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**KENYA HOUSEHOLD HEALTH EXPENDITURE AND UTILIZATION SURVEY (KHHEUS)-  
2018**

**Interviewer's manual**

***MINISTRY OF HEALTH (MOH)***

***IN COLLABORATION***

***WITH***

***KENYA NATIONAL BUREAU OF STATISTICS***

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The purpose of the Household questionnaire is to provide information on selected areas of interest concerning the household health expenditure and utilization survey -2018. 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 G:** assesses the **household expenditure**
- **SECTION H:** assesses the **household Income**

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## **SECTION 1: INTRODUCTION**

### **Kenya Household Health Expenditure and Utilization Survey (KHHEUS)**

The Government of Kenya has been conducting Kenya Household Health Expenditure and Utilization Surveys (KHHEUS) to understand the health seeking behavior of households and also estimate the households' contribution to total health spending and therefore providing information to guide health reforms.

The 2018 KHHEU survey will be the fourth such study to be conducted, with the others having been conducted in 2003, 2007 and 2013. The survey is being conducted with the support of the World Bank , and is implemented by both the Ministry of Health and the Kenya National Bureau of Statistics (KNBS).

The survey is critical in assisting policy makers to get access to accurate data on health expenditure utilization, Out-of-Pocket spending, health insurance penetration and health seeking behavior. This information helps policy makers better understand and address the financial burden on the population with regard to access to health services.

### **Objectives of the survey**

The Kenya Household Health Expenditure and Utilization Surveys (KHHEUS) will use a nationally representative sample and will generate county health access and utilization data. It will cover all the 47 counties, with approximately 34,000 households. The goal of the survey is to provide policymakers, donors, and researchers with comprehensive information on the type and frequency of health services used. It also provides information about the level and distribution of out-of-pocket spending on health care, factors that influence the use of health care services, and health care spending. This data will be aggregated according to the different demographic and socio-economic characteristics of households. Specific objectives of the survey will be to:

1. Gain insight into the health and health related expenditures made by the household members Analyze how these expenditures vary with different socioeconomic and demographic characteristics of households
2. Collect detailed information on health care service utilization
3. investigate patterns of outpatient and inpatient health care use and choice and perception of provider type and ownership
4. Document health care seeking behavior amongst the Kenyan population
5. Estimate the proportion of population covered by different health insurance plans
6. quantify extent of catastrophic household health expenditures
7. analyze the pattern and choice of facilities/ providers used for outpatient and inpatient health care by various socio economic and demographic variables;
8. Estimate the amount spent on health care services at the per capita levels;
9. Obtain the perceptions of quality of care for different types of facilities/ providers;

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 and Research Assistants 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 questions. The Manual describes the objective of the survey, the relevance of the information for the household survey and the scope of the information required.

### **PARTS OF THE QUESTIONNAIRE**

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 [Section A] which includes the geographic location in terms of County, Sub-county, cluster and household number.

**Section 2 of the questionnaire contains the** 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

**Chronic disease:** A disease that persists for a long time. A chronic disease is one lasting 3 months or more. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear. Health damaging behaviors - particularly tobacco use, lack of physical activity, and poor eating habits - are major contributors to the leading chronic diseases.

**Acute** often also connotes an illness that is of short duration, rapidly progressive, and in need of urgent care. "Acute" is a measure of the time scale of a disease and is in contrast to "subacute" and "chronic." "Subacute" indicates longer duration or less rapid change. "Chronic" indicates indefinite duration or virtually no change.

**Consultation** a procedure whereby a service provider reviews a patient's/client's medical history, examines the patient, and makes recommendations as to care and treatment. The medical consultant often is a specialist with expertise in a particular field of medicine.

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**Visit** is a contact between a service provider and a client or patient to obtain professional services or (of a practitioner) to see a patient or client to render a professional service or advise. In the hospital and the home, the service provider makes a visit to the patient; in the clinic or office the patient makes a visit to the practitioner.

**Self-medication** is medicating yourself without the supervision of a health-care professional. **Self-medication** is the use of medicines by people who did not take professional advice. Obtaining and taking drugs without the advice of a doctor is known as self-medication. **Self-medication** is medicating yourself without the supervision of a health-care professional.

**Self-medication** is defined as "the use of drugs to treat self-diagnosed disorders or symptoms, or the intermittent or continued use of a prescribed drug for chronic or recurrent disease or symptoms"

### **Preventive care**

Prevention aims to avoid or reduce the number or the severity of injuries and diseases, their sequelae and complications. Prevention is based on a health promotion strategy that involves a process to enable people to improve their health through the control over some of its immediate determinants. This includes a wide range of expected outcomes, which are covered through a diversity of interventions, organised as primary, secondary and tertiary prevention levels.

