

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### 1. HEALTH CLINIC

SECTION A: FACILITY INFORMATION	
Registration/Gazette name:	
Master facility no:	Licensing Body:
	Registration no:
Physical location:	Contact details:
County:	Name of contact:
Sub-county:	Qualification(s) of contact person:
Address:	Code:
Town/Market:	Phone. No:
Building/plot no:	E-mail:
Description of location (prominent landmark)	
Current facility level:	
Facility ownership:	Government/Public entity ( ) Faith Based ( ) Private/commercial (for profit) ( ) Other ( )
Catchment Population	
Monthly outpatient workload	
Facility level description	<b>A basic outpatient health facility</b>

SECTION B: MANDATORY REQUIREMENTS				
Does the Health Clinic offer the following mandatory requirements? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1. Mandatory requirements				
a) Provide Basic Outpatient services(2Marks)				
b) Emergency tray/ First aid kit (2Marks)				

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c) Waste segregation bins in each service point area (2Marks)				
d) Hygiene protocols (2Marks)				
<b>Total</b>				<b>/8</b>

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<b>SECTION C: SERVICES OFFERED</b>				
<b>Does the Health Clinic offer the following services? (Yes=2, Partial= 1, No=0)</b>				
	YES	PARTIAL	NO	REMARKS
1. Provide basic outpatient services(2Marks)				
2. Emergency services (2Marks)				
3. Emergency tray (2Marks)				
4. Minor surgical procedures (2Marks)				
5. Basic Laboratory services (optional) (No Marks)				
6. Outreach services (optional) (No Marks)				
<b>Total</b>				/8

<b>SECTION D: INFRASTRUCTURE:</b>				
<b>Does the Health Clinic have the following infrastructure in place? (Yes = 2, Partial = 1, No = 0)</b>				
	YES	PARTIAL	NO	REMARKS
1. Signage with: (2Marks)				
a) Accurate registered facility name				
b) Mission and vision				
c) List of services to be offered				
d) A service charter				
2. A reception/ customer care area (2Marks)				
3. Pay point area (teller) (2Marks)				
4. A Consultation Room with: (2Marks)				
a) 1 table				
b) 3 chairs				
c) Examination couch covered with mackintosh				
d) Hand wash basin				
e) Colour coded pedal bins				
f) Stethoscope				
g) Tongue depressors				

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h) Pulse oximeter				
i) Thermometer				
j) Weighing scale				
k) Foot stepper				
l) Examination light				
m) Diagnostic set				
n) Pen torch				
o) Privacy screen				
5. A treatment/ observation/ procedure area with: (2Marks)				
a) Examination couch covered with mackintosh				
b) Foot stepper/ step stool				
c) Oxygen source: Oxygen cylinder with flow meter/ oxygen concentrator				
d) Nebulizer				
e) Examination light				
f) Emergency tray/trolley with list				
g) Procedure trolley				
h) Drip stand				
i) Hand wash basin				
j) Colour coded pedal bins				
k) Colour coded decontamination buckets				
6. A health information management system (2Marks)				
a) Computer with HMIS				
b) MOH data set				
c) Manual data systems				
7. Storage area/cabinets (2Marks)				
8. Waste segregation pedal bins in each service area with corresponding bin liners (2Marks)				
a) Black				

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b) Yellow c) Red d) Safety box				
9. Secure waste holding area (2Marks)				
10. Proof of a valid contract with a medical waste disposal company (licensed by NEMA) (2Marks)				
11. CCTV system (2Marks)				
12. Adequate lighting and ventilation(2Marks)				
13. Potable water (Clean running water available from tap or container) (2Marks)				
14. Electricity (reliable power source) (2Marks)				
<b>Total</b>				<b>/28</b>

### SECTION E: PERSONNEL:

**Does the Health Clinic have the following personnel? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1. At least one of the health professionals below:				
a) Registered Clinical Officer (2Marks)				
b) Registered Nurse/ Midwife/ Enrolled Nurse (2Marks)				
2. Support staff:				
a) Receptionist (2Marks)				
b) Security (2Marks)				
<b>TOTAL</b>				<b>/8</b>

### SECTION F: DOCUMENTATION

**Does the medical clinic have the following documentation? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1. Valid facility KMPDC registration and licence displayed (2Marks)				

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2. Valid registration and licence for the health professional(s) seen <b>(2Marks)</b>				
3. Personnel files <b>(2Marks)</b>				
4. Standard Operating Procedures on:				
a) Emergency/ referral protocols <b>(2Marks)</b>				
b) Infection prevention and control <b>(2Marks)</b>				
c) Waste management <b>(2Marks)</b>				
d) Hygiene protocols (hand washing protocols) <b>(2Marks)</b>				
e) Cleaning protocols (requires evidence of a cleaning roster) <b>(2Marks)</b>				
f) SOPs for all the service delivery areas <b>(2Marks)</b>				
g) Fire control Mechanism (Fire extinguisher/ sand buckets, firefighting protocols) <b>(2Marks)</b>				
5. Valid contracts for any outsourced services e.g. waste management, hygiene, security, etc <b>(2Marks)</b>				
<b>Total</b>				<b>/22</b>

### SCORE SUMMARY

Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. $(A \div B) \times 100\%$
1.	Mandatory		8	
2.	Services Offered		8	
3.	Infrastructure		28	
4.	Personnel		8	
5.	Documentation		22	
			<b>Total score (C)</b>	
			<b>Average percentage i.e. <math>(C \div 5)</math></b>	

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### COMPLIANCE CATEGORIES AND ACTION:

Facility score (% of the total score)	Compliance Category	Action
50% and above	Compliant	Facility eligible for registration/ upgrade
40 – 49%	Partially Compliant	Give facility six months to comply, after which they may apply for reinspection.
Below 40%	Minimally Compliant	Reassessment with the current level checklist.

