
HOUSEHOLD HEALTH EXPENDITURE AND UTILIZATION SURVEY

(KHHEUS) - 2013

Interviewer's manual



MINISTRY OF HEALTH (MOH)

IN COLLABORATION

WITH

KENYA NATIONAL BUREAU OF STATISTICS

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ORGANISATION OF THE MANUAL

The purpose of the Household questionnaire is to provide information on selected areas of interest concerning the household health expenditure and utilization survey -2013. These are:

- **SECTION 1:** introduces the conceptual framework, an overview of purposes and scope of the KHHEUS, and how to use the manual.
- **SECTION 2:** Covers Interviewing Techniques, Concepts, Definitions, and Roles of survey personnel
- **SECTION A:** collects the **identification information** of the household
- **SECTION B :** covers the composition of **household and its characteristics**
- **SECTION C1:** covers Utilization of health services – **out patient and other related services** one MONTH prior to the survey.
- **SECTION C2:** captures information on routine **health expenses** one month prior to the survey
- **SECTION C3:** captures information on in-patient admission in the last one year
- **SECTION D:** assesses the **access to health insurance**
- **SECTION E:** captures information on **Housing Conditions and Household Assets**
- **SECTION F:** assesses the **household expenditure**
- **SECTION G:** assesses the **household Income**

SECTION 1: INTRODUCTION

Kenya Household Health Expenditure and Utilization Survey (KHHEUS)

Information on health care seeking behaviour is critical in estimating the burden faced by households in their efforts to meet their health needs. Household health expenditure and utilization surveys attempts to fill this gap by providing evidence on household utilization of health, expenditure levels, health insurance among others. The Ministry of Health has been conducting Household Health Expenditure and Utilization Surveys (KHHEUS) to understand the health seeking behaviour of households and also estimate the households' contribution to total health spending and therefore providing baseline information to guide health reforms.

To-date, two rounds of KHHEUS have been undertaken with the support of USAID and implemented in collaboration with the Kenya National Bureau of Statistics (KNBS). The two KHHEUS were conducted in 2003 and 2007 and the results were instrumental in informing the development of key health policies, key among them, the fee reduction policy ("10/20" policy) at the health centre and dispensary level, the National Social Health Insurance (NASHIF) Bill of 2004 and free maternal deliveries in public health facilities in 2007.

Objectives of the survey

The Ministry of Health, in collaboration with the Kenya National Bureau of Statistics (KNBS) plans to undertake the third round of Household Health expenditure and utilization Survey, 2013. The household survey will use a nationally representative sample and will attempt to generate county estimates. It will therefore cover 44 counties¹. The goal of the survey is to provide essential data that describes the households' use of health care services, choice of provider, spending on health care, and the demographic and socio-economic determinants of access to health care by households. Specific objectives of the survey will be to:

- Estimate the utilisation rates of health care services by those reporting illness by specific sub-groups in the population;
- Analyse the pattern and choice of providers used for outpatient and inpatient health care by various socio economic and demographic variables;
- Estimate the amount spent on health care services at the per capita levels;
- Obtain the perceptions of quality of care for different types of providers; and
- Estimate the extent of health insurance coverage in the population.

The survey will therefore establish the baseline information for expected health reforms and also contribute to the design and development of the proposed health care financing reforms.

How to use this Manual

This manual is intended to assist the Coordinators/ supervisors/ Enumerators during the preparation and implementation of the Survey. The manual provides detailed information about the **required information** of the household survey by describing the relevant set of questionnaires. The Manual describes the objective of the questionnaire, the relevance of the information for the household survey and the scope of the information required.

The questionnaire begins by providing an introduction indicating the purpose of the survey and helps establish rapport between the interviewer and the respondent. The second page of the questionnaire contains the identification information [A] which including the geographic location in terms of County, Sub-county, cluster and household number.

¹ Three counties in North Eastern –Garissa, Mandera and Tana River will not be covered because of security reasons.

SECTION 2: INTERVIEWING TECHNIQUES, CONCEPTS, DEFINITIONS, ROLES OF SUPERVISORS AND ENUMERATORS

A. CONCEPTS AND DEFINITIONS

For the survey to serve its intended purpose and avoid data mis-interpretation, it is important that information collected refer to the same items or universe. To achieve this end, this section attempts to explain concepts and unfamiliar terms used in the questionnaire so that they are understood uniformly and used consistently during the training, data collection, and analysis stages. Below are common concepts and definitions used in the survey

1. Household

A household is defined as a person or a group of persons, who normally reside together in the same compound/homestead under one roof or several roofs, are answerable to the same head and share same cooking arrangement. There are three important ways of identifying a household.

- a) Do the persons reside in the same compound?(i.e. the persons in the household reside under same roof or compound)
- b) Are they answerable to the same head? (i.e. persons in a household are answerable to the same head)
- c) Do they have the same cooking arrangement? (i.e. Members of a household cook together)

If the answer to each of the above criteria is “YES”, then you have adequately identified a household. If the answer to one or more criteria is “**NO**”, then there are more than one household. Please note that domestic servants, relatives and other workers living and eating in the household are to be included as household members.

One should make a distinction between family and a household. The first reflects social relationships, blood descent, and marriage. The second is used in this survey to identify an economic unit. One must be conscious and use the criteria provided on household membership to determine which individuals make a particular household. In the case of polygamous unions and extended family systems, household members are distributed over two or more dwellings. If these dwelling units are in the same compound or nearby (but necessarily within the same EA) and they have a common housekeeping arrangement with a common household budget, the residents of these separate dwelling units should be treated as one household.