### **Health Promotion**

**Health promotion** is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.

### **Retailers of medical goods**

This item comprises specialised establishments whose primary activity is the retail sale of medical goods to the general public for individual or household consumption or utilisation. Establishments whose primary activity is the manufacture of medical goods, such as making lenses, orthopaedic or prosthetic appliances for direct sale to the general public for individual or household use, are also included, as is fitting and repair done in combination with sale.

This item comprises establishments that are primarily engaged in the retail sale of durable medical goods and medical appliances such as hearing aids, optical glasses, other vision products and prostheses to the general public for individual or household use. This includes the fitting and repair provided in combination with sales of durable products, for example, in the case of hearing aids, cleaning, adjustment and the provision of batteries.

## **Health Facilities**

Health Facilities comprise licensed/gazetted establishments that are primarily engaged in providing medical, diagnostic, treatment and preventive/promotive services that include physician, clinician nursing and other health services. Health Facilities provides either Inpatient Care, Out Patient care or both.

Health facilities are categorized by ownership and type

### **Ownership**

- Government
- Faith Based organization
- Non Governmental Organization (NGOs)
- Private
- Community

### **Type**

- 1) National referrals
- 2) County Government hospitals
- 3) Private hospital
- 4) Faith Based hospital
- 5) Govt. Health Centre
- 6) Faith Based health centre
- 7) Government Dispensary
- 8) Faith Based Dispensary
- 9) Nursing/Maternity Home
- 10) Private Clinic
- 11) NGO Clinic
- 12) Company/parastatal clinic
- 13) Dialysis centre
- 14) Laboratory/diagnostic centre

### **Pharmacies**

This subcategory comprises establishments that are primarily engaged in the retail sale of pharmaceuticals (including both manufactured products and those prepared by on-site pharmacists) to the population for prescribed and non-prescribed medicines. Pharmacies operate under strict jurisdiction/licences of national pharmaceutical supervision.

### **Enumeration areas**

*An EA is the smallest geographical area/unit created by KNBS during cartographic mapping for the purposes of Census enumeration. 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*

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*urban areas a flat may constitute more than one Enumeration Area depending on the number of households.*

**Cluster**

This is a scientifically selected area from an Enumeration Area (EA) for the purposes of carrying out household based sample surveys. It could be part or the whole of an EA. Within a cluster, there are marked structures and in some of these structures, there are households.

**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.

**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, e.t.c. For the purpose of this survey, a structure constitutes a building used for dwelling purposes.*

**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.*

**Household**

*A household is defined as a person or a group of persons, who normally reside together in the same compound/homestead under one or several roof(s), are answerable to the same head and share same cooking arrangement. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in this Survey.*

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. A household may be one person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes people who live together, whether or not they are related by blood. For example, three unrelated men who live and cook meals together would not be considered one family, but they would be considered to be members of the same household.

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 cluster 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.

### **Household head**

*A household head is the most responsible usual 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 man, woman or child or any other responsible member of the household depending on the status of the household.*

### **Usual Members of a Household**

*A usual member of a household is a person who spends most of their time in the household. This should be a period of at least 6 months in a year. Children who are in boarding schools or a new born child or a newly married woman will be considered as a usual member of a household.*

### **Respondent**

It is important for the Research Assistant to know to whom they are 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 usual 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 should provide responses to sensitive issues such as income and some expenditure. Any competent member of the household may provide responses to other routine issues.

### **Callbacks**

*Because each household has been carefully selected, the research assistant must make every effort to conduct interviews with the individuals who are identified as the respondents in these households. It is important that a research assistant completes interviewing a respondent during the first visit to the household. However, the research assistant may at times need to make further visits, especially if the respondent is absent or busy such that they*

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*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 re-visit is called a 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.*

*You need to make at least 3 visits on three separate times of the day or days when trying to obtain an individual interview to maximize the possibility of successfully completing the interview. In case all the call backs fail, there are appropriate result codes that can be indicated such as no household member or no competent respondent at home and the entire household being absent for an extended period of time.*

## **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) Making callbacks to interview respondents who could not be interviewed during their first or second visit due to various reasons.
- (e) Ensuring that the information given is correct by keeping the respondent more focused to the questions.
- (f) Preparing the debriefing notes for the supervisor on the problems encountered while on study site.
- (g) Forwarding to the supervisor all questionnaires (used and unused, if they were provided) and any other materials as may be directed.
- (h) Making online submission of data collected at the end of each day. In case of online failure, manual system could be used.
- (i) Ensure safe keeping, protection, and maintenance of the survey materials and assets during the survey period.

