Kenya - Mini-Service Availability and Readiness Assessment (MINI-SARA) Kenya 2016

Ministry of Health

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Identification

SURVEY ID NUMBER
KEN-MOH-SARA-2016-vFINAL

TITLE
Mini-Service Availability and Readiness Assessment (MINI-SARA) Kenya 2016

COUNTRY

Name	Country code
Kenya	KEN

STUDY TYPE
Service Availability and Readiness Assessment [HFA/SARA]

SERIES INFORMATION
The SARA 2016 becomes the second SARA survey in Kenya that provides a good understanding of progress with service availability and readiness of health facilities since the last assessment in 2013.

ABSTRACT
The Ministry of Health in collaboration with World Health Organization (WHO) implemented the 2016 Service Availability and Readiness Assessment (SARA) in order to inform the mid-term review of Kenya's Health Sector Strategic and Investment Plan (KHSSP) 2014-2018. The overarching objective of the mini-SARA 2016 was to generate reliable information on health service delivery including service availability, such as the availability of key human and infrastructure resources, and on the readiness of health facilities to provide basic health care interventions.

The survey was conducted in a nationally representative sample of 250 facilities across 19 counties in Kenya. Structured interviews with key informants on the availability of services and capacity of health facilities to provide the services were conducted using the adapted Service Availability and Readiness Assessment Mapping (SARAM) 2013 questionnaire. The health facilities were selected through multistage stratified random sampling designed to give a representative national sample.

This report covers the following categories of indicators:
1. General service availability
• Health infrastructure density
• Health workforce density
• Service utilization

2. General service readiness
• Basic amenities
• Basic equipment
• Standard precautions for infection prevention
• Diagnostic capacity
• Essential medicines

3. Service specific availability and readiness
• Maternal, child health and family health
• Preventive and curative services for children under five years of age
• Antenatal care
• Non-communicable diseases
• Adolescent health
• Neglected tropical diseases
• Malaria
• Tuberculosis
• HIV counselling and testing
• HIV/AIDS care and support
• Antiretroviral therapy (ART) prescription and client management
• Prevention of mother-to-child transmission of HIV (PMTCT) to HIV
• Sexually-transmitted infections
• Blood transfusion

• Specialized services

4. Health leadership and partnership readiness
• Service delivery organization readiness
• Health stewardship readiness
• Health partnership readiness
• Health governance readiness

KIND OF DATA
Sample survey data [ssd]

UNIT OF ANALYSIS
Health facilities

Version

VERSION DESCRIPTION
vFINAL: Final report

VERSION DATE
2017-02-01

Scope

NOTES
The SARA survey is designed to generate a set of core indicators on key inputs and outputs of the health system, which can be used to measure progress in health system strengthening over time. The SARA focuses on three main areas: service availability, general service readiness and service-specific readiness.

A basic approach to SARA is to collect data that are comparable both across countries and within countries (i.e. across regions and/or districts) using a standard core questionnaire developed by WHO in collaboration with the United States Agency for International Development (USAID). Usually, a country adopts the standard core questionnaire with adaptations to certain elements such as types of facilities, managing authority of facilities, national guidelines for services, staffing categories and national policies for medicines (e.g. for tuberculosis, HIV/AIDS). The SARA survey requires visits to health facilities with data collection based on key informant interviews and observation of key items. The survey can either be carried out as a sample or a census; the choice between these methodologies will depend on a number of elements including the country's resources, the objectives of the survey and the availability of a master facility list (MFL).

Coverage

GEOGRAPHIC COVERAGE
Nationally representative, as well as representative at regional and county levels

UNIVERSE
The survey covered 250 health facilities across in 19 counties across Kenya. Health facilities sampled included (i) public health facilities (facilities owned by and managed by the Ministry of Health, county governments, and other government institutions), (ii) private not for profit facilities (facilities owned and managed by Faith Based Health services, NGOs, CSO's and other non-profit/public benefit organizations), and (iii) private-for-profit facilities (facilities manned by private individuals, organisations, or groups, as profit making enterprises).

Producers and sponsors

PRIMARY INVESTIGATORS

Name

Ministry of Health

PRODUCERS

Name	Role
World Health Organization	Technical guidance, analysis and financing report writing

Sampling

SAMPLING PROCEDURE

A nationally representative sample of 250 health facilities was obtained using multistage stratified random sampling. Facilities were randomly selected from each stratum (facility type and managing authority) at the national level. Kenya Master Health Facility List (KMHFL) was used as a sample frame. The KMHFL contains a list of all registered health facilities in Kenya by managing authority, facility level, location, among other forms of disaggregation. The sample frame was divided into the following strata from which the 250 health facilities were selected: public hospitals, private hospitals , NGO/FBO hospitals , public primary health facilities, private primary health facilities and NGO/faith based primary health facilities.

Data Collection

DATES OF DATA COLLECTION

Start	End
2016-11-01	2016-12-30

DATA COLLECTION MODE

Face-to-face [f2f]

DATA COLLECTION NOTES

A cascade training starting with a training of trainers (county supervisors) was done. This was followed by a training of research assistants (health records and information officers). Data collection tools were piloted and feedback given on the challenges faced, and corrective action taken before the survey.

Data collection was based on key informant interviews in the selected facilities and observation of key items. This was done over 10 days, by 31 teams of 2 research assistants each, and 2 supervisors, one from the county and the other from the national level, who monitored the data collection process.

Questionnaires

QUESTIONNAIRES

The SARA core questionnaires overview:
Section 1: Cover page
Section 2: Staffing
Section 3: Inpatient and observation beds
Section 4: Infrastructure
Section 5: Available services
Section 6: Diagnostics
Section 7: Medicines and commodities
Section 8: Interviewers observations

The Kenyan national SARA coordinating committee adapted and reviewed the original WHO tool used in SARAM 2013 by excluding some sections such as availability of critical services for Tuberculosis.The tool was also customized to include indicators on health leadership and partnership readiness.

Data Processing

DATA EDITING

Information collected was originally filled in manually, due to internet challenges, and information transferred to the SARA tool kit on DHIS2 live site at the end of each day. Data on the DHIS2 was verified and checked for completeness by the supervisors. At the end of the data collection and entry process, all SARA data from the 19 counties was downloaded from the DHIS2 into Microsoft Excel for cleaning. The cleaned data was then coded using an excel chart book. Analysis was done using Microsoft Excel, with generation of tables, charts, and indices.

Metadata production

DDI DOCUMENT ID

DDI-KEN-SARA-2016-vFINAL

PRODUCERS

Name	Abbreviation	Role
World Health Organization	WHO	Documentation of assessment

DATE OF METADATA PRODUCTION

2022-04-06

DDI DOCUMENT VERSION

Final version (2017)

Data Description

Data file	Cases	Variables