### FINDINGS AND RECOMMENDATIONS

#### Key findings

#### Recommendations

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### SIGN OFF:

Registered facility owner/ in-charge /Administrator		
Name:		Designation:
Qualifications:		Regulatory body:
Registration no.:		License No:
Phone number:		E-mail:
Date:		Signature:

INSPECTION TEAM		
Name	Organization	Signature
1.		
2.		
3.		
4.		
5.		

Date of inspection ..... Time .....

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## 2. COMMUNITY DENTAL CLINIC

### SECTION A: FACILITY INFORMATION

Registered/ Gazetted name:

Master facility no:	Licensing Body:
	Registration no:
Physical location:	Contact details:
County:	Name of contact:
Sub-county:	Qualification(s) of contact person:
Address:	Code:
Town/Market:	Phone. No:
Building/plot no:	E-mail:
Description of location (prominent landmark)	
Current facility level:	
Facility ownership:	Government/Public entity ( ) Faith Based ( ) Private /commercial (for profit ) ( ) Other ( )
Catchment Population	
Monthly outpatient workload	
Facility level description	<b>A facility that provides basic dental related problems</b>

### SECTION B: MANDATORY REQUIREMENTS

Does the Community Dental Clinic have the following mandatory requirements?  
(Yes=2, Partial=1, No=0)

	Yes	Partial	No	Remarks
1. Provide basic outpatient dental services which includes <b>(2Marks)</b>				
2. Dental chair <b>(2Marks)</b>				
3. Emergency tray/ first aid kit <b>(2Marks)</b>				
4. Waste segregation bins in each service				

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point area (2Marks)				
5. Hygiene protocols (2Marks)				
<b>Total</b>				<b>/11</b>

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SECTION C: SERVICES OFFERED				
Does the Community Dental Clinic offer the following Services? (Yes=2, Partial= 1, No=0)				
	Yes	Partial	No	Remarks
Provide Basic outpatient dental services which include:				
1. Promotion of oral health (2Marks)				
2. Prevention, diagnosis and treatment of oral diseases (2Marks)				
3. Rehabilitation of oral structures(2Marks)				
<b>Total</b>				<b>/6</b>

SECTION D: INFRASTRUCTURE				
Does the Community Dental Clinic have the following infrastructure in place? (Yes=2, Partial= 1, No=0)				
	Yes	Partial	No	Remarks
1. Signage with: (2Marks)				
a) Accurate registered facility name				
b) Mission and vision				
c) List of services to be offered				
d) A service charter				
2. A reception (2Marks)				
3. A health information management system (2Marks)				
a) Computer with HMIS				
b) MOH data set				
c) Manual data systems				
4. A Consultation Room with a table and at least two chairs (2Marks)				
5. A Treatment Room with: (2Marks)				
a) A dental chair with accessories (Mandatory)				
b) Basic normal clinic chair				
c) Instruments/ equipment for dental examination, extraction and minor oral				

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surgery				
d) Colour coded decontamination buckets				
6. Infection control mechanisms <b>(2Marks)</b>				
7. Hand wash basins with running water and soap in each service area <b>(2Marks)</b>				
8. A sterilization area/room with an autoclave <b>(2Marks)</b>				
9. Waste segregation bins and corresponding bin liners in each service area: <b>(2Marks)</b> a) Black b) Yellow c) Red d) Safety box				
10. Storage cabinets/room <b>(2Marks)</b>				
11. Proof of a valid contract with a medical waste disposal company (licensed by NEMA) <b>(2Marks)</b>				
12. Potable water (Clean running water available from tap or container) <b>(2Marks)</b>				
13. Electricity (Source of stable source power) <b>(2Marks)</b>				
14. Security including CCTV <b>(2Marks)</b>				
<b>Total</b>				<b>/28</b>

### SECTION E: PERSONNEL:

Does the Dental Community Clinic have the following personnel? (Yes=2, Partial= 1, No=0)

	Yes	Partial	No	Remarks
1. At least one Community Oral Health Officer <b>(2Marks)</b>				
2. A dental nurse/assistant (optional) <b>(No Marks)</b>				
3. Support staff:				
a) Receptionist <b>(2Marks)</b>				
b) Security <b>(2Marks)</b>				
<b>TOTAL</b>				<b>/6</b>

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SECTION F: DOCUMENTATION				
Does the Community Dental Clinic have the following documentation? (Yes=2, Partial= 1, No=0)				
	Yes	Partial	No	Remarks
1. Valid facility KMPDC registration and licence displayed <b>(2Marks)</b>				
2. Valid registration and licence for the health professional(s) seen <b>(2Marks)</b>				
3. Personnel files <b>(2Marks)</b>				
4. Standard Operating Procedures on:				
a) Emergency/ referral protocols <b>(2Marks)</b>				
b) Infection prevention and control <b>(2Marks)</b>				
c) Waste management <b>(2Marks)</b>				
d) Hygiene protocols (hand washing protocols) <b>(2Marks)</b>				
e) Cleaning protocols (requires evidence of a cleaning roster) <b>(2Marks)</b>				
f) SOPs for all the service delivery areas <b>(2Marks)</b>				
g) Fire control Mechanism (Fire extinguisher/ sand buckets, firefighting protocols) <b>(2Marks)</b>				
5. Valid contracts for any outsourced services e.g. waste management, hygiene, security, etc <b>(2Marks)</b>				
<b>Total</b>				<b>/22</b>

