

Level 2

(Medical Clinic, Dental Clinic, Dispensary/faitH-Based Dispensary, Mobile Clinic or Eye Clinic)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

SECTION 1: 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)				
Mandatory requirements		a. Provide Basic outpatient services b. First aid kit c. Waste segregation bins		
Grading Scale (kindly grade each section as indicated)		Yes=2, Partial= 1, No=0		
SECTION 2: MEDICAL CLINIC				
A. Services offered:				
Does the Medical Clinic offer the following Services? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) Provide Basic outpatient services (mandatory)				
2) Emergency services (mandatory)*				
3) Minor surgical procedures				

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4) Basic Laboratory services (optional)				
5) Outreach services (optional)				
* emergency tray/ first aid kit				
Total				
A) Infrastructure:				
Does The Medical Clinic Have The Following Infrastructure In Place? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) A reception/customer care				
2) Pay point area (teller)				
3) A Consulting Room				
4) A treatment/observation/procedure area				
5) A health information management system				
6) Storage area/cabinets				
7) Waste segregation bins *				
8) Proof of contract with a licensed waste disposal company				
9) CCTV system				
10) Adequate lighting and ventilation				
*at least 3 bins with corresponding bin liners.				
Total				
B) Personnel:				
Does the medical clinic have the following personnel? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1. At least one of the health practitioner below;				
a) A medical specialist				
b) A medical practitioner				
c) A clinical officer				
d) A registered Nurse/ a mid-wife				
2. Support staff:				
a. Receptionist				
b. Security				

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Total:				
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SECTION 3: DENTAL CLINIC				
A. Services Offered: (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	Remarks
Is the clinic an outpatient facility for the treatment of dental related problems?				
Total:				
B. Infrastructure:				
Does the Dental Clinic have the following infrastructure in place? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	Remarks
1) A reception				
2) A Consulting /Treatment Room				
3) A sterilization area/room (Mandatory)				
4) A dental chair with accessories (Mandatory)				
5) Basic normal clinic chair				
6) All equipment for extraction and minor oral surgery				
7) Infection control mechanisms (Mandatory)				
8) Waste segregation bins with bin liners (Mandatory)				
9) Proof of contract with a licensed waste disposal company				
10) CCTV system				
Total:				
C. Personnel:				
Does the Dental clinic have the following personnel? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1. At least one of the dental practitioners below;				
a) A Dentist				
b) Community Oral Health Officer				
2. Others				

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CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

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

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CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

22) Pollution control services				
23) Substance abuse services				
24) School health programmes/outreach				
25) Population management services/family planning				
Total:				
B) Infrastructure				
Does the dispensary/faitH based dispensary have the following infrastructure and equipment? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) Basic outpatient services				
a. Youth friendly clinic				
b. Reception				
c. Registry				
d. Waiting bay (1)				
e. Triage area				
f. Consultation room (1)				
g. Treatment and procedure room (1)				
h. Nursing station (1)				
i. Outpatient pharmacy (1)				
j. Cloak room (3)				
k. General supplies store (1)				
l. Records room (1)				
m. Community service room/ public health office /GBV area (1)				
n. Growth and monitoring area				
o. Nutrition and dietetics area				
p. FP/ANC /PMTCT room				
q. ORT corner				
2) Emergency maternity services				
a. Delivery room with delivery coach				

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CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

b. Sluice room				
c. Bathroom with warm water				
3) Basic laboratory services (class B services)				
a. Registration area				
b. Waiting area				
c. Specimen collection area				
d. Health records				
e. Working benches				
f. Laboratory supplies store				
4) Outreach services				
a. Means of transport				
5. Security				
a. CCTV system				
Total:				
C. Personnel:				
Does the dispensary have the following personnel? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) Two general clinical officers				
2) Four Kenya enrolled community health nurses				
3) Four Kenya registered community health nurses				
4) One pharmaceutical technologist				
5) Two occupational therapists				
6) Two health promotion officers				
7) Two clerks				
8) One health records information management officer				
9) Two medical laboratory technologists				
10) Two nutrition & dietetics technologists/technician				

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11) One public health technician/technologists				
12) Four support staff				
13) Two security officers				
Total:				

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CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