2. Homestead

It is an isolated compound with one or more structures, and may be inhabited by one or more households. In most cases homesteads are surrounded by fences, hedges, walls etc. A homestead may contain, for example, a hut or a group of huts. A manyatta will thus be considered a homestead. However, a wall/fence or hedge need not necessarily surround a homestead. For instance, boys’ quarters, garage, kitchen etc. may be part of a homestead whether or not they are surrounded by a fence/wall, etc.

3. Household head

A household head is the most responsible/respectable usual resident member of the household who is the **key decision maker on a day to day basis** and whose authority is acknowledged or recognized by all the members of the household. It could be a father, mother, or a child, or any other responsible member of the household depending on the status of the household.

4. Respondent

It is important for the Research Assistant to know who he/she is supposed to administer the questionnaire that will be used for the survey. The person who answers the survey questions listed in the questionnaire is in this case our “**RESPONDENT**”. In this survey, this person will be head of the household or any other member of the household who is knowledgeable and can provide most of the information about the household members at the time of the interview. It should be remembered that the head of the household provides responses to sensitive issues such as incomes and some expenditure. Any competent member of the household may provide responses to other routine issues.

5. Callbacks

It is important that a research assistant attempts to complete interviewing a respondent during the first visit to the household. However, the research assistant/s may at times need to make further visits, especially if respondent is absent or busy such that they cannot conduct the interview during that visit. In that case the research assistant may need to make an appointment for a suitable time to interview the respondent. This appointment is called call back. The research assistant should never try to compel the respondent to attend to them at a time that would obviously inconvenience him/her. Punctuality is key for any future appointments or call backs so as not to inconvenience the respondents.

6. Structure

A structure is a free – standing building that can have one or more rooms which may be used for commercial or residential use. It may be a block of flats, a house, thatched hut, etc. For the purpose of this survey a structure constitutes building used for dwelling purposes.

7. Dwelling unit

Dwelling units are structures where people live. Within a structure, there may be one or more dwellings (or housing) units. A dwelling unit is a room or group of rooms occupied by one or more households with a private entrance. Within a dwelling unit, there may be one or more households.

8. Enumeration areas

This is a scientifically selected area for the purposes of carrying out sample surveys, which are household-based. Several enumeration areas form the sampling frame (i.e. a complete collection of units of the target population) which is normally used for household surveys. Enumeration areas are established in order to avoid creating a frame every time a survey is conducted. The latest frame maintained by Kenya National Bureau of Statistics is the National Sample Survey and Evaluation Programme (NASSEP) IV.

The country has been divided into small counting units called Enumeration Areas (EAs) during cartographic mapping for the purposes of enumerating all people within Kenyan boundaries. An EA has an average of about 100 households but may vary from 50 to 149 households depending on the population density, terrain and vastness of the area concerned. An EA may be a village, group of villages or part of a village. A village may be a Manyatta or Bulla in rural areas or Estates in urban areas. In urban areas a flat may constitute more than one Enumeration Area depending on the number of households.

B. ROLES OF THE SURVEY PERSONNEL

1. Role of the Research Assistant/s

The research assistant will play a central role in conducting Kenya Household health expenditure and utilization survey and the ultimate outcome of the survey depends on how they conduct the interviews. The success of the survey, therefore, depends on the quality of the interviewers' work. It is, therefore, important for the interviewer to be consistent in the way he/she puts the questions to the respondent.

In case a response is not clear, the interviewer should probe further. With the central role entrusted to the research assistant, it is important to explain what is expected of them. Therefore, this section of the manual gives a summary of some of the important points to be kept in mind by the research assistant/s when conducting interviews for this survey.

In general, the responsibilities of the research assistant will include:

- (a) Ensuring that he/she has all necessary materials to be used for the survey
- (b) Locating the structure and households in the sample that are assigned to them, and administering the questionnaires.
- (c) Interviewing and recording particulars of all the eligible respondents in the households assigned to them.
- (d) Checking completed interviews to be sure that all questions were asked and that responses were neatly and legibly recorded before you leave the household
- (e) Making callbacks to interview respondents who could not be interviewed during their first or second visit due to various reasons.
- (f) Ensuring that the information given is correct by keeping the respondent more focused to the questions.
- (g) Preparing the debriefing notes for the supervisor on the problems encountered while on study site.
- (h) Forwarding to the supervisor all questionnaires (used and unused) and any other materials as may be directed.

2. Roles of Supervisors

Supervisors will be key to the success of this survey as they act as managers. They will therefore, play the following roles among others to be assigned to them:

- (a) Be the overall in charge of the team.
- (b) Assign duties to all Research assistants on daily basis.
- (c) Collect all questionnaires (used and unused) and any other relevant materials from the research assistants.
- (d) Editing of all questionnaires before delivering to the County Statistics Officer.
- (e) Be in charge of protocol in the EAs e.g. working with County Administration
- (f) Ensure that materials for survey are available.
- (g) Ensure that work performed by the research assistants is accurate

C. FIELD PROCEDURES

Field work for the household survey on KHHEUS will proceed according to the agreed schedule. This survey will therefore be successful if each member of the interviewing team understands and follows correct field procedures, which are reviewed in the following section:

1. Preparatory Activities

Every morning, the supervisor will brief the research assistants about the expected day's work. Thereafter, the supervisor will assign the sampled households to a research assistant. The research assistant should write the identification information on the interviewer's assignment sheet. Such information will include the household number, household head, date of assignment and other particulars required. The assignment sheet will serve as a summary of the results of a research assistant's work in the field for each household. At the end of the day, each research assistant will be responsible for recording the final outcome for all households visited and the individual interviews conducted. When a research assistant receives the work assignment, he/she should review it and ask any questions that he/she may have.

2. Locating Households

The households have already been identified and coded. You will therefore have the name of the household head and other details. As a matter of fact, you shall work with the village elder and the chief.