SCORE SUMMARY				
Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. (A ÷ B) × 100%
1.	Mandatory		<b>10</b>	
2.	Services Offered		<b>6</b>	

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3.	Infrastructure		<b>28</b>	
4.	Personnel		<b>6</b>	
5.	Documentation		<b>22</b>	
	<b>Total score (C)</b>			
	<b>Average percentage i.e. (C÷5)</b>			

COMPLIANCE CATEGORIES AND ACTION:		
Facility score (% of the total score)	Compliance Category	Action
50% and above	Compliant	Facility eligible for registration/ upgrade
40 – 49%	Partially Compliant	Give facility six months to comply, after which they may apply for reinspection.
Below 40%	Minimally Compliant	Reassessment with the current level checklist.

[illegible]

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<b>Recommendations</b>

### SIGN OFF:

Registered facility owner/ in-charge /Administrator		
Name:		Designation:
Qualifications:		Regulatory body:
Registration no.:		License No:
Phone number:		E-mail:
Date:		Signature:

INSPECTION TEAM		
Name	Organization	Signature
1.		
2.		



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3.		
4.		
5.		

Date of inspection ..... Time .....

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### 3. DISPENSARY

SECTION A: FACILITY INFORMATION				
Registration/Gazette name:				
Master facility no:		Licensing Body:		
		Registration no:		
Physical location:		Contact details:		
County:		Name of contact:		
Sub-county:		Qualification(s) of contact person:		
Address:		Code:		
Town/Market:		Phone. No:		
Building/plot no:		E-mail:		
Current facility level:				
Facility ownership:		Government/Public entity ( ) Faith Based ( ) Private /commercial (for profit ) ( ) Other ( )		
Catchment Population				
Monthly outpatient workload				
Description of location (prominent landmark)				
Facility level description		<b>This facility is the second level of care that offers basic outpatient services. It encompasses public, private, school-based, company-based and faith-based facilities</b>		
SECTION B: MANDATORY				
Does the Dispensary Clinic offer the following Services? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1. Mandatory Requirements				
a) Provide Basic Outpatient				

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Requirements (2Marks)				
b) Emergency tray/ First aid kit (2Marks)				
c) Waste segregation bins in each service point area (2Marks)				
d) Hygiene protocols (2Marks)				
<b>Total</b>				<b>/8</b>

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<b>4. DISPENSARY</b>				
<b>SECTION C: SERVICES OFFERED</b>				
<b>Does the dispensary offer the following services? (Yes=2, Partial= 1, No=0)</b>				
	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
1. Outpatient services (2Marks)				
2. Immunization (2Marks)				
3. Maternal & Child health (2Marks)				
4. Screening for non-communicable diseases (2Marks)				
5. Elimination of communicable diseases (2Marks)				
6. Prevention of mother to child HIV transmission (2Marks)				
7. HIV and STI prevention (2Marks)				
8. Integrated vector management (2Marks)				
9. Port health (optional)(No Marks)				
10. Control and prevention of neglected tropical diseases (2Marks)				
11. Community management of violence and Injuries (2Marks)				
12. Pre-hospital care (2Marks)				
13. Emergency maternity services (2Marks)				
14. Reproductive health services (2Marks)				
15. Work place health and safety services (2Marks)				
16. Health promotion (2Marks)				
17. Basic laboratory services (2Marks)				
18. Food quality and safety services(2Marks)				
19. Nutrition services (2Marks)				
20. Food fortification advocacy (2Marks)				

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21. Micronutrient deficiency control (2Marks)				
22. Pollution control services(2Marks)				
23. Substance abuse services(2Marks)				
24. School health programs/outreach(2Marks)				
25. Population management services/family Planning (2Marks)				
<b>Total:</b>				<b>/48</b>

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### SECTION E: INFRASTRUCTURE

**Does the dispensary have the following infrastructure and equipment?**

**(Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1. Signage with: <b>(2Marks)</b>				
a) Accurate Name				
b) Mission and vision				
c) List of services to be offered				
d) A service charter				
2. Reception <b>(2Marks)</b>				
3. Registry <b>(2Marks)</b>				
4. Waiting bay (1) <b>(2Marks)</b>				
5. Triage area <b>(2Marks)</b>				
a) Blood pressure machine				
b) Pulse oximeter				
c) Thermometer				
d) Weighing scale				
e) Glucometer				
f) Table				
g) Chairs				
h) Wash and basin				
5. A Consulting Room with: <b>(2Marks)</b>				
a) 1 table				
b) 3 chairs				
c) Examination couch				

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d)Wash and basin				
e) Pedal bins				
f) Stethoscope				
a)Tongue depressor				
b) Pulse oximeter				
c)Thermometer (accessible)				
d) Weigh scale (accessible)				
e)Foot stepper				
f) Examination light				

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g) Diagnostic set				
h) Pen torch				
i) Privacy screen				
6. Treatment and procedure room <b>(2Marks)</b>				
a) Examination couch				
b) Foot stepper				
c) Nebulizer				
d) Emergency tray with a list				
d) Drip stand				
f) Pedal bins				
g) Wash and basin				
h) Sluice room				
7. Observation room <b>(2Marks)</b>				
a) Observation Couch				
b) Foot Stepper				
c) Oxygen cylinder and flow meter/oxygen concentrator				
d) Examination light				
e) Hand wash basin with running water and soap				
8. Licensed outpatient pharmacy (1) <b>(2Marks)</b>				
9. Toilets (3- separate for male, female, and staff) <b>(2Marks)</b>				
10. General supplies store (1) Shelves, Pallets <b>(2Marks)</b>				
11. Records room (1) <b>(2Marks)</b>				
a) Records Management system				
b) Computer with HMIS				
c) MOH data set				
d) Manual data systems				



