



**KENYA**

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

**HEALTH**

**2012**

## INTRODUCTION

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

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

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

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

*Do you have any questions?*

*May I begin the interview?*

Permission	
<b>Q 1.</b>	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1;">Do you agree to be interviewed?</div> <div style="text-align: right; font-size: small;">                     Yes = 1 No = 2                 </div> </div>
<b>Q 2.</b>	If refused, what is the reason for refusal?  <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<b>NOTES:</b>	

**Module 1: Facility Questionnaire**  
**Section A: General Information**

Facility Information					
Q 3.	Province		Number (see code)	_ _ _ _	
Q 4.	District		Number (see code)	_ _ _ _	
Q 5.	County		Number (see code)	_ _ _ _	
Q 6.	Health facility name		Name	_____	
Q 7.	Health facility code		Number (see code)	_ _ _ _ _ _ _	
Q 8.	Is the facility rural or urban?		Rural = 1 Urban = 2	_	
Q 9.	GPS Position	Circle one: N/ S	_ _ _ ° _ _ _ ' _ _ _ ' _ _ _ ' _ _ _ '"	E  _ _ _ ° _ _ _ ' _ _ _ ' _ _ _ ' _ _ _ '"	
Enumerator Information					
First Visit					
Q 10.	Date of 1 <sup>st</sup> visit	Day/Month/Year (e.g. 15 /04/2012)		_ _ _ / _ _ _ /  2   0   1   2	
Q 11.	Enumerators doing 1 <sup>st</sup> visit	Name/Code	_ _ _ _ _ _ _ / _ _ _ _	Name/Code	_ _ _ _ _ _ _ / _ _ _ _
Q 12.	Arrival time for 1 <sup>st</sup> visit	Time in 24 hr. format (e.g. 07:30)		_ _ _ : _ _ _	
Q 13.	Departure time for 1 <sup>st</sup> visit	Time in 24 hr. format (e.g. 13:30)		_ _ _ : _ _ _	
Second Visit					
Q 14.	Date of 2 <sup>nd</sup> visit	Day/Month/Year (e.g. 15 /04/2012)		_ _ _ / _ _ _ /  2   0   1   2	
Q 15.	Enumerators doing 2 <sup>nd</sup> visit	Name/Code	_ _ _ _ _ _ _ / _ _ _ _	Name/Code	_ _ _ _ _ _ _ / _ _ _ _
Supervision Information					
Q 16.	Verification by supervisor	Survey Result		Result	Date
		Questionnaire completed = 1 Incomplete questionnaire = 2	Facility closed = 3 Refused = 4	_	_ _ _ / _ _ _ /  2   0   1   2



## Module 1: Facility Questionnaire

### Section C: Infrastructure

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

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

#### Electricity and Power Supply

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

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

#### Water Supply and Sanitation

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

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

**Communication (OBSERVE FUNCTIONING)**

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

**Emergency Transportation and Ambulance Services**

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

## Module 1: Facility Questionnaire

### Section D: Equipment, Materials and Supplies

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

#### Basic Equipment

#### For Dispensaries, Health Centers and Hospitals

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

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

#### Sterilization Equipment

#### For Dispensaries, Health Centers and Hospitals

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

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

## Module 1: Facility Questionnaire

### Section E: Drugs

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

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

#### For Dispensaries, Health Centers and Hospitals

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

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

Never available =5

#### Priority medicines for Mothers

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

#### Priority medicines for Children

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



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

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

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

**General Information**

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

**Roster**

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

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

Number	First and last names		Cadre (See Codes)	Gender Male = 1 Female = 2	Age Number	Does ( ) regularly perform outpatient consultation (at least weekly) Yes = 1 No = 2	Is ( ) currently in the facility? Yes = 1, No = 2 (IF 2 → Next)	Reason of absence (See Code)
	First Name	Last Name						
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								



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

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

### **Medical provider vignettes intentionally missing**

The evaluation of the medical providers is done using seven standardized cases. These cases are based upon common pathologies and are adjusted to the local context using national treatment guidelines. The exact information is not included as the cases may be reused for comparability purposes.

Additional information may be obtained from the SDI team: [sdi@worldbank.org](mailto:sdi@worldbank.org).

**Module 4: Public Expenditure Tracking Survey**  
**Section R: General**

**Revenue Sources**

Please indicate the sources and amount of revenue for your facility during the fiscal year 2011/2012. Record 0 if no revenue received in that quarter.