D. PRINCIPLES OF INTERVIEWING

1. Introduction

The success of personal interview surveys depends on the role played by the research assistant. With the central role entrusted to the interviewer, it is important to explain what is expected of each. This section of the manual gives a summary of some important points to be kept in mind when conducting personal interviews for the KHHEUS.

2. Gaining Access to the Respondent

The research assistants and the respondent are strangers to each other and one of the main tasks of the research assistant is to establish rapport. The first impression the respondent develops on you will influence her/his willingness to co-operate in the survey. On meeting the respondent, the first thing you should do is to introduce yourself, stating your name and the purpose of your visit. Make sure that your appearance is neat and your manner is friendly as you introduce yourself.

A good introduction may read as follows:

(Insert the introduction that appears in the questionnaire)

You should make sure you dress properly.

3. Confidentiality

Always stress confidentiality of responses you obtain from a respondent. If a respondent is hesitant on responding to the interview or asks what the data will be used for, explain how the information will be used and stress that such information will be kept confidential. Because some of the questions to be asked are confidential, the interview should not be conducted in the

presence of visitors unless the respondent has no objection. Also, you should never mention other interviews or show completed questionnaires to other Research Assistants or supervisors in front of a respondent or any persons.

4. Neutrality

Most people are polite to strangers, and they tend to give answers that they think will please the interviewer. It is, therefore, extremely important that the Research Assistant remains absolutely neutral towards the subject matter of the interview. Thus, he/she should not show surprise, approval, or disapproval of the respondent's answer in any way.

5. Probing

The Research Assistant should phrase the question as it appears in the questionnaire. If the Research Assistant realises that an answer is not consistent with other responses, then he should seek clarification through asking indirect questions or some additional questions so as to obtain a complete answer as the original question. This process is called probing. However, the probes must be worded so that they are "neutral" and do not lead the respondent to a particular direction. Sometimes, the respondent may be evasive and give unsatisfactory answer even after probing. It is safer to skip the question and come back to it later rather than pester the respondent.

6. Recording Answers

Always visit the respondent with the right questionnaires and schedules. Then use the questionnaire to ask questions in the order they are listed and record each answer in the correct space provided in the questionnaire. Never rely on taking answers in a notebook for transferring to your questionnaire. Record what the respondent says, not your own interpretation or summary. Nonetheless, if a respondent gives an answer that contradicts an earlier response, confirm the true position by probing.

7. Research Assistant Review of Questionnaires

Before leaving the respondent, the Research Assistant must check over the questionnaire carefully to see that all the answers are complete. In some cases it may be necessary to revisit the respondent for more complete information and this is the time to do it.

8. Call-back and Appointments Procedures

It is important that you attempt to complete interviewing your respondent during your first visit to the household. However you may at times need to make further visits, especially if both the head of the household and their spouses are either absent or are busy. In that case you need to make an appointment for a suitable time to interview the respondent. You should never try to force the respondent to attend to you at a time that would be obviously inconvenient. Try to be punctual for appointments. Being late for the appointments will inconvenience the respondents. A maximum of two call backs will be made.

9. Language Translation

Interview the respondent in the language in which he/she feels most comfortable. If he/she prefers English, then conduct the interview in English. If she/he can only communicate in

Kiswahili or another language you understand, then interview using that language. If the respondent can only speak a language you do not understand, then you must raise this problem with your supervisor. In translating from other languages to English, try to retain the same meaning of the original question.

10. Reluctant Respondents

Actual refusals are rare, and if you face many cases of refusals then something is wrong with your approach. Talk to such respondents nicely, use tact and you will eventually gain their co-operation. Always be honest in your approach. Never tell the respondent that you will take only two minutes of his time when you know or believe it will take 30 minutes to complete the interview. If the respondent does not have the time, make an appointment for a return visit.

11. Ending the Interview

After completing the interview, thank the respondent for his/her time and co-operation and leave the way open for a future interview. Even if the respondent is very friendly, you should always avoid over-staying your welcome.

SECTION A: IDENTIFICATION INFORMATION**1. Identification Number**

Each questionnaire should have an identification number carrying the county code, sub-county code, cluster number and the household number. This must be recorded at the top of each page of the survey questionnaire. It is important to write this number at the top of each page to avoid missing of information should any part of the questionnaire is detached from the others.

2. Geographic Information

All questionnaires will require having the county and sub-county codes indicated. These codes will be provided to all survey personnel. Both the names and codes will have to be filled for these two administrative regions.

Besides the administrative locations the name of the clusters and the code will be provided. It should be noted that a questionnaire missing the clusters name and code would be unusable, as it cannot be placed in the right location. Within each cluster, there will be 20 households selected for interview. Each household will have a household number, which will be indicated on the questionnaires. It should be emphasised that this has to be provided for all cases of the interviews.

3. Survey Administration Information

The details of Enumerator and supervisor will be filled for each questionnaire. The dates of interviews will be required to be filled appropriately.

4. Background Information of Respondent

The survey will collect background information on the name of the respondent and his/her relationship to head of household.