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e) Cabinets				
12. Community service room/ public health office /GBV area (1) <b>(2Marks)</b>				
13. Growth and monitoring area <b>(2Marks)</b>				
14. Nutrition and dietetics area <b>(2Marks)</b>				
a) Nutrition equipment & Tools				
b) Reference charts				
c) Food supplies (Supplementary foods)				
d) Nutrition formulations,				
e) Ready to use therapies				
f) Folate & Zinc supplements				
g) Wash hand basin				
15. FP/ANC /PMTCT Room <b>(2Marks)</b>				
16. ORT corner <b>(2Marks)</b>				
17. Emergency maternity services <b>(2Marks)</b>				
a) Delivery room with delivery coach				
b) Sluice room				
c) Bathroom with warm water				
d) Delivery kit				
18. Basic laboratory services (class B services) <b>(2Marks)</b>				
a) Registration area				
b) Waiting area				
c) Laboratory & separate Phlebotomy area.				
d) Health records				
e) Wash hand basin & a procedure sink				
f) Working benches				

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g) Laboratory supplies store				
19. Outreach services <b>(2Marks)</b>				
a) Means of transport				
20. Security <b>(2Marks)</b>				
1) CCTV system				
<b>Total</b>				<b>/40</b>

### SECTION F: PERSONNEL

**Does the dispensary have the following personnel? (Yes=2, Partial= 1, No=0)**

	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
1. The facility should have a minimum of the following personnel:				
a) Four Kenya enrolled community health nurses <b>(2Marks)</b>				
b) Four Kenya registered community health nurses <b>(2Marks)</b>				
c) Public health technician <b>(2Marks)</b>				
d) Laboratory technologist/ technicians <b>(2Marks)</b>				
e) One pharmaceutical technologist <b>(2Marks)</b>				

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f) Two occupational therapists <b>(Optional)</b>				
g) Two health promotion officers <b>(2Marks)</b>				
h) Two clerks <b>(2Marks)</b>				
i) One health records information management officer <b>(2Marks)</b>				
j) Two nutrition & dietetics technologists/technician <b>(2Marks)</b>				
k) Four support staff <b>(2Marks)</b>				
l) Two security officers <b>(2Marks)</b>				
<b>Total:</b>				<b>/22</b>

  

SECTION F: DOCUMENTATION				
<b>Does the Dispensary have the following SOPs? (Yes=2, Partial= 1, No=0)</b>				
	YES	PARTIAL	NO	REMARKS
1. SOPS				
a) Hygiene protocols (hand washing protocols) <b>(2Marks)</b>				
b) Cleaning protocols (requires evidence of a cleaning roster) <b>(2Marks)</b>				
c) SOPs for all the service delivery areas <b>(2Marks)</b>				
d) Fire control Mechanism (Fire extinguisher/sand buckets, firefighting protocols) <b>(2Marks)</b>				
e) Waste management <b>(2Marks)</b>				
2. Personnel Files <b>(2Marks)</b>				
3. Contracts for outsourced services <b>(2Marks)</b>				



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<b>4. Registration and Licenses (2Marks)</b>				
<b>Totals</b>				<b>/16</b>

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### SCORE SUMMARY

Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. $(A \div B) \times 100\%$
1.	Mandatory		8	
2.	Services Offered		48	
3.	Infrastructure		40	
4.	Personnel		24	
5.	Documentation		16	
			<b>Total score (C)</b>	
			<b>Average percentage i.e. <math>(C \div 5)</math></b>	

### COMPLIANCE CATEGORIES AND ACTION:

Facility score (% of the total score)	Compliance Category	Action
50% and above	Compliant	Facility eligible for registration/ upgrade
40 – 49%	Partially Compliant	Give facility six months to comply, after which they may apply for reinspection.
Below 40%	Minimally Compliant	Reassessment with the current level checklist.

### FINDINGS AND RECOMMENDATIONS

#### Key findings


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<b>Recommendations</b>

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Dated this..... day of....., 2019



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### 4. HOMEBASED CARE SERVICES

SECTION A: FACILITY INFORMATION				
Registration/Gazette name:				
Master facility no:		Licensing Body:		
		Registration no:		
Physical location:		Contact details:		
County:		Name of contact:		
Sub-county:		Qualification(s) of contact person:		
Address:		Code:		
Town/Market:		Phone. No:		
Building/plot no:		E-mail:		
Current facility level:				
Facility ownership:		Government/Public entity ( ) Faith Based ( ) Private /commercial (for profit ) ( ) Other ( )		
Catchment Population				
Monthly outpatient workload				
Description of location (prominent landmark)				
Facility level description		<b>A Healthcare services provided at the patients' home</b>		
SECTION B: MANDATORY:				
Does the Health Clinic offer the following Services? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1.Mandatory Requirements:				
a) Provide home based care services (2Marks)				
b) Emergency tray/ First aid kit (2Marks)				
c) Waste segregation bins in each service				

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(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

point area (2Marks)				
d) Hygiene protocols (2Marks)				
<b>Total</b>				<b>/8</b>

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### HOME BASED CARE SERVICES