	Source	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total
		Date [dd/mm/ yy]	Amount [KSh]	Date [dd/mm/ yy]	Amount [KSh]	Date [dd/mm/ yy]	Amount [KSh]	Date [dd/mm/ yy]	Amount [KSh]	Amount [KSh]
Q 412.	HSSF/HMSF									
Q 413.	Other MOPHS/MOMS funds									
Q 414.	User fees									
Q 415.	LATF									
Q 416.	CDF									
Q 417.	NHIF									
Q 418.	Donors									
Q 419.	NGOs									
Q 420.	Other Cash Receipts (specify)_____									
		Code	Estimated Amount/ Value [KSh]	Code	Estimated Amount/ Value [KSh]	Code	Estimated Amount/ Value [KSh]	Code	Estimated Amount/ Value [KSh]	
Q421a.	Value of In-Kind/Non-Cash Receipts from Government Sources	__		__		__		__		
Q421b.	Value of In-Kind/Non-Cash Receipts from Non- Government Sources	__		__		__		__		

Code	In-Kind Donation	Code	In-Kind Donation
1=	No In-Kind/ Non-Cash receipts	5=	Commodities, equipment, supplies
2=	Vehicles, furniture and equipment	6=	Medicines or supplies
3=	Specialized materials and supplies	7=	Other (Specify)_____
4=	Contractual and casual wages		

### Expenditure Sources and Categories

Please indicate the facility's expenditures by revenue source during the fiscal year 2011/2012

Expenditure Category		Revenue Source								
		HSSF/ HMSF	User fees	HSSF/ HMSF + User Fees (when combined)	Additio nal MOPHS/ MOMS funds	LATF	CDF	NHIF (Hospit als ONLY)	Donors/ NGOs	Other
Q 422.	Construction and civil works									
Q 423.	Vehicles, furniture and equipment									
Q 424.	Training and workshops									
Q 425.	Casual Labor									
Q 426.	Electricity									
Q 427.	Water and Sewerage									
Q 428.	Telephone, Courier & Postage									
Q 429.	Accommodation - Domestic Travel									
Q 430.	Catering Services (Receptions) Accommodation, Gifts, Food and Drinks									
Q 431.	Boards, Committees allowance, Conferences and Seminars									
Q 432.	Medical Drugs									
Q 433.	Dressings and Other Non Pharmaceuticals Medical Items									
Q 434.	Laboratory Materials, Supplies and Small Equipment									
Q 435.	Purchase/ Production of Photographic and Audio - Visual Materials									
Q 436.	Food and Rations									
Q 437.	Purchase of uniforms & clothing									



	Expenditure Category (Continued)	Revenue Source								
		HSSF/ HMSF	User fees	HSSF/ HMSF + User Fees (when combined)	Additional MOPHS funds	LATIF	CDF	Capita tion/ NHIF (Hospita ls ONLY)	Donors /NGOs	Other
Q 438.	General Office Supplies									
Q 439.	Sanitary and Cleaning Materials, Supplies and Services									
Q 440.	Printing & publishing									
Q 441.	Maintainance Expenses- Motor Vehicles									
Q 442.	Maintainance of Buildings									
Q 443.	Maintenance of plant, machinery & equipment.									
Q 444.	Purchase of Office furniture and Fittings									
Q 445.	Purchase of Computers, Software, Printers and Other IT Equipment									
Q 446.	Purchase of Air conditioners, Fans and Heating Appliances									
Q 447.	Purchase of Medical/Dental/Lab Equipment									
Q 448.	Purchase of bedding and linen									
Q 449.	Purchase of X-ray supplies									
Q 450.	Purchase of oxygen									
Q 451.	Purchase of medical records									
Q 452.	Daily subsistence allowance									
Q 453.	Advertising, Publicity and Awareness									
Q 454.	Fungicides, Insecticides and Sprays									
Q 455.	Refined Fuels and Lubricants for Transport									
Q 456.	Contracted guards & cleaning services									
Q 457.	Other (Specify)_____									
Q 458.	Other (Specify)_____									

