

Level 3A

(Basic health centre)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

SECTION A: FACILITY INFORMATION				
Registration/Gazette name:				
Master facility No:		Registration No:		
Physical Location:		Contact details:		
County:		Name of contact:		
Sub-County:		Qualification of contact person		
Address:		Code:		
Town/Market :		Phone Number:		
Building/Plot No:		Email:		
Current Facility Level:				
Facility Ownership:		Government/public entity <input type="checkbox"/>		
		Faith Based <input type="checkbox"/>		
		Private <input type="checkbox"/>		
		Other <input type="checkbox"/>		
Catchment Population:				
Monthly outpatient workload:				
In patient bed capacity:				
Description of location(prominent landmark):				
Mandatory requirements:		a. Inpatient services (At least 16 beds, 4 male, 4 female, 4 maternity, 4 paediatric) b. Patient referral services c. Radiologic & imaging services (at least ultrasound) d. Maternity services e. Holding room for dead bodies f. PPH and PET kits g. Medical waste management system		
Grading Scale: (kindly grade each section as indicated)		Yes=2, Partial= 1, No=0		
SECTION B: SERVICES OFFERED				
Does the facility offer any of the following services? (Yes=2, Partial= 1, No=0)				
	YES	PARTIAL	NO	REMARKS
(a) Curative services				

Level 3A

(Basic health centre)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

(b) Outpatient services				
(c) Elimination of communicable diseases				
(d) Screening for non-communicable diseases				
(e) Inpatient services (At least 16 beds, 4 male, 4 female, 4 maternity, 4 paediatric)				
(f) Functional referral services				
(g) Basic emergency inpatient care				
(h) Basic oral health services				
(g) Individual health education				
(h) Minor Surgical procedures				
(i) Radiologic & imaging services (at least ultrasound)				
(j) Maternity services				
(k) Antenatal care				
(l) Family planning				
(m) Immunization services				
(n) Holding room for dead bodies				
(o) Community outreach services				
(p) Laboratory services e.g. malaria; Smear test for TB; HIV				
TOTAL				
SECTION D: FACILITY INFRASTRUCTURE				
<i>Does the facility have the following infrastructure? (Yes=2, Partial= 1, No=0)</i>				
	YES	PARTIAL	NO	REMARKS
1. Three consultation rooms				
2. One treatment room				

Level 3A

(Basic health centre)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

3. One minor theatre				
4. One records room				
5. Inpatient bed capacity of at least sixteen beds				
(i) 4 Male				
(ii) 4 female				
(iii) 4 paediatric				
(iv) 4 maternity				
6. One drugs store				
7. General store				
8. Labour ward with capacity of two beds				
9. Delivery room with a functional delivery bed or couch				
10. PPH and PET kits (mandatory)				
11. SOPs for common obstetric emergencies in labour ward e.g PPH,APH				
12. Laboratory room (class B)				
13. Community services room/public health office				
14. School health programs/ outreach services				
15. Safe designated sterilization area				
16. Laundry				
17. Kitchen				
18. Minor Surgical procedures room				
19. Store for Supplies				
20. Staff housing for at least two members of staff				

Level 3A

(Basic health centre)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

21. Functional incinerator/burning chamber				
22. Protected placenta pit/macerator				
23. Transport system				
a) Utility vehicle/motorcycle				
b) Ambulance services				
24. Facility communication equipment (e.g. mobile phones, intercoms, walkie talkie)				
25. Clean piped water supply				
26. Fence & gate				
27. Appropriate waste segregation				
28. Medical waste management system				
29. Cloak rooms for patients				
30. Cloak rooms for staff				
31. Ramp/disability friendly walkways				
32. Adequate ventilation and lighting				
33. Constant power supply				
34. CCTV system				
SECTION C: PERSONNEL (Indicate Number)				
<i>Does the facility have the following personnel?</i>				
	YES	PARTIAL	NO	REMARKS
(a) Two medical officers				
(b) Two Public health officers				
(c) Two public health technicians				
(d) Six general clinical officers				
(e) One graduate clinical officer				
(f) One specialized clinical officer or clinical Officer ENT				
(g) Clinical officer lung and skin				
(h) Clinical officer paediatrics				
(i) Clinical officer reproductive health				

Level 3A

(Basic health centre)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

(j) Two BScN				
(k) Twenty three Kenya Registered Community Health Nurses				
(l) Two KRN/MHP or psychiatry				
(m) Four Kenya Registered Nurses/Midwives				
(n) Two Kenya Enrolled Community Health Nurses				
(o) One sign language staff				
(p) One Pharmacist				
(q) Three pharmaceutical technologists				
(r) Two plaster technologists				
(s) Two orthopaedic technologists				
(t) Three general physiotherapists				
(u) Three occupational therapists				
(v) Dental officer				
(w) Two dental technologists				
(x) Four community oral health officers				
(y) Four health promotion officers				
(z) Two medical social workers				
(aa) One health administrative officer				
(bb) Four clerks				
(cc) ICT officer				
(dd) Five medical Lab technologists				
(ee) Supply chain assistant				
(ff) Two nutrition and dietetic				

Level 3A

(Basic health centre)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

officers				
(gg) Nutrition & dietetic technician				
(hh) Two public health officers (clinician)				
(ii) Two cooks				
(jj) Four drivers				
(kk) Ten support staff				
(ll) Two security officers				
(mm) Two mortuary attendants				

Level 3A

(Basic health centre)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

Total:				
SECTION D: FINDINGS & RECOMMENDATION				
Findings				
Recommendations				

Level 3A

(Basic health centre)

CHECKLIST FOR CATEGORIZATION OF HEALTH FACILITIES

REGISTERED OWNER/IN-CHARGE OF THE FACILITY		
Name:	Designation	
Qualifications	Regulatory body:	
Registration No:	Licence No.	
Phone Number	Email:	
Date:	Signature:	
INSPECTION TEAM		
Name	Organization	Signature
1.		
2.		
3.		
4.		

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