 1 NO . . . . . 2 ➔e	YES . . . . . 1 NO 2	
e) Disposable nasogastric tubes	YES . . . . . 1 NO . . . . . 2 ➔f	YES . . . . . 1 NO 2	
f) Disposable Needles	YES . . . . . 1 NO . . . . . 2 ➔g	YES . . . . . 1 NO 2	
g) IV administration sets	YES . . . . . 1 NO . . . . . 2 ➔h	YES . . . . . 1 NO 2	
h) Reusable syringes	YES . . . . . 1 NO . . . . . 2 ➔i	YES . . . . . 1 NO 2	
i) Partographs	YES . . . . . 1 NO . . . . . 2 ➔j	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
j) Protective clothing	YES . . . . . 1 NO . . . . . 2 ➔k	YES . . . . . 1 NO 2	
k) Scalp vein set	YES . . . . . 1 NO . . . . . 2 ➔l	YES . . . . . 1 NO 2	
l) Skin swab	YES . . . . . 1 NO . . . . . 2 ➔m	YES . . . . . 1 NO 2	
m) Suture and needles	YES . . . . . 1 NO . . . . . 2 ➔n	YES . . . . . 1 NO 2	OBSERVED . . . . . 1 NOT OBSERVED 2
n) Tongue depressor	YES . . . . . 1 NO . . . . . 2 ➔1142	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1144	May I see a completed partograph?	OBSERVED . . . . . 1 NOT OBSERVED . . . . . 2 DON'T HAVE 3	

Section 12: Service Statistics and Recordkeeping

Now I need to see your registers for all services that record the number of patients and clients who have visited this facility. COLLECT STATISTICS ON THE NUMBER OF PATIENTS SEEN IN THE APPROPRIATE TIME INTERVAL. IN CASES WHERE STATISTICAL DATA ARE NOT AVAILABLE FOR THE TIME PERIOD, USE THE MOST RECENT COMPLETED QUARTER.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1201	Can I see your records? CHECK THE RECORDS AND RECORD THEIR STATUS.	WELL KEPT . . . . . 1 ADEQUATE . . . . . 2 POORLY KEPT 3	
1202	Do you keep one record or file for each patient/client?	YES . . . . . 1 NO 2	
1203	Is there an immunisation register?	YES . . . . . 1 NO 2	➜1205
1204	VERIFY THAT REGISTER IS UP TO DATE.	YES . . . . . 1 NO 2	
1205	Do you have a register, registers or a book with: a) maternity admissions? b) antenatal admissions? c) caesarian sections? d) deliveries? e) live births? f) cases of vacuum extraction delivery? g) cases of forceps delivery? h) manual removal of placenta? i) stillbirths? j) abortions/miscarriages? k) cases of evacuation of uterus for incomplete abortion? l) peri-natal deaths? m) maternal deaths? n) postpartum admissions? o) complications for pregnancy related admissions?	YES NO MATERNITY . . . . . 1 2 ANTENATAL . . . . . 1 2 C-SECTIONS . . . . . 1 2 DELIVERIES . . . . . 1 2 LIVE BIRTHS . . . . . 1 2 VACUUM EXTRACTION . . . . . 1 2 FORCEPS DELIVERY . . . . . 1 2 MANUAL REMOVAL . . . . . 1 2 STILLBIRTHS . . . . . 1 2 ABORTIONS . . . . . 1 2 INCOMPLETE ABORTION . . . 1 2 PERI-NATAL DEATHS . . . . . 1 2 MATERNAL DEATHS . . . . . 1 2 POSTPARTUM . . . . . 1 2 COMPLICATIONS 1 2	
1206	Does this facility report cases of the following to the government or the headquarters of your organisation: a) Syphilis? b) Gonorrhea? c) HIV? d) Urethral discharge? e) Vaginal discharge? f) Lower abdominal pain? g) Genital ulcer disease? h) Hepatitis B?	YES NO DK SYPHILIS . . . . . 1 2 8 GONORRHEA . . . . . 1 2 8 HIV . . . . . 1 2 8 URETHRAL . . . . . 1 2 8 VAGINAL . . . . . 1 2 8 LOWER AB . . . . . 1 2 8 GENITAL ULCER . . . . . 1 2 8 HEPATITIS B 1 2 8	
1207	Are there meetings at least quarterly to review register information?	YES . . . . . 1 NO 2	
1208	What actions are taken based on these meetings? (CIRCLE ALL MENTIONED) PROBE: Anything else?	DETERMINE INCENTIVES . . . . . A SET FEES . . . . . B CHANGE PROCEDURES . . . . . C OTHER_____ . . . X	

COMMODITY	1209. Is there a stock record for COMMODITIES?	1210. Are the COMMODITIES stored by expiration date?	1211. ARE THE COMMODITIES STORED SUCH THAT THEY ARE PROTECTED FROM RAIN, SUN, ADVERSE TEMPERATURES, RATS AND PESTS?
a) FP contraceptives	YES . . . . . 1 NO . . . . . 2 ➜b	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
b) Drugs for STI treatment	YES . . . . . 1 NO . . . . . 2 ➜c	YES . . . . . 1 NO 2	

COMMODITY	1209. Is there a stock record for COMMODITIES?	1210. Are the COMMODITIES stored by expiration date?	1211. ARE THE COMMODITIES STORED SUCH THAT THEY ARE PROTECTED FROM RAIN, SUN, ADVERSE TEMPERATURES, RATS AND PESTS?
c) Vaccines	YES . . . . . 1 NO . . . . . 2 ➜d	YES . . . . . 1 NO 2	
d) Other medicines	YES . . . . . 1 NO . . . . . 2 ➜1212	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1212	What is done with all supplies that have expired dates?	DISTRIBUTED TO CLIENTS QUICKLY . . . 01 RETURNED TO SOURCE . . . . . 02 THROWN IN GARBAGE HEAP . . . . . 03 BURNT OR DESTROYED UNDER SUPERVISION . . . . . 04 NOTHING . . . . . 95 OTHER_____ . 96	

FAMILY PLANNING SERVICE STATISTICS

1213	INTERVIEWER VERIFY: FACILITY OFFERS FAMILY PLANNING (QUESTION 601)	YES . . . . . 1 NO 2	➜1217
1214	IDENTIFY REGISTER INFORMATION FOR FINAL QUARTER OF 1998 - OCTOBER-DECEMBER.	INFORMATION EXISTS . . . . . 1 NO INFORMATION 2	➜1217
1215	NUMBER OF FAMILY PLANNING VISITS BETWEEN OCT 1 AND DECEMBER 31, 1998	[ ][ ][ ][ ] DON'T KNOW 9998	
1216	Does this facility record the number of family planning clients tested for STIs?	YES . . . . . 1 NO 2	

MATERNAL HEALTH SERVICE STATISTICS

1217	VERIFY FROM 401: FACILITY OFFERS MATERNAL HEALTH SERVICES.	YES . . . . . 1 NO 2	➜1221

MATERNAL STATISTICAL DATA	1218 Number of patients in last 3 months of 1998. Not offered . . . . . 9997 Don't know 9998
a) Antenatal admissions	[ ][ ][ ][ ]
b) Deliveries	[ ][ ][ ][ ]
c) Live births	[ ][ ][ ][ ]
d) Stillbirths	[ ][ ][ ][ ]
e) Abortions/miscarriages	[ ][ ][ ][ ]
f) Maternal deaths	[ ][ ][ ][ ]

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
1219	Can you show me any records you have of deliveries?	YES . . . . . 1 NO 2	➜1221
1220	LOOK FOR AN INDICATION THAT DELIVERIES OCCUR AT ALL HOURS (24 HOURS PER DAY)	INDICATION . . . . . 1 NO INDICATION 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO

CHILD HEALTH STATISTICS

1221	VERIFY FROM 501: FACILITY OFFERS CHILD HEALTH SERVICES.	YES . . . . . 1 NO 2	 ➜1223

CHILD HEALTH STATISTICAL DATA	1222 Number of patients in1998. Not offered . . . . . 99997 Don't know 99998
a) DPT vaccination	[ ][ ][ ][ ][ ]
b) Malaria visits (under 5)	[ ][ ][ ][ ][ ]
c) Children under 5 who presented	[ ][ ][ ][ ][ ]

1223 MARK ENDING TIME	HOUR . . . . . [ ][ ] MINUTE . . . . . [ ][ ]

COMMENTS:

Kenya Service Provision Assessment
1999

Health Worker Interview Questionnaire

IDENTIFICATION	
Name of the facility_____	
Facility location_____	
Code of the facility	. . . . .
Type of facility: (1 = National Hospital; 2 = Provincial General Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Centre; 6 = Dispensary; 7 = Maternity and/or Nursing Home; 8 = Clinic)	. . . . .
Position of person interviewed: (02 = Doctor; 03 = Clinical Officer; 04 = KRN/M, KRM, KRN, or KRCN; 05 = EM, EN or ECN; 06 = Midwife; 07 = Pharmacist; 08 = Laboratory/ Support staff; 96 = Other_____)	. . . . .
Sex: (1 = female; 2 = male)	. . . . .
Date	Day . . .
	Month . . . . .
	Year. .
Name of interviewer_____	Name . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

INTRODUCTION

Hello. We are carrying out a survey on maternal-child health services with the objective of supporting national efforts to improve these services. We are interested in your experiences providing health services. I would like to ask you some questions about this subject. Please be assured that the information will be confidential and that your name is not being recorded.

100 May I continue?

YES 1
NO . . . . . 2 ➜STOP

Section 1. Experience and Training in MCH/FP/STI Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
101	In what year did you start working in this facility?	YEAR. . . . . [ ][ ][ ][ ]	
102	Did you graduate from a Medical Training Center or University?	YES . . . . . 1 NO 2	 ➜105
103	When did you graduate?	YEAR. . . . . [ ][ ][ ][ ]	
104	Were the following services covered in your basic medical training:	YES NO DK	
	Antenatal care?	ANTENATAL CARE . . . 1 2 8	
	Delivery care?	DELIVERY 1 2 8	
	Postnatal care?	POSTNATAL 1 2 8	
	Child welfare?	CHILD WELFARE 1 2 8	
	Family planning?	FAMILY PLANNING . . . 1 2 8	
	STI services?	STI 1 2 8	
	HIV/AIDS?	HIV/AIDS 1 2 8	
105	Have you received any in-service training since you started working?	YES . . . . . 1 NO 2	 ➜108

COURSE	106 Did this in-service training include (COURSE)?	107 In which year did your most recent training occur? **Don't know = 9998**
Courses in Child Health:		
a. CDD (Control of Diarrhoeal Diseases)	YES . . . . . 1 NO . . . . . 2 ➜b	YEAR. . . . [ ][ ][ ][ ]
b. ARI (Acute Respiratory Infections)	YES . . . . . 1 NO . . . . . 2 ➜c	YEAR. . . . [ ][ ][ ][ ]
c. KEPI (Kenya Expanded Programme in Immunisation)	YES . . . . . 1 NO . . . . . 2 ➜d	YEAR. . . . [ ][ ][ ][ ]
d. Malaria	YES . . . . . 1 NO . . . . . 2 ➜e	YEAR. . . . [ ][ ][ ][ ]
e. Nutrition/micro-nutrient deficiencies	YES . . . . . 1 NO . . . . . 2 ➜f	YEAR. . . . [ ][ ][ ][ ]
f. IMCI (Integrated Management of Childhood Illness)	YES . . . . . 1 NO . . . . . 2 ➜g	YEAR. . . . [ ][ ][ ][ ]
Courses in Maternal Health:		
g. Antenatal care	YES . . . . . 1 NO . . . . . 2 ➜h	YEAR. . . . [ ][ ][ ][ ]
h. Normal labour and delivery	YES . . . . . 1 NO . . . . . 2 ➜i	YEAR. . . . [ ][ ][ ][ ]
i. Management of maternal and newborn complications	YES . . . . . 1 NO . . . . . 2 ➜j	YEAR. . . . [ ][ ][ ][ ]
j. Use of a partograph	YES . . . . . 1 NO . . . . . 2 ➜k	YEAR. . . . [ ][ ][ ][ ]

COURSE	106 Did this training include (COURSE)?	107 In which year did your most recent training occur? **Don't know = 9998**
Courses in Family Planning:		
k. Basic family planning skills (6 week course)	YES . . . . . 1 NO . . . . . 2 ➜l	YEAR. . . .
l. Comprehensive family planning clinical skills	YES . . . . . 1 NO . . . . . 2 ➜m	YEAR. . . .
m. Reproductive health update (RHU)	YES . . . . . 1 NO . . . . . 2 ➜n	YEAR. . . .
n. Preceptorship skills training	YES . . . . . 1 NO . . . . . 2 ➜o	YEAR. . . .
o. Contraceptive technology update (CTU)	YES . . . . . 1 NO . . . . . 2 ➜p	YEAR. . . .
p. Family planning counseling	YES . . . . . 1 NO . . . . . 2 ➜q	YEAR. . . .
Courses in STIs and HIV/AIDS		
q. STI counseling	YES . . . . . 1 NO . . . . . 2 ➜r	YEAR. . . .
r. STI syndromic management	YES . . . . . 1 NO . . . . . 2 ➜s	YEAR. . . .
s. HIV/AIDS counseling	YES . . . . . 1 NO . . . . . 2 ➜t	YEAR. . . .
t. TB management	YES . . . . . 1 NO . . . . . 2 ➜u	YEAR. . . .
Management Courses:		
u. Management of staff or service delivery	YES . . . . . 1 NO . . . . . 2 ➜v	YEAR. . . .
v. Record-keeping/HIS/MIS	YES . . . . . 1 NO . . . . . 2 ➜w	YEAR. . . .
w. Cost-sharing training	YES . . . . . 1 NO . . . . . 2 ➜x	YEAR. . . .
x. COPE (Client-Oriented Provider Efficiency)	YES . . . . . 1 NO . . . . . 2 ➜108	YEAR. . . .

SERVICE	108. Do you provide personally (SERVICE) to patients at this facility?	109. How many hours on average per week do you provide (SERVICE)? Don't know = 98	110. For how long have you been providing (SERVICE) at this facility? Don't know = 98
a. Antenatal care	YES . . . . . 1 NO . . . . . 2 ➜b	HOURS.	YEARS. . . . .
b. Postnatal care	YES . . . . . 1 NO . . . . . 2 ➜c	HOURS.	YEARS. . . . .
c. Care during delivery	YES . . . . . 1 NO . . . . . 2 ➜d	HOURS.	YEARS. . . . .

SERVICE	108. Do you provide personally (SERVICE) to patients at this facility?	109. How many hours on average per week do you provide (SERVICE)? Don't know = 98	110. For how long have you been providing (SERVICE) at this facility? Don't know = 98
d. Immunisation	YES . . . . . 1 NO . . . . . 2 ➜e	HOURS.	YEARS. . . . .
e. ARI treatment	YES . . . . . 1 NO . . . . . 2 ➜f	HOURS.	YEARS. . . . .
f. Diarrhoea treatment	YES . . . . . 1 NO . . . . . 2 ➜g	HOURS.	YEARS. . . . .
g. Malaria treatment	YES . . . . . 1 NO . . . . . 2 ➜h	HOURS.	YEARS. . . . .
h. Family planning	YES . . . . . 1 NO . . . . . 2 ➜i	HOURS.	YEARS. . . . .
i. STI counseling/management	YES . . . . . 1 NO . . . . . 2 ➜j	HOURS.	YEARS. . . . .
j. STI testing	YES . . . . . 1 NO . . . . . 2 ➜k	HOURS.	YEARS. . . . .
k. HIV/AIDS counseling	YES . . . . . 1 NO . . . . . 2 ➜l	HOURS.	YEARS. . . . .
l. HIV/AIDS testing	YES . . . . . 1 NO . . . . . 2 ➜m	HOURS.	YEARS. . . . .
m. Administration	YES . . . . . 1 NO . . . . . 2 ➜n	HOURS.	YEARS. . . . .
n. Record keeping/Health information system	YES . . . . . 1 NO . . . . . 2 ➜o	HOURS.	YEARS. . . . .
o. Other (Specify)	YES . . . . . 1 NO . . . . . 2 ➜111	HOURS.	YEARS. . . . .

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
111	In some parts of Kenya, female circumcision is practiced. Have you seen any women among your patients who have been circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 ➜115 ➜115
112	When was the last time that you attended a woman who had been circumcised?	NEVER . . . . . 0 IN PAST WEEK . . . . . 1 IN PAST MONTH . . . . . 2 IN PAST 6 MONTHS . . . . . 3 6 MONTHS AGO OR LONGER . . . . . 4 DON'T KNOW 8	
113	What proportion of your female patients have been circumcised?	PERCENT. . . . . [ ][ ][ ] DON'T KNOW 998	
114	Do you have training in how to recognize female circumcision?	YES . . . . . 1 NO 2	
115	**DO NOT ASK A QUESTION HERE**. CHECK 108c. IF 'YES', CIRCLE '1', OTHERWISE, CIRCLE '2'.	YES . . . . . 1 NO 2	 ➜119
116	When was the last time you attended a normal delivery?	NEVER . . . . . 0 IN PAST WEEK . . . . . 1 IN PAST MONTH . . . . . 2 IN PAST 6 MONTHS . . . . . 3 6 MONTHS AGO OR LONGER . . . . . 4 DON'T KNOW 8	

No. QUESTIONS CODING CLASSIFICATION GO TO

117	When was the last time you encountered a woman with an obstretical complication such as postpartum haemorrhage, obstructed labour, eclampsia or pre-eclampsia, or puerperal sepsis?	NEVER . . . . . 0 IN PAST WEEK . . . . . 1 IN PAST MONTH . . . . . 2 IN PAST 6 MONTHS . . . . . 3 6 MONTHS AGO OR LONGER . . . . . 4 DON'T KNOW 8	
118	When was the last time you used a partograph?	NEVER . . . . . 0 IN PAST WEEK . . . . . 1 IN PAST MONTH . . . . . 2 IN PAST 6 MONTHS . . . . . 3 6 MONTHS AGO OR LONGER . . . . . 4 DON'T KNOW 8	
119	When was the last time you encountered a woman with complications from an induced abortion?	NEVER . . . . . 0 IN PAST WEEK . . . . . 1 IN PAST MONTH . . . . . 2 IN PAST 6 MONTHS . . . . . 3 6 MONTHS AGO OR LONGER . . . . . 4 DON'T KNOW 8	
120	When was the last time you encountered a woman who had been the victim of beating by her spouse or partner?	NEVER . . . . . 0 IN PAST WEEK . . . . . 1 IN PAST MONTH . . . . . 2 IN PAST 6 MONTHS . . . . . 3 6 MONTHS AGO OR LONGER . . . . . 4 DON'T KNOW 8	➜201
121	Do you usually ask the woman if she was beaten?	YES . . . . . 1 NO 2	

Section 2. Family Planning

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	**DO NOT ASK A QUESTION HERE**. CHECK 108h. IF 'YES', CIRCLE '1', OTHERWISE, CIRCLE '2'.	YES . . . . . 1 NO 2	 ➜301
202	During the last three months, have you offered clients the: a) Combined pill? b) Progestin-only pill? c) IUCD? d) Injectable? e) Condom? f) Female sterilization (minilaparotomy)? g) Female sterilization (laparoscopy)? h) Vasectomy? i) Norplant implant? j) Natural family planning? k) Menstrual regulation? l) LAM (lactational amenorrhea method) m) Dual methods?	YES NO COMBINED PILL . . . . . 1 2 PROGESTIN PILL . . . . . 1 2 IUCD . . . . . 1 2 INJECTABLE . . . . . 1 2 CONDOM . . . . . 1 2 MINILAP . . . . . 1 2 LAPAROSCOPY . . . . . 1 2 VASECTOMY . . . . . 1 2 NORPLANT . . . . . 1 2 NATURAL FP . . . . . 1 2 MENSTRUAL REG. . . . . 1 2 LAM . . . . . 1 2 DUAL METHOD 1 2	
203	When a new family planning client comes for a method, what type of questions would you ask her to understand her needs and which method would be appropriate? (CIRCLE ALL MENTIONED) PROBE: Anything else?	NUMBER OF CHILDREN . . . . . A WANTS MORE CHILDREN . . . . . B METHOD SHE PREFERS . . . . . C BREASTFEEDING STATUS . . . . . D LAST MENSTRUAL PERIOD . . . . . E NUMBER OF SEX PARTNERS . . . . . F REGULARITY OF CYCLE . . . . . G PARTNER PREFERENCES . . . . . H LEVEL OF EDUCATION . . . . . I DATE OF LAST DELIVERY . . . . . J AGE . . . . . K OTHER_____ . . X	
204	When a new family planning client comes for a method, what information do you give her? (CIRCLE ALL MENTIONED) PROBE: Anything else?	DISCUSS ADVANTAGES . . . . . A DISCUSS DISADVANTAGES . . . . . B DISCUSS SIDE EFFECTS . . . . . C DISCUSS MULTIPLE METHODS . . . . . D DISCUSS HOW TO USE . . . . . E OTHER_____ . X	

METHOD	205. Is there a medical condition for which you will not give METHOD?	206. What is the condition(s)? [1]	207. Is it important to examine/test new clients before providing the METHOD?	208. What type of examination is needed? [2]
a) Pill	YES . . . . . 1 NO . . . . . 2 ➜207a	A B C D E F G X	YES . . . . . 1 NO . . . . . 2 ➜205b	A B C D X
b) IUCD	YES . . . . . 1 NO . . . . . 2 ➜207b	A B C D E F G X	YES . . . . . 1 NO . . . . . 2 ➜205c	A B C D X
c) Injectable	YES . . . . . 1 NO . . . . . 2 ➜207c	A B C D E F G X	YES . . . . . 1 NO . . . . . 2 ➜205d	A B C D X
d) Norplant	YES . . . . . 1 NO . . . . . 2 ➜207d	A B C D E F G X	YES . . . . . 1 NO . . . . . 2 ➜205e	A B C D X
e) Female sterilization	YES . . . . . 1 NO . . . . . 2 ➜207e	A B C D E F G X	YES . . . . . 1 NO . . . . . 2 ➜205f	A B C D X
f) Condom	YES . . . . . 1 NO . . . . . 2 ➜207f	A B C D E F G X	YES . . . . . 1 NO . . . . . 2 ➜301	A B C D X

CODES: [1] A = Cardiac disease (high blood pressure, heart disease); B = epilepsy; C = unexplained vaginal bleeding; D = medical disease (diabetes, sickle cell, liver disease, anemia); E = breast conditions (lumps and cancer); F = PID; G = tuberculosis; X = other.

[2] A = pregnancy test; B = pelvic examination; C = breast examination; D = blood pressure and weight; X = other.