<b>Annual Work Planning Process</b>				
	<b>Question</b>	<b>Unit</b>	<b>Response</b>	<b>Skip</b>
<b>Q 459.</b>	Do you have work plans for the fiscal year 2011/12? [ask to see the document]	Yes = 1 No = 2	_	If no→ <b>Q461</b>
<b>Q 460.</b>	Was the Health Facility/Hospital management committee involved in developing the work plan?	Yes = 1 No = 2	_	
<b>Q 461.</b>	Do you have a Quarterly Implementation Plan (QIP)? [ask to see the document]	Yes = 1 No = 2	_	
<b>Q 462.</b>	When did the facility submit the QIP for approval?	Date [dd/mm/yy]	_ _ / _ _ / _ _	
<b>Q 463.</b>	When did the facility receive written approval from the DHMT/PHMT for the QIP?	Date [dd/mm/yy]	_ _ / _ _ / _ _	
<b>Q 464.</b>	Was there a delay in receiving QIP approval from the DHMT/PHMT?	Yes = 1 No = 2	_	
<b>Q 465.</b>	If yes, why?	Delay in submission of QIP by facility = 1 DHO no approving QIP = 2	_	

<b>Financial Management</b>					
<b>Q 466.</b>	Which financial management tools did you receive from the National Level?				
	<b>a.</b>	Receipt books	Yes = 1 No = 2	__	
	<b>b.</b>	Payment voucher	Yes = 1 No = 2	__	
	<b>c.</b>	Cash Books	Yes = 1 No = 2	__	
	<b>d.</b>	Did not receive any tools	Yes = 1 No = 2	__	
	<b>e.</b>	Others (specify) _____	Yes = 1 No = 2	__	
<b>Q 467.</b>	Have you submitted the financial report for the last quarter? [ask to see transmittal evidence]		Yes = 1 No = 2	__	If yes → <b>Q 469</b>
<b>Q 468.</b>	If no, why haven't you submitted?		Report not ready = 1 Report not approved by the HFMC = 2	Bank reconciliation not done = 3 Other (specify) = 4	__
<b>Q 469.</b>	Do you have a staff member responsible for financial accounting?		Yes = 1 No = 2	__	If no → <b>Q 471</b>
<b>Q 470.</b>	If yes, who is responsible?		In charge of the health facility = 1 Treasurer = 2	Chairman = 3 County accountant = 4 Facility Accountant = 5 Other (specify) = 6	__
<b>Q 471.</b>	How often were you visited by the HSSF/HMSF accountant/ District accounts person in the last fiscal year (2011/2012)?		Monthly = 1 Quarterly = 2	Bi-quarterly = 3 Half yearly = 4 Never = 5	__
<b>Q 472.</b>	Do you share your financial information with the community?		Yes = 1 No = 2	__	If no → <b>Q 474</b>
<b>Q 473.</b>	If yes, how do you share the information? [ask to see the boards or meeting minutes]		Yes = 1 No = 2		
	<b>a.</b>	Chalk board		__	
	<b>b.</b>	Meetings		__	
	<b>c.</b>	Posters		__	
	<b>d.</b>	Other (specify) _____		__	
<b>Q 474.</b>	Did the facility/hospital receive a supervision visit from the DHMT/ PHMT in the last fiscal year (2011/2012)??		Yes = 1 No = 2	__	If no → <b>Q478</b> (For hospitals) If no → <b>Q485</b>
<b>Q 475.</b>	If yes, how often?		Monthly = 1 Quarterly = 2	Bi-quarterly = 3 Half yearly = 4 Yearly = 5	__
<b>Q 476.</b>	If yes, did they use a checklist?		Yes = 1 No = 2	__	

<b>Q 477.</b>	If yes, did they leave a copy or written feedback?	Yes = 1 No = 2	__	
<b>Hospitals ONLY</b>				
<b>Q 478.</b>	Does the facility have a complete functional accounting unit with a qualified accountant?	Yes = 1 No = 2	__	
<b>Q 479.</b>	Does the facility have an automated revenue collection system? (e.g. Cash Register)	Yes = 1 No = 2	__	
<b>Q 480.</b>	Is the revenue collection system used by all Hospital Departments?	Yes = 1 No = 2	__	
<b>Q 481.</b>	Did the facility/hospital receive a supervision visit from the PHMT in the last fiscal year (2011/2012)??	Yes = 1 No = 2	__	If no → <b>Q485</b>
<b>Q 482.</b>	If yes, how often?	Monthly = 1 Quarterly = 2 Bi-quarterly = 3 Half yearly = 4 Yearly = 5	__	
<b>Q 483.</b>	If yes, did they use a checklist?	Yes = 1 No = 2	__	If no → <b>Q485</b>
<b>Q 484.</b>	If yes, did they leave a copy or written feedback?	Yes = 1 No = 2	__	