SECTION 5: MOBILE CLINIC				
A) Services offered:				
Does the Mobile Clinic offer the following services? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) Outpatient services				
2) Immunization				
3) Child health				
4) Screening for communicable diseases				
5) Prevention of mother to child HIV transmission				
6) HIV and STI prevention				
7) Institutional screening for NCDS.				
8) Integrated vector management				
9) Port health (optional)				
10) Control and prevention of neglected tropical diseases				
11) Community management of violence and injuries				
12) Pre-hospital care				
13) Emergency maternity services				
14) Reproductive health services				
15) Work place health and safety services				
16) Limited laboratory services				
17) Health promotion				
18) Limited laboratory services				
19) Food quality and safety services				
20) Nutrition services				
21) Food fortification advocacy				
22) Micronutrient deficiency control				
23) Pollution control services				
24) Substance abuse services				

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CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

25) Housing school health				
26) Population management services/family planning				
Total:				
B) Infrastructure				
Does the Mobile Clinic have the following infrastructure and equipment? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) Basic outpatient services				
a. Youth friendly clinic				
b. Reception				
c. Registry				
d. Waiting bay (1)				
e. Triage area				
f. Consultation room (1)				
g. Treatment and procedure room (1)				
h. Nursing area (1)				
i. Outpatient pharmacy (1)				
j. Cloak room (3)				
k. General supplies store (1)				
l. Records room (1)				
m. Community service room/ public health office /GBV area (1)				
n. Growth and monitoring area				
o. Nutrition and dietetics area				
p. FP/ANC /PMTCT room				
q. ORT corner				
2) Emergency maternity services				
a. Delivery room with delivery coach				
b. Sluice room				
c. Bathroom with warm water				
3) Basic laboratory services (class B services)				

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CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

a. Registration area				
b. Waiting area				
c. Specimen collection area				
d. Health records				
e. Working benches				
f. Laboratory supplies store				
4) Outreach services				
a. Means of transport				
5) Security				
a. CCTV system				
Total:				
C. Personnel:				
Does the Mobile Clinic have the following personnel? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) Two general clinical officers				
2) Four Kenya enrolled community health nurses				
3) Four Kenya registered community health nurses				
4) One pharmaceutical technologist				
5) Two occupational therapists				
6) Two health promotion officers				
7) Two clerks				
8) One health records information management officer				
9) Two medical laboratory technologists				
10) Two nutrition & dietetics technologists/technician				
11) One public health technician/technologists				

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12) Four support staff				
13) Two security officers				
Total:				

SECTION 6: EYE CLINIC

A) Services offered:

Is the eye clinic a facility for the treatment of eye clients (including optical) for not more than twelve hours?

B) Infrastructure:

Does the eye clinic have the following infrastructure in place? (Yes=2, Partial= 1, No=0)

	YES	PARTIAL	NO	REMARKS
1) A reception				
2) Waiting area				
3) A consultation room				
4) A treatment room or observation room				
5) Eye chart				
6) Phoropter/autorefractor				
7) General supplies store				
8) A procedure room				
9) A health information management system				
10) Waste segregation bins				
11) Proof of contract with a licensed waste disposal company				
12) CCTV system				
Total:				

C) Personnel:

Does the eye clinic have either of the following eye specialists? (Yes=2, Partial= 1, No=0)

	YES	PARTIAL	NO	REMARKS
1) An ophthalmic nurse				
2) An ophthalmic clinical officer, or:				
3) Ophthalmologist who exclusively offers				

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eye care services.				
Total:				

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SECTION 6: ENT CLINIC				
A. Infrastructure:				
Does the ENT have the following infrastructure in place? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1) A reception				
2) Waiting area				
3) A consultation room				
4) A treatment room or observation room				
5) General supplies store				
6) A procedure room				
7) A health information management system				
8) Waste segregation bins				
9) Proof of contract with a licensed waste disposal company				
10) Headlight				
11) Head mirror				
12) Post nasal mirror				
13) Otoscope				
14) Otoscope speculum				
15) Nasal speculum				
16) Rhynathiol mirror				
17) CCTV system				
Total:				
B. Personnel:				
Does the ENT clinic have either of the following personnel? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
1. ENT surgeon				
2. Receptionist				
3. Registered clinical officer				

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CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

Total:					
SECTION 7: FINDINGS AND RECOMMENDATIONS					
Findings					
Recommendations					
Registered owner/in-charge of the facility/Administrator					
Name:		Designation:			
Qualifications:		Regulatory body:			
Registration no.:		License No:			

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CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

Phone number:		E-mail:
Date:		Signature:
INSPECTION TEAM		
Name:	Organization:	Signature:
(1)		
(2)		
(3)		
(4)		

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