Section 3. STI/HIV/AIDS Services

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
301	**DO NOT ASK A QUESTION HERE.** CHECK 108i-l, IF ANY 'YES', CIRCLE '1'. IF ALL 'NO', CIRCLE '2''.	YES . . . . . 1 NO 2	➜401
302	**DO NOT ASK A QUESTION HERE.** CHECK 108i, IF 'YES', CIRCLE '1'. IF 'NO', CIRCLE '2''.	YES . . . . . 1 NO 2	➜305
303	Do you feel that training in STI syndromic management is adequate to perform your duties?	YES . . . . . 1 NO 2	
304	Have you had training in etiologic management of STIs?	YES . . . . . 1 NO 2	
305	**DO NOT ASK A QUESTION HERE.** CHECK 108k-l, IF ANY 'YES', CIRCLE '1'. IF ALL 'NO', CIRCLE '2''.	YES . . . . . 1 NO 2	➜307
306	Do you feel that the training in HIV pre- and post-test counseling is adequate to perform your duties?	YES . . . . . 1 NO 2	
307	Have you had training in the management of AIDS patients?	YES . . . . . 1 NO 2	
308	Have you had training in universal precautions for handling blood or blood products?	YES . . . . . 1 NO 2	➜310
309	Do you feel that the training in universal precautions is adequate to perform your duties?	YES . . . . . 1 NO 2	
310	Have you had training in TB management?	YES . . . . . 1 NO 2	➜312
311	Do you feel that the training in TB management is adequate to perform your duties?	YES . . . . . 1 NO 2	
312	In the past three months, have you yourself advised any patients to use condoms specifically for preventing STI/HIV infection?	YES . . . . . 1 NO 2	
313	Do you think family planning services should be available to a client who has HIV infection?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

Section 4. Knowledge and Recommendations of Treatment

Now I would like to pose some scenarios to you to find out how you think a health worker should deal with certain specific situations. Please remember that these responses are confidential and no one will have access to them. However, they will help us recommend what types of training are needed to ensure that all health workers are able to fully treat the types of conditions that occur in health facilities in Kenya.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
401	**DO NOT ASK A QUESTION HERE**. CHECK QUESTION 108 e-g, IF ANY 'YES', CIRCLE '1'; OTHERWISE CIRCLE '2'.	YES . . . . . 1 NO 2	 ➜406
402	What would you do for treatment for severe pneumonia, in children under two months? (CIRCLE ALL MENTIONED) PROBE: Anything else?	INTRAVENOUS ANTIBIOTICS . . . . . A OXYGEN . . . . . B EDUCATION OF MOTHERS ABOUT WARNING SIGNS AND HOME CARE . . C KEEP INFANT WARM . . . . . D REFER TO HOSPITAL URGENTLY . . . . . E REFERRAL OF COMPLICATED CASES TO OTHER SPECIALIZED CARE FACILITIES F OTHER_____ . . X DON'T KNOW . . . . . Y	
403	What are the signs that would make you refer a child for diarrhoea or vomiting to the next level of health facility or immediately admit him/her? (CIRCLE ALL RESPONSES MENTIONED) PROBE: Any others?	**CHILD:** LETHARGIC/WITH ABNORMAL SLEEP/ UNCONSCIOUS . . . . . A UNDER 2 MONTHS OF AGE . . . . . B **CHILD THAT:** HAD CONVULSIONS . . . . . C DID NOT RESPOND TO ORS TREATMENT D DOES NOT EAT OR DRINK . . . . . E DOES NOT RESPOND TO TREATMENT . . . F **CHILD WITH:** HIGH TEMPERATURE . . . . . G UNCONTROLLABLE VOMITING . . . . . H SEVERE DEHYDRATION . . . . . I SEVERE PNEUMONIA . . . . . J SEVERE MALNOURISHMENT/SEVERE ANEMIA . . . . . K SUNKEN FONTANELLE . . . . . L REDUCED SKIN TURGOR . . . . . M OTHER_____ . . . . X DON'T KNOW . . . . . Y	
404	What **specific** features would prompt you to refer or admit a child with fever or malaria? (CIRCLE ALL RESPONSES MENTIONED) PROBE 1: Any others? PROBE 2: IF SPECIFIC ILLNESS GIVEN, SAY: How would you assess that?	LETHARGY/ALTERED CONSCIOUSNESS . . A UNABLE TO SIT UP UNSUPPORTED/ INFANT UNABLE TO BREASTFEED . . . B BREATHING DIFFICULTY (DEEP, LABOURED OR FAST) . . . . . C SEVERE PALLOR . . . . . D DEHYDRATION . . . . . E CONVULSIONS . . . . . F NECK STIFFNESS . . . . . G FAILED OUTPATIENT TREATMENT . . . . . H OTHER_____ . . . X DON'T KNOW . . . . . Y	
405	What **specific** features would prompt you to refer or admit a child with malnutrition? (CIRCLE ALL RESPONSES MENTIONED) PROBE 1: Any others? PROBE 2: IF SPECIFIC ILLNESS GIVEN, SAY: How would you assess that?	OEDEMA OF HANDS, FEET OR FACE . . . . A PEELING OF SKIN . . . . . B VERY LOW WEIGHT FOR AGE . . . . . C UNABLE TO DRINK/BREASTFEED . . . . . D FAILED OUTPATIENT TREATMENT . . . . . E OTHER_____ . X DON'T KNOW . . . . . Y	
406	**DO NOT ASK A QUESTION HERE**. CHECK 108h, IF ANY 'YES', CIRCLE '1'. IF ALL 'NO', CIRCLE '2'.	YES . . . . . 1 NO 2	 ➜409

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
407	What would you do with a new family planning client who wants a method but does not have her period? (CIRCLE ALL MENTIONED) PROBE: Anything else?	CONDUCT A CLINICAL EXAM TO ELIMINATE THE POSSIBILITY OF PREGNANCY . . . . A CONDUCT A PREGNANCY TEST . . . . . B TELL HER TO RETURN WITH PERIOD . . . . C TRY TO PROVOKE MENSTRUATION . . . . D GIVE HER CONDOMS AND TELL HER TO RETURN WHEN SHE GETS HER PERIOD E PROVIDE THE DESIRED METHOD . . . . . F ASK IF HAD SEX SINCE LAST PERIOD . . . G OTHER_____ . . X	
408	If an IUCD client comes for a check-up and she appears to be at high risk of infection with an STI or HIV/AIDS, what advice would you give? (CIRCLE ALL MENTIONED) PROBE: Anything else?	CONTINUE TO USE IUCD ALONE . . . . . A CONTINUE WITH IUCD & USE CONDOMS B SWITCH FROM IUCD TO CONDOM . . . . . C SWITCH TO OTHER METHOD AND USE CONDOM . . . . . D STOP USING CURRENT METHOD . . . . . E COUNSEL ON RISK REDUCTION . . . . . F OTHER_____ . . . X DON'T KNOW . . . . . Z	
409	**DO NOT ASK A QUESTION HERE.** CHECK 108a-c, IF ANY 'YES', CIRCLE '1'. IF ALL 'NO', CIRCLE '2'.	YES . . . . . 1 NO 2	➔411
410	What symptoms and warning signs during late pregnancy, delivery, and after delivery would prompt you to refer a woman to the hospital/higher level facility or admit immediately? (CIRCLE ALL MENTIONED) PROBE: Anything else?	PREVIOUS BAD OBSTETRIC HISTORY/ ABDOMINAL SCARS/PREVIOUS STILLBIRTH . . . . . A HYPERTENSION/HEADACHE/SWELLING/ FITS . . . . . B ANEMIA/PALLOR/FATIGUE/ BREATHLESSNESS . . . . . C CESSATION OF FETAL MOVEMENT/ BABY DOES NOT MOVE . . . . . D MALPRESENTATION/ABNORMAL LIE/ POSITION OF FETUS . . . . . E SEPSIS/FOUL SMELLING DISCHARGE/ POSTPARTUM ABDOMINAL PAIN . . . . . F LIGHT BLEEDING/SPOTTING . . . . . G HAEMORRHAGE/HEAVY BLEEDING . . . . . H MULTIPLE PREGNANCY/LARGE ABDOMEN . . . . . I OBSTRUCTED/PROLONGED LABOR . . . . . J OTHER_____ . X NOTHING . . . . . Y DON'T KNOW . . . . . Z	
411	**DO NOT ASK A QUESTION HERE.** CHECK 108i-l, IF ANY 'YES', CIRCLE '1'. IF ALL 'NO', CIRCLE '2'.	YES . . . . . 1 NO 2	➔501
412	What do you do for a patient who presents to you with complaints that suggest she may be HIV-positive? (CIRCLE ALL MENTIONED) PROBE: Anything else?	COUNSEL PATIENT . . . . . A TEST FOR HIV . . . . . B INFORM PATIENT OF TEST RESULTS . . . . C PROVIDE FOLLOW-UP IF POSITIVE . . . . . D PROMOTE CONDOM USE . . . . . E REFER FOR COUNSELING . . . . . F REFER FOR HIV TEST . . . . . G OTHER_____ . . . . X DON'T KNOW . . . . . Z	
413	Please tell me if you agree or disagree with the following statements:	AGREE / DISAGREE / DK	
	a) All women with gonorrhea have a discharge.	. . . . . 1 / 2 / 8	
	b) The main causes of urethral discharge are gonococcal and chlamydia trachomatis	. . . . . 1 / 2 / 8	
	c) When a vaginal discharge is profuse, offensive or frothy, the patient probably has trichomonial or bacterial vaginitis	. . . . . 1 / 2 / 8	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
414	Consider the following case: A 19 year old woman is quite sick when she comes to your clinic. She has a fever (39.5), a genital discharge and lower abdominal pain. It is very difficult to examine her as her adnexa seems very painful. She had her period two weeks ago and does not use contraception. There is no other health facility in the neighborhood. What would be your diagnosis?	URETHRITIS . . . . . 01 VAGINITIS . . . . . 02 CERVICITIS . . . . . 03 PID . . . . . 04 GUD . . . . . 05 SYPHILIS . . . . . 06 GONNORRHEA . . . . . 07 OTHER_____ . . . 96 DON'T KNOW 98	
415	How will you treat her? (CIRCLE ALL MENTIONED) PROBE: Anything else?	TELL HER TO WAIT UNTIL LAB IS OPEN . A *PRESCRIBE OR GIVE:* -NORFLOXACIN . . . B -AMOXYCILLIN . . . . . C -PROBENICID . . . . . D -AUGMENTIN . . . . . E -CIPROFLOXACIN . . . . . F -KANAMYCIN . . . . . G -GENTAMYCIN . . . . . H -SPECTINOMYCIN . . . . . I -DOXYCYCLINE . . . . . J -TETRACYCLINE . . . . . K -METRONIDAZOLE . . . . . L -CLOTRIMAZOLE . . . . . M -NYSTATIN . . . . . N -INJECTIONS OF BENZATHINE PENICILLIN O -GV PAINT . . . . . P -PAIN KILLERS . . . . . Q -REFER TO STI CLINIC . . . . . R -OTHER_____ . . . X NO TREATMENT . . . . . Y	
416	What advice will you give her? (CIRCLE ALL MENTIONED) PROBE: Anything else?	ABSTAIN FROM SEX . . . . . A NOTIFY AND BRING HER PARTNER . . . . . B TELL HER TO USE CONDOMS . . . . . C TELL HER TO USE AND PROVIDE CONDOMS . . . . . D EXPLAIN HOW TO TAKE MEDICINE . . . . . E ADVISE TO TAKE ALL MEDICINE . . . . . F OTHER_____ . . . X	

Section 5. Supervision and Demographics

To finish, I would like to ask some questions about yourself.

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
501	Do you have regular supervision on your job performance?	YES . . . . . 1 NO 2	 →506
502	Do you have a schedule for supervisory visits?	YES . . . . . 1 NO 2	
503	How many times in the last 6 months have you had a visit from your supervisor?	NO. OF TIMES. . . . . [ ][ ]	
504	What did your supervisor do the last time he/she supervised you? (CIRCLE ALL MENTIONED) PROBE: Anything else?	DELIVERED SUPPLIES (FUEL, MEDICINE) . A OBSERVED SESSIONS WITH PATIENTS . . B REVIEWED REPORTS . . . . . C UPDATED HEALTH WORKER . . . . . D DISCUSSED PROBLEMS . . . . . E PROVIDE ON THE JOB TRAINING . . . . . F PICK UP REPORT . . . . . G OTHER_____ . . . X	
505	Did you receive feedback from that supervisory session?	YES . . . . . 1 NO 2	
506	How could your job performance and satisfaction be improved? (CIRCLE ALL MENTIONED) PROBE: Anything else?	SALARY . . . . . A SUPPLIES, EQUIPMENT . . . . . B TRAINING . . . . . C SUPERVISION . . . . . D TEAMWORK . . . . . E OTHER_____ X	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO

507	Do you supervise any staff?	YES . . . . . 1 NO 2	→509
508	What types of staff do you directly supervise? (CIRCLE ALL MENTIONED) PROBE: Any others?	DOCTORS . . . . . A CO . . . . . B KRN . . . . . C EN . . . . . D MIDWIVES . . . . . E CASUALS . . . . . F SUPPORT STAFF . . . . . G OTHER_____ . . . X	
509	How old are you?	AGE IN YEARS. . . . . [ ][ ] NO RESPONSE 98	
510	What is your marital status?	MARRIED . . . . . 1 LIVES WITH PARTNER . . . . . 2 SINGLE/NEVER MARRIED . . . . . 3 DIVORCED/SEPARATED . . . . . 4 WIDOW/ER . . . . . 5 NO RESPONSE 8	
511	How many living children do you have?	CHILDREN. . . . . [ ][ ]	
512	Are you and/or your spouse or partner currently using a family planning method?	YES . . . . . 1 NO 2	→514
513	Which method?	PILL . . . . . 01 CONDOM . . . . . 02 SPERMICIDE . . . . . 03 FEMALE STERILIZATION . . . . . 04 VASECTOMY . . . . . 05 IUCD . . . . . 06 INJUECTABLE . . . . . 07 NORPLANT IMPLANT . . . . . 08 NATURAL FAMILY PLANNING . . . . . 09 DIAPHRAGM . . . . . 10 LAM . . . . . 11 OTHER_____ . . . 96	
514	What are the most difficult problems that you face in doing your job? (CIRCLE ALL MENTIONED) PROBE: Anything else?	STAFF SHORTAGES . . . . . A LACK OF SUPPLIES AND/OR STOCK . . . . B LACK OF TRAINING . . . . . C LACK OF SUPERVISION . . . . . D LACK OF TIME . . . . . E PEOPLE DON'T USE FACILITY . . . . . F LACK OF FEEDBACK ON PERFORMANCE . G INADEQUATE TRANSPORT FOR PATIENTS . . . . . H DEMORALIZED STAFF . . . . . I LACK OF MOTIVATION FOR PATIENTS . . J POOR WORKING ENVIRONMENT . . . . . K STAFF UNDERPAID . . . . . L INADEQUATE FACILITIES . . . . . M SECURITY . . . . . N POLITICAL INTERFERENCE/CORRUPTION . 0 LACK OF ADEQUATE TRAINING OF STAFF . . . . . P TOO MANY PATIENTS . . . . . Q OTHER _____ . . . X	
515	What is your religion?	CATHOLIC . . . . . 1 PROTESTANT . . . . . 2 MUSLIM . . . . . 3 TRADITIONAL . . . . . 4 NO RELIGION . . . . . 5 OTHER_____ . . . 6	
516	MARK THE ENDING TIME	Hour . . . . . [ ][ ] Minutes . . . . . [ ][ ]	

COMMENTS:

Kenya Service Provision Assessment
1999

New Family Planning Client Consultation Observation

IDENTIFICATION	
Name of the facility_____ Facility Location_____ Code of the facility	. . . . .
Type of Health Facility: (1 = National Hospital; 2 = Provincial General Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Center, 6 = Dispensary; 7 = Maternity/Nursing Home; 8 = Clinic)	. . . . .
Position of service health worker: (02 = Doctor; 03 = Clinical Officer; 04 = KRN/M, KRM, KRN, or KRCN; 05 =EM, EN or ECN; 06 = Midwife; 07 = Pharmacist; 08 = Laboratory/Support Staff; 98 = Other_____)	. . . . .
Sex of health worker: (1 = female; 2 = male)	. . . . .
Assessment number	. . . . .
Sex of client: (1 = female; 2 = male; 3 = couple)	. . . . .
Date:	Day . . . . .
	Month . . . . .
	Year. . . . .
Name of the interviewer_____	Interviewer Code . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

ASSESSOR INSTRUCTIONS: OBTAIN PERMISSION FROM THE PATIENT AS WELL AS THE HEALTH WORKER BEFORE BEGINNING TO ASSESS THE INTERACTION BETWEEN THEM. BE AS DISCREET AS POSSIBLE DURING THE ASSESSMENT AND DO NOT TAKE PART IN THE INTERACTION IN ANY WAY. MAKE SURE THAT THE SERVICE HEALTH WORKER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM/HER AND THAT YOU ARE NOT AN "EXPERT" TO CONSULT DURING THE SESSION. TRY TO SIT BEHIND THE PATIENT, BUT IN A POSITION NOT DIRECTLY IN FRONT OF THE HEALTH WORKER. FOR EACH OF THE QUESTIONS LISTED BELOW, CIRCLE THE ANSWER THAT MOST APPROPRIATELY REFLECTS YOUR ASSESSMENT OF WHAT HAPPENED DURING THE INTERACTION.

READ TO HEALTH WORKER: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. I would like to observe your consultation with this woman in order to better understand how health care is provided in this country. This information is completely confidential. You may choose to stop the interview at any time. May I be present at this consultation?

100a PERMISSION RECEIVED FROM HEALTH HEALTH WORKER.

YES 1
NO . . . . . 2 ➔STOP

READ TO WOMAN: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children. I would like to observe your consultation with this health worker in order to better understand how health care is provided. This information is completely confidential and will not affect the level of care you receive here now or in the future. After the consultation, my colleague would like to talk with you about your experiences here today. You may tell me to stop the interview at any time. May I stay?

100b PERMISSION RECEIVED FROM WOMAN.

YES 1
NO . . . . . 2 ➔STOP

New Family Planning Client Consultation Observation

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
SECTION 1. CLIENT COUNSELING QUESTIONS			
101	ARE THE FOLLOWING AREAS DISCUSSED DURING THE CONSULTATION:	YES NO NA	
	A) CLIENT'S AGE?	AGE 1 2	
	B) MARITAL STATUS?	MARITAL STATUS 1 2	
	C) TIMING OF NEXT BIRTH?	NEXT BIRTH 1 2	
	D) AGE OF YOUNGEST CHILD?	AGE CHILD 1 2 8	
	E) CURRENTLY BREASTFEEDING?	BREASTFEEDING 1 2 8	
	F) SIGNS AND SYMPTOMS OF CURRENT PREGNANCY (TENDER BREASTS OR NAUSEA)?	PREGNANT 1 2	
	G) DATE OF LAST MENSES?	LAST MENSES 1 2	
	H) INTERCOURSE SINCE LAST MENSES?	SEX SINCE MENSES 1 2	
	I) MULTIPLE/SINGLE SEXUAL PARTNERS?	MULTIPLE PARTNERS 1 2	
	J) PARTNER MULTIPLE/SINGLE SEXUAL PARTNERS?	PARTNER'S RISK 1 2	
	K) HISTORY/SIGNS/SYMPTOMS OF STIS?	STIS 1 2	
	L) HIV/AIDS?	HIV/AIDS 1 2	
	M) DISCUSSED FAMILY PLANNING WITH SPOUSE/PARTNER?	DISCUSSED 1 2	
	N) EASE OF RETURNING TO FACILITY?	ABILITY TO RETURN 1 2	
102	DOES THE HEALTH WORKER ASK IF THE CLIENT HAS USED A METHOD PREVIOUSLY?	YES 1 NO 2	
103	WHICH METHODS ARE DISCUSSED DURING THE CONSULTATION? (CIRCLE ALL MENTIONED)	COMBINED PILL A PROGESTIN-ONLY PILL B PILL (TYPE UNSPECIFIED) C CONDOM D IUCD E SPERMICIDE F DIAPHRAGM G INJECTABLE H NORPLANT IMPLANT I NATURAL METHODS (RHYTHM, ETC). J BREASTFEEDING K VASECTOMY L FEMALE STERILIZATION M NONE Y	
104	IS MORE THAN ONE METHOD DISCUSSED DURING THE VISIT?	YES 1 NO 2	
105	WHICH INFORMATION, EDUCATION, AND COMMUNICATION (IEC) MATERIALS ARE USED DURING THE VISIT? (CIRCLE ALL THAT CORRESPOND)	FLIPCHART A BROCHURES/HANDOUTS B CONTRACEPTIVE SAMPLES C POSTERS D ANATOMICAL MODELS E OTHER _____ X NONE Y	
106	DOES THE HEALTH WORKER PROMOTE OR EMPHASIZE ONE METHOD IN PARTICULAR?	YES 1 NO 2	→108

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
107	WHICH METHOD DOES THE HEALTH WORKER EMPHASIZE?	COMBINED PILL . . . . . 01 PROGESTIN-ONLY PILL . . . . . 02 PILL (TYPE UNSPECIFIED) . . . . . 03 CONDOM . . . . . 04 IUCD . . . . . 05 SPERMICIDE . . . . . 06 DIAPHRAGM . . . . . 07 INJECTABLE . . . . . 08 NORPLANT IMPLANT . . . . . 09 NATURAL METHODS (RHYTHM). . . . . 10 BREASTFEEDING/LAM . . . . . 11 VASECTOMY . . . . . 12 FEMALE STERILIZATION . . . . . 13 DUAL METHOD 12	
108	DOES THE HEALTH WORKER DISCUSS STI AND/OR HIV RISK FACTORS WITH THE CLIENT?	YES . . . . . 1 NO 2	
109	DOES THE HEALTH WORKER PROMOTE THE USE OF CONDOMS FOR STD PREVENTION ALONG WITH THE USE OF ANOTHER METHOD?	YES . . . . . 1 NO 2	
110	DOES THE HEALTH WORKER MENTION EXPLICITLY THAT CONDOMS PROTECT AGAINST STI AND/OR HIV?	YES . . . . . 1 NO 2	
111	DOES THE HEALTH WORKER DISCUSS OTHER STI/HIV PREVENTION METHODS OTHER THAN THE CONDOM?	YES . . . . . 1 NO 2	
SECTION 2. PHYSICAL EXAMINATION			
201	IS A PELVIC EXAM PERFORMED?	YES . . . . . 1 NO 2	➜203
202	WHY NOT?	MUST WAIT FOR MENSES . . . . . 1 NOT ALL EQUIPMENT AVAILABLE . . . . . 2 APPROPRIATE STAFF NOT AVAILABLE . 3 NOT NECESSARY . . . . . 4 OTHER _____ 6 DON'T KNOW 8	➜301
203	ARE PEOPLE OTHER THAN THE CLIENT, THE HEALTH WORKER, OTHER NECESSARY MEDICAL STAFF AND THE INTERVIEWER PRESENT DURING THIS EXAM?	YES . . . . . 1 NO 2	
204	IS A SPECULUM USED DURING THE EXAM?	YES . . . . . 1 NO 2	➜206
205	DOES THE HEALTH WORKER EXPLAIN THE SPECULUM INSERTION PROCEDURE TO THE CLIENT?	YES . . . . . 1 NO 2	

206	DOES THE HEALTH WORKER:		YES	NO
A)	EXPLAIN THE PROCEDURE TO THE CLIENT?	EXPLAINED	1	2
B)	PREPARE ALL INSTRUMENTS <u>BEFORE</u> EXAM?	PREPARED INSTR.	1	2
C)	WASH HIS/HER HANDS BEFORE THE EXAM?	HANDS WASHED	1	2
D)	USE STERILIZED OR HIGH-LEVEL DISINFECTED INSTRUMENTS FOR EXAM?	DISINFECTED INSTR	1	2
E)	PUT ON NEW OR DISINFECTED GLOVES <u>BEFORE</u> EXAM?	GLOVES	1	2
F)	INSPECT THE EXTERNAL GENITALIA?	INSPECT GENITALIA	1	2
G)	ASK THE CLIENT TO TAKE SLOW, DEEP BREATHS, AND TO RELAX ALL MUSCLES?	CLIENT RELAX	1	2
H)	INSPECT THE CERVIX AND VAGINAL MUCOSA?	INSPECT CERVIX	1	2
I)	PERFORM BIMANUAL EXAM GENTLY AND WITHOUT DISCOMFORT?	BIMANUAL EXAM	1	2
J)	ENSURE THAT INSTRUMENTS AND REUSABLE GLOVES WERE DECONTAMINATED?	DECONTAMINATE	1	2

