

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 bed capacity of at least 24 beds (Mandatory) 6 for the male, 6 for the Female, 6 for the paediatric & 6 for the maternity ward b. Outpatient services c. Caesarean section services d. Blood transfusion services e. Radiologic & imaging services f. Functional maternity theatre		
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				
(b) Outpatient services				
(c) Inpatient services				

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(d) Functional referral services				
(e) Limited emergency inpatient care				
(f) Oral health services				
(g) Individual health education				
(h) Caesarean section services (mandatory)				
(i) Surgical procedures				
(j) Blood transfusion services (mandatory)				
(k) Radiologic & imaging services (mandatory)				
(l) Maternity services (mandatory)				
(m) Antenatal care				
(n) Family planning				
(o) Immunization services				
(p) Transportation of bodies				
(q) Laboratory services (Class C)				
(r) Outreach services				
(s) Outpatient Pharmacy services				
TOTAL:				
SECTION C: FACILITY INFRASTRUCTURE				
<i>Does the facility have the following infrastructure? (Yes=2, Partial= 1, No=0)</i>				
	YES	PARTIAL	NO	REMARKS
(a) Three (3) consultation rooms				
(b) One (1) treatment/procedure room				
(c) One (1) minor theatre				
(d) One (1) records room				
(e) Inpatient bed capacity of at least 24 beds (Mandatory)				

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6 for the male, 6 for the Female, 6 for the paediatric & 6 for the maternity ward				
(f) One (1) drugs store				
(g) General supplies store				
(h) Labour ward with capacity of two (2) beds with one (1) resuscitaire				
(i) Delivery room with two (2) delivery coaches				
(j) Laboratory room				
(k) Community services room/public health office				
(l) Functional maternity theatre with one (1) resuscitaire (Mandatory)				
(m) Central sterilization services unit (Mandatory)				
(n) Basic radiological & imaging facilities (Mandatory)				
(o) Laundry with laundry machine				
(p) Permanent constructed kitchen structure				
(q) Staff housing for at least two (2) members of staff/ call rooms				
(r) Protected incinerator/burning chamber				
(s) Protected placenta pit/macerator				
(t) Transport services				
(u) Facility communication equipment (e.g. mobile phones, intercoms, walkie talkie)				
(v) Clean piped water supply				
(w) Fence & gate				
(x) Protected composite pit/holding area under lock & key				

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(y) Appropriate waste segregation				
(z) Medical waste management system				
(aa) Cloak rooms for patients				
(bb) Cloak rooms for staff				
(cc) Ramp/disability friendly walkways				
(dd) Adequate ventilation ,lighting and bed spacing				
(ee)Constant power supply				
(ff) Functional holding room for bodies				
(gg) CCTV system				
TOTAL:				

SECTION C: PERSONNEL (Indicate Number)

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

	YES	PARTIAL	NO	REMARKS
(a) Two (2) medical officers				
(b) Two (2)Public health officers				
(c) Two (2) 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				
(j) Three BScN Nurses				
(k) Eight theatre nurses				
(l) Two Kenya Enrolled Community Health Nurses				
(m) Nineteen Kenya Registered Community Health Nurses				
(n) Two Kenya Registered				

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Nurses/mental health and psychiatric				
(o) Six Registered Nurse/midwives				
(p) Three Nurse anaesthetist /clinical officer				
(q) One sign language staff				
(r) One Pharmacist				
(s) Four (4) pharmaceutical technologists				
(t) Two (2) plaster technologists/technicians				
(u) One (1) Orthopaedic technologists				
(v) Three (3) general physiotherapists				
(w) Three (3) occupational therapists				
(x) One (1) Dental officer				
(y) Two (2) Community Oral Health Officer				
(z) Two (2) dental technologists				
(aa) Four (4) health promotion officers				
(bb) Two (2) medical social workers				
(cc) One health administrative officer				
(dd) Four clerks				
(ee) One ICT officer				
(ff) One Supply chain assistant				
(gg) Two nutrition and dietetic officers				
(hh) Ten medical laboratory technologists/technicians				
(ii) Nutrition & dietetic technician				
(jj) Two cooks				
(kk) Four drivers				

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

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