SECTION B: COMPOSITION OF HOUSEHOLD AND ITS CHARACTERISTICS

This has been categorised into:

- 01. Household member number:** Serially identify each member with a unique number (e.g., 01, 02 etc.)
- 02. Usual Residents :** List Names of the usual people in the household, starting with the head of household
- 03. Sex:** (code 1 for Male and 2 for Female),
- 04. Religion:** Ask the respondent to indicate the religion of each listed household member and enter the code in the right space provided.
- 05. Relationship to head of Household:** Inquire from the respondent the relationship of each listed member to the **household head** and insert the code in the right space as provided.
- 06. Age:** Record the Age of each household member in complete years. Where this is not possible probe in order to obtain the year of birth. Age **under one (1) year** should be recorded as **zero (0)**
- 07. Education status:** Questions on education status are to be asked for people who are 3 years or older. Ask the respondent whether each member of the household has ever been to school and enter the code as provided: If the response is **Yes** continue with **question 8**, if it is **No** or **don't know** skip to **Question 10**.
- 08. Highest level of education:** The highest level of education reached refers to the highest level of schooling reached even if the member did not finish that level. Inquire from the respondent the highest level of education reached by each member of the household and enter the code as appropriate.
- 09. Highest Grade completed:** The grade completed means the actual number of years the member has completed in that level. For example a child who is currently in standard 3 would be level 2 as in the questionnaire and the highest grade will be 2 years (not completed standard 3). Inquire from the respondent the highest grade for each household member completed at that level and record in the space provided. For less than 1 year completed code as: 00 and code 98 for don't know.
- 10. Current Marital Status:** Inquire from the respondent the current marital status for each member of the household and code in the space provided appropriately.
- 11. Main employment status of household members:** Inquire from the respondent about the main job/activity of each household member for last 12 months and enter the code in the spaces provided.

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- 12. Main Occupation: If the answer to question 11 is 1, ask** the respondent main occupation. Please indicate the name of the occupation. The coding will be done during data entry.
- 13. Rating of Health Status:** Inquire from the respondent how each member of the household rates his/her health status compared to others of his/her age and enter the code as provided.
- 14. Smoking:** Please find out from the respondent whether the each member of the household smoke (cigarettes, Pipe, bhang etc.). This is applicable to persons of 5years and above.
- 15. Chronic Health Conditions:** Ask the respondent to indicate whether any member of the Household suffers from any of the chronic health conditions. The options given are:
- a) *Hypertension*
 - b) *Diabetes*
 - c) *Cardiac disorders*
 - d) *Arthritis*
 - e) *HIV/AIDS*
 - f) *Ulcers*
 - g) *Gout*
 - h) *Cancer*
 - i) *Asthma*
 - j) *Other chronic (specify)*

For each these conditions enter code(s) in the provided columns as appropriate.

- 16. Illness in the last four (4) weeks:** Inquire from the respondent whether any of the Household member was ill in the last four (4) weeks and insert the code as appropriate in the space provided. To include the definition of illness as opposed to diseases. Why use illness and not diseases. Illness is the state of being unwell; a patient's personal experience of their disease. It includes signs and symptoms by which the illness is recognized. Prognosis is established by a health provider or once the household member has recognized the symptoms.

*If the response in the above question is **yes** continue with Question17; if the response is **No** skip to Question 21.*

- 17. Visit/Consultation to health provider:** Health providers are: Hospitals, Health centres, Dispensaries, private clinics, Pharmacies/Chemists, community pharmacists, Village health workers (Traditional *Birth attendants & community health workers* and Traditional healers/herbalists). Ask the respondent whether the household member(s) who reported illness in the last four weeks visited/consulted a health provider and insert the code as appropriate.

If the response is **Yes** continue with Question 18, if the answer is No skip to Question 20 and if it is don't know skip to question 21.

- 18. All the visits required:** inquire from the respondent whether the household member(s) who reported illness made all the required visits to the health provider and insert the code as provided. If the response is **Yes** skip to Question 21, if it is **No** continue with question 19 and **don't know** skip to question 21.
- 19. Main reason for not making all the visits:** Inquire from the respondent why the household member(s) who reported ill did not make all the required visits and insert the code in the provided spaces appropriately.
- 20. Reasons for not seeking health care:** Ask the respondent to indicate the main reason why the ill household member(s) did not seek care and insert the code as per provided spaces.
- 21. Preventive/Promotive health care services in last four weeks:** Preventive health services include: Family planning, Immunization, VCT, Ante/post natal care etc. Inquire from the respondent if any member of the household sought preventive health care in the last four weeks and insert the code as per space provided.
- 22. Need for admission:** Inquire from the respondent whether any of the Household members was ill/sought preventive/promotive health care and needed to be admitted in a health facility in the last twelve (12) months and insert the code in the provided spaces.

If the response above is **yes** go to question 23. If it is **No** skip to section C1 and if it is don't know skip to section C1.

- 23. Admission:** Ask the respondent whether the household member(s) who needed admission were admitted or not and insert the code in the given spaces. If the response to the question is **Yes** skip to section C3, if **No** go to Question 24 and **don't know** skip to section C1.
- 24. Reason(s) for no admission:** Inquire from the respondent the reason(s) why the household member(s) who needed admission were not admitted and enter the code(s) as per provided spaces.

SECTION C1: UTILISATION OF HEALTH SERVICES: FOR THE PAST FOUR (4) WEEKS

This section is among the major areas of the survey. It addresses outpatient health service seeking behaviour of Household members. Outpatient means services that do not require overnight stay or hospitalisation and this is to be answered by all the **household members** whose response was a “Yes” in question 16, 17 and or 21 in section **B** above. **Record the number of visits which Household members who consulted /sought /visited the health provider (including Pharmacist/ Chemists and Traditional Healers) made** (TRAINERS TO EMPHASIZE). **However, get information for the last four visits only.** It is recommended that the Enumerator/Research Assistant (interviewer) record all the information that pertains to the first visit before proceeding to the other visits. This form caters for only four household members but if there are more than four, use additional forms and attach. **THE REFERENCE DATE FOR THE RECALL PERIOD OF FOUR WEEKS IS DETERMINED BY THE INTERVIEW DATE. IF ONE IS INTERVIEWED ON 9TH JULY, 2013, THE RECALL PERIOD WILL BE BETWEEN 9TH JUNE, 2013 AND 9TH JULY, 2013. PLEASE GIVE MORE EXAMPLES**