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
SECTION 3. METHOD SELECTION			
301	DOES THE CLIENT MENTION A PREFERENCE FOR A PARTICULAR METHOD IN THE BEGINNING OF THE CONSULTATION WITHOUT BEING ASKED?	YES . . . . . 1 NO 2	→303
302	IS THE CLIENT ASKED WHICH METHOD SHE WOULD PREFER TO USE?	YES . . . . . 1 NO 2	→306
303	DOES THE CLIENT RECEIVE HER PREFERRED METHOD (LEAVE WITH METHOD IN HAND OR A PRESCRIPTION)?	YES . . . . . 1 NO 2	→308
304	WHY IS THE PREFERRED METHOD NOT RECEIVED? (CIRCLE ALL APPLICABLE)	NOT AVAILABLE THAT DAY . . . . . A NOT AVAILABLE EVER . . . . . B NOT AVAILABLE, REFERRED . . . . . C PREGNANCY SUSPECTED . . . . . D TOLD TO RETURN DURING MENSES . . . E NOT APPROPRIATE METHOD/ CONTRAINDICATIONS . . . . . F NO APPROPRIATE HEALTH WORKER AVAILABLE THAT DAY . . . . . G HEALTH WORKER RECOMMENDED ANOTHER METHOD . . . . . H CHANGED MIND AFTER LISTENING TO HEALTH WORKER . . . . . I CLIENT DID NOT CHOOSE METHOD . . . . J NO OBVIOUS REASON . . . . . Y OTHER _____ X	→306 →306
305	DOES THE HEALTH WORKER GIVE A MEDICAL OR OTHER EXPLANATION FOR WHY THE METHOD WAS INAPPROPRIATE FOR THE CLIENT?	YES . . . . . 1 NO 2	
306	DOES THE CLIENT DECIDE TO USE A CONTRACEPTIVE METHOD DURING THE CONSULTATION?	YES . . . . . 1 NO 2	→308
307	WHY DOES THE CLIENT DECIDE NOT TO USE A METHOD? (CIRCLE ALL APPLICABLE)	PREGNANCY SUSPECTED . . . . . A TOLD TO RETURN DURING MENSES . . . B DESIRED METHOD NOT AVAILABLE . . . . C REFERRED FOR METHOD . . . . . D NO OBVIOUS REASON . . . . . E OTHER _____ X	→501
308	DOES THE HEALTH SERVICE HEALTH WORKER GIVE THE FOLLOWING INFORMATION TO THE CLIENT IN RELATION TO THE CHOSEN METHOD:	YES NO	
	A) HOW TO USE METHOD?	HOW TO USE 1 2	
	B) ADVANTAGES/BENEFITS OF METHOD?	ADVANTAGES. 1 2	
	C) DISADVANTAGES OF METHOD?	DISADVANTAGES 1 2	
	D) POSSIBLE SIDE EFFECTS?	SIDE EFFECTS 1 2	
	E) WHAT TO DO IF PROBLEMS ARISE?	PROBLEMS 1 2	
	F) POSSIBILITY OF CHANGING METHODS?	CHANGE METHODS 1 2	
	G) METHOD USE AND PREVENTION OF STI/HIV?	PREVENTION OF STI 1 2	
309	WHEN THE CLIENT SELECTS A METHOD, DOES THE HEALTH WORKER ASK THE CLIENT TO EXPLAIN WHY SHE CHOOSES THIS METHOD?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
310	WHICH METHOD DOES THE CLIENT DECIDE TO USE? NOTE: IF DUAL METHOD (CONDOM + OTHER METHOD), COMPLETE QUESTIONS PERTAINING TO BOTH METHODS.	COMBINED PILL . . . . . 01 PROGESTIN-ONLY PILL . . . . . 02 PILL (TYPE UNSPECIFIED) . . . . . 03 CONDOM . . . . . 04 IUCD . . . . . 05 SPERMICIDE . . . . . 06 DIAPHRAGM . . . . . 07 INJECTABLE . . . . . 08 NORPLANT IMPLANT . . . . . 09 NATURAL METHODS (RHYTHM) . . . . . 10 BREASTFEEDING/LAM . . . . . 11 VASECTOMY . . . . . 12 FEMALE STERILIZATION . . . . . 13 CONDOM +OTHER METHOD 14	→401 →401 →401 →402 →408 →501 →501 →413 →501 →407 →406 →501 →501

SECTION 4. METHOD SPECIFIC QUESTIONS

A. PILL

401	DOES THE HEALTH WORKER:		YES	NO	
	A) CHECK BLOOD PRESSURE?	BLOOD PRESSURE	1	2	
	B) CHECK/ASK ABOUT PREGNANCY?	PREGNANCY	1	2	
	C) ASK ABOUT SMOKING?	SMOKING	1	2	→403
	D) ASK ABOUT BREASTFEEDING?	BREASTFEEDING	1	2	
	E) WEIGH THE WOMAN?	WEIGHT	1	2	

B. CONDOM

402	DOES THE HEALTH WORKER ASK IF THE CLIENT HAS AN ALLERGY TO LATEX?	YES . . . . . 1 NO 2	
403	DOES THE CLIENT RECEIVE THE SELECTED CONTRACEPTIVE METHOD DURING THE VISIT?	YES . . . . . 1 NO 2	→405
404	WHY NOT?	REFERRED TO OTHER PLACE FOR METHOD . . . . . 1 TOLD TO RETURN DURING MENSES . . . 2 METHOD WAS OUT OF SUPPLY . . . . . 3 NO TRAINED HEALTH WORKER PRESENT 4 OTHER_____ . . . . 6 DON'T KNOW 8	→505
405	HOW MANY METHOD UNITS ARE GIVEN/PRESCRIBED FOR THE CLIENT?	PILLS - CYCLES: [ ][ ] CONDOM - UNITS:. . . . . [ ][ ] NOT KNOWN 98	→501 →501

C. BREASTFEEDING/LAM/FERTILITY METHODS

406	WHAT INFORMATION DOES THE HEALTH WORKER GIVE TO THE CLIENT? (CIRCLE ALL THAT CORRESPOND)	MUST HAVE BEEN WITHOUT MENSES SINCE DELIVERY . . . . . A INFANT MUST BE UNDER SIX MONTHS OLD . . . . . B MUST BE EXCLUSIVE BREAST-FEEDING OR ALMOST FULLY BREAST-FEEDING . . . . . C WEANING NOT STARTED . . . . . D NONE . . . . . Y	→501
407	DOES THE HEALTH WORKER ASK THE CLIENT ABOUT:	YES NO	
	A) PREGNANCY COMPLICATIONS?	COMPLICATIONS 1 2	→501
	B) REGULARITY OF MENSTRUAL CYCLE?	REGULARITY 1 2	

No.	QUESTIONS	CODING CLASSIFICATION			GO TO
D.	IUCD				
408	DOES THE HEALTH WORKER ASK THE CLIENT ABOUT:		YES	NO	
	A) PREGNANCY?	PREGNANCY	1	2	
	B) LAST DELIVERY DATE?	DELIVERY	1	2	
	C) ANEMIA?	ANEMIA	1	2	
	D) CURRENT OR RECURRENT PID?	PID	1	2	
409	DOES THE CLIENT HAVE AN IUCD INSERTED?	YES NO	1 2		 →412
410	DOES THE HEALTH WORKER:		YES	NO	
	A) ENSURE CLIENT PRIVACY?	ENSURE PRIVACY	1	2	
	B) RECONFIRM THE CLIENT'S METHOD CHOICE?	RECONFIRM CHOICE	1	2	
	C) USE STERILIZED/HIGH-LEVEL DISINFECTED INSTRUMENTS?	STERILE INSTRUMENTS	1	2	
	D) WASH HANDS BEFORE PUTTING ON GLOVES?	WASH HANDS BEFORE	1	2	
	E) GLOVE HANDS?	GLOVE HANDS	1	2	
	F) DO SPECULUM EXAM FOR STI BEFORE BIMANUAL EXAM?	SPECULUM EXAM	1	2	
	G) CONDUCT BIMANUAL PELVIC EXAM?	BIMANUAL EXAM	1	2	
	H) VISUALIZE CERVIC DURING CLEANING?	VISUALIZE CERVIX	1	2	
	I) USE TENACULUM?	USE TENACULUM	1	2	
	J) SOUND THE UTERUS BEFORE IUD INSERTION?	SOUND UTERUS	1	2	
	K) USE THE NO-TOUCH TECHNIQUE FOR INSERTING THE IUCD?	NO-TOUCH TECHNIQUE	1	2	
	L) WASH HANDS AFTER REMOVING GLOVES?	WASH HANDS AFTER	1	2	
	M) ASK CLIENT TO STAY FOR 15 MINUTES AFTER INSERTION?	ASK CLIENT TO WAIT	1	2	
	N) WIPE CONTAMINATED SURFACES WITH DISINFECTANT?	DISINFECT AREA	1	2	
	O) DECONTAMINATE INSTRUMENTS AND REUSABLE GLOVES?	DECONTAMINATE	1	2	
411	IS THE WOMAN GIVEN THE FOLLOWING INFORMATION ABOUT THE IUCD:		YES	NO	
	A) HOW TO CHECK THE STRINGS?	STRINGS	1	2	
	B) EFFECTIVE LIFE OF THE IUCD?	EFFECTIVE LIFE	1	2	
	C) IUCD CAN BE REMOVED AT ANY TIME?	REMOVAL	1	2	→501
	D) IUCD DOES NOT PROTECT AGAINST STIS?	NO HELP AGAINST STI	1	2	
412	WHY NOT?	REFERRED TO OTHER PLACE FOR METHOD TOLD TO RETURN DURING MENSES METHOD WAS OUT OF SUPPLY NO TRAINED HEALTH WORKER PRESENT NECESSARY EQUIPMENT MISSING OTHER _____ DON'T KNOW	1 2 3 4 5 6 8		→505

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
E.	INJECTABLE		
413	DOES THE HEALTH WORKER:	YES NO	
	A) CHECK THE CLIENT'S BLOOD PRESSURE?	BLOOD PRESSURE 1 2	
	B) CHECK/ASK ABOUT PREGNANCY?	PREGNANCY 1 2	
	C) WEIGH THE WOMAN?	WEIGHT 1 2	
414	IS AN INJECTABLE SUPPLIED?	YES 1 NO 2	→416
415	DOES THE HEALTH WORKER:	YES NO	
	A) RECONFIRM THE CLIENT'S CHOICE?	RECONFIRM CHOICE 1 2	
	B) ENSURE CLIENT NOT PREGNANT?	ENSURE NOT PREGNANT 1 2	
	C) WASH HANDS BEFORE INJECTION?	WASH HANDS 1 2	
	D) OPEN A NEW PACKET OF SYRINGE AND NEEDLE?	CLEAN NEEDLE 1 2	
	E) SHAKE BOTTLE BEFORE INJECTION?	SHAKE BOTTLE 1 2	
	F) DRAW ALL MEDICINE FROM VIAL?	DRAW ALL MEDICINE 1 2	→501
	G) USE A SPIRIT SWAB?	CLEAN SITE 1 2	
	H) DRAW BACK PLUNGER BEFORE INJECTION?	DRAW BACK PLUNGER 1 2	
	I) GIVE INTRAMUSCULARLY?	GLUTEAL QUADRANT 1 2	
	J) MASSAGE INJECTION SITE?	MASSAGE 1 2	
	K) ADVICE THE CLIENT NOT TO MASSAGE INJECTION SITE	ADVICE 1 2	
	L) RECAP HYPODERMIC NEEDLE?	RECAP NEEDLE 1 2	
	M) DISPOSE OF SHARPS IN PUNCTURE RESISTANT CONTAINERS?	DISPOSAL 1 2	
416	WHY NOT?	REFERRED TO OTHER PLACE FOR METHOD 1 TOLD TO RETURN DURING MENSES 2 METHOD WAS OUT OF SUPPLY 3 NO TRAINED HEALTH WORKER PRESENT 4 NECESSARY EQUIPMENT MISSING 5 OTHER _____ 6 DON'T KNOW 8	→505
SECTION 5. CLIENT FOLLOW-UP			
501	IS THE CLIENT TOLD TO RETURN FOR RE-SUPPLY OR FOR FOLLOW-UP?	YES 1 NO 2	→503
502	DOES THE HEALTH WORKER GIVE THE CLIENT A REMINDER, IN WRITING, OF WHEN TO RETURN?	YES 1 NO 2	
503	IS THE CLIENT TOLD WHERE TO GO FOR RE-SUPPLY OR FOR FOLLOW-UP?	YES 1 NO 2	→505
504	WHERE IS THE CLIENT TOLD TO GO?	RETURN TO THIS FACILITY 1 GO TO DIFFERENT FACILITY 2 PHARMACY 3 CBD/CHW/TBA 4 OTHER _____ 6	
505	WHICH OTHER HEALTH ISSUES ARE DISCUSSED WITH THE CLIENT DURING THE CONSULTATION? (CIRCLE ALL MENTIONED)	HIV/AIDS A STIS B INFERTILITY C SEXUAL RELATIONS D BREASTFEEDING E CHILD HEALTH F IMMUNISATION G PREGNANCY TESTING H ABORTION I OTHER _____ X NONE Y	

No.	QUESTIONS	CODING CLASSIFICATION			GO TO
SECTION 6. INTERVIEWER'S IMPRESSIONS OF CONSULTATION					
601	DOES THE CLIENT:		YES	NO	
	A) ASK THE HEALTH WORKER QUESTIONS?	ASK QUESTIONS	1	2	
	B) EXPRESS WORRY OR CONCERN?	EXPRESS CONCERN	1	2	
	C) VOLUNTEER RELEVANT INFORMATION?	VOLUNTEER INFO	1	2	
	D) APPEAR ANXIOUS, UNEASY OR WORRIED?	APPEAR ANXIOUS	1	2	
	E) MAINTAIN EYE CONTACT WITH THE HEALTH WORKER?	MAINTAIN EYE CONTACT . .	1	2	
602	DOES THE HEALTH WORKER:		YES	NO	
	A) USE THE CLIENT'S NAME WHEN TALKING TO HER/HIM?	USE NAME	1	2	
	B) TREAT THE CLIENT WITH RESPECT?	TREAT RESPECTFULLY . . .	1	2	
	C) USE A KIND AND INVITING TONE OF VOICE?	KIND TONE	1	2	
	D) LISTEN TO THE CLIENT?	LISTEN	1	2	
	E) ENCOURAGE CLIENT TO ASK QUESTIONS?	ENCOURAGE QUESTIONS .	1	2	
	G) SEE CLIENT IN PRIVATE?	SEE CLIENT PRIVATELY . .	1	2	
	H) USE CLIENT RECORD?	CLIENT RECORD	1	2	
603	CHARACTERIZATION OF THE WAY THE HEALTH WORKER PRESENTS INFORMATION DURING CONSULTATION.	STANDARD PRESENTATION (LIKE TAPE RECORDER) . . . . . 1 STANDARD PRESENTATION BUT INVOLVED CLIENT WITH QUESTIONS 2 ADJUSTED PRESENTATION BASED ON CLIENT INFORMATION . . . . . 3 DON'T KNOW 8			
604	MARK THE ENDING TIME	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]			

COMMENTS:

Kenya Service Provision Assessment
1999

Exit Interview for Family Planning Clients

IDENTIFICATION	
Name of the facility_____ Facility location_____ Code of the facility	. . . . .
Type of facility: (1 = National Hospital; 2 = Provincial general Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Centre; 6 = Dispensary; 7 = Maternity and/or Nursing Home; 8 = Clinic)	Type . . . . .
New client assessment number:	. . . . .
Revisit client assessment number	. . . . .
Sex of patient: (1 = female; 2 = male)	Sex . . . . .
Interview language: (01 = Kalenjin; 02 = Kamba; 03 = Kikuyu; 04 = Kisii; 05 = Luhya; 06 = Luo; 07 = Meru/Embu; 08 = Mijikenda; 09 = Kiswahili; 10 = English; 11 = Masai; 12 = Other_____)	. . . . .
Date	Day . . . . .
	Month . . . . .
	Year. . . . .
Name of the interviewer_____	Interviewer Code . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

INTRODUCTION:
Hello. In order to improve the services offered by this facility, we would like to know about your experience here. All the information given to me will be kept strictly confidential and future care that you receive at this facility will in no way be affected by your participation or non-participation in this interview. You can refuse to answer any question and may stop the interview at any time.

100 May I continue?

YES 1
NO . . . . . 2 ➜STOP

Exit Interview for Family Planning Clients

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
Section 1. Basic features			
101	For what services did you come to the health facility today? (CIRCLE ALL MENTIONED.) PROBE: Anything else?	FAMILY PLANNING . . . . . A PRENATAL CARE . . . . . B POSTPARTUM CARE . . . . . C COUNSELING ABOUT NUTRITION/ GROWTH SURVEILLANCE . . . . . D CARE FOR A SICK CHILD . . . . . E CHILD IMMUNIZATION . . . . . F OTHERS_____ . X	
102	Have you used family planning in the past, are you currently using, or is this your first time?	FIRST TIME . . . . . 1 CURRENT USER (REVISIT) . . . . . 2 USED IN THE PAST (RESTARTING) 3	
103	What was the main reason for your family planning visit today? PROBE UNTIL MAIN REASON DETERMINED.	RECEIVE, GET A PRESCRIPTION OR REFERRAL FOR A CONTRACEPTIVE METHOD FOR THE FIRST TIME OR FIRST TIME AT THIS SITE; RESTART METHOD USE (AFTER 6 MO. STOP); OR SWITCH METHODS . . . . . 1 RESUPPLY FOR CURRENT METHOD . . . . . 2 HAVE A ROUTINE FOLLOW-UP OR TO DISCUSS A PROBLEM WITH THE METHOD THAT IS CURRENTLY BEING USED . . . . . 3 MAINLY TO GET INFORMATION AND/OR COUNSELING ABOUT A METHOD 4	→110 →115 →110
104	What contraceptive method are you using/were you recently using? *(LAM = Lactational Amenorrhea Method)* *(IUCD = Intrauterine Device)*	PILL . . . . . 01 IUCD . . . . . 02 INJECTABLE . . . . . 03 NORPLANT IMPLANT . . . . . 04 CONDOM . . . . . 05 SPERMICIDE . . . . . 06 FEMALE STERILIZATION . . . . . 07 NATURAL FAMILY PLANNING . . . . . 08 LAM . . . . . 09 DIAPHRAGM . . . . . 10 DUAL METHOD USE . . . . . 11 OTHER_____ . . 96	
105	Did the health worker ask if you were having a problem with the method? (PROBE: or did you mention the problem?)	YES . . . . . 1 NO 2	
106	Have you had a problem with your method? (PROBE: that you wanted to discuss with the health worker?)	YES . . . . . 1 NO 2	 →115
107	Did the health worker try to understand the nature of your problem?	YES . . . . . 1 NO 2	
108	Did the health worker suggest what you should do (action you should take) to resolve your problem?	YES . . . . . 1 NO 2	
109	Were you satisfied with the advice or treatment that you received for your problem?	YES . . . . . 1 NO 2	→115 →115
110	Did you come here today to obtain a specific contraceptive method?	YES . . . . . 1 NO 2	 →115
111	Which method did you want to use when you arrived? (PROBE: Before your consultation, did you have a specific method in mind? Which one?) *(LAM = Lactational Amenorrhea Method)* *(IUCD = Intrauterine Device)*	PILL . . . . . 01 IUCD . . . . . 02 INJECTABLE . . . . . 03 NORPLANT IMPLANT . . . . . 04 CONDOM . . . . . 05 SPERMICIDE . . . . . 06 FEMALE STERILIZATION . . . . . 07 NATURAL FAMILY PLANNING . . . . . 08 LAM . . . . . 09 DIAPHRAGM . . . . . 10 CONDOM + OTHER METHOD . . . . . 11 NO PREFERENCE/NOT SURE . . . . . 95 OTHER_____ . . 96	 →114
112	Did you and the health worker discuss your preferred method?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
113	Did the health worker explain that other methods exist besides (METHOD NAMED IN 111)?	YES . . . . . 1 NO 2	 →115
114	Which methods did the health worker discuss with you? (CIRCLE ALL MENTIONED) PROBE: Any others? *(LAM = Lactational Amenorrhea Method)* *(IUCD = Intrauterine Device)*	PILL . . . . . A IUCD . . . . . B INJECTABLE . . . . . C NORPLANT IMPLANT . . . . . D CONDOM . . . . . E SPERMICIDE . . . . . F FEMALE STERILIZATION . . . . . G NATURAL FAMILY PLANNING . . . . . H LAM . . . . . I DIAPHRAGM . . . . . J OTHER_____ . . X	
115	Did you receive a contraceptive method today?	YES . . . . . 1 NO 2	→117
116	Were you given a prescription or a referral for a method today?	YES, PRESCRIBED A METHOD . . . . . 1 YES, REFERRED FOR A METHOD . . . . . 2 NO (METHOD MENTIONED IN 111) . . . . . 3 NO (NO METHOD MENTIONED IN 111) 4	 →119 →136
117	Which method(s) did you receive or were you given a prescription or a referral for? *(LAM = Lactational Amenorrhea Method)* *(IUCD = Intrauterine Device)*	PILL . . . . . 01 IUCD . . . . . 02 INJECTABLE . . . . . 03 NORPLANT IMPLANT . . . . . 04 CONDOM . . . . . 05 SPERMICIDE . . . . . 06 FEMALE STERILIZATION . . . . . 07 NATURAL FAMILY PLANNING . . . . . 08 LAM . . . . . 09 DIAPHRAGM . . . . . 10 PILL & CONDOM . . . . . 11 IUCD & CONDOM . . . . . 12 INJECTABLE & CONDOM . . . . . 13 OTHER & CONDOM . . . . . 14 OTHER_____ . . 96	
118	IF METHOD RECEIVED/REFERRED/PRESCRIBED IN 117 IS THE SAME AS CIRCLED IN 111, CIRCLE 'YES'. IF NO METHOD RECORDED IN 111, CIRCLE 'NO PREFERENCE'. IF REVISIT PATIENT, CIRCLE 'REVISIT'. OTHERWISE, CIRCLE 'NO'.	YES . . . . . 1 NO . . . . . 2 NO PREFERENCE . . . . . 3 REVISIT PATIENT 4	→122 →122 →123
119	Why do you think you did not get (METHOD NAMED IN 111)?	UNAVAILABLE AT CLINIC TODAY . . . . . 01 UNAVAILABLE AT ALL . . . . . 02 UNAVAILABLE, REFERRED ELSEWHERE . . . 03 CHOSE NOT TO ACCEPT METHOD AT THIS TIME . . . . . 04 CONTRAINDICATIONS FOR PREFERRED METHOD . . . . . 05 WORKER RECOMMENDED ANOTHER METHOD . . . . . 06 CHANGED MIND AFTER LISTENING TO WORKER . . . . . 07 OTHER_____ . . . 96 DON'T KNOW 98	→122 →136 →121 →122 →122
120	What was the explanation given by the health worker?	LIFESTYLE NOT CONDUCIVE TO METHOD . 01 MEDICAL REASONS NOT TO USE . . . . . 02 WORKER DOES NOT LIKE METHOD . . . . . 03 CAN'T USE SINCE NOT MENSTRUATING . . . 04 METHOD INAPPROPRIATE GIVEN FERTILITY DESIRES . . . . . 05 INAPPROPRIATE DUE TO BREASTFEEDING 06 OTHER_____ . 96 DON'T KNOW 98	→122
121	What did the health worker say to make you change your mind?	DIFFICULT METHOD TO USE . . . . . 01 METHOD INAPPROPRIATE GIVEN FERTILITY DESIRES . . . . . 02 EXPLANATION OF HOW TO USE METHOD DISCOURAGED . . . . . 03 METHOD TOO MUCH TROUBLE . . . . . 04 TOO MANY REVISITS NECESSARY . . . . . 05 TOO EXPENSIVE . . . . . 06 MUST BE MENSTRUATING TO RECEIVE . . . 07 OTHER_____ . . 96 DON'T KNOW 98	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
122	For the method you just decided to accept, did the health worker: a) Show you how to use the method? b) Describe possible side effects? c) Discuss the advantages of the method? d) Discuss the disadvantages of the method? e) Tell you what to do if you have any problems?	YES NO DK NA DEMONSTRATE . . . . . 1 2 8 5 SIDE EFFECTS . . . . . 1 2 8 5 ADVANTAGES . . . . . 1 2 8 5 DISADVANTAGES . . . . . 1 2 8 5 PROBLEMS 1 2 8 5	
123	IF CONDOM OR CONDOM AND OTHER METHOD WAS CIRCLED IN 117, CIRCLE 'YES', OTHERWISE CIRCLE 'NO'.	YES . . . . . 1 NO 2	→126
124	Did the health worker explain that the method you accepted does not provide protection against STIs or HIV?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
125	Did the health worker encourage you to use condoms at the same time (simultaneously) as the family planning method you chose?	YES . . . . . 1 NO 2	
126	CHECK QUESTION 117 AND CIRCLE ALL MENTIONED METHODS: FOLLOW SKIP PATTERNS. IF CONDOM AND OTHER METHOD CITED, COMPLETE CONDOM FIRST AND THEN CONTINUE WITH OTHER CITED METHOD.	PILL . . . . . A IUCD . . . . . B INJECTABLE . . . . . C NORPLANT IMPLANT . . . . . D CONDOM . . . . . E SPERMICIDE . . . . . F FEMALE STERILIZATION . . . . . G NATURAL FAMILY PLANNING . . . . . H LAM . . . . . I DIAPHRAGM . . . . . J OTHER_____ . . X	→129 →130 →131 →132 →134 →133 →135 →136
127	How many times can you use a condom?	ONCE . . . . . 1 MORE THAN ONCE . . . . . 2 DON'T KNOW 8	
128	Can you tell me how you/your partner is supposed to use a condom?	SAYS UNROLL OVER ERECT PENIS . . . . . 1 OTHER RESPONSES 2	→136 →136
129	How often should a woman take her contraceptive pills?	ONE EACH DAY . . . . . 1 ANY OTHER ANSWER . . . . . 2 DON'T KNOW 8	→136
130	What should you do to make sure that your IUCD is in place?	CHECK STRINGS . . . . . 1 OTHER . . . . . 2 DON'T KNOW 8	→136
131	How long does the injectable protect against pregnancy?	THREE MONTHS . . . . . 1 OTHER TIME FRAME . . . . . 2 DON'T KNOW 8	→136
132	How long does NORPLANT provide protection against pregnancy?	FIVE YEARS . . . . . 1 OTHER TIME FRAME . . . . . 2 DON'T KNOW 8	→136
133	Once you have been sterilized, could you ever become pregnant again?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→136
134	How long before intercourse should you insert the vaginal tablet?	15 TO 60 MINUTES . . . . . 1 OTHER RESPONSE . . . . . 2 DON'T KNOW 8	→136
135	How do you recognize the days on which you should <u>not</u> have sexual intercourse? (CIRCLE ALL MENTIONED)	TEMPERATURE RISES . . . . . A MUCUS IN VAGINA . . . . . B DAYS 12-16 OF MENSTRUAL CYCLE . . . . . C OTHER_____ . . X DON'T KNOW . . . . . Z	
136	Did you receive or take any brochures or educational material to read at home?	YES . . . . . 1 NO 2	→138
137	What was/were the subject(s) covered in this material? (CIRCLE ALL MENTIONED) PROBE: Any other subject?	MATERNAL HEALTH . . . . . A CHILD HEALTH . . . . . B FAMILY PLANNING . . . . . C STIS . . . . . D HIV/AIDS . . . . . E OTHER_____ . . X DON'T KNOW . . . . . Z	
138	Did any health worker tell you when you should return for another visit?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
139	NEW USER: During today's visit, did the health health worker ask you: REVISIT: During your first visit for the method you are currently using, did the health worker ask you: a) If you wanted children/more children? b) If so, when you wanted more children? c) How many sexual partners you have had in the past year? d) Which contraceptive method you would prefer?	YES NO DK MORE CHILDREN . . . . . 1 2 8 WHEN CHILDREN . . . . . 1 2 8 NO. PARTNERS . . . . . 1 2 8 PREFERRED METHOD 1 2 8	
140	NEW USER: Were you given information today about HIV/AIDS or STIs? REVISIT: During that visit, were you given information about HIV/AIDS or STIs?	YES . . . . . 1 NO 2	 ➜142
141	NEW USER: Did the health worker discuss with you: REVISIT: During your first visit, did the health worker discuss with you: a) How STIs are transmitted? b) How HIV is transmitted? c) How condoms can protect against getting/spreading STIs? d) How condoms protect against getting/spreading HIV?	YES NO DK STI TRANSMISSION . . . . . 1 2 8 HIV TRANSMISSION . . . . . 1 2 8 CONDOMS FOR STI . . . . . 1 2 8 CONDOMS FOR HIV 1 2 8	
142	Please tell me all the ways you know by which HIV/AIDS is transmitted? (CIRCLE ALL MENTIONED) PROBE: Any other ways?	SEXUAL INTERCOURSE . . . . . A SHARED NEEDLES . . . . . B DELIVERY (MOTHER TO CHILD) . . . . . C BREASTFEEDING (MOTHER TO CHILD) . . . . D NOT USING CONDOM . . . . . E HOMOSEXUAL CONTACT . . . . . F BLOOD TRANSFUSION . . . . . G SHARING RAZOR BLADES . . . . . H INJECTIONS . . . . . I KISSING . . . . . J MOSQUITO BITES . . . . . K OTHER_____ . . X DO N'T KNOW . . . . . Z	