#### SECTION C: SERVICES OFFERED:

**Does the Medical Clinic offer the following Services? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1. Provide healthcare services at a patient's home (2Marks)				
2. Nursing care (2Marks)				
3. Dressings (2Marks)				
4. Physiotherapy (2Marks)				
5. Nutrition (2Marks)				
6. Others as Prescribed				
<b>Total</b>				<b>/10</b>

#### SECTION D: INFRASTRUCTURE:

**Does the Medical Clinic Have the Following Infrastructure in Place? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1) Waste segregation bins and corresponding bin liners (2Marks)				
a) Black				
b) Yellow				
c) Red				
d) Safety box				
2) Proof of a valid contract with a waste disposal company (licensed by NEMA) (2Marks)				
3) Adequate lighting and ventilation (2Marks)				
4) Portable water (Clean water available from tap or container) (2Marks)				
5) Electricity (Source of stable source power) (2Marks)				
6) Are the following equipment available: (2Marks)				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

a) Stethoscope				
b) Tongue depressors				
c) Pulse oximeter				
d) Thermometers (accessible)				
e) weigh scale (accessible)				
f) Pen torch				
g) Emergency Tray				
<b>Total</b>				<b>/12</b>

### SECTION E: PERSONNEL:

**Does the medical clinic have the following personnel? (Yes=2, Partial= 1, No=0)**

1) At least one of the health practitioners below;				
a) A Nurse <b>(2Marks)</b>				
b) A clinical officer <b>(2Marks)</b>				
c) Physiotherapist <b>(2Marks)</b>				
d) Occupational therapist <b>(2Marks)</b>				
2. Support staff: (at the office)				
a) Receptionist <b>(2Marks)</b>				
b) Security <b>(2Marks)</b>				
<b>TOTAL</b>				<b>/12</b>

### SECTION F: DOCUMENTATION:

**Does the medical clinic have the following SOPs? (Yes=2, Partial= 1, No=0)**

	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
1. Standard Operating Procedures on:				
a) Waste management <b>(2Marks)</b>				
b) Hygiene protocols (hand washing protocols)				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

<b>(2Marks)</b>				
c) Cleaning protocols (requires evidence of a cleaning roster) <b>(2Marks)</b>				
d) SOPs for all the service delivery areas <b>(2Marks)</b>				
e) Emergency care protocols				
f) Hospital transfer protocols				
g) Mou with admission hospitals				
h) Agreement with Medical officer or a specialist				
2. Fire control Mechanism (Fire extinguisher/sand buckets, firefighting protocols) <b>(2Marks)</b>				
3. Personnel Files <b>(2Marks)</b>				
4. Contracts for outsourced services including laboratory, waste management and ambulance. <b>(2Marks)</b>				
5. Registration and Licenses				
a) KMPDC <b>(2Marks)</b>				
<b>Total</b>				<b>/16</b>

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### SCORE SUMMARY

Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. $(A \div B) \times 100\%$
1.	Mandatory		8	
2.	Services Offered		12	
3.	Infrastructure		12	
4.	Personnel		12	
5.	Documentation		16	
<b>Total score (C)</b>				
<b>Average percentage i.e. <math>(C \div 5)</math></b>				

### COMPLIANCE CATEGORIES AND ACTION:

Facility score (% of the total score)	Compliance Category	Action
50% and above	Compliant	Facility eligible for registration/ upgrade
40 – 49%	Partially Compliant	Give facility six months to comply, after which they may apply for reinspection.
Below 40%	Minimally Compliant	Reassessment with the current level checklist.

### FINDINGS AND RECOMMENDATIONS

#### Key findings


## Level 2

*(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)*

<b>Recommendations</b>

## Level 2

*(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)*




## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### 5. FUNERAL HOMES - STANDALONE

Section A: FACILITY INFORMATION				
Registration/Gazette name:				
Master facility no:		Licensing Body:		
		Registration no:		
Physical location:		Contact details:		
County:		Name of contact:		
Sub-county:		Qualification(s) of contact person:		
Address:		Code:		
Town/Market:		Phone. No:		
Building/plot no:		E-mail:		
Current facility level:				
Facility ownership:		Government/Public entity ( ) Faith Based ( ) Private /commercial (for profit ) ( ) Other ( )		
Catchment Population				
Monthly outpatient workload				
Description of location (prominent landmark)				
Facility level description		<b>A facility where mortuary and pathology services are offered</b>		
SECTION B: MANDATORY				
Does the Funeral home –standalone offer the following Services? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) Mandatory Requirements				
a) Holding room (2Marks)				
b) Refrigeration services/ cold room (2Marks)				
c) Autopsy services before cremation (2Marks)				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

d) Waste segregation bins in each service point area (2Marks)				
e) Hygiene protocols (2Marks)				
<b>Total</b>				<b>/10</b>

### STAND ALONE FUNERAL HOMES

#### SECTION C: SERVICES OFFERED

**Does the Funeral home –standalone offer the following Services? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1) Provide dead body storage (2Marks)				
2) Autopsy services before cremation or burial (2Marks)				
<b>Total</b>				<b>/4</b>