## Module 4: Public Expenditure Tracking Survey

### Section S: User fees

	Question	Unit	Response	Skip	
<b>10/20 Policy Implementation (Dispensaries and Health Centers ONLY)</b>					
Q 485.	Are you aware of the 10/20 policy?		Yes = 1 No = 2 <input type="checkbox"/>	If no → Q <b>488</b>	
Q 486.	If yes, are you implementing the 10/20 policy?		Yes = 1 No = 2 <input type="checkbox"/>		
Q 487.	If not implementing, what is the principal reason?	Community can afford to pay more = 1 Money raised not enough for needs = 2 Local leaders/DHMT advised not to = 3 Other(specify)= 4 _____	<input type="checkbox"/>		
<b>User fees (All facilities)</b>					
Q 488.	Are the user fees/charges displayed at the facility service charters? [Ask to see the boards]		Yes = 1 No = 2 <input type="checkbox"/>		
How much (in KSh) do you charge for the following services? [Ask to see the boards or fee structure]					
<b>Dispensaries, Health Centers and Hospitals</b>			<b>Hospitals ONLY</b>		
Q 489.	Registration	<input type="text"/>	Q 490.	Medical Examination (specialist)	<input type="text"/>
Q 491.	a. Consultation- 5 years or older	<input type="text"/>	Q 492.	Radiological Examination	<input type="text"/>
	b. Consultation- under 5 years of old	<input type="text"/>			
Q 493a.	Laboratory: Malaria Test	<input type="text"/>	Q 494a.	Dental Services: Cleaning	<input type="text"/>
Q 493b.	Laboratory: Random blood sugar	<input type="text"/>	Q 494b.	Dental Services: Extraction	<input type="text"/>
Q 493c.	Laboratory: Haemoglobin (Hb)	<input type="text"/>	Q 494c.	Dental Services: Root Canal	<input type="text"/>
Q 493d.	Laboratory: urinalysis	<input type="text"/>	Q 494d.	Dental Services: Other (Specify) _____	<input type="text"/>
Q 493e.	Laboratory: Other (Specify) _____	<input type="text"/>	Q 494e.	Dental Services: Other (Specify) _____	<input type="text"/>
Q 495.	Drugs: Amoxicillin Syrup	<input type="text"/>	Q 496.	Normal Delivery	<input type="text"/>
Q 497.	U 5 services (Immunization, Diarrhea treatment,, ARI)	<input type="text"/>	Q 498.	Caesarean Section	<input type="text"/>
Q 499.	ANC Visit	<input type="text"/>	Q 500.	Bed Charges per day	<input type="text"/>
Q 501.	Family Planning	<input type="text"/>	Q 502.	Minor Surgery	<input type="text"/>
Q 503.	Malaria treatment	<input type="text"/>	Q 504.	General Surgery	<input type="text"/>
Q 505.	HIV/AIDS	<input type="text"/>	Q 506.	Specialized Surgery	<input type="text"/>
Q 507.	TB	<input type="text"/>			

<b>Q 508.</b>	In your facility, who is exempt from paying user fees?				Yes = 1	
	a.	Patients with chronic diseases	__	f.	Members of health management board	__
	b.	Elderly patients	__	g.	Local politician	__
	c.	Very poor people	__	h.	Child under five years	__
	d.	Facility staff	__	i.	Other (specify)	__
	e.	Relatives of staff	__			
<b>Q 509.</b>	What was the value for Waivers/Exemptions during the 2011/2012 financial year?			Amount in KSh		_ _ _ _ _ _ _

## Module 4: Public Expenditure Tracking Survey

### Section T: HSSF/HMSF

	Question	Unit	Response	Skip
Q 510.	Does this facility receive HSSF/HMSF?	Yes = 1 No = 2	__	If no → Q 526
<b>Delays</b>				
Q 511.	Did you experience any delay in receipt of HSSF/HMSF funds?	Yes = 1 No = 2	__	If no → Q 513
Q 512.	If yes, please indicate the principal reason for the delays	Delay in submission of QIP = 1 Delay in receiving AIEs from MPHS = 2 Unable to provide timely accounts to district treasury = 3 Audit issues raised on the facility's account = 4 Capacity problems at the district treasury = 5 Other (specify) = 6	__	
Q 513.	When you received HSSF/HMSF funds were they accompanied with the authority to incur expenditures (AIE)?	Yes = 1 No = 2 No, the AIE had arrived before the funds = 3	__	
Q 514.	During the past fiscal year (2011/2012) did the facility experience delays in receiving AIE approvals?	Yes = 1 No = 2	__	If no → Q 516
Q 515.	If yes, what was the principal reason for these delays?	Delay in AIE submission by the facility = 1 AIE form is not ready for submission = 2 Delayed response from authorities = 3	__	
Q 516.	Did the delays in receiving AIE approvals prevent the facility from spending HSSF/HMSF funds?	Yes = 1 No = 2	__	
<b>Health Facility Management Committees and Expenditure management</b>				
Q 517.	How many Bank accounts do you operate in this facility?	One = 1 Two = 2 More than 2 = 3	__	
Q 518.	Is a Health Facility/Hospital Management Committee (HFMC/HMC) in place for the facility?	Yes = 1 No = 2	__	If no → Q 525
Q 519.	If yes, how many members does the committee currently have?	Less than 7 = 1 7 to 9 = 2 More than 9 = 3	__	
Q 520.	How were community representatives elected?	Appointed by local leadership = 1 Election process = 2 Selected through the Minister's advice = 3 No community members = 4	__	
Q 521.	What is the Frequency of the HFMC/HMC meetings?	Monthly = 1 Quarterly = 2 B-annual = 3 Annually = 4	__	
Q 522.	Are the minutes available for all the meetings? [ask to see a copy]	Yes = 1 No = 2	__	
Q 523.	Are any of the current members of the committee trained/inducted on management of HSSF/HMSF?	Yes = 1 No = 2	__	If no → Q 525
Q 524.	If yes, how many were trained?	Number	_ _	

<b>Q 525.</b>	Which of these sub-committees are in existence and operational?			Yes = 1 No = 2	
		a.	Finance Committee	__	
		b.	Procurement committee	__	
		c.	Audit committee	__	
		d.	Quality Assurance Committee	__	
		e.	Other (specify)	__	



**Module 4: Public Expenditure Tracking Survey**  
**Section U: Medicines and Medical Supplies Distribution**

	Question	Unit	Response	Skip
<b>Essential Medicines and Medical Supplies (EMMS)</b>				
Q 526.	Is this facility a push or a pull facility?	Push = 1 Pull = 2	__	
Q 527.	What was the date for the last delivery of EMMS? [Ask to see records]	Date [dd/mm/yy]	_ _ / _ _ / _ _	
Q 528.	What was the date on which the order that corresponded to the last delivery was placed? [Ask to see records]	Date [dd/mm/yy]	_ _ / _ _ / _ _	
Q 529.	Was the last delivery of EMMS verified and signed off by HFMC?	Yes = 1 No = 2	__	
Q 530.	Were the community informed of the last EMMS delivery?	Yes = 1 No = 2	__	If no → Q 532
Q 531.	If yes, how were they informed?[verify]	Yes = 1, No = 2		
	a.	Chalk board	__	
	b.	Meetings	__	
	c.	Posters	__	
	d.	Other (specify) _____	__	
Q 532.	Did the facility procure any out of stock items in the last quarter?	Yes = 1 No = 2	__	
Q 533.	In the last quarter, did the facility purchase any EMMS locally?	Yes = 1 No = 2	__	
Q 534.	Did any Essential Medicines in the facility expire during the last quarter?	Yes = 1 No = 2	__	
Q 535.	Are stock control cards present and updated for the latest delivery?[Ask to see the cards]	Yes = 1 No = 2	__	
Q 536.	How many staff in your health facility are involved in EMMS management?	Number	_ _ _	
Q 537.	How many of the staff involved in EMMS management have received training on quantification and ordering of EMMS products?	Number	_ _ _	
Q 538.	In the last fiscal year (2011/2012) how many times was this facility visited by the district pharmacists for support supervision?	Monthly = 1    Bi-quarterly = 3 Quarterly = 2    Half yearly = 4 Yearly = 5	__	