SECTION 2. CLIENT SATISFACTION

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	Did you have questions to ask the health worker today?	YES . . . . . 1 NO 2	 ➜203
202	Were you able to ask the questions?	YES . . . . . 1 NO 2	
203	Did you feel that the health worker was easy to understand when he/she explained things during your consultation?	YES . . . . . 1 NO 2	
204	Do you think that you had adequate privacy during your consultation so that others at the facility could not see or hear you?	YES . . . . . 1 NO 2	
205	Do you think that the information you shared about yourself today at the facility will be kept confidential?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
206	During your visit to the clinic, how were you treated by the health worker?	VERY WELL . . . . . 1 WELL . . . . . 2 NOT VERY WELL/POORLY 3	
207	During your visit to the clinic, how were you treated by the other staff?	VERY WELL . . . . . 1 WELL . . . . . 2 NOT VERY WELL/POORLY 3	
208	Would you encourage a friend/relative of yours to come to this facility for family planning/reproductive health services?	YES . . . . . 1 NO 2	
209	How long did you wait between the time you first arrived at this facility and the time you saw a health worker for your consultation?	MINUTES. . . . . [ ][ ][ ] DON'T KNOW 998	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
210	Do you feel this waiting time is reasonable or too long?	REASONABLE . . . . . 1 TOO LONG . . . . . 2 DON'T KNOW 8	
211	Did you pay an amount (sum of money) for services received here today or have you paid a lump sum for family planning services?	YES, PAID TODAY . . . . . 1 YES, PAID LUMP SUM . . . . . 2 NO 3	➜213 ➜214
212	How much was the lump sum? DON'T KNOW = 9998	KENYAN SHILLINGS . . . . . [ ][ ][ ][ ]	 ➜214

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
213	Indicate how much: a) Total. b) For the visit. c) For contraceptives.	KENYAN SHILLINGS: TOTAL. . . . . [ ][ ][ ] VISIT. . . . . [ ][ ][ ] CONTRA- CEPTIVES . . . . . [ ][ ][ ] NO COST = 000 DON'T KNOW = 998	
214	How did you pay for the services today?	CASH . . . . . 01 CREDIT . . . . . 02 INSURANCE . . . . . 03 EMPLOYER PAYS . . . . . 04 WAIVED . . . . . 05 EXEMPT . . . . . 06 OTHER_____ . . 96	
215	In which district and village/town do you live? District _____ Village/town_____	DISTRICT: . . . . . [ ][ ][ ]	
216	Is this the closest family planning service provider to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	➜218 ➜218
217	What was the main reason you did not go to the closer facility?	INCONVENIENT OPERATING HOURS . . . . . 01 BAD REPUTATION . . . . . 02 DON'T LIKE THE PERSONNEL . . . . . 03 NO MEDICATION . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 MORE EXPENSIVE . . . . . 06 NOT HAVE DESIRED METHOD . . . . . 07 LESS CONVENIENT LOCATION . . . . . 08 REFERRAL . . . . . 09 OTHER_____ . . . . . 96 DON'T KNOW 98	
218	How long did it take you to get here? ALTERNATIVE: How long would it take you to get here from your home?	MINUTES. . . . . [ ][ ][ ] DON'T KNOW 998	
219	What was the main type of transportation you used to get here?	CAR/TRUCK . . . . . 01 BUS/MATATU . . . . . 02 MOTORCYCLE . . . . . 03 BICYCLE . . . . . 04 ANIMAL . . . . . 05 WALKING . . . . . 06 OTHER_____ . . . 96	
220	How much will it cost you to come to this facility today, including return transportation and food?	KS. . . . . [ ][ ][ ] NO COST . . . . . 000 DON'T KNOW 998	
221	Did you loose wages from work to come here today?	YES, LOST WAGES . . . . . 1 NO, NO LOST WAGES . . . . . 2 LOST TIME FROM WORK, NON WAGE WORK 3	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO

SECTION 3. PERSONAL CHARACTERISTICS OF CLIENT

301	How old were you at your last birthday?	AGE IN YEARS. . . . . [ ][ ] DON'T KNOW 98	
302	Have you ever attended school?	YES . . . . . 1 NO 2	 →305
303	What is the highest level of school that you attended: primary; secondary; or higher?	PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER/UNIVERSITY 4	
304	What is the highest standard/form/year you completed at that level?	STANDARD/FORM/YEAR . [ ][ ]	
305	What is your current marital status? PROBE: IF MARRIED ASK: Are there other wives apart from you?	MARRIED/MONOGAMOUS . . . . . 1 MARRIED/POLYGAMOUS . . . . . 2 LIVING TOGETHER . . . . . 3 SINGLE, NEVER MARRIED . . . . . 4 DIVORCED/SEPARATED/WIDOWED 5	
306	How many living children do you have?	NUMBER OF CHILDREN. . . . . [ ][ ] NONE 00	 → 308
307	How old is your youngest child? IF THE CHILD IS OLDER THAN 8 YEARS OF AGE CIRCLE 96+	MONTHS. . . . . [ ][ ] 96+ . . . . . 96 DON'T KNOW 98	
308	Would you like to have (a/another) child?	YES . . . . . 1 NO . . . . . 2 DEPENDS ON THE HUSBAND . . . . . 3 DEPENDS ON GOD . . . . . 4 NOT SURE / UNDECIDED 5	 →310
309	How long would you like to wait from now before the birth of (a/another) child?	LESS THAN A YEAR . . . . . 1 ONE TO TWO YEARS . . . . . 2 MORE THAN TWO YEARS . . . . . 3 DON'T KNOW 8	
310	What is your religion?	CATHOLIC . . . . . 01 PROTESTANT/OTHER CHRISTIAN . . . . . 02 MUSLIM . . . . . 03 HINDU . . . . . 04 TRADITIONAL RELIGION . . . . . 05 NO RELIGION . . . . . 06 OTHER_____ . 96	
311	In the household in which you usually live, what is the main source of drinking water for members of your household?	PIPED WATER INTO RESIDENCY/COMPOUND/ PLOT . . . . . 11 PUBLIC TAP . . . . . 12 WELL ON RESIDENCE/PLOT . . . . . 21 PUBLIC WELL . . . . . 22 RIVER/STREAM . . . . . 31 POND/LAKE . . . . . 32 RAINWATER . . . . . 41 BOREHOLE . . . . . 42 OTHER_____ . . 96	
312	What kind of toilet facility does your household have?	OWN FLUSH TOILET . . . . . 11 SHARED FLUSH TOILET . . . . . 12 TRADITIONAL PIT TOILET . . . . . 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD . . . . . 31 OTHER_____ . . 96	
313	Does your household have: a) electricity/power? b) a radio? c) a television? d) a telephone? e) a refrigerator?	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 TELEPHONE . . . . . 1 2 REFRIGERATOR 1 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
314	Does any member of your household own: a) a bicycle? b) a motorcycle? c) a car?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE . . . . . 1 2 CAR 1 2	
315	In the past six months, what radio show have you listened to? CIRCLE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED, ASK: During the past six months have you listened to: a) *Ushikwapo Shikamama* . . . . . . b) Kenya Youth Variety Show . . . . . . c) Social marketing radio spots for TRUST condoms . . . . . . d) Other (specify)_____	MENT. WITHOUT PROBE / MENT. WITH PROBE / NOT HEARD . . . . . 1 2 3 . . . . . 1 2 3 . . . . . 1 2 3 . . . . . 1 2 3	
316	WAS *USHIKWAPO SHIKAMAN* MENTIONED IN 315?	YES . . . . . 1 NO 2	→319
317	As a result of listening to *Ushikwapo Shikamana,* have you taken any action related to family planning?	YES . . . . . 1 NO 2	→319
318	What did you do?	VISIT FP CLINIC . . . . . 01 BEGIN USING MODERN METHOD . . . . . 02 CONTINUED USING METHOD . . . . . 03 ADOPTED AIDS PREVENTION . . . . . 04 TALKED TO HEALTH WORKER . . . . . 05 TALKED TO SPOUSE/PARTNER . . . . . 06 TALKED TO SOMEONE ELSE . . . . . 07 OTHER_____ . . 96 DON'T KNOW 98	
319	WAS KENYA YOUTH VARIETY SHOW MENTIONED IN 315?	YES . . . . . 1 NO 2	→322
320	As a result of listening to The Kenya Variety Show have you taken any action related to family planning?	YES . . . . . 1 NO 2	→322
321	What did you do?	VISIT FP CLINIC . . . . . 01 BEGIN USING MODERN METHOD . . . . . 02 CONTINUED USING METHOD . . . . . 03 ADOPTED AIDS PREVENTION . . . . . 04 TALKED TO HEALTH WORKER . . . . . 05 TALKED TO SPOUSE/PARTNER . . . . . 06 TALKED TO SOMEONE ELSE . . . . . 07 OTHER_____ . . 96 DON'T KNOW 98	
322	Who or what were the most important persons or things that motivated you to come to the health facility today? (CIRCLE ALL MENTIONED) PROBE: Anyone or anything else?	DOCTOR/NURSE . . . . . A RADIO . . . . . B TELEVISION . . . . . C NEWSPAPER . . . . . D POSTER . . . . . E FRIEND . . . . . F PARTNER/SPOUSE . . . . . G *USHIKWAPO SHIKAMANA* . . . . . H KENYA YOUTH VARIETY SHOW . . . . . I OTHER_____ . . . X	
323	MARK THE ENDING TIME	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

COMMENTS:

Kenya Service Provision Assessment
1999

STI Patient Consultation Observation

IDENTIFICATION	
Name of the facility_____	
Facility Location_____ Code of the facility	. . . . .
Type of Health Facility: (1 = National Hospital; 2 = Provincial General Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Center, 6 = Dispensary; 7 = Maternity/Nursing Home; 8 = Clinic)	. . . . .
Position of person interviewed: (02 = Doctor; 03 = Clinical Officer; 04 = KRN/M, KRM, KRN or KRCN; 05 = EM, EN or ECN; 06 = Midwife; 07 = Pharmacist; 08 =Laboratory /Support Staff; 96 =Other_____)	. . . . .
Sex of health worker: (1 = female; 2 = male)	. . . . .
Assessment number	. . . . .
Sex of patient: (1 = female; 2 = male)	. . . . .
Date:	Day . . . . .
	Month . . . . .
	Year. . . . .
Name of the interviewer_____	Interviewer Code . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

ASSESSOR INSTRUCTIONS: OBTAIN PERMISSION FROM THE PATIENT AS WELL AS THE HEALTH WORKER BEFORE BEGINNING TO ASSESS THE INTERACTION BETWEEN THEM. BE AS DISCREET AS POSSIBLE DURING THE ASSESSMENT AND DO NOT TAKE PART IN THE INTERACTION IN ANY WAY. MAKE SURE THAT THE HEALTH WORKER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM/HER AND THAT YOU ARE NOT AN "EXPERT" TO CONSULT DURING THE SESSION. TRY TO SIT BEHIND THE PATIENT, BUT IN A POSITION NOT DIRECTLY IN FRONT OF THE HEALTH WORKER. TAKE NOTES AS FAST AS POSSIBLE. FOR EACH OF THE QUESTIONS LISTED BELOW, CIRCLE THE ANSWER THAT MOST APPROPRIATELY REFLECTS YOUR ASSESSMENT OF WHAT HAPPENED DURING THE INTERACTION.

READ TO HEALTH WORKER: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. I would like to observe your consultation with this patient in order to better understand how health care is provided in this country. This information is completely confidential. You may choose to stop the interview at any time. May I continue?

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
100a	PERMISSION RECEIVED FROM HEALTH WORKER.	YES . . . . . 1 NO 2	 ➔STOP

READ TO CLIENT: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities with the goal of finding ways to improve service delivery. I would like to observe your consultation with this health worker in order to better understand how health care is provided in this country. This information is completely confidential and will not affect the level of care your receive here now or in the future. After the consultation, my colleague would like to speak with you about your experiences here today. You may tell me to stop the interview at any time. May I continue?

100b	PERMISSION RECEIVED FROM CLIENT.	YES . . . . . 1 NO 2	 ➔STOP

STI Patient Consultation Observation

SECTION 1. CONSULTATION CHARACTERISTICS

101	WHAT IS THE PRESENTING STI COMPLAINT? (CIRCLE ALL APPLICABLE)	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE . . . . . B FOUL SMELLING DISCHARGE . . . . . C BURNING PAIN ON URINATION . . . . . D REDNESS/INFLAMMATION . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H BLOOD IN URINE . . . . . I LOSS OF WEIGHT . . . . . J IMPOTENCE . . . . . K NO SYMPTOMS . . . . . L REFERRED TO FACILITY . . . . . M OTHER_____ . . X	
102	WHAT OTHER SIGNS/SYMPTOMS ARE IDENTIFIED? (CIRCLE ALL MENTIONED)	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE . . . . . B FOUL SMELLING DISCHARGE . . . . . C BURNING PAIN ON URINATION . . . . . D REDNESS/INFLAMMATION . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H BLOOD IN URINE . . . . . I LOSS OF WEIGHT . . . . . J IMPOTENCE . . . . . K NO SYMPTOMS . . . . . L REFERRED TO FACILITY . . . . . M OTHER_____ . . X	
103	DOES THE PROVIDER ASK OR THE PATIENT REPORT THE FOLLOWING INFORMATION: a) THE NATURE OF THE PRESENT SYMPTOMS? b) THE ONSET OR DURATION OF THE SYMPTOMS? c) THE CLIENT'S HISTORY OF RECENT SEXUAL CONTACTS?	YES NO NATURE OF SYMPTOMS . . 1 2 ONSET OF SYMPTOMS . . . 1 2 RECENT SEX 1 2	
104	DURING ANY EXAMINATION, ARE THE PATIENT'S GENITALS FULLY EXPOSED, WITH THE FEMALE PATIENT LYING DOWN?	YES . . . . . 1 NO 2	
105	ARE EXAMINATION GLOVES USED?	YES . . . . . 1 NO 2	
106	ARE THE EXTERNAL GENITALIA THOROUGHLY EXAMINED FOR DISCHARGE AND LESIONS, I.E. FOR UNCIRCUMCISED MEN, IS THE FORESKIN RETRACTED? FOR WOMEN, ARE THE LABIA SEPARATED AND INSPECTED?	YES . . . . . 1 NO 2	
107	IS THE PATIENT A WOMAN?	YES . . . . . 1 NO 2	→201
108	IS A SPECULUM EXAMINATION PERFORMED?	YES . . . . . 1 NO 2	→110
109	IS AN ADEQUATE LIGHT SOURCE USED?	YES . . . . . 1 NO 2	
110	IS A BIMANUAL EXAMINATION PERFORMED?	YES . . . . . 1 NO 2	

SECTION 2. LABORATORY TESTS

ASK HEALTH WORKER ABOUT TESTS AFTER CONSULTATION IF NECESSARY.

LAB TEST	201. IS TEST OBTAINED?	202. IS TEST RESULT AVAILABLE ON CONSULTATION DAY?	203. IS TEST RESULT AVAILABLE BEFORE HEALTH WORKER DECIDED ON RX?
a) Gram stain	YES . . . . . 1 NO . . . . . 2 ➜b	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
b) Dark field microscopy	YES . . . . . 1 NO . . . . . 2 ➜c	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
c) RPR/VDRL	YES . . . . . 1 NO . . . . . 2 ➜d	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
d) TPHA	YES . . . . . 1 NO . . . . . 2 ➜e	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
e) Wet mount	YES . . . . . 1 NO . . . . . 2 ➜f	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
f) HIV-1 Elisa	YES . . . . . 1 NO . . . . . 2 ➜g	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
g) HIV-2 Elisa	YES . . . . . 1 NO . . . . . 2 ➜h	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
h) Rapid HIV	YES . . . . . 1 NO . . . . . 2 ➜i	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
i) Other _____	YES . . . . . 1 NO . . . . . 2 ➜301	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
SECTION 3. DIAGNOSIS AND TREATMENT			
301	ASK THE HEALTH WORKER WHAT HIS/HER DIAGNOSIS IS AND RECORD IT.	_____ _____	
302	ASK THE HEALTH WORKER WHAT THERAPY HE/SHE IS PRESCRIBING/PROVIDING TO THE PATIENT AT THIS CONSULTATION AND RECORD: DRUG 1 PRESCRIBED:	AMOXYCILLIN . . . . . 01 AQUEOUS CRYSTALLINE BENZYLPENICILLIN . . . . . 02 AUGMENTIN . . . . . 03 BENZATHINE PENICILLIN . . . . . 04 CEFTRIOXONE . . . . . 05 CIPROFLOXACIN . . . . . 06 CLOTRIMAZOLE . . . . . 07 DOXYCYCLINE . . . . . 08 ERYTHROMYCIN . . . . . 09 KANAMYCIN . . . . . 10 METRONIDAZOLE . . . . . 11 NORFLOXACIN . . . . . 12 NYSTATIN . . . . . 13 PROBENICID . . . . . 14 PROCAINE BENZYL PENICILLIN . . . . . 15 RIFAMPICIN . . . . . 16 SPECTINOMYCIN . . . . . 17 SULFADIAZINE . . . . . 18 SULFAMETHOXAZOLE . . . . . 19 TETRACYCLINE . . . . . 20 THIAMPHENICOL . . . . . 21 TRIMETHOPRIM . . . . . 22 OTHER_____ 96 DON'T KNOW . . . . . 98 NO DRUG PRESCRIBED 95	➜317

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
303	WHAT DOSAGE IS PRESCRIBED?	100 MG . . . . . 01 125 MG . . . . . 02 160 MG . . . . . 03 250 MG . . . . . 04 400 MG . . . . . 05 500 MG . . . . . 06 800 MG . . . . . 07 1 PESSARY . . . . . 08 1 G . . . . . 09 1.5 G . . . . . 10 2 G . . . . . 11 2.5 G . . . . . 12 3.5 G . . . . . 13 1 TABLET . . . . . 14 2 TABS . . . . . 15 2.4 MEGAUNITS . . . . . 16 1.2 MILLION . . . . . 17 50,000 UNITS PER KG . . . . . 18 OTHER_____ . 96 DON'T KNOW 98	
304	WITH WHAT FREQUENCY IS THE DRUG PRESCRIBED?	STAT . . . . . 1 DAILY . . . . . 2 TWICE A DAY . . . . . 3 THREE TIMES A DAY . . . . . 4 FOUR TIMES A DAY . . . . . 5 WEEKLY . . . . . 6 OTHER_____ . . 7 DON'T KNOW 8	
305	WHAT IS THE PRESCRIBED ROUTE FOR DRUG 1?	INTRAMUSCULARLY . . . . . 1 ORALLY . . . . . 2 TOPICALLY . . . . . 3 INTRAVAGINALLY . . . . . 4 DON'T KNOW 8	
306	WHAT IS THE DURATION OF TREATMENT IN DAYS OR WEEKS?	DURATION IN DAYS. . . . . [ ][ ] DURATION IN WEEKS [ ][ ] NOT KNOWN 98	
307	DRUG 2 PRESCRIBED:	AMOXYCILLIN . . . . . 01 AQUEOUS CRYSTALLINE BENZYLPENICILLIN . . . . . 02 AUGMENTIN . . . . . 03 BENZATHINE PENICILLIN . . . . . 04 CEFTRIOXONE . . . . . 05 CIPROFLOXACIN . . . . . 06 CLOTRIMAZOLE . . . . . 07 DOXYCYCLINE . . . . . 08 ERYTHROMYCIN . . . . . 09 KANAMYCIN . . . . . 10 METRONIDAZOLE . . . . . 11 NORFLOXACIN . . . . . 12 NYSTATIN . . . . . 13 PROBENICID . . . . . 14 PROCAINE BENZYL PENICILLIN . . . . . 15 RIFAMPICIN . . . . . 16 SPECTINOMYCIN . . . . . 17 SULFADIAZINE . . . . . 18 SULFAMETHOXAZOLE . . . . . 19 TETRACYCLINE . . . . . 20 THIAMPHENICOL . . . . . 21 TRIMETHOPRIM . . . . . 22 OTHER_____ 96 DON'T KNOW . . . . . 98 NO DRUG PRESCRIBED 95	→317