#### SECTION D: INFRASTRUCTURE

**Does the Medical Clinic Have the Following Infrastructure in Place? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1)Signage with: (2Marks)				
a) Accurate Name				
b) Mission and vision				
c)List of services to be offered				
d)A service charter				
2) Receiving room (2Marks)				
3) Embalming room (2Marks)				
4) Sluiced area (2Marks)				
5) Functional cold room (with refrigerators) (2Marks)				
6) Dressing room (2Marks)				
7) Casket display room (2Marks)				
8) Viewing area (2Marks)				
9) Praying area(2Marks)				
10) Staff area/offices: (2Marks)				
a) Common room				
b) Superintendent's/ Managers office				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

c) Administrative office				
d) Pathology Laboratory				
e) Staff toilets and Bathroom separate for staff, female, male and those abled differently				
11) Drainage systems with pre-treatment plan (2Marks)				
12) Adequate PPEs including: (2Marks)				
a) Safety boots				
b) Gloves				
c) Gowns/dustcoat				
d) Face masks				
e) Face shields				
f) Goggles				
13) General store (2Marks)				
14) Parking space (2Marks)				
15) CCTV system (2Marks)				
16) Adequate lighting and ventilation (2Marks)				
17) Potable water (Clean water available from tap or container) (2Marks)				
18) Electricity (Source of stable source power) (2Marks)				
19) Equipment including: (2Marks)				
a) Body trolley/Stretcher				
b) Dissecting kit/Suturing instruments				
c) Embalming table				
<b>Total</b>				<b>/38</b>
<b>SECTION E: PERSONNEL:</b>				
<b>Does the medical clinic have the following personnel? (Yes=2, Partial= 1, No=0)</b>				
1. At least one of the following personnel;				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

a) A pathologist/ A forensic clinical officer (2Marks)				
b) Mortuary attendant (2Marks)				
c) Mortician (2Marks)				
2. Support staff:				
a) Receptionist (2Marks)				
b) Security (2Marks)				
<b>TOTAL</b>				<b>/10</b>

### SECTION F: DOCUMENTATION

**Does the medical clinic have the following SOPs? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1) Licenses				
a) KMPDC Registration and License (2Marks)				
b) NEMA operation approval/license				
Standard Operating Procedures on:				
a) Receiving bodies (2Marks)				
b) Identification of bodies (2Marks)				
c) Storage of Bodies (2Marks)				
d) Release of bodies (2Marks)				
e) Disposal of bodies and body part (2Marks)				
f) Hygiene protocols (hand washing protocols) (2Marks)				
g) Cleaning protocols (requires evidence of a cleaning roster) (2Marks)				
h) SOPs for all the service delivery areas				
i) Fire control Mechanism (Fire extinguisher/sand buckets, firefighting protocols) (2Marks)				
b) Documentation including;				
a) Dispatch forms (2Marks)				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

b) Receiving forms(2Marks)				
c) Burial permits(2Marks)				
d) Body identification tags(2Marks)				
c) Personnel Files(2Marks)				
d) Contracts for outsourced services(2Marks)				
e) Use of the standard WHO death reporting form? (2Marks)				
<b>Total</b>				<b>/34</b>

## SCORE SUMMARY

Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. $(A \div B) \times 100\%$
1.	Mandatory		<b>10</b>	
2.	Services Offered		<b>4</b>	
3.	Infrastructure		<b>38</b>	
4.	Personnel		<b>10</b>	
5.	Documentation		<b>34</b>	
	<b>Total score (C)</b>			
	<b>Average percentage i.e. <math>(C \div 5)</math></b>			

## COMPLIANCE CATEGORIES AND ACTION:

Facility score (% of the total score)	Compliance Category	Action
50% and above	Compliant	Facility eligible for registration/ upgrade
40 – 49%	Partially Compliant	Give facility six months to comply, after which they may apply for reinspection.
Below 40%	Minimally Compliant	Reassessment with the current level checklist.

## FINDINGS AND RECOMMENDATIONS

## Level 2

(*Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic*)

Key findings

## Level 2

(*Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic*)

<b>Recommendations</b>

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### 6. EYE CLINIC

SECTION A: FACILITY INFORMATION				
Registration/Gazette name:				
Master facility no:		Licensing Body:		
		Registration no:		
Physical location:		Contact details:		
County:		Name of contact:		
Sub-county:		Qualification(s) of contact person:		
Address:		Code:		
Town/Market:		Phone. No:		
Building/plot no:		E-mail:		
Current facility level:				
Facility ownership:		Government/Public entity ( ) Faith Based ( ) Private /commercial (for profit ) ( ) Other ( )		
Catchment Population				
Monthly outpatient workload				
Description of location (prominent landmark)				
Facility level description		<b>A health facility for the provision of basic outpatient ophthalmic services</b>		
SECTION B: MANDATORY				
<b>Does the Eye Clinic offer the following Services? (Yes=2, Partial= 1, No=0)</b>				
	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
2. Mandatory Requirements				
a) Provide Basic Outpatient				



## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

ophthalmic services (2Marks)				
b) Emergency tray/ First aid kit (2Marks)				
c) Waste segregation bins in each service point area (2Marks)				
d) Hygiene protocols (2Marks)				
<b>Total</b>				<b>/8</b>

  

<b>EYE CLINIC</b>				
<b>SECTION C: SERVICES OFFERED:</b>				
<b>Does the Medical Clinic offer the following Services? (Yes=2, Partial= 1, No=0)</b>				
	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
1. Provide Basic ophthalmic services (2Marks)				
2. Emergency tray (2Marks)				
<b>Total</b>				<b>/4</b>

  