25. **Main reasons for seeking care:** Ask the respondent to give the main reasons for seeking care. The reason are categorised into **Illness** (code1-12), and **services** (code 13-22). Circle the appropriate code as provided per a visit. Probe to ensure no reason is missed. PLEASE NOTE THAT THIS QUESTION ALLOWS MULTIPLE RESPONSE
26. **Name of the Health Provider:** Ask the respondent to give the name of the health provider where he/she visited for each visit and record the name in the space provided.
27. **Type of Health Provider:** Health provider includes also chemists/Pharmacists and Traditional healers. The interviewer should inquire from the respondent the type of health provider the household member(s) visited. The various types of health provider are given and choose the appropriate based on the response. Circle the appropriate code for each visit. The interviewer to probe in order to differentiate between various types Health providers.
28. **Nearest Facility to Respondent Home:** Ask the Respondent whether the facility visited is the one nearest to his /her home and code as appropriate for each visit. Probe to be sure that all the health facilities/provides (including chemist, shops etc.) are considered.
29. **Ownership of the Facility nearest Home:** Ask the Respondent(s) who either by passed or visited the health facility nearest their home to indicate who owns it. The options of owners of the facilities include: Government, Private, Faith Based (i.e. Mission), and NGO. The Interviewer is expected to probe and make sure the right owner of the facility given and coded as appropriate for each visit. If the respondent doesn't know the owner of the facility completely then code **don't know** option

CHECK QUESTION 28

If the response is **yes** go to question 31.

If the response is **don't know** skip to question 31

30. **Main reason(s) for bypassing the facility nearest home.** The Respondent (s) who by passed the nearest facility to their home are expected to give main reason(s) of doing so. Circle the codes for the options appropriately for each visit. However, the options may differ depending on each visit. Multiple responses apply.
31. **The main reason(s) for choosing the health Provider:** The respondent(s) who either by passed or visited the nearest facility to their home should indicate the reason(s) of choosing **that health** provider. Circle the appropriate code(s) for each visit. Multiple responses apply.
32. **Availability of Medicines/drugs.** The interviewer is to ask the respondent whether he /she obtained all the medicine/ drugs needed from the facility visited. Circle code(s) appropriately for each visit. If the response is **Yes** (all the needed medicine/drugs obtained) to the question skip to question 35.. If the response is **No** (all medicine/drugs) skip to Question 34 and if the response is **don't know** skip to question 35. Multiple responses apply.
33. **Reason(s) for obtaining some (not all) medicine/drugs:** Ask the respondent whose response to Question 32 was yes (got some of the needed medicine/drugs) why he/she was not able to obtain some of the medicine/drugs. Circle the code(s) of the options appropriately for each visit. Multiple responses apply.
34. **Reason(s) for NOT obtaining Any of the medicine/drugs:** Ask the respondent whose response was **No** in Question 32 to give reason(s) why he/she was not able to obtain all the medicine/drugs. Circle the code(s) of the options appropriately for each visit. Multiple responses apply.
35. **Whether paid money for the services above?** Inquire from the respondent who obtained services at the facility, whether he/she paid money for the services received for each visit and circle the code as provided. If the response is **No** or **don't know** skip to question 40A.
36. **Money Spent on treatment/services received:** Ask the respondent (s) whose response in question 35 above was **YES** to indicate how much money he/she spent on each treatment/services received for each visit and indicate the amount as appropriate. If the details of the expenditures are not known **(7)** for overall expenditure, estimate. If the response is **don't know** (8) indicate the amount as **"99999"**
37. **Mode of Payment for each service received.** Ask the respondent to indicate the mode of payment he/she used for each service received and corresponding to each visit. Circle the code(s) as provided. Multiple responses apply.
38. **Payment in kind:** If the response in question 37 was **in kind** (code 6) list down the items, quantities and cost of the items as per the market rate prevailing in the region. **"In Kind payment"** is **non-monetary** payments such as using animals, labour etc. Use the guide (item, quantity and unit price) to calculate the estimated amount and indicate the gross (total) amount in the provided spaces for each visit.

39. Source(s) of Funds. The respondent is to give the source(s) of funds he/she used to pay for the health services. Circle the code(s) as provided and indicate how much was paid from each source(s), for each visit. If the response is **don't know** indicate the amount as “99999”. Multiple responses apply.

40. Time spent at health facility/provider:

40 A: Time taken to be seen by the medical staff: The respondent should give the time taken in hours/minutes for each visit which should be recorded in the right space provided. If the response is **don't know** indicate the amount of time taken as “99”. Note that this reference is the time (within official working hours) of arrival up to the time of being attended by medical staff (i.e. clinician).

40 B: Time taken to be attended by the clinician: The respondent should give the time taken in hours/minutes for each visit which should be recorded in the right space provided. If the response is **don't know** indicate the amount of time taken as “99”. Note that this reference is from the first contact with a clinician up to the time the responded is seen by the last clinician at the time of exit.

41. Transport Expenditure: The amount of money spent to travel to the health provider to seek treatment two ways in each visit should be provided in Kenya Shillings. If the respondent doesn't know completely the amount he/she spent indicate the amount as “99999”

42. Time taken to travel to the health provider: The respondent(s) should give the amount of time taken to travel to the health provider to seek health services two-way. This should be given either in hours or minutes but should be entered in the correct space for each visit. The enumerators should ensure that the time in minutes is not mistakenly entered in the space for hours and vice versa for the hours. This excludes the time taken at the facility to be seen by the medical staff.

43. Distance covered in Kilo Metres to get the Health provider: The distance to the Health Provider (facility) one -way should be given in Kilometre (km). If the respondent has difficulty in providing the distance, other people in the locality may be consulted to establish the distance. If the respondent doesn't know indicate “999”.

44. Main mode of transport used to get to the health provider: The respondent is required to give the main mode of transport used to the health provider for each visit. Circle the code(s) as provided this should by all means be completed, as the respondent must have used some form of transport.

45. Satisfaction with the quality of care from Health Provider: The respondent(s) should give the information whether he/she was satisfied with the quality of care that received from the health provider visited for each visit. Circle the code as appropriate.

46. Assessment of quality care in the health provider: The respondent should give information on how Household member(s) assessed the aspects of quality care in the health provider visited. The aspects of quality care to be assessed include: time spent with the clinician, waiting time, courtesy of staff, availability of drugs, cleanness of the

facility and privacy during consultation. Code appropriately in the spaces provided for each visit.

SECTION C2: ROUTINE HEALTH EXPENSES (LAST FOUR (4) WEEKS)

This section covers health expenses, which households incur out of their pockets when purchasing medicines/drugs and other health related commodities not necessarily prescribed by health provider. These expenses include regular medication, condoms; oral rehydration salts (ORS), vitamins supplements, cod liver oil, etc.

This section applies to all Household Members.

47. Expenses on health and other related commodities: Probe whether any member of the household incurred expenses on health or health related commodities besides for those incurred in outpatient and in-patient care in the last four weeks. These should include routine medication as asked in question **21**, **and** other purchases like condoms, pills or oral rehydration salts (ORS), vitamin supplements, cod liver oil etc. Insert the appropriate code. If **Yes** continue to Q48, If **No** or **don't know** skip to section C3.

48. Household membership number who incurred other expenses on health:

For all those who incurred expenses in question 47 above, enter the household membership numbers in the columns on the right with reference to the listing in column 01 on page 16.

Example: If Mr. Kamande incurred such expenditure and on the household listing, he is assigned row number 3, then this is the number that should be entered appropriately.

49 The amount of money spent on items/commodities:

For those household members listed as having incurred expenses in Question **48** indicate the amount spent on: Drugs/Medicine and Others (specify), if don't know Enter 99999 appropriately.

Under code **1**: (drugs/medicines) probe carefully as there is a tendency to forget such purchases as incurred from shops e.g. Hedex, Panadol, Aspirin, Syrups, Actal etc. Add those to cost incurred in routine drugs, if any.

Under code **2**, probe for such purchases as condoms, contraceptive pills, multivitamins, cod liver oil etc.

SECTION C3: IN-PATIENT ADMISSION

This section addresses utilisation of in-patient services in the last one year. In-patient refers to at least an overnight stay or hospitalisation in a health facility. This is to be answered by all the **household members** whose response was a “Yes” in **question 22** and 23 in **section B**. The form provides for two admissions for four members of the household admitted in the last one year. In case there were more than two admissions for any one member or there were more than four household members admitted, use a separate form and attach.

- 50. Number of admission:** Insert the household membership numbers for those admitted in a health facility and ask the respondent the number of times the household member(s) were admitted in the last one year. Insert number of admissions in the provided spaces.
- 51. Duration of Admission:** Record the number of days each admission took and insert in the space provided for every admitted household member.
- 52. Name of the Health Provider:** Ask the respondent to give the name of health provider for each admission and record in the provided spaces. Probe to get the accurate name as the name in most cases also provides information on ownership and type.
- 53. Type and ownership of Health Provider where admission was sought:** The interviewer should ask the respondent the type and ownership of health provider the household member was admitted. The various types of health provider are given. Circle the appropriate code for each admission.
- 54. Nearest in-patient Facility to Respondent Home:** Ask the Respondent whether the facility household member(s) admitted is the nearest home and code as appropriate for each admission.
- 55. Ownership of the in-patient Facility nearest Home:** Ask the Respondent(s) who either utilised or by passed the health facility nearest home to indicate who owns it. The options of owners of the facilities include: Government, Private, Faith Based (i.e Mission), and NGO. The Interviewer is expected to probe and make sure the right owner of the facility given and coded as appropriate for each admission. If the Respondent doesn't know the owner of the facility completely, then code the **don't know** option and continue with the next question

CHECK QUESTION 54

If the response is **yes** go to question 57. If the answer is **doesn't know** go to question 57.

- 56. Main reason(s) for bypassing the in-patient facility nearest home:** The Respondent (s) who did not utilise the in-patient facility nearest home are expected to give main reason(s) of doing so. Circle the codes for the options appropriately for each admission. However, the options may differ depending on each admission. Multiple answers apply

57. The main reason(s) for choosing the In-patient health Provider: The respondent(s) who either by passed or admitted in the nearest facility home should indicate the main reason(s) of choosing that health provider. Circle the appropriate code(s) for each admission. Multiple answers apply

58. Main reason(s) for seeking Admission: Ask the respondent to give the main reason(s) for seeking in-patient care. The reasons are categorised into **Illness** (code 1-14) and **services** (code 15-18). Circle the appropriate code as provided per each admission. Probe to ensure no reason is missed.

59. Payment for In-patient services received: Inquire from the respondent(s) whether the household member(s) admitted above paid for services received and enter the code in the provided spaces. If the response is **yes** go to question 60, if it is **No** go to question 64 and **don't know** go to question 64. **Note: this includes payments in kind*

60. Money Spent on In-patient treatment /services: Ask the respondent (s) whose response in question 59 above was **yes** to indicate how much money the admitted household member spent on in-patient treatment/services by expenditure categories for each admission and insert the amount as appropriate. If the detailed breakdown of the expenditures is not known insert the amount in overall estimates and circle **code**. If the response is **don't know** indicate the amount as **"99999"**

61. Mode of Payment for each service received. Ask the respondent to indicate the mode payment he/she used for each service received and corresponding to each visit. Circle the code(s) as provided. Multiple answers allowed

62. Payment in kind: If the response in question 61 was **in kind** (code 6) list down the items, quantities and cost them as per the market rate prevailing in the region. **"In Kind payment"** is **non-monetary** payments such as using animals, labour etc. Indicate the amount in the provided spaces for each admission.

63. Source(s) of Funds. The respondent is to indicate where the admitted household member(s) got funds to pay for the in-patient health services. Circle the code(s) as provided and indicate how much was paid from each source(s) and for each admission. If the response is **don't know** indicate the amount as **"00"**

64. Provision of drugs and pharmaceuticals: Ask the respondent to indicate who provided the drugs and pharmaceuticals during the admission of household member(s) and code for each admission as provided.

65. Satisfaction with the quality of care in the in-patient Health Provider: The respondent(s) should give the information whether the household member(s) were satisfied with the quality of care that received from the above mentioned health provider. Enter the code as appropriate for each admission.

66. Assessment of quality care in the in-patient health provider: The respondent should give information on how household member(s) assessed the aspects of quality care in the health provider admitted. The aspects of quality care to be assessed include: time spent with the clinician, waiting time, courtesy of staff, availability of drugs, cleanness of the facility and privacy during consultation. Code appropriately in the spaces provided for each admission.

67A. Time spent to go to the facility: The respondent should give the time taken to get to the facility in Minutes/Hours

67B. Time taken to be admitted: The respondent should give the time taken in hours/minutes for each admission which should be recorded in the right space provided. If the response is **don't know** indicate the amount of time taken as **"98"**.

68. Distance covered to get to the In-patient Health provider: The distance to the in-patient Health Provider (facility) one-way should be given in Kilometre (km) for each admission. If the respondent has difficulty in providing the distance, other people in the locality may be consulted to establish the distance. If the response is don't know indicate **"999"**.

69. Amount spent on transport: The respondent(s) should give the amount of money (one-way) spent by household member(s) who were admitted to the in-patient health provider. This should be given in Kenya Shillings and should be entered in the correct space provided for each admission. If the response is **don't know** indicate the amount of time taken as **"99999"**.

70A. Accompanied during hospital stay: Inquire from the respondent whether the household member(s) who were admitted had been accompanied during the hospital stay and code as provided for each admission. If the response is **No** skip to section D (Question 72).

70 B: For those household members who indicate YES in Q70A, probe to establish the number of days, the household member(s) were accompanied

71. Household membership Number: Inquire from the respondent the household member who accompanied patient to in-patient health provider and insert the household membership number for each admission as per the space provided.

SECTION D: ACCESS TO HEALTH INSURANCE

This section is for household members who have health insurance cover.

72. Enumerator to probe and find out if any member of the household is covered with any form of health insurance.

73. Covered with a health insurance: This question is for those who answered yes to question 72. List the members of the household covered with a health insurance and enter the appropriate code

74. Type of Insurance: Enter the type of insurance for all the members who responded yes to question 72. Note that multiple choices are allowed. **Probe to ensure the NHIF cover is also established as it is mostly forgotten.**

75. Who pays for the health insurance cover: Indicate who pays for that cover. The purpose of this question is to determine the source of funds to the insurance. There are four (4) options:

- 1) Household head
- 2) Employer
- 3) Self
- 4) Others (specify)

And multiple answers are allowed.

76. Payment for the health insurance cover: Indicate how the household pays for the insurance cover. Multiple answers are allowed (separate with commas).

77. Total health insurance premiums: Enter the amount spent per month for the insurance premium(s). Probe if it is the annual amount, if so divide by 12.

78. Medical services covered by health insurance: Indicate all the medical services covered by the health insurance. Multiple answers are allowed (separate with commas).

SECTION E: HOUSING CONDITIONS AND HOUSEHOLD ASSETS

The purpose of this section is to help in determination of wealth quintiles and to determine the condition and permanency of the main dwelling or main household occupied by the household members. The term main dwelling is synonymous with the term main household. All the questions concerning the dwelling relate to the main dwelling where the head of the household eats, sleeps, and/or lives. It is also important to know how the household provides energy for its lighting and cooking.

Knowledge of household assets can provide a proxy measurement for income and wealth.

Some of questions are obtained through direct observation by the interviewer. Others are based on observation and confirmatory response from the respondent.

79. Type of dwelling: Indicate the type of dwelling the household head lives and enter the appropriate code. Permanent: This consists of houses with walls made of stones, bricks and block. Semi-Permanent: Wood, mabati, mud&cement and Temporary:

80. Ownership/rental status: Indicate the ownership/rental status of the said dwelling and enter the appropriate code.

For Questions 80 – 89: You may not ask the respondent since you will usually be able to see for yourself what kind of floor, wall and roof of the house. However, ask if you are not sure.

81. Main type of floor material: Appropriate codes are given. If there is more than one kind of material, record the main type of material (the material that covers the largest amount of space) material is used for construction, enter the code of the most used material.

82. Main type of walls material: Appropriate codes are given. If there is more than one kind of material, record the main type of material (the material that covers the largest amount of space) material is used for construction, enter the code of the most used material. E.g. if the wall is made of mud and cement, enter either code depending on the larger proportion used.

83. Main type of roof material: Appropriate codes are given. If there is more than one kind of material, record the main type of material (the material that covers the largest amount of space) used for construction, enter the code of the most used material.

84. Main Source of Cooking Fuel: Information on the type of fuel used for cooking is collected as a measure of the socioeconomic status and would be used in the computation of the wealth index. The use of some cooking fuels can also have adverse health consequences. Remember, this question asks about fuel for cooking, not for heating or lighting.

If the household uses more than one type of fuel for cooking, find out the fuel that is used most often. If any fuel other than the pre-coded ones is reported as being the main fuel used for cooking, circle 6 and specify the type of the fuel in the space provided. Note that firewood includes collected or purchased ones.

85. Main Source of Lighting: Ask the respondent the main lighting fuel used in the household. Main refers to the fuel used most of the time. Circle the appropriate answer

86. Ownership of some household items: The answers to these questions on ownership of certain items will be used jointly with others to derive the wealth index. Read out each item and circle 1 (Yes) for each of the items they have and 2 (No) if they don't have. If a household item, say, radio, appears to be out of use only temporary, circle 1.

87. Main Source of Water: Ask the respondent the main source of water for the household. This is the source from which, for most part of the year, the household draws its drinking water. If several sources are mentioned, probe to determine the source used for most part of the year. For example if during the wet season the household draws water from a river but then the longer part of the year draws from a well without a hand pump then code " 7 " as the main source of water.

88. Toilet facilities: The purpose of this question is to obtain a measure of the cleanliness of the sanitary facility used by the household members.

A flush toilet is one, which carries the waste down pipes whether the water is piped into the toilet, or poured in by buckets to local sewer system (its function is to discharge human excreta and wastewater from the household to a sewerage treatment system) or to a septic tank.

A Ventilated Improved Pit latrine (VIP) is a pit latrine that has been improved by the addition of some kind on construction (usually a pipe) that provides a route for fumes to escape, other than the hole itself. A Traditional Pit latrine is a pit latrine not ventilated but enclosed by a wall irrespective of the type of wall. These pit latrines must be "functioning". By "functioning", it means that the facility is structurally and operationally sound and is attractive for and encourages use.

89. Farming land: Enter the total number of acres the household owns irrespective of where the land is located.

SECTION F: HOUSEHOLD EXPENDITURE & CONSUMPTION

Expenditure data, when compared to income data, provides a basis for assessing monetarized welfare status. The survey is interested in estimating the amount that households might be able to afford. The series of questions are designed to capture the key household expenditures. Pay attention to the recall periods for each question.

- This section is to be answered by the household head. It involves questions about household expenses, including contribution of the members of the household to the budget.

90. Household expenditures per month on key foods items

Try and probe how much the household spent/consumed on food items in the last 7 days. Work out the quantities and prices on each item and put the total on the right hand column. Include information on expenditure, bulk purchases for consumption, consumption from own produce and gifts (in cash and in kind). Consumption from own produce and gifts (in kind) to be quantified/estimated using current market prices.

1. Oil and fats for cooking vegetable oil)
2. Cereals (include maize, beans, rice, flours, wheetabix, corn flkes etc)
3. Livestock produce and eggs (milk, cheese, butter, eggs)
4. Fish (whole fish, fillet, canned etc)
5. Meat (liver, matumbo, beef, mutton, pork, chicken, bata etc)
6. Sugar& beverage(tea/ coffee / Milo / cocoa / Drinking chocolate /etc)
7. Bread
8. Spices e.g. curry powder etc
9. Vegetable (tomatoes, carrots, onions, cabbages, kale, spinach, cucumber, dania etc)
10. Fruits (bananas, oranges, passion, paw paw, mangoes, water Mellon, avocado, etc)
11. Roots (sweet potatoes, yams, cassava, arrow roots etc)
12. Soft drinks (sodas, juices etc)
13. Miraa and alcoholic Drinks (wines, beers, spirits, muratina, karubu, mnazi, kumi-kumi, Kari Kari, etc)
14. Meals consumed outside (chips, nyama choma,)

Where the breakdown is not possible, insert the total amount of food & beverage budget

91. Other Monthly household expenditures: Probe the average amount households spend per month on the stated non-food items.

92. Household spending in the past one year: This question is for expenditures incurred by the household during the past one year. Fill in the expenditure amount in the right hand column. For weddings/funerals, capture what the individual has contributed to other people's weddings/funerals and also the contribution to his/her own wedding.

SECTION H: HOUSEHOLD INCOME

The concept of income is complex and therefore **it is noteworthy that the income figures collected are estimates, and not exact figures.** Household respondents will not uniformly be able to recall exactly all incomes received by each household member during the past year.

This section is to be filled by the member supporting that household budget

100. Household income received in the past one year (12 months): The question asks about all the possible sources of income a household may have had. The amounts are to be recorded in local currency with estimates made for an annual recall period. Income is sometimes made “in kind” rather than “in cash.” When this is the case, estimate the cash value of the “in kind” income that has been received based on the local market value of similar items that are on sale. Similarly, when the household’s own production is consumed by the household the value of this own consumption should be estimated based on the market value of these same products that may be on sale in the local market. The income earning activities for all members of the household should be included. The interviewer may find it necessary to tally the separate wages of all working members on a separate sheet before making the entry on the questionnaire.

Probe all household sources of revenue along, but not limited to, the following categories and enter the amount in Kenya shillings:

1. Public and parastatal salaries (these are from Government employees and other state owned enterprises)
2. Private sector salary (for those employed in the private sector)
3. Business/enterprises including jua kali (*incomes derived from private businesses including jua kali enterprises owned by household members*)
4. Rent received (from lease household owned properties)
5. Remittances (money received from outside sources e.g. relatives, friends etc)
6. Pensions (for those who are retired from active employment)
7. Interest earned (from banks, dividends etc)
8. Sale of cash crops (coffee, tea, pyrethrum, sugar, etc)
9. Sale of food crops (maize, beans, etc)
10. Sale of livestock and livestock products (cattle, goats, sheep, pigs, chicken, eggs, hides and skins, milk etc)
11. Other farming income (horticulture products etc)
12. Consultancy
13. Others (specify)