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
308	WHAT DOSAGE IS PRESCRIBED?	100 MG . . . . . 01 125 MG . . . . . 02 160 MG . . . . . 03 250 MG . . . . . 04 400 MG . . . . . 05 500 MG . . . . . 06 800 MG . . . . . 07 1 PESSARY . . . . . 08 1 G . . . . . 09 1.5 G . . . . . 10 2 G . . . . . 11 2.5 G . . . . . 12 3.5 G . . . . . 13 1 TABLET . . . . . 14 2 TABS . . . . . 15 2.4 MEGAUNITS . . . . . 16 1.2 MILLION . . . . . 17 50,000 UNITS PER KG . . . . . 18 OTHER_____ . . 96 DON'T KNOW 98	
309	WITH WHAT FREQUENCY IS THE DRUG PRESCRIBED?	STAT . . . . . 1 DAILY . . . . . 2 TWICE A DAY . . . . . 3 THREE TIMES A DAY . . . . . 4 FOUR TIMES A DAY . . . . . 5 WEEKLY . . . . . 6 OTHER_____ . . 7 DON'T KNOW 8	
310	WHAT IS THE PRESCRIBED ROUTE FOR DRUG 2?	INTRAMUSCULARLY . . . . . 1 ORALLY . . . . . 2 TOPICALLY . . . . . 3 INTRAVAGINALLY . . . . . 4 DON'T KNOW 8	
311	WHAT IS THE DURATION OF TREATMENT IN DAYS?	DURATION IN DAYS. . . . . [ ][ ] DURATION IN WEEKS. . . . . [ ][ ] NOT KNOWN 98	
312	DRUG 3 PRESCRIBED:	AMOXYCILLIN . . . . . 01 AQUEOUS CRYSTALLINE BENZYLPENICILLIN . . . . . 02 AUGMENTIN . . . . . 03 BENZATHINE PENICILLIN . . . . . 04 CEFTRIOXONE . . . . . 05 CIPROFLOXACIN . . . . . 06 CLOTRIMAZOLE . . . . . 07 DOXYCYCLINE . . . . . 08 ERYTHROMYCIN . . . . . 09 KANAMYCIN . . . . . 10 METRONIDAZOLE . . . . . 11 NORFLOXACIN . . . . . 12 NYSTATIN . . . . . 13 PROBENICID . . . . . 14 PROCAINE BENZYL PENICILLIN . . . . . 15 RIFAMPICIN . . . . . 16 SPECTINOMYCIN . . . . . 17 SULFADIAZINE . . . . . 18 SULFAMETHOXAZOLE . . . . . 19 TETRACYCLINE . . . . . 20 THIAMPHENICOL . . . . . 21 TRIMETHOPRIM . . . . . 22 OTHER_____ 96 DON'T KNOW . . . . . 98 NO DRUG PRESCRIBED 95	→317

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
313	WHAT DOSAGE IS PRESCRIBED?	100 MG . . . . . 01 125 MG . . . . . 02 160 MG . . . . . 03 250 MG . . . . . 04 400 MG . . . . . 05 500 MG . . . . . 06 800 MG . . . . . 07 1 PESSARY . . . . . 08 1 G . . . . . 09 1.5 G . . . . . 10 2 G . . . . . 11 2.5 G . . . . . 12 3.5 G . . . . . 13 1 TABLET . . . . . 14 2 TABS . . . . . 15 2.4 MEGAUNITS . . . . . 16 1.2 MILLION . . . . . 17 50,000 UNITS PER KG . . . . . 18 OTHER_____ . 96 DON'T KNOW 98	
314	WITH WHAT FREQUENCY IS THE DRUG PRESCRIBED?	STAT . . . . . 1 DAILY . . . . . 2 TWICE A DAY . . . . . 3 THREE TIMES A DAY . . . . . 4 FOUR TIMES A DAY . . . . . 5 WEEKLY . . . . . 6 OTHER_____ . . 7 DON'T KNOW 8	
315	WHAT IS THE PRESCRIBED ROUTE FOR DRUG 3?	INTRAMUSCULARLY . . . . . 1 ORALLY . . . . . 2 TOPICALLY . . . . . 3 INTRAVAGINALLY . . . . . 4 DON'T KNOW 8	
316	WHAT IS THE DURATION OF TREATMENT IN DAYS OR WEEKS?	DURATION IN DAYS. . . . . [ ][ ] DURATION IN WEEKS. . . . . [ ][ ] NOT KNOWN 98	
317	DRUG 4 PRESCRIBED:	AMOXYCILLIN . . . . . 01 AQUEOUS CRYSTALLINE BENZYLPENICILLIN . . . . . 02 AUGMENTIN . . . . . 03 BENZATHINE PENICILLIN . . . . . 04 CEFTRIOXONE . . . . . 05 CIPROFLOXACIN . . . . . 06 CLOTRIMAZOLE . . . . . 07 DOXYCYCLINE . . . . . 08 ERYTHROMYCIN . . . . . 09 KANAMYCIN . . . . . 10 METRONIDAZOLE . . . . . 11 NORFLOXACIN . . . . . 12 NYSTATIN . . . . . 13 PROBENICID . . . . . 14 PROCAINE BENZYL PENICILLIN . . . . . 15 RIFAMPICIN . . . . . 16 SPECTINOMYCIN . . . . . 17 SULFADIAZINE . . . . . 18 SULFAMETHOXAZOLE . . . . . 19 TETRACYCLINE . . . . . 20 THIAMPHENICOL . . . . . 21 TRIMETHOPRIM . . . . . 22 OTHER_____ 96 DON'T KNOW . . . . . 98 NO DRUG PRESCRIBED 95	→323

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
318	WHAT DOSAGE IS PRESCRIBED?	100 MG . . . . . 01 125 MG . . . . . 02 160 MG . . . . . 03 250 MG . . . . . 04 400 MG . . . . . 05 500 MG . . . . . 06 800 MG . . . . . 07 1 PESSARY . . . . . 08 1 G . . . . . 09 1.5 G . . . . . 10 2 G . . . . . 11 2.5 G . . . . . 12 3.5 G . . . . . 13 1 TABLET . . . . . 14 2 TABS . . . . . 15 2.4 MEGAUNITS . . . . . 16 1.2 MILLION . . . . . 17 50,000 UNITS PER KG . . . . . 18 OTHER_____ . 96 DON'T KNOW 98	
319	WITH WHAT FREQUENCY IS THE DRUG PRESCRIBED?	START . . . . . 1 DAILY . . . . . 2 TWICE A DAY . . . . . 3 THREE TIMES A DAY . . . . . 4 FOUR TIMES A DAY . . . . . 5 WEEKLY . . . . . 6 OTHER_____ . . 7 DON'T KNOW 8	
320	WHAT IS THE PRESCRIBED ROUTE FOR DRUG 3?	INTRAMUSCULARLY . . . . . 1 ORALLY . . . . . 2 TOPICALLY . . . . . 3 INTRAVAGINALLY . . . . . 4 DON'T KNOW 8	
321	WHAT IS THE DURATION OF TREATMENT IN DAYS OR WEEKS?	DURATION IN DAYS. . . . . [ ][ ] DURATION IN WEEKS. . . . . [ ][ ] NOT KNOWN 98	
322	WILL THE FINAL TREATMENT DEPEND ON THE RESULTS OF LABORATORY TESTS?	YES . . . . . 1 NO 2	
323	DOES THE PROVIDER GIVE THE PATIENT A PRESCRIPTION OR ADMINISTER THE MEDICATION(S)?	PRESCRIPTION . . . . . 1 MEDICATION . . . . . 2 NOTHING 3	➜328
324	ARE THE MEDICATIONS FREE OR DOES THE PATIENT HAVE TO PAY?	FREE . . . . . 1 PAY 2	
325	IS THERE ANY DELAY (MORE THAN FOUR HOURS) BETWEEN THE INITIAL CONSULTATION AND THE PROVISION OF TREATMENT?	YES . . . . . 1 NO 2	➜327
326	HOW LONG?	OVER 4 HOURS, SAME DAY . . . . . 1 NEXT DAY . . . . . 2 LONGER 3	
327	DOES THE HEALTH WORKER INSTRUCT THE PATIENT ON THE IMPORTANCE OF COMPLETING THE FULL COURSE OF TREATMENT?	YES . . . . . 1 NO 2	
328	IS THE RISK OF HIV/AIDS MENTIONED?	YES . . . . . 1 NO 2	
329	ARE CONDOMS PROMOTED FOR STI/HIV PREVENTION?	YES . . . . . 1 NO 2	
330	ARE CONDOMS PROVIDED/SOLD TO THE PATIENT?	YES, PROVIDED FREE . . . . . 1 YES, PROVIDED WITH CHARGE . . . . . 2 NO 3	➜332

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
331	HOW MANY CONDOMS ARE PROVIDED OR SOLD?	NUMBER. . . . . [ ][ ][ ] NOT KNOWN 98	
332	ARE INSTRUCTIONS ON CONDOM USE OFFERED?	YES . . . . . 1 NO 2	
333	DOES THE PROVIDER DEMONSTRATE HOW TO PUT ON A CONDOM?	YES . . . . . 1 NO 2	
334	IS THE PATIENT URGED TO REFER HIS/HER PARTNER(S) FOR TREATMENT OR IS THE PATIENT GIVEN DRUGS FOR PARTNER?	REFER FOR TREATMENT . . . . . 1 GIVEN MEDICATIONS . . . . . 2 NO 3	
335	Is the patient referred to higher consultation	YES . . . . . 1 NO 2	
336	Follow up/return date	DAYS. . . . . [ ][ ]	

SECTION 4. AFTER THE CONSULTATION

402	WAS PRIVACY MAINTAINED DURING THE CONSULTATION?	YES . . . . . 1 NO 2	
403	MARK THE ENDING TIME	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
COMMENTS:			

Kenya Service Provision Assessment
1999

Exit Interview for STI Patients

IDENTIFICATION	
Name of the facility_____ Facility location_____ Code of the facility	. . . . .
Type of facility: (1 = National Hospital; 2 = Provincial general Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Centre; 6 = Dispensary; 7 = Maternity and/or Nursing Home; 8 = Clinic)	Type . . . . .
Client assessment number:	. . . . .
Sex of patient (1 = female; 2 = male)	Sex . . . . .
Interview language: (01 = Kalenjin; 02 = Kamba; 03 = Kikuyu; 04 = Kisii; 05 = Luhya; 06 = Luo; 07 = Meru/Embu; 08 = Mijikenda; 09 = Kiswahili; 10 = English; 11 = Masai; 12 = Other_____)	. . . . .
Date	Day . . . . .
	Month . . . . .
	Year. . . . .
Name of the interviewer_____	Interviewer Code . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

Hello. In order to improve the services offered by this facility, we would like to know about your experience here. I would like to ask you some questions about the visit you just had. All the information given to me will be kept strictly confidential. Your participation is voluntary and you may ask to stop the interview at any time. The care you receive at this facility will not be affected by participating in this interview. I will also be asking you some personal questions and you can refuse to answer at any time.

100 May I continue?

YES 1
NO . . . . . 2 ➜STOP

Exit Interview for STI Patients

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
SECTION 1. INFORMATION ABOUT THE CONSULTATION			
101	For what services did you come to this health facility today? (CIRCLE ALL MENTIONED) PROBE: What were your symptoms that caused you to come?	ABDOMINAL PAIN . . . . . A GENITAL DISCHARGE . . . . . B FOUL SMELLING DISCHARGE . . . . . C BURNING PAIN ON URINATION . . . . . D REDNESS/INFLAMMATION . . . . . E SWELLING IN GENITAL AREA . . . . . F GENITAL SORES/ULCERS . . . . . G GENITAL WARTS . . . . . H BLOOD IN URINE . . . . . I LOSS OF WEIGHT . . . . . J REFERRED BY OTHER CLINIC . . . . . K RETURN VISIT . . . . . L PARTNER TOLD TO COME . . . . . M OTHER_____ . . X DON'T KNOW . . . . . Z	
102	Did the health worker ask you about why you came to the clinic?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
103	Did the health worker tell you your diagnosis (what is wrong with you)?	YES . . . . . 1 NO 2	➜105
104	What did he/she tell you?	STI, NOT SPECIFIED . . . . . 1 GONORRHEA . . . . . 2 SYPHILIS . . . . . 3 CHLAMYDIA . . . . . 4 TRICHOMONAS . . . . . 5 PID . . . . . 6 DISCHARGE . . . . . 7 ULCER . . . . . 8 VAGINITIS . . . . . 9 CERVICITIS . . . . . 10 CLAP . . . . . 11 HIV . . . . . 12 OTHER_____ . . 96 DON'T KNOW 98	
105	Did the health worker ask you about your most recent sexual contacts?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
106	Did the health worker tell you if and when you need to return to the health facility?	YES . . . . . 1 NO 2	
107	Were you prescribed or given any medications to take at home, given an injection, or not given anything? (CIRCLE ALL MENTIONED)	PRESCRIBED . . . . . A GIVEN MEDICINE . . . . . B GIVEN AN INJECTION . . . . . C NOT GIVEN ANYTHING . . . . . D	➜119
108	How many medications were you given and/or prescribed?	NO. OF MEDICATIONS . . . . . [ ]	
Now I would like to ask you about all your medications one at a time.			
109	How often are you supposed to take MEDICINE 1 each day? IF POSSIBLE, NOTE NAME OF MEDICINE 1: _____	NO. OF TIMES PER DAY . . . . . [ ] DON'T KNOW 98	
110	For how many days are you supposed to take MEDICINE 1?	NO. OF DAYS. . . . . [ ][ ] UNTIL FINISHED 95	
111	IS THERE MORE THAN ONE MEDICINE?	YES . . . . . 1 NO 2	➜117

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
112	How often are you supposed to take MEDICINE 2 each day? IF POSSIBLE, NOTE NAME OF MEDICINE 2:: _____	NO. OF TIMES PER DAY . . . . . [ ] DON'T KNOW 98	
113	For how many days are you supposed to take MEDICINE 2?	NO. OF DAYS. . . . . [ ][ ] UNTIL FINISHED 95	
114	ARE THERE MORE THAN TWO MEDICINES?	YES . . . . . 1 NO 2	➜117
115	How often are you supposed to take MEDICINE 3 each day? IF POSSIBLE, NOTE NAME OF MEDICINE 3: _____	NO. OF TIMES PER DAY . . . . . [ ] DON'T KNOW 98	
116	For how many days are you supposed to take MEDICINE 3?	NO. OF DAYS. . . . . [ ][ ] UNTIL FINISHED 95	
117	If you feel better before you finish taking all the medications, what will you do with the rest of the medications?	FINISH COURSE . . . . . 1 SAVE FOR ANOTHER ILLNESS . . . . . 2 GIVE TO PARTNER . . . . . 3 OTHER_____ . . 6 DON'T KNOW 8	
118	Did the health worker tell you it was important to take all the medication?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
119	Were you given any condoms?	YES . . . . . 1 NO 2	
120	Did the health worker ask you if you know how to use a condom?	YES . . . . . 1 NO 2	
121	Did the health worker demonstrate how to put on a condom?	YES . . . . . 1 NO 2	
122	Were you given medicines or a prescription for medicines for your sexual partner(s)?	YES . . . . . 1 NO 2	
123	Did the health worker talk to you about telling your partner(s) to seek treatment?	YES . . . . . 1 NO 2	
124	Did the health worker talk to you about how to protect yourself from getting another STI or HIV/AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
125	Did you have blood drawn?	YES . . . . . 1 NO 2	

SECTION 2. GENERAL KNOWLEDGE AND BEHAVIOUR

Now I would like to ask you questions about your sexual experience.

201	The last time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	➜203
202	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV . . . . . 1 OWN CONCERN TO PREVENT PREGNANCY . . . . . 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY . . . . . 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS . . . . . 4 PARTNER INSISTED . . . . . 5 OTHER_____ 6 DON'T KNOW 8	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
203	What is your relationship to the person with whom you last had sex?	HUSBAND/WIFE . . . . . 01 BOYFRIEND/GIRLFRIEND/FIANCEE . . . . . 02 OTHER FRIEND . . . . . 03 CASUAL ACQUAINTANCE . . . . . 04 COMMERCIAL SEX CUSTOMER/WORKER . 05 RELATIVE . . . . . 06 OTHER_____ 96	➜205
204	For how long have you had a sexual relationship with this person?	DAYS . . . . . 1 [ ][ ] WEEKS . . . . . 2 [ ][ ] MONTHS . . . . . 3 [ ][ ] YEARS . . . . . 4 [ ][ ]	
205	Have you had sex with anyone else in the last 12 months?	YES . . . . . 1 NO 2	 ➜214
206	The last time you had sexual intercourse with this other person, was a condom used?	YES . . . . . 1 NO 2	 ➜208
207	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV . . . . . 1 OWN CONCERN TO PREVENT PREGNANCY . . . . . 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY . . . . . 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS . . . . . 4 PARTNER INSISTED . . . . . 5 OTHER_____ . . 6 DON'T KNOW 8	
208	What is your relationship to this person?	HUSBAND/WIFE . . . . . 01 BOYFRIEND/GIRLFRIEDN/FIANCEE . . . . . 02 OTHER FRIEND . . . . . 03 CASUAL ACQUAINTANCE . . . . . 04 COMMERCIAL SEX CUSTOMER/WORKER . 05 RELATIVE . . . . . 06 OTHER_____ 96	
209	Other than these two persons, have you had sex with anyone else in the last 12 months?	YES . . . . . 1 NO 2	 ➜214
210	The last time you had sexual intercourse with this other person, was a condom used?	YES . . . . . 1 NO 2	 ➜212
211	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV . . . . . 1 OWN CONCERN TO PREVENT PREGNANCY . . . . . 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY . . . . . 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS . . . . . 4 PARTNER INSISTED . . . . . 5 OTHER_____ . . 6 DON'T KNOW 8	
212	What is your relationship to this person?	HUSBAND/WIFE . . . . . 01 BOYFRIEND/GIRLFRIEND/FIANCEE . . . . . 02 OTHER FRIEND . . . . . 03 CASUAL ACQUAINTANCE . . . . . 04 COMMERCIAL SEX CUSTOMER/WORKER . 05 RELATIVE . . . . . 06 OTHER_____ . . 96	
213	Altogether, with how many different people have you had sex in the last 12 months?	NUMBER OF PARTNERS. . . . . [ ][ ][ ]	
214	MALE PATIENT: Have you ever paid cash for sex? FEMALE PATIENT: Have you ever been paid cash for sex?	YES . . . . . 1 NO 2	 ➜216
215	The last time that you (were) paid for sex, was a condom used on that occasion?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
216	Do you know of a place where one can get condoms?	YES . . . . . 1 NO 2	 ➜219
217	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 MOBILE CLINIC . . . . . 14 FIELD WORKER . . . . . 15 OTHER PUBLIC _____ . 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 MOBILE CLINIC . . . . . 24 FIELD WORKER . . . . . 25 OTHER PRIVATE MEDICAL_____ . . 26 OTHER SOURCE SHOP . . . . . 31 CHURCH . . . . . 32 FRIENDS/RELATIVES . . . . . 33 OTHER_____ . . 96	
218	If you wanted to, could you yourself get a condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	
219	Do you know of a place where one can get female condoms?	YES . . . . . 1 NO 2	 ➜221
220	Where is that? ALTERNATE: WHERE CAN YOUGET FEMALE CONDOMS? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ ___ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 MOBILE CLINIC . . . . . 14 FIELD WORKER . . . . . 15 OTHER PUBLIC _____ 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 MOBILE CLINIC . . . . . 24 FIELD WORKER . . . . . 25 OTHER PRIVATE MEDICAL_____ . . 26 OTHER SOURCE SHOP . . . . . 31 CHURCH . . . . . 32 FRIENDS/RELATIVES . . . . . 33 OTHER_____ . . . 96	
221	Are you familiar with Trust condoms?	YES . . . . . 1 NO 2	 ➜301
222	Where would you get Trust condoms? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 MOBILE CLINIC . . . . . 14 FIELD WORKER . . . . . 15 OTHER PUBLIC _____ 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 MOBILE CLINIC . . . . . 24 FIELD WORKER . . . . . 25 OTHER PRIVATE MEDICAL_____ . 26 OTHER SOURCE SHOP . . . . . 31 CHURCH . . . . . 32 FRIENDS/RELATIVES . . . . . 33 OTHER_____ . . . 96	

SECTION 3. KNOWLEDGE OF AIDS

301	Now I would like to ask you about another illness related to sex. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	 ➜316
302	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 ➜308 ➜308

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
303	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX . . . . . A USE CONDOMS . . . . . B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER . . . . . C LIMIT NUMBER OF SEXUAL PARTNERS . . . . . D AVOID SEX WITH PROSTITUTES . . . . . E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS . . . . . F AVOID SEX WITH HOMOSEXUALS . . . . . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY . . . . H AVOID BLOOD TRANSFUSIONS . . . . . I AVOID INJECTIONS . . . . . J AVOID KISSING . . . . . K AVOID MOSQUITO BITES . . . . . L SEEK PROTECTION FROM TRADITIONAL HEALER . . . . . M AVOID SHARING RAZORS, BLADES . . . . . N OTHER_____ . . . . . W DON'T KNOW . . . . . Z	
304	IN Q. 303, IF RESPONSE 'C' AND/OR 'D' ARE CIRCLED, CIRCLE 'YES'. OTHERWISE, CIRCLE 'NO'.	YES . . . . . 1 NO 2	➜306
305	In your view, is a person's chance of getting AIDS influenced by the number of partners he or she has?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
306	IN Q. 303, IF RESPONSE 'B' CIRCLED, CIRCLE 'YES'. OTHERWISE, CIRCLE 'NO'.	YES . . . . . 1 NO 2	➜308
307	In your view, is a person's chance of getting AIDS affected by using a condom every time he or she has sexual intercourse?	YES . . . . . 1 NO . . . . . 2 UNSURE/DON'T KNOW 8	
308	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
309	Can the virus that causes AIDS be transmitted from a mother to a child?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 ➜311 ➜311
310	When can the virus that causes AIDS be transmitted from a mother to a child? (CIRCLE ALL MENTIONED) PROBE: Any other times?	DURING PREGNANCY . . . . . A AT DELIVERY . . . . . B DURING BREASTFEEDING . . . . . C OTHER TIMES. . . . . D DON'T KNOW . . . . . Z	
311	Are you currently married or living with a man/woman?	YES . . . . . 1 NO 2	 ➜313
312	Have you ever talked about ways to prevent getting the virus that causes AIDS with your partner?	YES . . . . . 1 NO 2	
313	Have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	➜315x
314	Do you know a place where you could go to get an AIDS test?	YES . . . . . 1 NO 2	 ➜401

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
315 315x	ASK THIS IF Q314 = YES Where can you go for the test? ASK THIS IF Q313 = YES Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ _____ _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 FAMILY PLANNING CLINIC . . . . . 13 MOBILE CLINIC . . . . . 14 FIELD WORKER . . . . . 15 OTHER PUBLIC_____ . 16 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY . . . . . 22 PRIVATE DOCTOR . . . . . 23 MOBILE CLINIC . . . . . 24 FIELD WORKER . . . . . 25 OTHER PRIVATE MEDICAL_____ . . 26 OTHER SOURCE SHOP . . . . . 31 CHURCH . . . . . 32 FRIENDS/RELATIVES . . . . . 33 DON'T KNOW/CAN'T REMEMBER . . . . . 93 OTHER_____ . 96	