<b>SECTION D: INFRASTRUCTURE:</b>				
<b>Does the Medical Clinic Have the Following Infrastructure in Place? (Yes=2, Partial= 1, No=0)</b>				
	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
1. Signage with: (2Marks)				
a) Accurate Name				
b) Mission and vision				
c) List of services to be offered				
d) A service charter				
2. A reception/customer care area (2Marks)				
3. Pay point area (teller) (2Marks)				
4. A Consulting Room with (2Marks)				
a) 1 table				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

b) 3 chairs				
c) Examination couch				
d) Wash and basin				
e) Pedal bins				
f) Stethoscope				
g) Tongue depressor				
h) Pulse oximeter				
i) Thermometer				
j) Weigh scale				
k) Foot stepper				
l) Examination light				
m) Diagnostic set				
n) Pen torch				
o) Privacy screen				
5. A treatment/observation/procedure area with: <b>(2Marks)</b>				
a)Examination couch				
b)Foot stepper				
c)Oxygen cylinder and flow meter/oxygen concentrator				
d)Nebulizer				
e)Emergency tray with a list				
f) Drip stand				
g) Pedal bins				
h) Wash and basin				
6. A health information management system <b>(2Marks)</b>				
a) Computer with HMIS				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

b) MOH data set				
c) Manual data systems				
d) Storage area/cabinets				
7. Waste segregation bins and corresponding bin liners <b>(2Marks)</b>				
a) Black				
b) Yellow				
c) Red				
d) Safety box				
e) Secure waste holding area				
8. Proof of a valid contract with a waste disposal company (licensed by NEMA) <b>(2Marks)</b>				
9. CCTV system <b>(2Marks)</b>				
10. Adequate lighting and ventilation <b>(2Marks)</b>				
11. Potable water (Clean water available from tap or container) <b>(2Marks)</b>				
12. Electricity (Source of stable source power) <b>(2Marks)</b>				
<b>Total</b>				<b>/24</b>

### SECTION E: PERSONNEL:

**Does the medical clinic have the following personnel? (Yes=2, Partial= 1, No=0)**

1. At least one of the health practitioners below;				
a) Ophthalmic nurse <b>(2Marks)</b>				
b) Ophthalmic Clinical officer				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

(2Marks)				
2. Support staff:				
a) Receptionist (2Marks)				
b) Security(2Marks)				
<b>TOTAL</b>				<b>/8</b>
<b>Section F: Documentation:</b>				
<b>Does the medical clinic have the following SOPs? (Yes=2, Partial= 1, No=0)</b>				
	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
f) Standard Operating Procedures on:				
a) Waste management (2Marks)				
b) Hygiene protocols (hand washing protocols) (2Marks)				
c) Cleaning protocols (requires evidence of a cleaning roster) (2Marks)				
d) SOPs for all the service delivery areas (2Marks)				
e) Fire control Mechanism (Fire extinguisher/sand buckets, firefighting protocols) (2Marks)				
f) Personnel Files (2Marks)				
g) Contracts for outsourced services(2Marks)				
g) Facility Registration and Licenses (2Marks)				
<b>Total</b>				<b>/16</b>

## SCORE SUMMARY

Area of Assessment	Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. $(A \div B) \times 100\%$
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## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

1.	Mandatory		8	
2.	Services Offered		4	
3.	Infrastructure		24	
4.	Personnel		8	
5.	Documentation		16	
	<b>Total score (C)</b>			
	<b>Average percentage i.e. (C÷5)</b>			

### COMPLIANCE CATEGORIES AND ACTION:

Facility score (% of the total score)	Compliance Category	Action
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## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

50% and above	Compliant	Facility eligible for registration/ upgrade
40 – 49%	Partially Compliant	Give facility six months to comply, after which they may apply for reinspection.
Below 40%	Minimally Compliant	Reassessment with the current level checklist.

### FINDINGS AND RECOMMENDATIONS

#### Key findings


#### Recommendations


## Level 2

*(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)*


## Level 2

*(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)*



## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### HEALTH FACILITIES CATEGORIZATION CHECKLISTS

#### 7.MOBILE CLINIC

<b>SECTION A: FACILITY INFORMATION</b>				
Registration/Gazette name:				
Master facility no:	Licensing Body:			
	Registration no:			
Physical location:	Contact details:			
County:	Name of contact:			
Sub-county:	Qualification(s) of contact person:			
Address:	Code:			
Town/Market:	Phone. No:			
Building/plot no:	E-mail:			
Current facility level:				
Facility ownership:	Government/Public entity ( ) Faith Based ( ) Private /commercial (for profit ) ( ) Other ( )			
Catchment Population				
Monthly outpatient workload				
Description of location (prominent landmark)				
Facility level description	<b>A health facility housed in a vehicle that travels to different locations to provide medical services</b>			
<b>SECTION B: MANDATORY</b>				
<b>Does the Eye Clinic offer the following Services? (Yes=2, Partial= 1, No=0)</b>				
	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
2. Mandatory Requirements				
a) Provide Basic Outpatient services (2Marks)				
b) Emergency tray/ First aid kit (2Marks)				
c) Waste segregation bins in each service point area (2Marks)				
d) Hygiene protocols (2Marks)				
<b>Total</b>				<b>/8</b>

<b>SECTION A: SERVICES OFFERED</b>
<b>Does the Mobile Clinic offer the following services? (Yes=2, Partial= 1, No=0)</b>