### **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.

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- (c) Custodian of all collected data and any other relevant materials from the research assistants.
  - (d) Be in charge of protocol in the enumeration areas e.g. working with County Administration
  - (e) Ensure that materials for survey are available.
  - (f) Making spot checks to enumerators at enumeration areas
  - (g) Ensure that all households are covered
  - (h) Ensure that work performed by the research assistants is accurate
  - (i) Ensure daily submission of online data by research assistants from the enumeration areas
  - (j) Prepare and submit weekly progress report to respective coordinators.

### 3. Roles of coordinators

## **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 outlined 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 indicate 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. The name of the household head and other details will therefore be provided. The field team shall work with the village elder and the chief in locating the households.

## **D. PRINCIPLES OF INTERVIEWING**

### **1. Introduction**

The success of personal interview surveys depends on the role played by the research assistant. The central role being 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 the interviewer will influence her/his willingness to co-operate in the survey. On meeting the respondent, the first thing an interviewer should do is to introduce him/herself, stating his/her name and the purpose of the visit. The interviewer should make sure that his/her appearance is neat and his/her manners are friendly as he/she introduces him/herself. The interviewer should make sure they are dressed appropriately.

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A good introduction may read as follows:

Hello. My name is \_\_\_\_\_ and I'm representing the Ministry of Health (MoH) and the Kenya National Bureau of Statistics (KNBS). We are presently carrying out a household survey on use of health care services and health spending in Kenya. This information is part of a National Health Accounts (NHA) exercise that aims to estimate the total amount of health spending in Kenya (both public and private) and to describe the flow of funds from sources to ultimate uses. The information collected from this household survey will help Kenya's policymakers and program managers better allocate health resources in more efficient, effective, and equitable ways. For this purpose, the MoH seeks to gather information from you about your household spending and use of health care services and products. The information collected will be strictly confidential. Furthermore, the information given to us will under no circumstances be used for tax purposes. I would now like to ask you a series of questions that will take approximately 45 minutes.

### **3. Confidentiality**

Always stress confidentiality of responses obtained 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, the interviewer 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.

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## **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 Appointment Procedures**

It is important that the interviewer attempts to complete interviewing respondent during first visit to the household. However, the interviewer 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 the interviewer needs to make an appointment for a suitable time to interview the respondent. The interviewer should never try to force the respondent to attend to the interview at a time that would be obviously inconvenient. The interviewer should be punctual for appointments, as 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 the interviewer understands, then interview using that language. If the respondent can only speak a language the interviewer does not understand, then he/she must raise this problem with the 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 the interviewer faces many cases of refusals then something is wrong with his/her approach. the interviewer should talk to such respondents nicely, using tact to gain their co-operation. the interviewer should always be honest in his/her approach and never tell the respondent that he/she will take only two minutes of his time, knowing 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, the interviewer should 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, the interviewer should always avoid over-staying their welcome.

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## **SECTION A: IDENTIFICATION INFORMATION**

### **1. Identification Number**

Each questionnaire should have an identification number comprising of the county code, cluster number and the household number. These must be appropriately recorded on the survey questionnaire before the start of the interview.

### **2. Geographic Information**

All questionnaires will require to have the county codes and names indicated. These codes will be provided to all survey personnel.

### **3. Survey Administration Information**

The interviewer is required to indicate the name and code of the interviewer and the supervisor and then date of the visit and time of start of the interview.

### **4. Identification of Respondents**

The interviewer is required to capture the name and line number of the respondent who will be responding to the survey questions. This will be filled after listing all the usual members of the household and their relationship to the household head.

## **SECTION B: COMPOSITION OF HOUSEHOLD AND ITS CHARACTERISTICS**

This has been categorised into:

- 01. Household member number:** Serially list all household members with a unique number starting with 01 for HH Head
- 02. Usual Residents:** List Names of the usual members of 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 completed 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. School attendance status:** Questions on school attendance 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 **Never been to school go to 10.**
- 08. Highest level of formal education:** The highest level of formal education reached refers to the highest level of schooling attained even if the member did not finish that level. Inquire from the respondent the highest level of formal 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 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

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- 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. Marriage here is between persons of the opposite sex.
- 11. Main employment status of household members:** Inquire from the respondent about the main job/activity of each household member for the last 12 months and enter the code in the spaces provided. Formal employment refers to engagements where there is some form of contract between the employer and employee and payments is made after an agreed period of time. Informal employment has no formal contracts between the employer and employee and is characterised by ease of entry and exit.
- 12. Main Occupation:** If the answer to question 11 is 1 or 2 ask the respondent their main occupation. Please indicate the name of the occupation. The coding will be done during analysis. Occupation refers to what one does at his/her usual place of work to earn a living
- 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 any member of the household above 5 years smokes
- 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:  
For each these conditions enter code(s) in the provided columns as appropriate. *A* chronic disease is one that lasts 3 months or more and can recur, cannot be prevented by vaccines and cannot be cured by medication
- 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. Illness refers to a disease or period of sickness affecting the body or mind.  
*If the response in the above question is yes continue with Question 17; 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 etc.& 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. Self medication does not apply here in the case of pharmacies and shops.

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** go to Question 21, if it is **No** go 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 illness did not make all the required visits and insert the code in the provided spaces appropriately. *(Multiple responses are allowed)*
- 20. Reasons for not seeking health care:** Ask the respondent to indicate the main reasons why the ill household member(s) did not seek care and insert the code as per provided spaces. Self-medication refers to medicines bought from stand alone outlets (pharmacy/chemist or shops without a service provider's prescription and herbal medication without prescription). *(Multiple responses are allowed)*
- 21. Preventive/Promotive health care services in last four weeks:** Preventive health services include but not limited to: Family planning, Immunization, VCT, Counselling, 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. This question applies to all members of the household whether reported ill or not.
- 22. Need for admission:** Inquire from the respondent whether any of the Household members was ill and required to be admitted in a health facility in the last twelve (12) months and insert the code in the provided spaces.

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

- 23. Admission:** Ask the respondent whether the household member(s) who required 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.

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**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 covers outpatient health service seeking behaviour of Household members. These are services that do not require overnight stay or hospitalisation and this is to be answered for 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 made by each household member who consulted /sought /visited the health provider (including Pharmacist/ Chemists and Traditional Healers) in the last four weeks. Where a member made more than four visits, capture information on the last four visits only.** In collecting information of the visits, the interviewer is expected to start with the most recent visit and capture all the information pertaining to that visit before asking about the other visits. THE REFERENCE DATE FOR THE RECALL PERIOD OF FOUR WEEKS IS DETERMINED BY THE INTERVIEW DATE. IF ONE IS INTERVIEWED ON 9<sup>TH</sup> MARCH, 2018, THE RECALL PERIOD WILL BE BETWEEN 9<sup>TH</sup> MARCH,2018 AND 9<sup>TH</sup> FEBRUARY 2018.

- 25. Main reasons for seeking care:** Ask the respondent to give the main reasons for seeking care. The reasons are categorised into **Illness** (codeA-S), and **services** (code A-O). Enter the appropriate code(s) as provided for each visit(s). 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 actual name of the health provider/facility that was visited for each visit and record the name in the space provided.
- 27. Type of Health Provider:** Inquire from the respondent the type of health provider the household member(s) visited and enter the appropriate code. **Probe** in order to differentiate between various types of Health providers.

**Note:** Health provider includes also chemists/Pharmacists/shops and Traditional healers.

- 28. Nearest Facility to Respondent’s Residence:** Ask the Respondent whether the facility visited is the one nearest to his /her residence and code as appropriate for each visit. Probe to be sure that all the health facilities/providers (including chemist, shops etc.) are considered. If the response to the above question is **yes** or **No** continue with question 29, if **Don’t know** skip to Q31.
- 29. Ownership of the Facility nearest to respondent’s Residence:** Ask the Respondent the ownership of the health facility nearest their residence. The Interviewer is expected to probe and make sure the right ownership is determined

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and coded as appropriate for each visit. If the respondent doesn't know the owner of the facility completely then code **don't know**.

**30. Main reason(s) for bypassing the facility nearest the respondent's residence.**

The interviewer should check Q28 if the respondent answered No. For those who answered No ask for the reasons why they bypassed the facility nearest to their residence and code appropriately for each visit. Multiple responses apply.

**31. The main reason(s) for choosing the health Provider:** The interviewer should check Q28 if the respondent answered "yes". Select the reasons) for each visit by using appropriate codes. Multiple responses apply.

**32. Availability of Medicines.** The interviewer is to ask the respondent whether the household member(s) obtained all the medicine/ needed from the facility visited. Select code(s) to code appropriately for each visit. If the response is **Yes** (all the needed medicine/ obtained) go to question 35 and if the response is **Yes** (some of needed medicines/) go to Question 33. If the response is **No** go to Question 34 and if the response is **don't know** skip to question 35. Multiple responses apply.

**33. Reason(s) for not obtaining all medicine/ required:** Ask the respondent why the household member(s) was/were not able to obtain some of the medicine/ needed and code appropriately for each visit. Multiple responses apply.

**34. Reason(s) for NOT obtaining Any of the medicine:** Ask the respondent why the household member(s) was/were not able to obtain any of the medicine/ and code appropriately for each visit. Multiple responses apply.

**35. This question seeks to find out whether the respondent paid for the services provided:** Inquire from the respondent whether the household member(s) who obtained services at the facility paid for the services received and code appropriately for each visit. If the response is **yes** go to Question 36, if **No** or **don't know** skip to question 40A.

**Note:** Payment includes cash, Mobile money, Credit cards, banker's cheque, in kind, or credit (even given an opportunity to pay later) etc.

**36. Amount spent on treatment/services received:** For those who responded **Yes** in Q35, enquire the amount spent on each treatment/service for each visit and record appropriately. Where the respondent is not able to give a breakdown of the expenditure per treatment/ service, ask for the overall expenditure as lump sum.

**37. Mode of payment for each service received.** Establish from the respondent the mode of payment used for each service/treatment and code appropriately for all the visits. Waived is when you are obliged to pay but you have been given permission

not to pay either in part or full by client while exemption is when no payment at all is made by the client in accordance with the policy. For instance, prisoners are exempted from paying for treatment/medical services received.

- 38. Payment in kind:** If one of the response in question 37 was **paid in kind**, list down the item(s)/service(s) offered, quantities and cost of the item(s)/service(s) as per the prevailing market rate(s) in the region. Multiple responses apply.

**Note:** “In **kind payment**” is non-monetary payments such as using animals, labour, cereals 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.** For those who reported to have paid by cash in Q37, ask the respondent to give the source(s) of funds used to pay for the health services and the respective amount for each source and record appropriately.. Multiple responses apply.

**40. Time spent at health facility:**

- 40 A: Time taken to be seen by the service provider at the facility:** Ask the respondent the amount of time taken (in hours and minutes) from arrival at the facility to the time seen by the service provider and record appropriately for each visit. 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.

- 40 B: Time taken to be attended to by the service provider for each service area at the facility:** Ask the respondent the amount of time taken for each service provided within the facility. This should be recorded in hours and minutes for each visit. 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 service provider up to the time the respondent is seen by the next service provider in a different service area within the facility. If the respondent cannot provide the detailed time spent for each service area, then let him/her give the overall time spent between seeing the first service provider to the point of exiting the facility.

- 41. Expenditure on Transport to facility:** Ask the respondent the amount of money used on transport to the health facility. The amount of money spent to travel to the health provider to seek treatment should be for one way and provided in Kenya Shillings. The research assistant to probe if the respondent walked the cheapest means.

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- 42. Time taken to travel to the health facility:** Enquire from the respondent the amount of time taken to travel to the health facility one way. This should be given in hours and minutes for each visit.
- 43. Distance in Kilometres to the health facility:** Ask the respondent the distance from the residence to the health facility visited by the household member who sought healthcare service(s). The **one-way** distance to the health facility should be given in Kilometre(s) (kms). If the respondent has difficulty in providing the distance, the interviewer should consult other people within the locality to establish the distance.
- 44. Main mode of transport used to get to the health the health facility:** Inquire from the respondent the most common mode of transport used to get to the health facility visited by the household member. Ask this for each visit and record appropriately
- 45. Satisfaction with the quality of care from Health facility:** Ask the respondent(s) whether they or household member who visited the facility were/was satisfied with the quality of care received from the facility visited for each visit and record appropriately. Note- This applies to those only who sought care in a health facility (excludes standalone pharmacies, shops, traditional healers etc).
- 46. Assessment of quality care in the health facility:** Ask the respondent(s) or household member who visited the facility to assess the level of **satisfaction** for each aspects of quality care listed in Q46.

## **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/services not necessarily prescribed by health provider. These expenses include regular medication, condoms; oral rehydration salts (ORS), vitamin supplements, cod liver oil, etc.

This section applies to all Household Members.

**47. Expenses on health and other related commodities/services:** Probe whether any member of the household incurred expenses on health or health related commodities/services 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 section B (composition of household characteristics)

*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. If the exact amount incurred is Ksh. 99,999 enter the amount as Ksh. 100,000

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.

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### **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 (The period of confinement in a health care facility that begins with a Patient's admission and ends with discharge) in a health facility. Hospitalization may mean admission into a ward without overnight stay.

The main criteria for inpatient:

- i. Inpatient care involve formal admission to a health care facility;
- ii. Inpatient care involves an overnight stay after admission, whereas day care requires the patient to be discharged on the same day.

This is to be answered for all the **household members** whose response was a “Yes” in **question 22 and 23 in section B**. The questionnaire provides for the last two most recent admissions for each individual.

**50. Number of admissions:** 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/facility:** Ask the respondent to give the name of health provider/facility 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/facility where admission was sought:** The interviewer should ask the respondent the type and ownership of health provider/facility the household member was admitted. The various types of health providers are given. National referral hospitals include Kenyatta National Hospital, Moi Teaching and referral hospital, Mathare Teaching and Referral Hospital; and National Spinal Injury hospital. Select the appropriate code for each admission. County facilities include county referral; sub county facilities; Health Centres and Dispensaries

**54. Nearest in-patient Facility to Respondent residence:** Ask the Respondent whether the facility the household member(s) was admitted is the nearest to his/her residence and code as appropriate for each admission. If the response is **yes** to the above question Continue with Question 55 and 57. If the option is **No**

continue with question 55. If the Respondent(s) completely doesn't know whether this is the nearest facility to his/her residence code **doesn't know** go to 57.

**55. Ownership of the in-patient Facility nearest residence** Ask the Respondent(s) who either utilised or by passed the health facility nearest their residence to indicate who owns it. The options of owners of the facilities include: Government, Private, Faith Based Organizations and NGO. The Interviewer is expected to probe and make sure the right owner of the facility is 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

**56. Main reason(s) for bypassing the in-patient facility nearest his/her residence:** The Respondent (s) who did not utilise the in-patient facility nearest home are expected to give main reason(s) of doing so. Select 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/facility:** The respondent(s) who either by passed or was admitted in the nearest facility to his/her residence should indicate the main reason(s) for choosing that health provider/facility. Select 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** (code1-19) **services** (code 20-28) and others. Select the appropriate code as provided per each admission. Probe to ensure no reason is missed.

**59. Payment for In-patient services received:** Enquire 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. Amount Spent on In-patient treatment /services:** Ask the respondent (s) whose response in question 59 above was **yes** to indicate the amount 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. If the response is **don't know** indicate the amount as 99999?

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**61. 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. Select the code(s) as provided. Managed schemes refer to arrangements made by the employer to reimburse health facilities for services provided to patients and are not part of the normal insurance schemes. Examples are counties, schools, private employers etc. 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. Indicate the amount paid from each source(s) and for each admission. If the response is **don't know** indicate the amount as 99999 .

**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. No multiple responses allowed

**65. Satisfaction with the quality of care in the in-patient Health facility/Provider:** The respondent(s) should give the information whether the household member(s) were satisfied with the quality of care which they received from the health providers. Enter the code as appropriate for each admission.

**66. Assessment of quality care in the in-patient health provider:** The question provides aspect of quality health care for in-patient in different operation areas during the admission. The assessment of these aspects of quality health care should be for each member who had the last two most recent admissions in a health facility. The respondent should rate using a likert scale given on the health care provided to each household member who was admitted in a health facility. The aspects of quality of care to be assessed include: time spent with the clinician, waiting time, courtesy of staff, availability of drugs, cleanliness of the facility, youth friendliness, food quality and privacy during consultation. The respondent will also provide overall satisfaction for each inpatient visit. Code appropriately in the spaces provided for each admission.

**67. Time spent to go to the facility:** The respondent should give the time taken to get to the facility in Minutes/Hours. If the journey took more than a day, convert to hours. Exclude time spent in the health facility.

**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 Kilometres (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 get to the in-patient health provider/facility. 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 "DK".

**70A Waiting Time between arrival and being seen by a clinician:** The respondent should give the time taken in hours/minutes for the patient at the time of arrival in the health facility and being seen by a clinician. This should exclude the traveling time for each admission. Record time in hours or minutes appropriately. If the response is don't know indicate the amount of time taken as "99".

**70B. 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. This means the time the decision to admit the patient is made, to the time the patient is settled in the bed in the ward. If the response is don't know indicate the amount of time taken as "99". Include time taken to get to the ward.

**71A. 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 yes go to question 70B, if No skip to section D (Question 72).

**71B: For those household members who indicated YES in Q70A, probe to establish the number of days, the household member(s) were accompanied**

**71C. 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.

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## **SECTION D: ACCESS TO HEALTH INSURANCE**

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

**Health insurance** is a type of **insurance** coverage that covers the cost of an insured individual's medical and surgical expenses either in whole or in part. Depending on the type of health insurance coverage, either the insured pays costs out-of-pocket and is then reimbursed, or the insurer makes payments directly to the provider.

Forms of health insurance include National Hospital Insurance Fund (NHIF), Private insurance, Community health insurance, County insurance scheme and Employer/Institution managed Schemes.

**72. Covered with a health insurance:** Ask whether there are any members of the household covered by any form of health insurance and enter the appropriate code.- is policy individual or for the head of the household

*Qs 73 – 75 to be answered for each household member (multiple answers allowed)*

**73. List of covered members:** List all the household members covered with a form of health insurance and their household member numbers.

**74. Type of Insurance:** Enter the code(s) of the type of health insurance for all the members who were listed in question 73 as having a health insurance cover. Note that multiple choices are allowed. **Probe to ensure the NHIF cover is also included 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 five (5) options:

- A. Household member/head
- B. Government subsidies
- C. Public Employer
- D. Private Employer
- E. Self
- F. Others (specify)

**Government subsidy** is the type of insurance subsidized by the government in order to provide coverage for specific groups of the population. This is usually in the form of cash payment or tax reduction. Examples are the health insurance subsidy program (for the poor or disabled) and medical insurance for the elderly.

**Public employer based insurance** is insurance purchased by government on behalf of their employees.

**Private employer based insurance** is insurance purchased by private institutions on behalf of the employees.

**76. Payment for the health insurance cover:** Indicate **how** the household pays for the insurance cover. Multiple answers are allowed.

**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 choices allowed.

### **SOCIAL SOLIDARITY QUESTIONS:**

This section is intended to solicit for the respondents' perception on universal healthcare (UHC) insurance covering all the members of the society. Social solidarity with respect to health care means that the relatively healthy individuals will pay higher prices for health insurance premiums in order to subsidize the health insurance of the relatively less healthy. Other scenarios of cross subsidization include the rich subsidizing for the poor, the young subsidizing for the old, the employed subsidizing for the unemployed etc. As a result, health risks are appropriately pooled and be shared within a community.

This section targets individuals aged 18 years and above and are present in the selected households at the time of the interview.

79. List all the household members and their household member numbers who are aged 15 years and above.

79a. **Willingness to pay for health insurance for the sick:** Ask if the member is willing to pay for health insurance that will contribute to healthcare costs of those who are sick, even though they are not sick.

79b. **Willingness to pay for health insurance for the poor:** Ask if the member is willing to pay for health insurance that will contribute to healthcare costs of those who are poor, or of less means than them.

79c. **Expectation to pay for their own healthcare:** Ask if the member thinks that everyone should be expected to pay only for their own health care.

79d. **Willingness to contribute to self and family:** Ask if the member would be willing to contribute to health care costs for themselves and their families.

79e. **Willingness to contribute to self, family and others:** Ask if the member would be willing to contribute to health care costs that benefits them, their family and other people they know (like neighbours and friends).

79f. **Willingness to contribute to a wider group:** Ask if the member would be willing to contribute to health care that benefits a wider group of people particularly where they are worse-off than them.

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**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.

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

**For Questions 86 – 95:** 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) material is 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 drinking 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. Sharing of toilet facility: enquire from the respondent if more than one household uses the toilet facility.** Code appropriately according to the answer given by the respondent.

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## **SECTION F: HOUSEHOLD CONSUMPTION EXPENDITURE**

The measure of welfare in this report is based on consumption expenditures rather than income. The empirical literature on the relationship between income and consumption has established that consumption is not strictly tied to short-term fluctuations in income, and that consumption expenditures are smoother and less variable than income. The household consumption expenditures correspond to the expenses in cash and in kind for the household's current consumption needs: foodstuffs, nonfood products and utility bills.

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 week on key foods items**

Try and probe how much the households spend on food items per month. Work out the quantities and prices on each item and put the total on the right-hand column.

Expenses for food products – overall expenditure for the procurement of consumed food products, as well as the counter value of human food consumption from the household's own resources.

- 1) Cereals (including maize grains, maize and wheat flour, rice etc)
- 2) Pulses (beans, grams, black grams, peas, ground nuts etc)
- 3) Bread (white and brown Bread, Wheat Buns /Scones etc)
- 4) Meat including (Beef, Mutton/Goat Meat, Offals (Liver and Kidney- "matumbo"), chicken, pork etc.)
- 5) Fish and seafood (Fresh and smoked fish, Omena, Prawns /Other Sea Foods, etc.)
- 6) Sugar, jam, honey, chocolate and other confectionery (Sugar Cane, Sugar, Jam Honey etc.)
- 7) Milk, cheese and eggs (Fresh and UHT milk, Powder Milk, Cheese, Eggs - Exotic/Kienyenji, etc)
- 8) Oil and fats (Butter, Ghee, Margarine, Cooking Fat, Cooking Oil etc.)

- 9) Spices & Miscellaneous (Common salt, Curry powder, Tomato Sauce, Royco Pilau masala etc.)
- 10)Vegetables (Sukuma Wiki, Onion (Leeks & bulb), carrots Traditional Vegetables etc.)
- 11)Fruits (bananas, oranges, passion, paw paw, mangoes, water Mellon, avocado etc)
- 12)Roots and tubers (Irish & sweet potatoes, yams, arrow roots Cassava etc.)
- 13)Coffee, tea and cocoa
- 14)Mineral water, soft drinks (Mineral Water, soda, Juice, Squashes, Fruit Juice etc)

Expenses for alcoholic drinks and tobacco products – overall expenditure for the procurement of alcoholic drinks, tobacco and smoking accessories, as well as the counter value of the consumption of these products from the household’s own resources.

- 15)Spirits/Beer/ Wines (includes wines, beers, spirits, “muratina”/ “karubu”/ “mnazi” etc.)
- 16)Tobacco/stimulants & Narcotics (Cigarettes/cigar, Tobacco, Marijuana, cocaine)

Expenses for hotels, restaurants, cafes, etc. – overall expenditure incurred for accommodation and nutrition outside the household in various specialized places.

- 17)Restaurants, cafés and the like (Kiosk, restaurant, road side vendors, chips, nyama choma)

**Where the breakdown is not possible, insert the total amount food budget**

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

Expenses for dwelling maintenance – overall expenditure for rent, energy, water and utility bills,

- 1) Rent
- 2) Electricity
- 3) Water and Sewerage
- 4) Liquid fuels (Kerosene/paraffin)
- 5) Solid fuels (Charcoal, Fire wood)
- 6) Cooking gas (Gas/LPG, Biogas)

Expenses for communications – overall expenditure incurred for the payment of post and telecommunication services, as well as expenses related to the maintenance of telecommunication equipment.

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7) Air time & internet usage(bundles)

- Expenses for transport – overall expenditure incurred for the procurement various services of transportation.

8) Transport (Matatu Fare, Boda Boda Fares)

9) Fuels and lubricants for personal transport equipment

Expenses for entertainment – overall expenditure incurred for the procurement of printed production (manuals, teaching materials, newspapers, office supplies, etc.)

10)Books, Newspapers and periodicals

Expenses for Non-durable household goods – overall expenditure incurred for the procurement household goods (Soap, detergent, match box etc.)

11)Non-durable household goods (Soap, detergent, Match Box, Shoe Polish/Cream, Insecticide etc.)

Expenses for products for personal care and other appliances – overall expenditure incurred for the procurement personal care (Sanitary towels, Lipstick/balm Baby Oil etc.)

12)Articles, products for personal care and Other appliances (Baby Oil Napkins, Nail Polish, Lipstick/balm, Sanitary towels

Expenses for remittances – overall expenditure incurred for the given out as transfers this include cash and in kind

13)Remittances (in cash and kind)

Expenses for domestic services – overall expenditure incurred for the procurement household service, payment to house servants, gardener and watchman

14)Domestic services and household services (house servants, gardener, watchman etc)

Other expenses – overall expenditure incurred for the procurement of hygiene and cosmetics products, haberdashery; pocket money; money provided as a gift to individuals, etc.

15)Cosmetics

16) Hairdressing salons and personal grooming services (Hair dressing, barber  
Massage/sauna/spa etc)

17) Others (Specify)

**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

Expenses for education – overall expenditure incurred for the procurement of manuals, school supplies, etc., as well as payments for education services, including extracurricular activities and private lessons.

1) Education (registration, uniforms, tuition, exam fees)

Expenses for dwelling refurbishment – overall expenditure for the procurement of long-term use goods, home appliances, as well as the payment of services related to the maintenance of these, as well as the expenses for refurbishing and repairing the dwelling.

2) Maintenance and repairs including car and buildings etc.

3) Furniture and furnishing

Expenses for clothes and shoes – overall expenditure for the procurement of clothes and shoes, as well as expenses incurred for the payment of services related to the production and fixing of these.

4) Clothing and Garments

5) Footwear

Expenses for entertainment – overall expenditure incurred for the procurement of social cultural, leisure and sports objects; including the payment of different cultural activities and tourism services, Funerals including contributions etc.

6) Wedding/dowry including contributions/harambees for the same to other HHs

7) Funerals including contributions/harambees for the same to other HHs

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Expenses for transport and plots– overall expenditure incurred for the procurement of vehicles, spare parts, services related to their maintenance and fixing, as well as the payment of various services of transportation, payment of plots.

- 8) Capital expenditures including cars, plots etc.
  - 9) Others (specify)
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## **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

**93. 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)