SECTION 4. PATIENT SATISFACTION

401	Did you have questions to ask the health worker today?	YES . . . . . 1 NO 2	 ➜403
402	Were your questions answered to your satisfaction?	YES . . . . . 1 NO 2	
403	Did you feel that the health worker was easy to understand when he/she explained things during your consultation?	YES . . . . . 1 NO 2	
404	IF ITEM 'D'IN QUESTION 107 IS CIRCLED, THEN CIRCLE '2'. OTHERWISE CIRCLE '1'.	YES . . . . . 1 NO 2	 ➜406
405	Did the health worker explain how to take the medications?	YES . . . . . 1 NO 2	
406	Did the health worker explain when (under what circumstances) you should return to the clinic?	YES . . . . . 1 NO 2	
407	Do you feel the information given to you during your visit today was too little, too much, or just about right?	TOO LITTLE . . . . . 1 TOO MUCH . . . . . 2 ABOUT RIGHT . . . . . 3 DON'T KNOW 8	
408	Do you think that you had adequate privacy during your consultation so that others at the facility could not see or hear you?	YES . . . . . 1 NO 2	
409	Do you think that the information you shared about yourself today at the facility will be kept confidential?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
410	During your visit to the clinic, how were you treated by the health worker who examined you?	VERY WELL . . . . . 1 WELL . . . . . 2 NOT VERY WELL/POORLY 3	
411	Would you encourage a friend/relative of yours to come to this facility for STI treatment?	YES . . . . . 1 NO 2	
412	How long did you wait between the time you first arrived at this clinic and the time you saw a health worker for your consultation?	MINUTES. . . . . [ ][ ][ ] DON'T KNOW 998	
413	Do you feel this waiting time is reasonable or too long?	REASONABLE . . . . . 1 TOO LONG . . . . . 2 DON'T KNOW 8	
414	What were the main reasons you chose this provider of STI care? (CIRCLE ALL MENTIONED) PROBE: Anything else?	ACCESSIBILITY . . . . . A VALUE FOR MONEY . . . . . B PROVIDER ATTITUDE . . . . . C PROVIDER COMPETENCE . . . . . D QUALITY OF CARE . . . . . E RECOMMENDED . . . . . F LACK OF ALTERNATIVES . . . . . G REFERRED . . . . . H ANONYMITY . . . . . I OTHER_____ . . . X	
415	Did you pay an amount (sum of money) for services received here today?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 ➜417 ➜417

416	Indicate how much: a) Total. b) For the visit. c) For lab tests/medicines.	KENYAN SHILLINGS: TOTAL. . . . . [ ][ ][ ] VISIT. . . . . [ ][ ][ ] MEDICINES. . . . . [ ][ ][ ] NO COST = 000; DON'T KNOW = 998	
417	How did you pay for the services today?	CASH . . . . . 1 CREDIT . . . . . 2 INSURANCE . . . . . 3 EMPLOYER PAYS . . . . . 4 WAIVED . . . . . 5 EXEMPT . . . . . 6 DON'T KNOW 8	
418	In which district and village/town do you live? District _____ Village/town_____	DISTRICT: . . . . . [ ][ ][ ]	
419	Is this the closest health facility providing STI treatment to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	➔421 ➔421
420	Why did you not go to the closer facility?	INCONVENIENT OPERATING HOURS . . . . . 01 BAD REPUTATION . . . . . 02 DOES NOT LIKE THE PERSONNEL . . . . . 03 NO MEDICATION . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . . . . 05 IT IS MORE EXPENSIVE . . . . . 06 NOT HAVE DESIRED METHOD . . . . . 07 LESS CONVENIENT LOCATION . . . . . 08 OTHER_____ . . 96 DON'T KNOW 98	
421	How long did it take you to get here? ALTERNATIVE: How long would it take you to get here from your home?	MINUTES. . . . . [ ][ ][ ] DON'T KNOW 998	
422	What was the main type of transportation you used to get here?	CAR/TRUCK . . . . . 01 BUS/MATATU . . . . . 02 MOTORCYCLE . . . . . 03 BICYCLE . . . . . 04 ANIMAL . . . . . 05 WALKING . . . . . 06 OTHER_____ . . 96	
423	How much will it cost you to come to this facility today, including return transportation and food?	KSHS. . . . . [ ][ ][ ] NO COST . . . . . 000 DON'T KNOW 998	
424	Did you loose wages from work to come here today?	YES, LOST WAGES . . . . . 1 NO, NO LOST WAGES . . . . . 2 LOST TIME FROM WORK, NON WAGE WORK 3	

SECTION 5. PERSONAL CHARACTERISTICS OF PATIENT

501	How old were you at your last birthday?	AGE IN YEARS . . . . . [ ][ ]	
502	Have you ever attended school?	YES . . . . . 1 NO 2	 ➔505
503	What is the highest level of school that you attended: primary; secondary; or higher?	PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER/UNIVERSITY 4	
504	What is the highest standard/form/year you completed at that level?	STANDARD/FORM/YEAR . . . [ ][ ]	

505	What is your current marital status?	MARRIED/MONOGAMOUS . . . . . 1 MARRIED/POLYGAMOUS . . . . . 2 LIVING TOGETHER . . . . . 3 SINGLE, NEVER MARRIED . . . . . 4 DIVORCED/SEPARATED/WIDOWED 5	
506	How many living children do you have?	NUMBER OF CHILDREN. . . . . [ ][ ] NONE 00	
507	What is your religion?	CATHOLIC . . . . . 01 PROTESTANT/OTHER CHRISTIAN . . . . . 02 MUSLIM . . . . . 03 HINDU . . . . . 04 TRADITIONAL RELIGION . . . . . 05 NO RELIGION . . . . . 06 OTHER_____ 96	
508	In the household in which you usually live, what is the main source of drinking water for members of your household?	PIPED INTO RESIDENCY/COMPOUND/ PLOT . . . . . 11 PUBLIC TAP . . . . . 12 WELL ON RESIDENCE/PLOT . . . . . 21 PUBLIC WELL . . . . . 22 RIVER/STREAM . . . . . 31 POND/LAKE . . . . . 32 RAINWATER . . . . . 41 OTHER_____ . . 96	
509	What kind of toilet facility does your household have?	OWN FLUSH TOILET . . . . . 11 SHARED FLUSH TOILET . . . . . 12 TRADITIONAL PIT TOILET . . . . . 21 VENTILATED IMPROVED PIT (VIP) LATRINE . . . . . 22 NO FACILITY/BUSH/FIELD . . . . . 31 OTHER_____ . . 96	
510	Does your household have: a) electricity/power? b) a radio? c) a television? d) a telephone? e) a refrigerator?	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 TELEPHONE . . . . . 1 2 REFRIGERATOR 1 2	
511	Does any member of your household own: a) a bicycle? b) a motorcycle? c) a car?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE . . . . . 1 2 CAR 1 2	
512	MARK THE ENDING TIME	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

COMMENTS:

Kenya Service Provision Assessment
1999

Antenatal Care Observation

IDENTIFICATION

Name of the facility_____	
Facility Location_____ Code of the facility	. . . . .
Type of Health Facility: (1 = National Hospital; 2 = Provincial General Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Center, 6 = Dispensary; 7 = Maternity/Nursing Home; 8 = Clinic)	. . . . .
Position of the health worker: (02 = Doctor; 03 = Clinical Officer; 04 = KRN/M, KRM, KRN, or KRCN; 05 = EM, EN or ECN; 06 = Midwife; 07 = Pharmacist; 08 =Laboratory /Support Staff; 96 = Other_____)	. . . . .
Sex of service health worker: (1 = female; 2 = male)	. . . . .
Assessment number	. . . . .
Date:	Day . . . . .
	Month . . . . .
	Year. . . . .
Name of the interviewer_____	Interviewer Code . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

ASSESSOR INSTRUCTIONS: OBTAIN PERMISSION FROM THE PATIENT AS WELL AS THE HEALTH WORKER BEFORE BEGINNING TO ASSESS THE INTERACTION BETWEEN THEM. BE AS DISCREET AS POSSIBLE DURING THE ASSESSMENT AND DO NOT TAKE PART IN THE INTERACTION IN ANY WAY. MAKE SURE THAT THE SERVICE HEALTH WORKER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM/HER AND THAT YOU ARE NOT AN "EXPERT" TO CONSULT DURING THE SESSION. TRY TO SIT BEHIND THE PATIENT, BUT IN A POSITION NOT DIRECTLY IN FRONT OF THE HEALTH WORKER. FOR EACH OF THE QUESTIONS LISTED BELOW, CIRCLE THE ANSWER THAT MOST APPROPRIATELY REFLECTS YOUR ASSESSMENT OF WHAT HAPPENED DURING THE INTERACTION.

READ TO HEALTH WORKER: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. I would like to observe your consultation with this woman in order to better understand how health care is provided in this country. This information is completely confidential. You may choose to stop the interview at any time. May I be present at this consultation?

100a PERMISSION RECEIVED FROM HEALTH WORKER.
YES 1
NO . . . . . 2 ➔STOP

READ TO WOMAN: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children. I would like to observe your consultation with this health worker in order to better understand how health care is provided. This information is completely confidential and will not affect the level of care you receive here now or in the future. After the consultation, my colleague would like to talk with you about your experiences here today. You may tell me to stop the interview at any time. May I stay?

100b PERMISSION RECEIVED FROM WOMAN.
YES 1
NO . . . . . 2 ➔STOP

Antenatal Care Consultation Observation

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
SECTION 1. PRE-CONSULTATION			
101	DOES THE HEALTH WORKER ASK HOW MANY PRENATAL VISITS THIS CLIENT HAS MADE DURING THIS PREGNANCY? IF YES, PLEASE RECORD THE VISIT NUMBER INCLUDING THIS ONE.	ONE . . . . . 01 TWO . . . . . 02 THREE . . . . . 03 FOUR . . . . . 04 FIVE . . . . . 05 SIX OR MORE . . . . . 06 NOT ASKED . . . . . 96 NOT KNOWN 98	
102	DOES THE HEALTH WORKER TELL THE CLIENT HOW MANY WEEKS PREGNANT SHE IS?	YES . . . . . 1 NO 2	➜104
103	RECORD THE NUMBER OF WEEKS.	NO. OF WEEKS. . . . . [ ][ ] NOT KNOWN 98	
104	INDICATE IF THE HEALTH WORKER ASKS THE FOLLOWING QUESTIONS OF THE CLIENT:	YES NO NA	
	A) AGE?	AGE 1 2	
	B) IF YES, WOMAN'S AGE:	WOMAN'S AGE. . . . . [ ][ ]	
	C) HOW MANY PREGNANCIES?	NO. PREG. 1 2	
	D) DATE OF LAST DELIVERY?	LAST DELIVERY . . 1 2 8	
	E) DATE OF LAST MENSTRUAL PERIOD?	LAST MEN. 1 2	
105	ARE THE FOLLOWING QUESTIONS POSED AND WHAT IS THE RESPONSE:	H. WORKER ASKED RESPONSE: YES NO NOT ASKED	
	A) HAS THE WOMAN BEEN PREGNANT BEFORE?	PREG. 1 2 8	
	B) RECEIVED TETANUS TOXOID IMMUNISATION?	TT 1 2 8	
106	DOES THE HEALTH WORKER ASK ABOUT THE FOLLOWING ELEMENTS OF THE WOMAN'S HISTORY:	H. WORKER ASKED RESPONSE: YES NO NOT ASKED	
	A) ANY SPONTANEOUS ABORTION?	ABORTION 1 2 8	
	B) ANY INDUCED ABORTION?	INDUCED 1 2 8	
	C) ANY STILLBIRTHS?	STILLBIRTH 1 2 8	
	D) ANY HISTORY OF HYPERTENSION?	HYPERTEN 1 2 8	
107	INDICATE IF THE HEALTH WORKER DOES THE FOLLOWING:	YES NO	
	A) TAKES THE CLIENT'S HEIGHT?	HEIGHT 1 2	
	B) WEIGHS THE CLIENT?	WEIGHS 1 2	
	C) TAKES THE CLIENT'S BLOOD PRESSURE?	BLOOD PRESSURE 1 2	
	D) MEASURES THE FUNDAL HEIGHT	FUNDAL HEIGHT 1 2	
	E) PALPATES ABDOMEN FOR FETAL PRESENTATION	PALPATES ABDOMEN 1 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO

SECTION 2. CONSULTATION

201	INDICATE IF THE HEALTH WORKER ASKS THE CLIENT OR THE WOMAN VOLUNTEERS THE FOLLOWING INFORMATION:	CLIENT SAID	H. WORKER ASKED RESPONSE: YES	NO	NA	
	A) HAS THERE BEEN ANY BLEEDING DURING THIS OR PREVIOUS PREGNANCIES?	1	2	3	8	
	B) DOES WOMAN HAVE A BURNING SENSATION WHEN URINATING OR FOUL SMELLING VAGINAL DISCHARGE?	1	2	3	8	
	C) IS WOMAN TAKING ANY KIND OF MEDICATION?	1	2	3	8	
	D) HAS WOMAN HAD ANY PROBLEMS RELATING TO THE CURRENT PREGNANCY?	1	2	3	8	
	E) HAS WOMAN MADE ANY PLANS FOR DELIVERY?	1	2	3	8	
202	INDICATE IF THE HEALTH WORKER CARRIES OUT THE FOLLOWING ACTIVITIES:		YES	NO		
	A) EXAMINE THE CONJUCTIVA AND THE PALM OF THE HAND AND TONGUE FOR PALLOR?	EYES/PALM/TONGUE	1	2		
	B) APPLY PRESSURE TO FEET AND ANKLES TO ASSESS EDEMA?	EDEMA	1	2		
	C) LISTEN TO THE CLIENT'S ABDOMEN TO HEAR THE FETAL HEARTBEAT?	AUSCULTATES ABDOMEN	1	2		
	D) PERFORM A VAGINAL EXAM TO CONFIRM PREGNANCY/PELVIC EXAM?	VAGINAL EXAM	1	2		
203	DOES THE HEALTH WORKER WASH HIS/HER HANDS WITH SOAP BEFORE PERFORMING ANY OF THE ABOVE EXAMS?	YES NO NOT APPLICABLE	1 2 3			
204	IN CASE OF VAGINAL EXAM, DOES THE HEALTH WORKER USE CLEAN SURGICAL GLOVES?	YES NO NOT APPLICABLE DON'T KNOW	1 2 3 8			
205	DOES THE HEALTH WORKER PERFORM OR REFER THE CLIENT FOR THE FOLLOWING TESTS:		YES	NO		
	A) URINALYSIS?	URINE	1	2		
	B) HEMOGLOBIN?	BLOOD	1	2		
	C) SYPHILIS?	SYPHILIS	1	2		
206	INDICATE IF THE HEALTH WORKER PRESCRIBES OR PROVIDES THE CLIENT THE FOLLOWING:		YES	NO		
	A) IRON PILLS AND/OR FOLIC ACID (IFA)?	IRON PILLS	1	2		
	B) TETANUS TOXOID?	TETANUS TOXOID	1	2		
	C) ANTIMALARIAL PROPHYLAXIS?	ANTIMALARIALS	1	2		
207	DOES THE HEALTH WORKER TELL THE PREGNANT WOMAN ABOUT THE SIDE EFFECTS (NAUSEA, BLACK STOOL, CONSTIPATION) OF THE IFA TABLETS?	YES NO NOT APPLICABLE	1 2 3			
208	DOES THE HEALTH WORKER COUNSEL THE CLIENT ABOUT		YES	NO		
	A) TYPE AND QUANTITY OF FOOD TO EAT DURING PREGNANCY?	FOOD	1	2		
	B) EARLY BREASTFEEDING?	EARLY BREASTFEEDING	1	2		
	C) EXCLUSIVE BREASTFEEDING FOR UP TO 4 MONTHS?	EXCLUSIVE BREASTFEED..	1	2		
	D) FAMILY PLANNING?	FAMILY PLANNING	1	2		

No.	QUESTIONS	CODING CLASSIFICATION			GO TO
209	INDICATE IF THE HEALTH WORKER SPEAKS WITH THE CLIENT ABOUT THE FOLLOWING WARNING SIGNS:		YES	NO	
	A) VAGINAL BLEEDING	BLEEDING	1	2	
	B) FEVER	FEVER	1	2	
	C) EXCESSIVE TIREDNESS AND BREATHLESSNESS	TIREDNESS	1	2	
	D) SWOLLEN HANDS AND FACE.	SWOLLEN HANDS/FACE	1	2	
210	INDICATE IF THE HEALTH WORKER:		YES	NO	
	A) TELLS THE CLIENT THAT HER FAMILY SHOULD FIND HELP OR TAKE HER TO A HEALTH FACILITY IF SHE EXPERIENCES ANY WARNING SIGNS	EMERGENCIES	1	2	
	B) COUNSELS THE CLIENT TO USE A TRAINED HEALTH WORKER DURING DELIVERY.	DELIVERY CARE	1	2	
	C) TELLS THE CLIENT WHEN TO RETURN FOR HER NEXT PRENATAL VISIT.	NEXT VISIT	1	2	
	D) ASKS IF THE CLIENT HAS ANY QUESTIONS.	QUESTIONS	1	2	
211	MARK THE ENDING TIME	HOUR	[ ][ ]		
		MINUTES	[ ][ ]		

COMMENTS:

Kenya Service Provision Assessment
1999

Exit Interview for Antenatal Care Clients

IDENTIFICATION	
Name of the facility_____ Facility location_____ Code of the facility	. . . . .
Type of facility: (1 = National Hospital; 2 = Provincial General Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Centre; 6 = Dispensary; 7 = Maternity and/or Nursing Home; 8 = Clinic)	Type . . . . .
Antenatal client assessment number	. . . . .
Interview language: (01 = Kalenjin; 02 = Kamba; 03 = Kikuyu; 04 = Kisii; 05 = Luhya; 06 = Luo; 07 = Meru/Embu; 08 = Mijikenda; 09 = Kiswahili; 10 = English; 11 = Masai; 12 = Other_____)	. . . . .
Date	Day . . . . .
	Month . . . . .
	Year. . . . .
Name of the interviewer_____	Interviewer Code . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

INTRODUCTION:
Hello. In order to improve the services offered by this facility, we would like to know about your experience here. All the information given to me will be kept strictly confidential and future care that you receive at this facility will in no way be affected by your participation or non-participation in this interview. You can refuse to answer any question and may stop the interview at any time.

100 May I continue?

YES 1
NO . . . . . 2 ➜STOP

Exit Interview for Antenatal Care Clients

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
Section 1. Information about the visit			
101	For what services did you come to this health facility today? (CIRCLE ALL THOSE MENTIONED.) PROBE: Any other reason?	FAMILY PLANNING . . . . . A ANTENATAL CARE . . . . . B POSTNATAL CARE . . . . . C COUNSELING ON NUTRITION/ GROWTH SURVEILLANCE . . . . . D CARE FOR A SICK CHILD . . . . . E IMMUNIZATION FOR A CHILD . . . . . F STI/HIV COUNSELING . . . . . G OTHER _____ . . X	
102	How many weeks pregnant are you?	WEEKS. . . . . [ ][ ] DON'T KNOW 98	
103	Did the health worker ask you how long you have been pregnant?	YES . . . . . 1 NO 2	
104	How many antenatal visits have you made during this pregnancy including today?	ONE . . . . . 1 TWO . . . . . 2 THREE . . . . . 3 FOUR . . . . . 4 FIVE OR MORE . . . . . 5 DON'T KNOW 8	
105	Did the health worker ask you how many visits you have made during this pregnancy?	YES . . . . . 1 NO 2	
106	Did you come for ANC today because you thought you had a problem with the pregnancy, or just to check it was going well?	PROBLEM . . . . . 1 CHECK/FIND OUT IF PREGNANT . . . . . 2 DON'T KNOW 8	
107	Did the health worker: a) take your height? b) weigh you? c) take your blood pressure?	YES NO MEASURE . . . . . 1 2 WEIGH . . . . . 1 2 BLOOD PRESSURE 1 2	
108	Did the health worker ask you: a) if you have had any bleeding during this or previous pregnancies? b) if you have had any problems related to the current pregnancy? c) about your plans for delivery?	YES NO BLEEDING . . . . . 1 2 PROBLEMS . . . . . 1 2 PLANS FOR DELIVERY 1 2	
109	Did the health worker explain the reasons why you should come back to the health facility if you are having problems with the pregnancy?	YES . . . . . 1 NO 2	➜111
110	What were the reasons for which you should return to the health facility? (CIRCLE ALL THOSE MENTIONED.) PROBE: Anything else?	BLEEDING . . . . . A ACUTE/CONSTANT ABDOMINAL PAIN . . B SEVERE HEADACHES/BLURRED VISION . . . . . C FEVER . . . . . D PREMATURE RUPTURE OF MEMBRANE E POST DATES . . . . . F SWOLLEN FACE/HAND . . . . . G TIREDNESS/BREATHLESSNESS . . . . . H BELIEVE THERE IS A PROBLEM . . . . . I OTHER_____ . X	
111	Did the health worker immunize you today or tell you that you should be immunized?	YES . . . . . 1 NO 2	
112	Did the health worker give or prescribe for you iron tablets? SHOW THE IFA PILL.	YES . . . . . 1 NO 2	➜116
113	Did the health worker tell you about the side effects of this medicine?	YES . . . . . 1 NO 2	➜116
114	What are these side effects? (CIRCLE ALL MENTIONED) PROBE: Any others?	NAUSEA . . . . . .A BLACK STOOLS . . . . . .B CONSTIPATION . . . . . C OTHER_____ . X DON'T KNOW . . . . . .Z	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
115	How often were you told to take these pills?	EVERY DAY . . . . . 1 EVERY WEEK . . . . . 2 ANOTHER TIME FRAME . . . . . 3 PHARMACY WILL EXPLAIN . . . . . 4 NOT KNOWN 8	
116	Besides the medicine I showed you few moments ago, did the health worker give or prescribe for you either of these medicines? SHOW THE CAPSULES OF CHLOROQUINE AND FANSIDAR	YES . . . . . 1 NO 2	➜119
117	Which one?	CHLOROQUINE . . . . . 1 FANSIDAR 2	
118	How often were you told to take these pills?	AT ANC VISITS . . . . . 01 ONCE . . . . . 02 TWICE . . . . . 03 THREE TIMES DURING PREGNANCY . . 04 EVERY DAY . . . . . 05 EVERY WEEK . . . . . 06 ANOTHER TIME FRAME . . . . . 07 PHARMACY WILL EXPLAIN . . . . . 08 NOT KNOWN 98	
119	Did the health worker tell you about what to eat during your pregnancy?	YES . . . . . 1 NO 2	
120	Did the health worker tell you when to come back for your next visit?	YES . . . . . 1 NO 2	
121	How many months will you exclusively breastfeed your baby, i.e. give nothing apart from breast milk?	MONTHS. . . . . [ ][ ] DON'T KNOW 98	
122	Did the health worker give you advice on the importance of exclusive breastfeeding?	YES . . . . . 1 NO 2	

SECTION 2. CLIENT SATISFACTION

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
201	Did you have questions to ask the health worker about your pregnancy?	YES . . . . . 1 NO 2	 ➜203
202	Were your questions answered to your satisfaction?	YES . . . . . 1 NO 2	
203	Did you feel that the health worker was easy to understand when he/she explained things during your consultation?	YES . . . . . 1 NO 2	
204	Do you think that you had adequate privacy during your consultation so that others at the facility could not see or hear you?	YES . . . . . 1 NO 2	
205	Do you think that the information you shared about yourself today at the facility will be kept confidential?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
206	During your visit to the clinic, how were you treated by the health worker who examined you?	VERY WELL . . . . . 1 WELL . . . . . 2 NOT VERY WELL/POORLY 3	
207	Would you encourage a friend/relative of yours to come to this facility for antenatal care?	YES . . . . . 1 NO 2	
208	How long did you wait between the time you first arrived at this facility and the time you saw a health worker for your consultation?	MINUTES. . . . . [ ][ ][ ] DON'T KNOW 998	
209	Do you feel this waiting time is reasonable or too long?	REASONABLE . . . . . 1 TOO LONG . . . . . 2 DON'T KNOW 8	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
210	Did you pay an amount (sum of money) for services received here today or pay a lump sum for all the maternity services?	YES, PAID TODAY . . . . . 1 YES, LUMP SUM . . . . . 2 NO . . . . . 3 DON'T KNOW 8	 ➜212 ➜212