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### HEALTH FACILITIES CATEGORIZATION CHECKLISTS

	YES	PARTIAL	NO	REMARKS
1.Outpatient services <b>(2Marks)</b>				
2. Immunization <b>(2Marks)</b>				
3. Child health <b>(2Marks)</b>				
4. Screening for communicable diseases <b>(2Marks)</b>				
5. Prevention of mother to child HIV transmission <b>(2Marks)</b>				
6. HIV and STI prevention <b>(2Marks)</b>				
7. Institutional screening for NCDs. <b>(2Marks)</b>				
8. Integrated vector management <b>(2Marks)</b>				
9. Port health (optional)(No Marks)				
10. Control and prevention of neglected tropical Diseases <b>(2Marks)</b>				
11. Community management of violence and Injuries <b>(2Marks)</b>				
12. Pre-hospital care <b>(2Marks)</b>				
13. Emergency maternity services <b>(2Marks)</b>				
14. Reproductive health services <b>(2Marks)</b>				
15. Workplace health and safety services <b>(2Marks)</b>				
16. Limited laboratory services <b>(2Marks)</b>				
17. Health promotion <b>(2Marks)</b>				
19. Food quality and safety services <b>(2Marks)</b>				
20. Nutrition services <b>(2Marks)</b>				
21. Food fortification advocacy <b>(2Marks)</b>				
22. Micronutrient deficiency control <b>(2Marks)</b>				
23. Pollution control services <b>(2Marks)</b>				
24. Substance abuse services <b>(2Marks)</b>				

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### HEALTH FACILITIES CATEGORIZATION CHECKLISTS

25. Housing school health <b>(2Marks)</b>				
26. Population management services/family planning <b>(2Marks)</b>				
<b>Total:</b>				<b>/48</b>
<b>SECTION B: INFRASTRUCTURE</b>				
<b>Does the Mobile Clinic have the following infrastructure and equipment? (Yes=2, Partial= 1, No=0)</b>				
	<b>YES</b>	<b>PARTIAL</b>	<b>NO</b>	<b>REMARKS</b>
1. Basic outpatient services <b>(2Marks)</b>				
2. Reception <b>(2Marks)</b>				
3. Waiting bay (1) <b>(2Marks)</b>				
4. Triage area <b>(2Marks)</b>				
5. Consultation area (1) <b>(2Marks)</b>				
6. Treatment and procedure room (1) <b>(2Marks)</b>				
7. Wash hand basin <b>(2Marks)</b>				
8. Drug Dispensing cabinet <b>(2Marks)</b>				
9. Toilet/Mobile toilet <b>(2Marks)</b>				
10. Waste segregation bins and corresponding <b>(2Marks)</b> bin liners <ul style="list-style-type: none"> <li>▪ Black</li> <li>▪ Yellow</li> <li>▪ Red</li> <li>▪ Safety box</li> </ul>				
11. Basic laboratory services (class B services) <b>(2Marks)</b>				
a) Registration area				
b) Waiting area				
c) Specimen collection area				
d) Health records				
e) Working benches				
f) Laboratory supplies store				
13. Security				
a) CCTV system <b>(2Marks)</b>				
<b>Total:</b>				<b>/24</b>

## Level 2

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

### HEALTH FACILITIES CATEGORIZATION CHECKLISTS

#### SECTION C: PERSONEL

**Does the Mobile Clinic have the following personnel? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1. General clinical officers(2Marks)				
2. Kenya enrolled community health nurses (2Marks)				
3. Kenya registered community health nurses (2Marks)				
4. Two health promotion officers (2Marks)				
5. One clerk (2Marks)				
6. One health records information management officer (2Marks)				
7. One medical laboratory technologist (2Marks)				
8. Nutrition & dietetics technologists/technician (2Marks)				
9. One public health technician/technologists (2Marks)				
10. Support staff (2Marks)				
11. Two security officers (2Marks)				
<b>Totals</b>				/22

#### SECTION D: DOCUMENTATION

**Does the clinic have the following SOPs? (Yes=2, Partial= 1, No=0)**

	YES	PARTIAL	NO	REMARKS
1. SOPS				
a) Waste management (2Marks)				
b) Hygiene protocols (hand washing protocols) (2Marks)				
c) Cleaning protocols (requires evidence of a cleaning roster) (2Marks)				
d) SOPs for all the service delivery areas (2Marks)				
e) Fire control Mechanism (Fire extinguisher/sand buckets, firefighting protocols) (2Marks)				
f) Documentation showing the affiliated hospital (2Marks)				
2. Personnel Files (2Marks)				

(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)

3. Contracts for outsourced services <b>(2Marks)</b>				
4. Registration and Licenses				
a) KMPDC (Mandatory) <b>(2Marks)</b>				
<b>Totals</b>				<b>/18</b>

Area of Assessment		Score per section (A)	Total mark per section (B)	Percentage per assessment area i.e. $(A \div B) \times 100\%$
1.	Services Offered		50	
2.	Infrastructure		26	
3.	Personnel		26	
4.	Documentation		16	
	<b>Total score (C)</b>			
	<b>Average percentage i.e. <math>(C \div 5)</math></b>			

Facility score (% of the total score)	Compliance Category	Action
50% and above	Compliant	Facility eligible for registration/ upgrade
40 – 49%	Partially Compliant	Give facility six months to comply, after which they may apply for reinspection.
Below 40%	Minimally Compliant	Reassessment with the current level checklist.

## Key findings

[illegible]

## Level 2

*(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)*

### **HEALTH FACILITIES CATEGORIZATION CHECKLISTS**

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**Level 2**

*(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)*

**HEALTH FACILITIES CATEGORIZATION CHECKLISTS**

<b>Recommendations</b>

## **Level 2**

*(Health Clinic, Dental Community Clinic, Dispensary, Eye clinic, Homebased care service, Funeral Homes – standalone Mobile Clinic)*

### **HEALTH FACILITIES CATEGORIZATION CHECKLISTS**