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
211	How much: a) was the lump sum for all maternity care? b) in total for today's consultation? c) for the consultation today? d) for medications/lab tests today?	KENYAN SHILLINGS: LUMP SUM. . . . [ ][ ][ ][ ][ ] TOTAL. . . . . [ ][ ][ ][ ] VISIT. . . . . [ ][ ][ ][ ] MEDICINES/ LAB TESTS. . . . [ ][ ][ ][ ] NO COST = 0000 DON'T KNOW = 9998	
212	PATIENT WHO PAID: How did you pay for the services today? PATIENT WHO DID NOT PAY: Why did you not pay?	CASH . . . . . 01 CREDIT . . . . . 02 INSURANCE . . . . . 03 EMPLOYER PAYS . . . . . 04 WAIVED . . . . . 05 EXEMPT . . . . . 06 OTHER_____ . 96	
213	What were the main reasons you chose this facility for of ANC? (CIRCLE ALL MENTIONED) PROBE: Anything else?	ACCESSIBILITY . . . . . A VALUE FOR MONEY . . . . . B PROVIDER ATTITUDE . . . . . C PROVIDER COMPETENCE . . . . . D QUALITY OF CARE . . . . . E RECOMMENDED . . . . . F LACK OF ALTERNATIVES . . . . . G OTHER_____ . . X	
214	In which district and village/town do you live? District _____ Village/town_____	DISTRICT: . . . . . [ ][ ][ ]	
215	Is this the closest antenatal care service to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	➜217 ➜217
216	What was the main reason you did not go to the closer facility?	INCONVENIENT OPERATING HOURS . . 01 BAD REPUTATION . . . . . 02 DON'T LIKE THE PERSONNEL . . . . . 03 NO MEDICATION . . . . . 04 PREFERS TO REMAIN ANONYMOUS . . 05 MORE EXPENSIVE . . . . . 06 LESS CONVENIENT LOCATION . . . . . 08 REFERRAL . . . . . 09 OTHER_____ . 96 DON'T KNOW 98	
217	How long did it take you to get here? ALTERNATIVE: How long would it take you to get here from your home?	MINUTES. . . . . [ ][ ][ ] DON'T KNOW 998	
218	What was the main type of transportation you used to get here?	CAR/TRUCK . . . . . 01 BUS/MATATU . . . . . 02 MOTORCYCLE . . . . . 03 BICYCLE . . . . . 04 ANIMAL . . . . . 05 WALKING . . . . . 06 OTHER_____ . 96	
219	How much will it cost you to come to this facility today, including return transportation and food?	KSHS. . . . . [ ][ ][ ] NO COST . . . . . 000 DON'T KNOW 998	
220	Did you loose wages from work to come here today?	YES, LOST WAGES . . . . . 1 NO, NO LOST WAGES . . . . . 2 LOST TIME FROM NON WAGE WORK . . 3	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
221	Where would you prefer to deliver if you had a choice?	AT HOME ALONE . . . . . 01 AT HOME ATTENDED BY FAMILY/ FRIENDS . . . . . 02 AT HOME ATTENDED BY TBA . . . . . 03 HEALTH CENTRE . . . . . 04 HOSPITAL . . . . . 05 NURSING HOME/MATERNITY . . . . . 06 OTHER_____ . 96	
222	Where do you think you will actually deliver?	AT HOME ALONE . . . . . 01 AT HOME ATTENDED BY FAMILY/ FRIENDS . . . . . 02 AT HOME ATTENDED BY TBA . . . . . 03 HEALTH CENTRE . . . . . 04 HOSPITAL . . . . . 05 NURSING HOME/MATERNITY . . . . . 06 OTHER_____ . 96 DON'T KNOW 98	
223	IF BOTH 221 AND 222 RESPONSES CORRESPOND, CIRCLE '1', OTHERWISE, CIRCLE '2'.	ANSWERS CORRESPOND . . . . . 1 ANSWERS DO NOT CORRESPOND 2	➔301
224	Why will you not deliver in your preferred place?	TOO EXPENSIVE . . . . . 01 TOO FAR/INACCESSIBLE . . . . . 02 FAMILY DOES NOT APPROVE . . . . . 03 AFRAID . . . . . 04 PROVIDER ATTITUDE . . . . . 05 PROVIDER COMPETENCE . . . . . 06 OTHER_____ 96 DON'T KNOW 98	

SECTION 3. PERSONAL CHARACTERISTICS OF CLIENT

301	Have you ever attended school?	YES . . . . . 1 NO 2	 ➔304
302	What is the highest level of school that you attended: primary; secondary; or higher?	PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER 4	
303	What is the highest standard/form/year you completed at that level?	STANDARD/FORM/YEAR [ ][ ]	
304	How old were you at your last birthday?	AGE IN YEARS. . . . . [ ][ ] DON'T KNOW 98	
305	What is your current marital status? PROBE: IF MARRIED ASK: Are there any other wives apart from you?	MARRIED/MONOGAMOUS . . . . . 1 MARRIED/POLYGAMOUS . . . . . 2 LIVING TOGETHER . . . . . 3 SINGLE, NEVER MARRIED . . . . . 4 DIVORCED/SEPARATED/WIDOWED 5	
306	How many living children do you have?	NUMBER OF CHILDREN. . . [ ][ ] NONE 00	 ➔ 308
307	How old is your youngest child?	MONTHS. . . . . [ ][ ] 96+ . . . . . 96 DON'T KNOW 98	
308	What is your religion?	CATHOLIC . . . . . 01 PROTESTANT/OTHER CHRISTIAN . . . . 02 MUSLIM . . . . . 03 HINDU . . . . . 04 TRADITIONAL RELIGION . . . . . 05 NO RELIGION . . . . . 06 OTHER . 96	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
309	In the household in which you usually live, what is the main source of drinking water for members of your household?	PIPED INTO RESIDENCY/COMPOUND/ PLOT . . . . . 11 PUBLIC TAP . . . . . 12 WELL ON RESIDENCE/PLOT . . . . . 21 PUBLIC WELL . . . . . 22 RIVER/STREAM . . . . . 31 POND/LAKE . . . . . 32 RAINWATER . . . . . 41 BOREHOLE . . . . . 42 OTHER_____ . 96	
310	What kind of toilet facility does your household have?	OWN FLUSH TOILET . . . . . 11 SHARED FLUSH TOILET . . . . . 12 TRADITIONAL PIT TOILET . . . . . 21 VENTILATED IMPROVED PIT (VIP) LATRINE . . . . . 22 NO FACILITY/BUSH/FIELD . . . . . 31 OTHER_____ . 96	
311	Does your household have: a) electricity/power? b) a radio? c) a television? d) a telephone? e) a refrigerator?	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 TELEPHONE . . . . . 1 2 REFRIGERATOR 1 2	
312	Does any member of your household own: a) a bicycle? b) a motorcycle? c) a car?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE . . . . . 1 2 CAR 1 2	
313	Do you have a maternal health card?	YES . . . . . 1 NO 2	➔316
314	May I see it? YOU MUST ACTUALLY SEE THE CARD. IF YOU SEE THE CARD, CIRCLE '1'. OTHERWISE CIRCLE '2'.	YES . . . . . 1 NO 2	➔316
315A	PLEASE LOOK AT CARD AND CHECK FOR THE FOLLOWING INFORMATION ON THE CARD.	NUMBER OF VISITS [ ][ ]	
315B	AGE	AGE [ ][ ]	
315C	WEEKS OF PREGNANCY	WEEKS [ ][ ]	
315D	MARK ALL ITEMS THAT ARE RECORDED ON THE CARD	NUMBER OF PREGNANCY . . . . . A HEIGHT . . . . . B ABORTION . . . . . C TETANUS TOXOID (ANY TT WRITTEN ON CARD) . . . . . D URINANALYSIS . . . . . E HAEMOGLOBIN . . . . . F SYPHILIS/VDRL . . . . . G	
316	MARK ENDING THE TIME	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

COMMENTS:

Kenya Service Provision Assessment
1999

Observation of Sick Child Consultation

IDENTIFICATION

Name of the facility_____	
Facility Location_____	
Code of the facility	. . . . .
Type of Health Facility: (1 = National Hospital; 2 = Provincial General Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Center, 6 = Dispensary; 7 = Maternity/Nursing Home; 8 = Clinic)	. . . . .
Position of service provider (02 = Doctor; 03 = Clinical Officer; 04 = KRN/M, KRM, KRN, or KRCN; 05 = EM, EN or ECN: 06 = Midwife; 07 = Pharmacist; 08 =Laboratory /Support staff; 96 = Other_____)	. . . . .
Assessment number	. . . . .
Date:	Day . . . . .
	Month . . . . .
	Year. . . . .
Name of the interviewer_____	Interviewer Code . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

ASSESSOR INSTRUCTIONS: OBTAIN PERMISSION FROM THE PATIENT AS WELL AS THE HEALTH WORKER BEFORE BEGINNING TO ASSESS THE INTERACTION BETWEEN THEM. BE AS DISCREET AS POSSIBLE DURING THE ASSESSMENT AND DO NOT TAKE PART IN THE INTERACTION IN ANY WAY. MAKE SURE THAT THE SERVICE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM/HER AND THAT YOU ARE NOT AN "EXPERT" TO CONSULT DURING THE SESSION. TRY TO SIT BEHIND THE PATIENT, BUT IN A POSITION NOT DIRECTLY IN FRONT OF THE PROVIDER. FOR EACH OF THE QUESTIONS LISTED BELOW, CIRCLE THE ANSWER THAT MOST APPROPRIATELY REFLECTS YOUR ASSESSMENT OF WHAT HAPPENED DURING THE INTERACTION.

READ TO HEALTH WORKER: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children with the goal of finding ways to improve service delivery. I would like to observe your consultation with this woman in order to better understand how health care is provided in this country. This information is completely confidential. You may choose to stop the interview at any time. May I be present at this consultation?

100a PERMISSION RECEIVED FROM HEALTH WORKER.

YES 1
NO . . . . . 2 ➔STOP

READ TO CARETAKER: Hello. I am representing the Ministry of Health. We are carrying out a survey of health facilities that provide services to women and children. I would like to observe your consultation with this health worker in order to better understand how health care is provided. This information is completely confidential and will not affect the level of care you receive here now or in the future. After the consultation, my colleague would like to talk with you about your experiences here today. You may tell me to stop the interview at any time. May I stay?

100b PERMISSION RECEIVED FROM CARETAKER.

YES 1
NO . . . . . 2 ➔STOP

Observation of Sick Child Consultation

No.	QUESTIONS	CODING CLASSIFICATION	GOTO
SECTION 1. GENERAL ASSESSMENT			
101	DOES THE HEALTH WORKER WELCOME THE PATIENT AND THE CARETAKER?	YES . . . . . 1 NO 2	
102	WHAT IS THE STATUS OF THE CHILD?	REFERRAL . . . . . 1 NEW PATIENT . . . . . 2 FOLLOW-UP VISIT . . . . . 3 OTHER_____ . . . . 6 DON'T KNOW 8	┐ ├ → 1 0 4 ┤ ┘
103	DOES THE CARETAKER HAVE A LETTER OR OTHER DOCUMENT CONTAINING THE DIAGNOSIS AND/OR REASON FOR REFERRAL?	YES . . . . . 1 NO 2	
104	DOES THE CARETAKER GIVE A REASON FOR BRINGING THE CHILD TO THE HEALTH FACILITY?	YES . . . . . 1 NO 2	→ 1 0 6
105	WHAT REASON DOES THE CARETAKER GIVE? (CIRCLE ALL MENTIONED)	DIARRHOEA/VOMITING . . . . . A FEVER/MALARIA . . . . . B DIFFICULTY BREATHING/COUGH PNEUMONIA . . . . . C CONVULSIONS . . . . . D DIFFICULTY FEEDING . . . . . E OTHER_____ . . . . . X NONE GIVEN . . . . . Y	
106	DOES THE HEALTH WORKER ASK IF THE CHILD HAS OR DOES THE CARETAKER MENTION THE CHILD HAD: A) DIARRHOEA . . . . . . B) COUGH/RAPID OR DIFFICULT BREATHING . . . . . . C) FEVER . . . . . . D) EAR PROBLEM	YES NO DIARRHOEA . . . . . 1 2 COUGH . . . . . 1 2 FEVER . . . . . 1 2 EAR PROBLEMS 1 2	
107	DOES THE HEALTH WORKER TAKE THE CHILD'S TEMPERATURE: A) BY TOUCH? . . . . . . B) USING A THERMOMETER? . . . . . . C) IF YES, WHAT WAS THE CHILD'S TEMPERATURE?	YES NO DK . . . . . 1 2 8 . . . . . 1 2 8 DEGREES (°C). . . . . [ ][ ]	
108	DOES THE HEALTH WORKER ASK THE AGE OF THE CHILD OR HAVE THE CHILD'S AGE AVAILABLE?	YES . . . . . 1 NO 2	→ 1 1 0
109	WHAT IS THE CHILD'S AGE (IN YEARS AND MONTHS)?	AGE IN YEARS. . . . . [ ] AGE IN MONTHS . . . . . [ ][ ]	

No.	QUESTIONS	CODING CLASSIFICATION			GOTO
110	DOES THE HEALTH WORKER:		YES	NO	
	A) ASK FOR THE CHILD'S CARD (OR DID THE CARETAKER GIVE IT TO HIM/HER)?	CARD	1	2	
	B) LOOK AT THE CHILD'S GROWTH CHART?	GROWTH CHART	1	2	
	C) EXAMINE THE CHILD'S IMMUNISATION CARD?	IMMUNISATION CHART	1	2	
	D) DOES THE HEALTH WORKER IMMUNISE OR MAKE ARRANGEMENTS TO IMMUNISE?	ARRANGEMENTS	1	2	
111	DOES THE HEALTH WORKER:		YES	NO	
	A) LOOK AT THE CONJUCTIVA (FOR PALLOR)?	CONJUCTIVA	1	2	
	B) CHECK NAILBEDS/PALMS (FOR PALLOR)?	NAILBEDS	1	2	
	C) CHECK BOTH FEET FOR EDEMA?	EDEMA	1	2	
	D) ASK QUESTIONS TO ASSESS WEAKNESS OF CHILD (ABILITY TO SIT UNAIDED/BREASTFEED)?	WEAKNESS	1	2	

112	DOES THE HEALTH WORKER ASK ABOUT (OR DOES THE CARETAKER REPORT) WHETHER CHILD HAS THE FOLLOWING DANGER SIGNS:	CARETAKER SAID	PROVIDER ASKED RESPONSE: YES	NO	NA
	A) IS UNABLE TO EAT/DRINK/BREASTFEED?	1	2	3	8
	B) VOMITS EVERYTHING?	1	2	3	8
	C) HAS CONVULSIONS?	1	2	3	8
	D) EXHIBITS CHANGES IN CONSCIOUSNESS/IS LETHARGIC OR SLEEPY?	1	2	3	8

113	IF CHILD HAS ANY OF THE DANGER SIGNS IN Q. 112, DOES THE HEALTH WORKER:		YES	NO	N/A
	A) REFER/ADMIT CHILD?	REFER/ADMIT	1	2	3
	B) PRESCRIBE, ADMINISTER OR DISTRIBUTE FIRST DOSES OF ANY MEDICATION?	GAVE FIRST DOSE	1	2	3
	(SPECIFY)_____				
	C) RECOMMEND IMMEDIATE CONSULTATION FROM MORE EXPERIENCED WORKER	CONSULTATION	1	2	3
	D) PROCEED WITH GENERAL ASSESSMENT	PROCEED	1	2	3

114	CIRCLE IF CHILD HAS THE FOLLOWING SIGNS/SYMPTOMS DIAGNOSED AS HAVING.			COMPLETE:
	A) DIARRHOEA	DIARRHOEA	A	➜SECTION 2
	B) COUGH/RAPID BREATHING	COUGH	B	➜SECTION 3
	C) FEVER	FEVER	C	➜SECTION 4
	D) EAR PROBLEM	EAR PROBLEMS	D	➜SECTION 5

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
SECTION 2. DIARRHOEA			
201	DOES THE HEALTH WORKER ASK (OR DOES THE CARETAKER REPORT) THE FOLLOWING:	HW ASKS CARETAKER SAYS / RESPONSE: YES NO NA	
	A) HOW LONG CHILD HAS HAD DIARRHOEA?	. . . 1 2 3 8	
	B) IF YES, HOW LONG? (NA = 95; DON'T KNOW = 98)	DAYS. . . . . [ ][ ]	
	C) IF THERE IS BLOOD IN THE STOOL?	. . . 1 2 3 8	
202	IF CHILD < 12 MONTHS, DOES THE HEALTH WORKER CHECK FOR SUNKEN FONTANELLE?	YES . . . . . 1 NO 2	
203	DOES THE HEALTH WORKER PINCH THE SKIN OF THE CHILD'S ABDOMEN?	YES . . . . . 1 NO 2	➜205
204	ASSESSMENT OF THE SKIN PINCH?	NORMAL . . . . . 1 SLOW . . . . . 2 DON'T KNOW 8	
205	WHAT IS THE HEALTH WORKER'S ASSESSMENT OF THE CHILD'S LEVEL OF DEHYDRATION?	NO DEHYDRATION . . . . . 1 SOME DEHYDRATION . . . . . 2 SEVERE DEHYDRATION . . . . . 3 DON'T KNOW 8	
206	DOES THE HEALTH WORKER TELL/SHOW THE CARETAKER HOW TO/TO:	YES NO	
	A) PREPARE ORS USING HOME AVAILABLE FLUIDS?	HOME ORS 1 2	
	B) PREPARE ORS USING SACHET FROM THE CLINIC?	CLINIC ORS 1 2	
	C) ADMINISTER ORS?	ADMINISTER ORS 1 2	
207	DOES HEALTH WORKER ADVISE THE CARETAKER:	YES NO	
	A) TO FEED THE CHILD DURING ILLNESS?	FEEDING DURING 1 2	
	B) TO CONTINUE BREASTFEEDING ORGIVING LIQUIDS?	LIQUIDS 1 2	
	C) TO INCREASE FEEDING OF CHILD AFTER THE ILLNESS?	FEED AFTER 1 2	
	D) OF DANGER SIGNS AND TO RETURN IF OCCUR?	RETURN DANGER SIGNS 1 2	
	E) RETURN IF CHILD HAS BLOOD IN THE STOOL?	HAS BLOOD IN STOOL . . 1 2	
	F) TO RETURN IN 24 HOURS IF CHILD BECOMES MORE ILL?	MORE ILL 1 2	
	G) TO RETURN FOR FOLLOW-UP?	FOLLOWUP 1 2	
	H) IF YES, HOW MANY DAYS UNTIL RETURN?	DAYS. . . . . [ ][ ]	
SECTION 3. COUGH/RAPID BREATHING			
301	DOES THE HEALTH WORKER ASK (OR DOES THE CARETAKER REPORT) THE FOLLOWING:	HW ASKS CARETAKER SAYS / RESPONSE: YES NO NA	
	A) HOW LONG CHILD HAD COUGH/DIFFICULTY BREATHING?	. . . . . 1 2 3 8	
	B) IF YES, HOW LONG? (NA = 95; DON'T KNOW = 98)	DAYS. . . . . [ ][ ]	
302	DOES THE HEALTH WORKER EXPOSE THE CHILD'S CHEST?	YES . . . . . 1 NO 2	
303	DOES THE HEALTH WORKER COUNT THE CHILD'S BREATHS PER MINUTE (RESPIRATION RATE)?	YES . . . . . 1 NO 2	➜305
304	CHARACTERIZATION OF CHILD'S RESPIRATION RATE.	FAST . . . . . 1 SLOW . . . . . 2 DON'T KNOW 8	

No.	QUESTIONS	CODING CLASSIFICATION			GO TO
305	DOES HEALTH WORKER ADVISE THE CARETAKER HOW TO/TO:		YES	NO	
	A) SOOTHE THROAT AND RELIEVE COUGH?	RELIEVE COUGH	1	2	
	B) RETURN IF DEVELOPS FAST/ DIFFICULT BREATHING? . . .	DEVELOP FAST BREATH	1	2	
306	DOES HEALTH WORKER ADVISE THE CARETAKER:		YES	NO	
	A) TO FEED THE CHILD DURING ILLNESS?	FEEDING DURING	1	2	
	B) TO CONTINUE BREASTFEEDING OR GIVING LIQUIDS? . . .	LIQUIDS	1	2	
	C) OF DANGER SIGNS AND TO RETURN IF OCCUR?	RETURN DANGER SIGNS	1	2	
	D) TO RETURN IN 24 HOURS IF CHILD BECOMES MORE ILL?	MORE ILL	1	2	
	E) WHEN TO RETURN FOR FOLLOW-UP?	FOLLOWUP	1	2	
	F) IF YES, HOW MANY DAYS UNTIL RETURN?	DAYS.			
SECTION 4. FEVER/MALARIA					
401	DOES THE HEALTH WORKER ASK (OR DOES THE CARETAKER REPORT) THE FOLLOWING:	CARETAKER SAYS	HW ASKS RESPONSE: YES	NO	NA
	A) HOW LONG CHILD HAD THE FEVER LASTED?	. . . 1	2	3	8
	B) IF YES, HOW LONG? (NA = 95; DON'T KNOW = 98)	DAYS.			
402	DOES THE HEALTH WORKER:		YES	NO	DK
	A) LOOK FOR A GENERALIZED RASH?	. . . . .	1	2	8
	B) CHECK FOR OTHER SYMPTOMS (SORE THROAT, EAR PAIN, OTHER CAUSES OF FEVER)?	. . . . .	1	2	8
	C) EXAMINE THE CHILD'S NECK FOR STIFFNESS (MOVE HEAD BACK AND FORTH)?	. . . . .	1	2	8
403	DOES HEALTH WORKER ADVISE THE CARETAKER:		YES	NO	
	A) TO FEED THE CHILD DURING ILLNESS?	FEEDING DURING	1	2	
	B) TO CONTINUE BREASTFEEDING OR GIVING LIQUIDS? . . .	LIQUIDS	1	2	
	C) OF DANGER SIGNS AND TO RETURN IF OCCUR?	RETURN DANGER SIGNS	1	2	
	D) TO RETURN IN 24 HOURS IF CHILD BECOMES MORE ILL?	MORE ILL	1	2	
	E) WHEN TO RETURN FOR FOLLOW-UP?	FOLLOWUP	1	2	
	F) IF YES, HOW MANY DAYS UNTIL RETURN?	DAYS.			
SECTION 5. EAR PROBLEM					
501	DOES THE HEALTH WORKER ASK (OR DOES THE CARETAKER REPORT) ON THE FOLLOWING:	CARETAKER SAYS	HW ASKS RESPONSE: YES	NO	NA
	A) CHILD HAS EAR PAIN?	. . . 1	2	3	8
	B) CHILD HAS EAR DISCHARGE?	. . . 1	2	3	8
	C) HOW LONG CHILD HAD EAR DISCHARGE?	. . . 1	2	3	8
	D) IF YES, HOW LONG? (NA = 95; DON'T KNOW = 98)	DAYS.			
502	DOES THE HEALTH WORKER:		YES	NO	DK
	A) LOOK FOR DISCHARGE?	. . . . .	1	2	8
	B) FIND DISCHARGE?	. . . . .	1	2	8
	C) FEEL BEHIND THE CHILD'S EAR?	. . . . .	1	2	8

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
SECTION 6. MEDICINES FOR TREATMENT			
601	IS THE CHILD GIVEN OR PRESCRIBED ANY ORAL MEDICATIONS?	YES . . . . . 1 NO 2	 ➜603
602	WITH RESPECT TO THE PRESCRIBED OR GIVEN ORAL MEDICATIONS, DOES THE HEALTH WORKER:	YES NO	
	A) EXPLAIN HOW TO ADMINISTER THE MEDICATIONS?	EXPLAIN. 1 2	
	B) DEMONSTRATE HOW TO ADMINISTER THE MEDICATIONS?	DEMONSTRATE 1 2	
	C) ASK THE CARETAKER ONE OR MORE OPEN-ENDED QUESTIONS TO VERIFY HIS/HER COMPREHENSION OF HOW TO ADMINISTER THE MEDICATIONS?	ASK QUESTIONS 1 2	

TREATMENT SCHEDULE: RECORD THE TREATMENT GIVEN BY THE HEALTH WORKER. IF HEALTH WORKER DOES NOT MENTION DURING CONSULTATION, ASK THE HEALTH WORKER ABOUT THE TREATMENT BEFORE HE/SHE CALL IN THE NEXT PATIENT.

DRUG	603. WHAT TYPE IS DRUG?	604. WHAT DOSAGE OF DRUG IS GIVEN?	605. WHAT FREQUENCY IS DRUG GIVEN (NUMBER OF TIMES PER DAY)?	606. WHAT DURATION IS DRUG GIVEN (NUMBER OF DAYS)?
a) VITAMIN A YES . . . . . 1 NO . . . . . 2➜b	INJECTION . . . . . 1 TABLETS . . . . . 2 OINTMENT . . . . . 3 OTHER_____ 8	[ ][ ][ ]	[ ]	[ ][ ]
b) DRUG 1 NAME:_____ _____	INJECTION . . . . . 1 TABLETS . . . . . 2 OINTMENT . . . . . 3 OTHER_____ 8	[ ][ ][ ] MG . . . . . 1 G . . . . . 2 OTHER 6	[ ] GIVEN ONCE 7	[ ][ ] GIVE FOR LIFE 96
c) DRUG 2 NAME:_____ _____ NONE . . . . . 9➜607	INJECTION . . . . . 1 TABLETS . . . . . 2 OINTMENT . . . . . 3 OTHER_____ 8	[ ][ ][ ] MG . . . . . 1 G . . . . . 2 OTHER 6	[ ] GIVEN ONCE 7	[ ][ ] GIVE FOR LIFE 96
d) DRUG 3 NAME:_____ _____ NONE . . . . . 9➜607	INJECTION . . . . . 1 TABLETS . . . . . 2 OINTMENT . . . . . 3 OTHER_____ 8	[ ][ ][ ] MG . . . . . 1 G . . . . . 2 OTHER 6	[ ] GIVEN ONCE 7	[ ][ ] GIVE FOR LIFE 96
e) DRUG 4 NAME:_____ _____ NONE . . . . . 9➜607	INJECTION . . . . . 1 TABLETS . . . . . 2 OINTMENT . . . . . 3 OTHER_____ 8	[ ][ ][ ] MG . . . . . 1 G . . . . . 2 OTHER 6	[ ] GIVEN ONCE 7	[ ][ ] GIVE FOR LIFE 96
f) DRUG 5 NAME:_____ _____ NONE . . . . . 9➜607	INJECTION . . . . . 1 TABLETS . . . . . 2 OINTMENT . . . . . 3 OTHER_____ 8	[ ][ ][ ] MG . . . . . 1 G . . . . . 2 OTHER 6	[ ] GIVEN ONCE 7	[ ][ ] GIVE FOR LIFE 96

607	DOES HEALTH WORKER TELL THE CARETAKER THE CHILD'S DIAGNOSIS?	YES . . . . . 1 NO 2	
608	IS SP (FANSIDAR) PRESCRIBED?	YES . . . . . 1 NO 2	 ➜701
609	IS THE MOTHER ADVISED TO RETURN THE CHILD IF HE/SHE VOMITS WITHIN 40 MINUTES OF TAKING THE MEDICINE?	YES . . . . . 1 NO 2	
610	IS THE MOTHER ADVISED THAT THE CHILD'S FEVER MIGHT ONLY IMPROVE ON THE THIRD DAY?	YES . . . . . 1 NO 2	

SECTION 7. CLASSIFICATION AND TREATMENT

THE FOLLOWING QUESTIONS MAY NEED TO BE ASKED OF THE HEALTH WORKER AFTER THE CONSULTATION.

701	IF Q. 202 IS 'YES', THEN ASK: Does the child have sunken fountanelle?	YES . . . . . 1 NO . . . . . 2 N/A 3	
702	IF Q. 114 'C' IS CIRCLED, THEN ASK: Does the child have fever?	YES . . . . . 1 NO . . . . . 2 N/A 3	
703	IF Q. 302 IS 'YES', THEN ASK: Does the child have chest indrawing?	YES . . . . . 1 NO . . . . . 2 N/A 3	
704	What are your classifications or diagnoses for the child? (CIRCLE ALL MENTIONED/RECORDED)	DIARRHOEA . . . . . A SEVERE PERSISTENT DIARRHOEA . B BLOODY DIARRHOEA/DYSENTERY . C PNEUMONIA . . . . . D SEVERE PNEUMONIA . . . . . E NO PNEUMONIA, COUGH/COLD . . . . F MALARIA . . . . . G SEVERE MALARIA . . . . . H VERY SEVERE FEVER . . . . . I MEASLES EYES MOUTH . . . . . J MEASLES . . . . . K SEVERE COMPLICATED MEASLES . . L FEVER OTHER CAUSES . . . . . M (SPECIFY)_____ MASTOIDITIS . . . . . N ACUTE EAR INFECTION . . . . . O CHRONIC EAR INFECTION . . . . . P SEVERE MALNUTRITION . . . . . Q NO DIAGNOSIS . . . . . Z OTHER DIAGNOSIS . . . . . X (SPECIFY)_____	
705	IF 703 WAS YES OR E, H, L, OR Q CIRCLED IN 704, IS THE CHILD EITHER REFERRED TO A FACILITY ABLE TO ADMIT SEVERELY ILL CHILDREN OR ADMITTED DIRECTLY?	YES . . . . . 1 NO 2	
706	What is the child's nutritional status?	SEVERELY MALNOURISHED . . . . . 1 VERY LOW WEIGHT . . . . . 2 NORMAL 3	
707	IF Q. 111 IS 'YES', THEN ASK: What was the child's anaemia status?	SEVERE ANAEMIA . . . . . 1 ANAEMIA . . . . . 2 NO ANAEMIA . . . . . 3 N/A 4	
708	IF THE CHILD IS CLASSIFIED AS EITHER '1' OR '2' IN EITHER 706 OR 707, CIRCLE 'YES'.	YES . . . . . 1 NO 2	

SECTION 8. INTERVIEWER'S IMPRESSIONS OF CONSULTATION

801	DOES THE HEALTH WORKER: A) TREAT THE CARETAKER WITH RESPECT? . . . . . . B) USE A KIND AND INVITING TONE OF VOICE? . . . . . . C) LISTEN TO THE CARETAKER?	ALWAYS SOMETIMES NEVER RESPECT 1 2 3 KIND TONE1 . . . . . 2. . . . . .3 . . . LISTEN . . 1 2 3	
802	DOES THE HEALTH WORKER USE A LANGUAGE THAT THE CARETAKER SEEMS TO UNDERSTAND?	YES . . . . . 1 NO 2	
803	MARK THE ENDING TIME	Hour . . . . . [ ][ ] Minutes . . . . . [ ][ ]	

COMMENTS:

Kenya Service Provision Assessment
1998

Exit Interview for Caretaker of Sick Child

IDENTIFICATION	
Name of the facility_____	
Facility location_____	
Code of the facility	. . . . .
Type of facility: (1 = National Hospital; 2 = Provincial general Hospital; 3 = District Hospital; 4 = Subdistrict Hospital; 5 = Health Centre; 6 = Dispensary; 7 = Maternity and/or Nursing Home; 8 = Clinic)	Type . . . . .
Caretaker assessment number:	. . . . .
Sex of sick child: (1 = female; 2 = male)	Sex . . . . .
Interview language: (01 = Kalenjin; 02 = Kamba; 03 = Kikuyu; 04 = Kisii; 05 = Luhya; 06 = Luo; 07 = Meru/Embu; 08 = Mijikenda; 09 = Kiswahili; 10 = English; 11 = Masai; 12 = Other_____)	. . . . .
Date	Day . . . . .
	Month . . . . .
	Year. . . . .
Name of the interviewer_____	Interviewer Code . . . . .
Beginning time	Hour . . . . .
	Minutes . . . . .

INTRODUCTION:
Hello. In order to improve the services offered by this facility, we would like to know about your experience here. All the information given to me will be kept strictly confidential and future care that you receive at this facility will in no way be affected by your participation or non-participation in this interview. You can refuse to answer any question and may stop the interview at any time.

100 May I continue?

YES 1
NO . . . . . 2 ➜STOP

Exit Interview for Caretaker of Sick Child

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
SECTION 1.	**INFORMATION ABOUT THE VISIT**		
101	For what services did you come to this health facility today? (CIRCLE ALL ITEMS MENTIONED.) PROBE: Anything else?	FAMILY PLANNING . . . . . A ANTENATAL CARE . . . . . B POSTPARTUM CARE . . . . . C COUNSELING ABOUT NUTRITION/ GROWTH MONITORING . . . . . D CARE FOR A SICK CHILD . . . . . E CHILD IMMUNIZATION . . . . . F OTHER_____ X	
102	Was this the first visit to this facility for your child for this illness, was he or she referred to this facility or is this a follow-up visit?	NEW VISIT . . . . . 1 REFERRED . . . . . 2 FOLLOW-UP 3	
103	What is the diagnosis for the child? (IF THE CARETAKER DOES NOT KNOW, PLEASE ASK FOR THE CARD) (CIRCLE ALL MENTIONED OR WRITTEN) PROBE: Anything else?	DIARRHOEA . . . . . A PERS. DIARRHOEA . . . . . B BLOODY DIARRHOEA/DYSENTERY . . C PNEUMONIA . . . . . D SEVERE PNEUMONIA . . . . . E COUGH/COLD . . . . . F MALARIA . . . . . G CONVULSIONS . . . . . H MEASLES . . . . . I SEV. COMPL .MEASLES . . . . . J FEVER OTH. CAUSES . . . . . K SPECIFY_____ MASTOIDITIS . . . . . L ACUTE EAR INFECTION . . . . . M CHRONIC EAR INFECTION . . . . . N NO DIAGNOSIS . . . . . Z	➜105
104	Did the health worker tell you the diagnosis?	YES . . . . . 1 NO 2	
105	Did the health worker ask you if your child had: a) diarrhoea or symptoms of diarrhoea? b) malaria or a fever? c) cough or difficulty breathing? d) ear pain? e) any discharge from the ear?	YES NO DIARRHOEA . . . . . 1 2 MALARIA/FEVER . . . . . 1 2 COUGH . . . . . 1 2 EAR PAIN . . . . . 1 2 DISCHARGE FROM EAR . . . 1 2	
106	Did the health worker weigh the child?	YES . . . . . 1 NO 2	
107	Do you have the child's growth card or other document/paper with you?	YES . . . . . 1 NO 2	➜113
108	ACCORDING TO THE CARD, WAS THE CHILD WEIGHED DURING THE CONSULTATION?	YES . . . . . 1 NO 2	➜112
109	RECORD THE CHILD'S WEIGHT FROM TODAY'S CONSULTATION?	KG . . . . . [ ][ ]	
110	DID THE HEALTH WORKER PLOT THE CHILD'S WEIGHT?	YES . . . . . 1 NO 2	➜112
111	DID THE HEALTH WORKER PLOT THE CHILD'S WEIGHT ACCURATELY?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
112	LOOK AT VACCINATION SCHEDULE ON CARD: ARE THE CHILD'S VACCINATIONS UP-TO-DATE?	YES . . . . . 1 NO 2	
113	Did the health worker ask: a) the child's age? b) if the child has been unable to eat/drink/breastfeed? c) if the child has been vomiting? d) if the child has had convulsions? e) if the child has been lethargic or sleepy?	YES NO AGE . . . . . 1 2 UNABLE TO EAT/DRINK . . . 1 2 VOMITING . . . . . 1 2 CONVULSIONS . . . . . 1 2 LETHARGIC 1 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
114	Were you given or prescribed any medicines for the child?	YES . . . . . 1 NO 2	➔116
115	Why not?	WAITING FOR LAB RESULTS . . . . . 1 UNNECESSARY . . . . . 2 OTHER_____ . . 6 DON'T KNOW 8	➔121

MEDICINE	116. Were you given (MEDICINE) to take home?	117. How many times will you give the (MEDICINE) to the child each day?	118. How much (MEDICINE) will you give the child each time?	119. How many days will you give the (MEDICINE) to the child?	120. Did the health worker explain the need to complete the dose?
		CODING: "Quarter tablet" = 25; "Half tablet" = 50; "As required" = 94; "Until completed" = 95; "Don't know "= 98			
a) Chloroquine tablets or syrup	YES . . . . . 1 NO . . . . . 2 ➔b	TIMES PER DAY	SPOONFUL . . . . . 1 TABLETS 2		YES . . . . . 1 NO . . . . . 2 DK 8
b) Fansidar (S.P.)	YES . . . . . 1 NO . . . . . 2 ➔c	TIMES PER DAY	SPOONFUL . . . . . 1 TABLETS 2		YES . . . . . 1 NO . . . . . 2 DK 8
c) Antibiotic tablets or syrup Name:_____ Dose/tab:_____	YES . . . . . 1 NO . . . . . 2 ➔d	TIMES PER DAY	SPOONFUL . . . . . 1 TABLETS 2		YES . . . . . 1 NO . . . . . 2 DK 8
d) Aspirin tablets or syrup OR Paracetamol tablets or syrup Dose/tab:_____	YES . . . . . 1 NO . . . . . 2 ➔e	TIMES PER DAY	SPOONFUL . . . . . 1 TABLETS 2		YES . . . . . 1 NO . . . . . 2 DK 8
e) ORS	YES . . . . . 1 NO . . . . . 2 ➔f	TIMES PER DAY	SPOONFUL . . . . . 1 CUP 3		YES . . . . . 1 NO . . . . . 2 DK 8
f) Other:_____	YES . . . . . 1 NO . . . . . 2 ➔121	TIMES PER DAY	SPOONFUL . . . . . 1 TABLETS 2		YES . . . . . 1 NO . . . . . 2 DK 8

NO,	QUESTIONS	CODING CLASSIFICATION	GO TO
121	INTERVIEWER: WAS ORS GIVEN OR PRESCRIBED?	YES . . . . . 1 NO 2	➔ 123
122	Did the health worker explain the need to give the ORS even if the diarrhoea does not appear to stop?	YES . . . . . 1 NO 2	
123	What will you do for your child when you return home? (CIRCLE ALL MENTIONED) PROBE: Anything else?	CONTINUE (BREAST)FEEDING THE CHILD . . . . . A GIVE SAME QUANTITY OR MORE OF FLUIDS TO THE CHILD . . . . . B COMPLETE COURSE OF MEDICATIONS/ORS/RHF . . . . . C BRING CHILD BACK IF DOESN'T GET BETTER OR IF GETS WORSE . . . . . D DON'T KNOW . . . . . Z	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
124	Did the health worker ask you to return for follow-up?	YES . . . . . 1 NO 2	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
125	What signs or symptoms would tell you that your child's condition is getting worse or not getting better? (CIRCLE ALL MENTIONED) PROBE: Anything else?	FEVER BEGINS/DOESN'T GO AWAY . . A CHILD UNABLE TO EAT . . . . . B DIARRHEA CONTINUES . . . . . C CHILD HAS CHEST INDRAWING . . . . . D VOMITING BEGINS OR CONTINUES . . E CHILD UNABLE TO DRINK . . . . . F CHILD HAS CONVULSIONS . . . . . G CHILD HAS DIFFICULTY BREATHING . H BLOOD IN STOOL . . . . . I UNABLE TO BREASTFEED . . . . . J UNABLE TO SIT/STAND ALONE . . . . . K MARKED DROWSINESS . . . . . L OTHER_____ . . X DON'T KNOW . . . . . Z	
126	Did you take your child anywhere else before coming to this health facility for this condition?	YES . . . . . 1 NO 2	➔ 128
127	Where did you take your child? (CIRCLE ALL MENTIONED) PROBE: Anywhere else?	ANOTHER HEALTH FACILITY . . . . . A HERBALIST . . . . . B CHW . . . . . C PHARMACY . . . . . D SHOP . . . . . E OTHER _____ . X	
128	How long was the child sick before you brought him/her to this health facility? ALTERNATIVE: When did your child become sick?	SINCE TODAY . . . . . 00 SINCE YESTERDAY . . . . . 01 NUMBER OF DAYS . . . . . [ ][ ] DON'T KNOW 98	

SECTION 2. PATIENT SATISFACTION

201	Have you ever visited this facility before today's visit?	YES . . . . . 1 NO 2	➔ 203
202	How many visits have you made to this facility in the last 12 months?	NO. OF VISITS . . . . . [ ][ ] DON'T KNOW 98	
203	Do you think that medicines are always, mostly, occasionally, or never available at this facility?	ALWAYS . . . . . 1 MOSTLY . . . . . 2 OCCASIONALLY . . . . . 3 NEVER . . . . . 4 DON'T KNOW 8	
204	Did you have questions to ask the health worker today?	YES . . . . . 1 NO 2	➔206
205	Were your questions answered to your satisfaction?	YES . . . . . 1 NO 2	
206	Did you feel that the health worker was easy to understand when he/she explained things during your consultation?	YES . . . . . 1 NO 2	
207	During your visit to the facility, how were you treated by the health worker who examined the child?	VERY WELL . . . . . 1 WELL . . . . . 2 NOT VERY WELL/POORLY 3	
208	Would you encourage a friend/relative of yours to come to this facility for treatment of a sick child?	YES . . . . . 1 NO 2	
209	How long did you wait between the time you first arrived at this facility and the time you saw a health worker for your consultation?	MINUTES. . . . . [ ][ ][ ] DON'T KNOW 998	
210	Do you feel this waiting time is reasonable or too long?	REASONABLE . . . . . 1 TOO LONG . . . . . 2 DON'T KNOW 8	
211	Did you pay an amount (sum of money) for the services received here for your sick child today?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	 ➔213 ➔213

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
212	How much: a) In total? b) For the visit? c) For medicines/supplies/lab tests?	KENYAN SHILLINGS: TOTAL.. . . . . . CONSUL- TATION. . . . . MEDICINE . . . . . NO COST = 0000; DON'T KNOW = 9998	
213	PEOPLE WHO PAID: How did you pay for the services today? PEOPLE WHO DID NOT PAY: Why did you not pay?	CASH . . . . . 1 CREDIT . . . . . 2 INSURANCE . . . . . 3 EMPLOYER PAYS . . . . . 4 WAIVED . . . . . 5 EXEMPT . . . . . 6 DON'T KNOW 8	
214	In which district and village/town do you live? District _____ Village/town_____	DISTRICT:	
215	Is this the closest health facility to your home?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	➜217 ➜217
216	What was the main reason you did not go to the closer facility?	INCONVENIENT OPERATING HOURS . 01 BAD REPUTATION . . . . . 02 DOES NOT LIKE THE PERSONNEL . . . 03 NO MEDICINE . . . . . 04 PREFERS TO REMAIN ANONYMOUS . 05 IT IS MORE EXPENSIVE . . . . . 06 REFERRAL . . . . . 07 OTHER_____ . 96 DON'T KNOW 98	
217	How long did it take you to get here? ALTERNATIVE: How long would it take you to get here from your home?	MINUTES. . . . . . DON'T KNOW 998	
218	What was the main type of transportation you used to get here?	CAR/TRUCK . . . . . 01 BUS/MATATU . . . . . 02 MOTORCYCLE . . . . . 03 BICYCLE . . . . . 04 ANIMAL . . . . . 05 WALKING . . . . . 06 OTHER_____ . 96	
219	How much will it cost you to come to this facility today, including return transportation and food?	KENYAN SHILLINGS . . NO COST . . . . . 000 DON'T KNOW 998	
220	Did you loose wages from work to come here today?	YES, LOST WAGES . . . . . 1 NO, NO LOST WAGES . . . . . 2 LOST TIME FROM NON-WAGE WORK . . 3	

SECTION 3. BACKGROUND CHARACTERISTICS AND HOUSEHOLD SOCIOECONOMIC STATUS

301	In what month and year was the child you brought today born?	MONTH. . . . . . MONTH NOT KNOWN . . . . . 98 YEAR. . . . . . YEAR NOT KNOWN 98	
302	How old was he/she at his/her last birthday?	AGE IN MONTHS. . . . . . DON'T KNOW 98	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
303	What is your relationship to the child?	MOTHER . . . . . 1 FATHER . . . . . 2 SIBLING . . . . . 3 AUNT/UNCLE . . . . . 4 OTHER_____ . 6	
304	How old were you on your last birthday?	AGE IN YEARS. . . . . [ ][ ] DON'T KNOW 98	
305	Have you ever attended school?	YES . . . . . 1 NO 2	→308
306	What is the highest level of school that you attended: primary; secondary; or higher?	PRIMARY . . . . . 2 SECONDARY . . . . . 3 HIGHER/UNIVERSITY 4	
307	What is the highest standard/form/year you completed at that level?	STANDARD/FORM/YEAR. [ ][ ]	
308	How many living children do you have?	NO. OF CHILDREN. . . . . [ ][ ] NONE 00	→310
309	How old is your youngest child?	MONTHS. . . . . [ ][ ] DON'T KNOW 98	
310	What is your religion?	CATHOLIC . . . . . 01 PROTESTANT/OTHER CHRISTIAN . . . 02 MUSLIM . . . . . 03 HINDU . . . . . 04 TRADITIONAL RELIGION . . . . . 05 NO RELIGION . . . . . 06 OTHER_____ . 96	
311	In the household in which you usually live, what is the main source of drinking water for members of your household?	PIPED INTO RESIDENCY/COMPOUND/ PLOT . . . . . 11 PUBLIC TAP . . . . . 12 WELL ON RESIDENCE/PLOT . . . . . 21 PUBLIC WELL . . . . . 22 RIVER/STREAM . . . . . 31 POND/LAKE . . . . . 32 RAINWATER . . . . . 41 BOREHOLE . . . . . 42 OTHER_____ . . 96	
312	What kind of toilet facility does your household have?	OWN FLUSH TOILET . . . . . 11 SHARED FLUSH TOILET . . . . . 12 TRADITIONAL PIT TOILET . . . . . 21 VENTILATED IMPROVED PIT (VIP) LATRINE . . . . . 22 NO FACILITY/BUSH/FIELD . . . . . 31 OTHER_____ . . 96	
313	Does your household have: a) electricity/power? b) a radio? c) a television? d) a telephone? e) a refrigerator?	YES NO ELECTRICITY . . . . . 1 2 RADIO . . . . . 1 2 TELEVISION . . . . . 1 2 TELEPHONE . . . . . 1 2 REFRIGERATOR 1 2	
314	Does any member of your household own: a) a bicycle? b) a motorcycle? c) a car?	YES NO BICYCLE . . . . . 1 2 MOTORCYCLE . . . . . 1 2 CAR 1 2	
315	How many windows does your house have?	NO. OF WINDOWS . . . . [ ][ ]	
316	Do you have a mosquito net?	YES . . . . . 1 NO 2	→319
317	Who uses the mosquito net(s) in your household? (CIRCLE ALL MENTIONED) PROBE: Any others?	FATHER . . . . . A MOTHER . . . . . B GRANDPARENTS . . . . . C CHILDREN . . . . . D OTHER_____ . . . X	

No.	QUESTIONS	CODING CLASSIFICATION	GO TO
318	Is the mosquito net impregnated?	YES . . . . . 1 NO 2	
319	MARK THE ENDING TIME	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

COMMENTS: