



Republic of Kenya

**MINISTRY OF MEDICAL SERVICES
MINISTRY OF PUBLIC HEALTH AND SANITATION**

MASTER FACILITY LIST

IMPLEMENTATION GUIDE

**Division of Health Information Systems (HIS)
&
Department of Standards and Regulatory Services (DSRS)**

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FOREWORD

The Ministry of Medical Services and the Ministry of Public Health and Sanitation envisage strengthening the country's health information system by making the existing HIS performance based, decision and action oriented, and the single authoritative source of data. Currently available information is not adequately used for managerial decision making; data quality and timeliness are not optimal; and there are several gaps and a great deal of overlap in data collection by the various programmes, divisions, and departments. In addition, a national monitoring and evaluation policy is not yet in place and the list of core indicators for use at all levels has not yet been formalised and endorsed nationally.

To achieve the goals of reducing health inequalities and reversing the downward trends in health-related outcome and impact indicators, there is need to develop a network of functional, efficient, and sustainable health infrastructure monitoring mechanisms for effective delivery of health care services. This necessitates revision and improvement of HIS tools required for data collection, compilation, aggregation, and reporting. The tools should relate to the Sector Strategic Plans and the Annual Operational Plans, making the plans practical, decision oriented, and performance related.

The Master Facility List (MFL) is the official list of all facilities operating in Kenya, and is the foundation of the future integrated health information system. The goal is that each health facility and service outlet on the list will have a unique MFL code. This unique code will be used whenever facility-based data are collected in all the multiple routine health information systems and surveys. The vision is that the universal use of this code will enable the integration of key health indicators from separate data systems and surveys to be brought together for timely decision making and to minimize overlap and duplication in data collection. The MFL will demonstrate how the alignment of infrastructure and Information Communication Technology (ICT) can effectively support service delivery by improving the quality and the timeliness of decision making.

The MFL, which encompasses the different facility types—public, faith-based, private, NGO among others—is also an initial step toward strengthening Performance Monitoring Mechanisms, beginning at the facility level and feeding into District, Provincial, and National Monitoring Systems. The data generated from the MFL will, in addition, provide a platform for accreditation of health facilities.

We call upon all the stakeholders to utilise this Implementation Guide and adopt use of health facility codes in order to maximize the many opportunities for improvement of data harmonisation of the various monitoring process such as support supervision, joint inspections, quality assurance assessments, supplies distribution, hospital reforms monitoring, and performance indicator monitoring among others. This will in turn reduce the transaction costs of data collection thereby improving quality and timeliness of reporting, feedback, and decision making, which are prerequisites for health sector reforms.

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ACRONYMS

ACLS	Advanced Cardiac Life Support
ADL	Activities of Daily Living tools
AMTSL	Active Management of Third Stage of Labour
ANC	Antenatal Clinic
APHIA	AIDS, Population and Health Integrated Assistance
ARI	Acute Respiratory Infections
ARVs	Antiretroviral Drugs
ATLS	Advanced Trauma Life Support
BEOC	Basic Emergency Obstetric Care
BLS	Basic Life Support
BTL	Bilateral Tubal Ligation
CT	Computerised Tomography
CBOs	Community-Based Organisations
CBR	Community-Based Rehabilitation
CBS	Central Bureau of Statistics
CDC	Centre for Disease Control
CDF	Constituency Development Fund
CEOC	Comprehensive Emergency Obstetric Care
CHAK	Christian Health Association of Kenya
CHAO	Chief Health Administrative Officer
CHE	Commissioner of Higher Education
CHEWS	Community Health Extension Worker
CHW	Community Health Worker
COC	Clinical Officers Council
CORPs	Community Owned Resource Persons
DASCO	District AIDS Coordinator
DCT	Diagnostic Counselling and Testing
DDC	District Development Committee
DH	District Hospital
SHRIO	District Health Records Information Officer
DHMT	District Health Management Team
DMOH	District Medical Officer of Health
DMS	Director of Medical Services
DSRS	Department of Standards and Regulatory Services
DST	Drug Susceptibility Test
EID	Early Infant Diagnosis (of HIV)

ENC	Essential Newborn Care
ENT	Ear Nose & Throat
FANC	Focused Antenatal Care
FBO	Faith-Based Organisations
FGM	Female Genital Mutilation
FP	Family Planning
GIS	Geographic Information Systems
GOK	Government of Kenya
GPS	Global Positioning System
HAART	Highly Active Antiretroviral Therapy
HC	Health Centre
HDU	High Dependency Unit
HENNET	Health NGOs Network
HIS	Division of Health Information Systems
HIV/AIDS	Immune Deficiency Virus/Acquired Immunodeficiency Syndrome
HWT	Household Water Treatment and Storage
ICT	Information & Communication Technology
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Prophylactic Treatment
ITN	Insecticide Treated bed Net
IUCD	Intra-Uterine Contraceptive Device
KEC	Kenya Episcopal Conference – Catholic Secretariat
KEMRI	Kenya Medical Research Institute
KEMSA	Kenya Medical Supply Agency
KEPH	Kenya Essential Package for Health
KMLTTB	Kenya Medical Laboratories Technologists and Technicians Board
KMPDB	Kenya Medical Practitioners and Dentists Board
LA	Local Authority
LASDAP	Local Service Delivery Action Plan
LATF	Local Authority Transfer Fund
LMU	Logistics Management Unit
MDRTB	Multi Drug Resistant Tuberculosis
MFL	Master Facility List
MFL	Master Facility List-Web Application
MIP	Malaria in Pregnancy
MOD	Ministry of Defence
MOH	Ministry of Health
MOMS	Ministry of Medical Services
MOPHS	Ministry of Public Health and Sanitation
NASCOP	National AIDS/STI Control Programme

NGO	Non-governmental Organisation
PALS	Paediatrics Life Support
NCK	Nurses Council of Kenya
ORT	Oral Rehydration Therapy
PEP	Post-Exposure Prophylaxis
PHRIO	Provincial Health Records Information Officer
PICT	Provider-Initiated Counseling and Testing
PMTCT	Prevention of Mother-to-Child Transmission
PPB	Pharmacy and Poisons Board
PPC	Post-Partum Care
RBTC	Regional Blood Transfusion Centre
RCO	Registered Clinical Officer
RHDC	Rural Health Demonstration Centre
RH	Reproductive Health
RHTC	Rural Health Training Centre
RPB	Radiation Protection Board
SAM	Service Availability Mapping
STI	Sexually Transmitted Illness
SUPKEM	Supreme Council of Muslims
SVD	Spontaneous Vaginal Delivery
TB	Tuberculosis
TT	Tetanus Toxoid
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organisation
YFS	Youth-friendly services

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The Master Facility List is an initiative of the Division of Health Information Systems in the Ministry of Medical Services and Ministry of Public Health and Sanitation in Kenya. The development of this implementation guide has been realised through the collaborative efforts of the Department of Standards and Regulatory Services (DSRS) and the contributions of the Regulatory Boards and Councils, various Technical Departments, Divisions, and Programmes, Christian Health Association of Kenya, Kenya Episcopal Conference, Supreme Council of Muslims, private sector, Health NGOs Network, and National Hospital Insurance Fund, among others.

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I. INTRODUCTION

I.1 BACKGROUND

The health sector in Kenya has a multiplicity of health information systems which are manual, computer, or web-based. There is little co-ordination between these systems resulting in much duplication of data and effort. A large amount of government and donor funds are spent annually in starting new systems and supporting these systems. Yet these systems rarely yield the quality of information necessary for planning, programme and resource monitoring, and performance-based review that the health managers require.

The Ministry of Medical Services (MOMS) and the Ministry of Public Health and Sanitation (MOPHS) consider it imperative that the disparate information systems be harmonised and integrated so that each piece of data is processed only once and all health managers have access to the information they require. The Ministries also see it necessary that Information & Communication Technology (ICT) is utilised in an appropriate and sustainable way so that the health information system is continuously utilised at all levels of the health sector. The vision is to build on and strengthen the current information systems and create a national health databank which will receive priority health indicators on a regular basis and ensure their optimum presentation, dissemination, and use.

In this regard, both Ministries have identified the need for a Master List of all Health Facilities (MFL). This list will have a unique code for each health facility, its Global Position System (GPS) code to map out its exact geographical location, and its bio data – where the facility is located in terms of province, district, location, and constituency, who owns it, who is in charge, what type of facility it is (clinic, health centre, hospital, etc.) and what services it offers, among other parameters. The list must always be up-to-date and accessible, and the MFL codes must be used on all health information systems in Kenya.

This document constitutes the definitions of the terms and information contained in the MFL and a guide on how to use this information.

I.2 THE NEED FOR A LIST OF HEALTH FACILITIES

To achieve the goal of an integrated health information system and Health Databank, it is essential that all health sector data sets based on facility-level information are integrated, that is, can be linked together. The best way of integrating data sets is for each data set to use the same unique code for each facility. This requires a MFL or registry with standard operating procedures to keep the list up-to-date.

The benefits of the MFL are:

- Health information benefits – being able to show efficiencies, trends, gaps, and generate facility /district /province /national profiles that combine data from multiple systems;
- Resource-saving gaps – reducing financial and human costs by eliminating the current duplication of efforts, and reducing the reporting burden;
- Efficient and transparent dissemination of MFL data to the Ministries of Health (MOH), partners, and the public;
- Linking of the regulatory information, which is maintained at the national level by the Chief Health Administrative Officer (CHAO), Kenya Medical Practitioners and Dentists Board (KMPDB), Nursing Council of Kenya (NCK), Clinical Officers Councils (COCs), Kenya Medical Laboratories Technologists and Technicians Board (KMLTTB), Pharmacy and Poisons Board (PPB), and Radiation Protection Board (RPB); and the operational information, maintained at the district level by the District Health Management Team (DHMT).

The MFL in Kenya is coordinated by the Division of Health Information Systems (HIS). It is Internet-based so that it can be updated by multiple officers and accessed by all stakeholders. DHMTs keep facility data up-to-date through the District Health Records Information Officers (DHRIOs). The national regulatory authorities (boards and councils, and CHAOs at Ministry headquarters) also contribute registration information for each facility.

1.3 THE DEVELOPMENT OF THE MASTER FACILITY LIST

The first goal of the baseline exercise was to create a single comprehensive list of facilities in Kenya, assign a unique code to each, and put in procedures whereby all new facilities would be added to the list.

The baseline data in the MFL were compiled from January 2009 to December 2009. The 149 DHRIOs were tasked with collecting data and making a single, comprehensive list of facilities operating in their respective districts. To help ensure that their lists did not omit any facilities, the DHRIOs were sent the most comprehensive lists of facilities from the national level (from the Kenya Medical Supply Agency [KEMSA] health information system and the Logistics Management Unit [LMU] systems).

The DHRIOs updated the list four times in 2009. A working group composed of HIS and other stakeholders of facility information met and decided which fields of data would be collected. The existing paper-based form MOH 715 (the Facility Inventory) was modified so that it contained all of the MFL fields, and it could be updated electronically in an Excel sheet and sent by email to HIS.

HIS officers were assigned to each province to be responsible for communication and follow-up on data collection. The HIS officers communicated with the eight Provincial Health Records Information Officers (PHRIOs), who provided supervision and co-

ordination within their respective provinces, and with the 149 DHRIOs who provided the data. Communications was done through e-mail and follow-ups were done through telephone calls. A small amount of funds were used to facilitate the PHRIO and DHRIO's purchase of mobile-telephone airtime vouchers to help on the process of data collection and returns.

While instructions on how to compile the data were sent to each DHRIO, it was recognised that a drawback in the data collection exercise was the lack of clear definitions of certain fields (including facility ownership, status, facility type, and services offered). Each DHRIO was potentially interpreting the fields in a different way; likewise, users of the data, such as other health sector stakeholders as well as the general public, might have done the same thing. It was agreed that development of standard definitions would be prioritised at a later date.

I.4 THE NEED FOR STANDARD DEFINITIONS

Over the course of 2009, the quality of the list progressively improved. The data on public facilities were quite comprehensive, though data on private facilities were (and still are) inconsistent. Some DHRIOs included a complete list of private facilities; others concentrated on MOH and other public facilities.

The scope of data quality was then widened to include accuracy of the information stored for each facility. To improve accuracy, it was necessary to get clear working definitions for each field on the MFL. For this purpose, HIS in collaboration with the Department of Standards and Regulatory Services (DSRS) and supported by Health Systems 20/20 embarked on a series of stakeholder forums in December 2009 and January/February 2010 to come up with definitions.

I.5 SUMMARY OF PROCEDURAL CHANGES

Implementation of the MFL will affect the following procedures for approving new health facilities:

DHMT Level

- When the DHMT inspects a new facility, they collect the bio-data sheet of the facility and the services that will be offered in a standard format, using the MFL Checklist.
- The DHMT also takes a GPS reading to record the facility's geo-codes at the time of inspection, and enters the GPS reading onto the MFL Checklist.
- New facility inspection reports are standardised.
- Upon approval and recommendation of the new facility by the DHMT, the DHRIO types the facility details into the MFL-Web Application (MFL-WA) software. This:
 - Adds the new facility to the list
 - Assigns the next sequential unique code number to the facility;

- Allows the DHMT to print out the cover letter, facility details, and in future the inspection report that will be sent to the regulatory bodies and the headquarters of the Ministries of Health.

National Regulatory Level

- The MFL-WA will show the national regulators (including the Regulatory Boards and Councils as well as the CHAO of the Ministries) a list of new facilities that have been recommended at the district level by the DHMT but are still "Pending" gazettement or licensing.
- The national regulators use the MFL-WA to manage the gazettement /licensing process.
- The MFL-WA notifies the DHMT and other stakeholders when the gazettement /licensing and/or registration process has been completed.

2. DESCRIPTION OF KEY FIELDS ON THE MASTER FACILITY LIST

2.1 OVERVIEW

Providing operational definitions is one of the key steps towards ensuring data integrity in any data collection system. The various users of the MFL have different needs and requirements, but for the purposes of standardisation it is important to have clear definitions as described in this chapter. Should any of these definitions change, a formal communication will be made so that the changes can be enacted simultaneously, which will allow comparisons across time.

The sections that follow define each variable on the MFL data collection form. Where possible, each nested variable is broken down to an exhaustive subcategory to ensure that there is minimum ambiguity. Where detailed descriptions of these fields are required, these are annexed to this document.

2.2 IDENTIFICATION FIELDS

2.2.1 MASTER FACILITY CODE

Definition: This is a sequential number allocated to each facility when it is added to the master list. It is allocated by the central database and fed back to the lower levels for subsequent usage.

Data Rules: A five-digit number that is automatically generated on entry into the database.

Data Source: The Central Database of the Ministries of Health generates the next available code.

Example: 23489

2.2.2 OFFICIAL NAME OF FACILITY

Definition: This is the official name of the facility. Government health facilities should use the gazetted name of the facility, while other facilities should use the registered /licensed name.

Data Rules: The name should be in Proper Case. This means that the first letter of each word should be capitalised except for prepositions. There should be one space between each word.

Example: Mbagathi District Hospital
New Nyanza Provincial General Hospital
St Mary's Dispensary

Data Source: Official gazette notice document. If facility ownership is not the MOH, then the name on the licensing document should apply. If the facility opening is not backed by legislative or regulatory documentation before this facility is included on the MFL, the district and the facility staff should agree on the name and use that name consistently as the facility awaits licensing.

2.2.3 UNIQUE MFL IDENTIFICATION NAME OF FACILITY

Definition: This is a unique name given to the facility when it is entered into the MFL. It is normally the gazetted or licensing name, but it also can include some other information that identifies it as unique.

Data Rules: For consistency, the following conventions should be followed when entering the unique facility name. The name should be in Proper Case. This means that the first letter of each word should be capitalised except for prepositions. There should be one space between each word.

Examples:

- i. The name should be typed in Proper Case.
 - Proper Case – Nairobi Hospital
 - ~~lower case – nairobi hospital~~
 - ~~UPPER CASE – NAIROBI HOSPITAL~~
- ii. Abbreviations should be in UPPER CASE with no full stops. Write them as you would say them, for example, "GK", "AIC", "GSU".
 - GK Prisons Dispensary
 - ~~G.K. Prisons Dispensary~~
 - ~~Gk Prisons Dispensary~~
- iii. There should be one space between each word – only one space.
 - Fundi Issa Dispensary – one space
 - ~~Fundi Issa Dispensary~~ – multiple spaces
- iv. Names of Saints should be written "St" with no full stop and an apostrophe ('s).
 - St Mary's Health Centre

- v. Doctors should be written with no full stops.
 - Dr S N Mwangange
- vi. The name of the facility should be written before the type of facility.
 - Nairobi Hospital
 - Meru District Hospital
 - Nyeri Provincial General Hospital
- vii. A name that may be shared by two or more facilities should have something that uniquely identifies each facility written in brackets after a space after the last name of the facility. The identifier could normally be the name of the district where the facility is located. Where there are two facilities with the same name in the same district, the division or area of town should be in brackets.

Some facilities with the same name can be differentiated by the district:

- Health Scope Clinic (Kirinyaga)
- Health Scope Clinic (Muranga North)
- Facilities with the same name that are in the same district, division, and location must be differentiated by something like the sub-location:
 - Joy Medical Clinic (Thunguma)
 - Joy Medical Clinic (Majengo)
- In the urban centres with multiple facilities with the same name, you might need the area of the town:
 - Marie Stopes Clinic (Westlands)
 - Marie Stopes Clinic (South B)

NB: Most facilities will not have the location identifier in brackets at the end – this is only for facilities where you think that there will be more than one facility with the same name!

- A church-owned facility is written as the facility name (the church abbreviation), then the type. Note: one space between words.
 - Watamu (SDA) Dispensary
- Therefore, the location is written with the identifier at the end and the church-owned facility is written with the church between the facility name and type.
 - Kagwathi (SDA) Dispensary
 - Afya Medical Clinic (Kibingoti)

viii. MOH naming conventions:

- Provincial General Hospital
 - Garissa Provincial General Hospital (PGH)
- District Hospital
 - Kirinyaga District Hospital
- Sub-District Hospital
 - Balambala Sub-District Hospital
- Offices
 - District Public Health Office (Kirinyaga)
 - Provincial Medical Office (Central)
 - District Medical Office (Nyeri South)

Data Source: The person entering the data onto the database (normally the DHRIO will choose the name based on the system rules at the time of entering).

2.3 CLASSIFICATION FIELDS

2.3.1 FACILITY TYPE

Definition: The facility type is one of the important attributes in describing a facility. For MOH facilities (the term 'MOH' will be used for facilities for both Ministry of Medical Services and Ministry of Public Health and Sanitation), the type is the gazetted classification of the facility. For non-MOH facilities, there are various types to choose from and definitions of each of the facility are given below. There other types of facilities that offer services to complement the facilities offering consultative and curative services. These facilities are mainly 'stand alone'.

Data Rules:

- For MOH facilities, the facility type is as per the gazette notice.
- For non-MOH facilities, the DHMT chooses the most appropriate type with respect to the definitions.

A facility will maintain its type on the MFL unless it goes through the process of right-sizing (upgrade or downgrade) and is then re-gazetted or re-registered with a different type. Any change to the facility type should be supported by official documentation accompanying this process.

Data Source: Official documentation accompanying the registration or gazetting of this facility. Initial inclusion on the MFL will be done by the individual DHMT. The gazettment/registration will then be confirmed by the National Regulatory Body or the MOH.

Table 1 lists the valid facility types identified so far.

TABLE 1: FACILITY TYPES

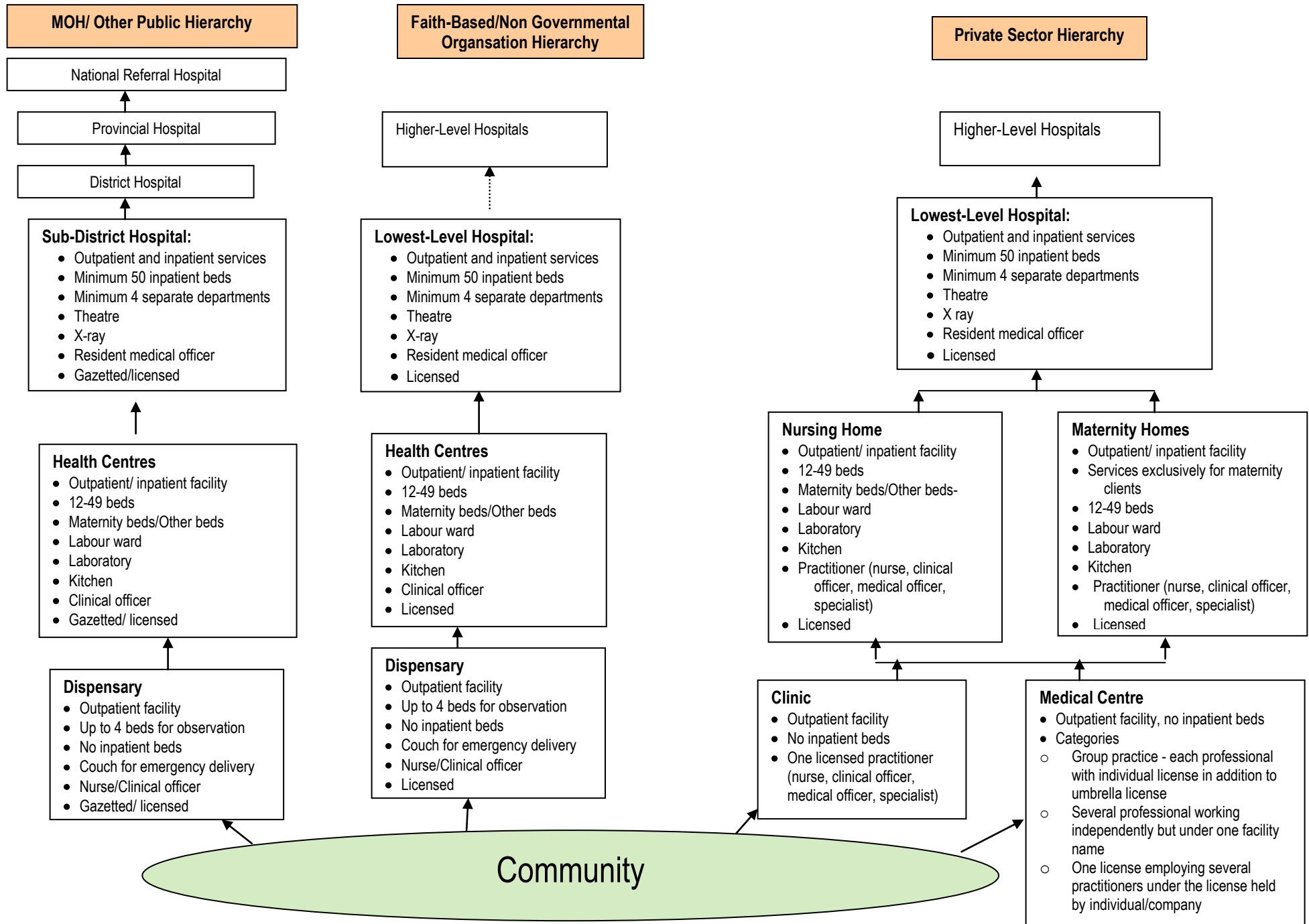
Hospitals <ul style="list-style-type: none"> - National Referral Hospital - Provincial General Hospital - District Hospital - Sub-District Hospital - Other Hospital
Health Centres
Dispensaries
Nursing and Maternity Homes <ul style="list-style-type: none"> - Maternity Home - Nursing Home
Medical and Dental Clinics & Medical Centres <ul style="list-style-type: none"> - Medical Clinic - Dental Clinic - Medical Centre
Other Facilities / Service Points <ul style="list-style-type: none"> - Rural Health Training Centre - Rural Health Demonstration Centre - Regional Blood Transfusion Centre - Blood Bank - Eye Centre - Eye Clinic - Funeral Home (Stand-alone) - Health Programme - Health Project - Laboratory (Stand-alone) - Radiology Unit - Training Institution in Health (Stand-alone) - VCT Centre (Stand-Alone) - Other Health Facility - Not in list: If the type is not in the above list, please specify the other type

Note: VCT=voluntary counseling and testing

Appendix A shows the definitions of each of the facility types in Table 1.

Figure 1 maps out the various facility types in an organisational hierarchy.

Figure 1. MFL Health Facilities Organisational Hierarchy



Note: When entering a facility in the MFL for the first time, districts should use the officially allocated facility type rather than computing it from the attributes such as services provided.

2.3.2 FACILITY KEPH LEVEL

Definition: This is the level of the facility as defined in the Kenya Essential Package for Health (KEPH). It shows the actual level of service provision that a facility offers regardless of the official facility type.

Data Rules: The level is chosen from KEPH levels 2–6 for facilities and level 1 for community units (once these are incorporated into the facility list). There are three interrelated primary and two secondary properties that are considered in qualifying a facility to a given type.

Primary properties include:

- Range of services offered;
- Size of physical infrastructure (functional units);
- Number of beds or cots.

Secondary attributes include

- Range and size of the establishment;
- Size of the target population.

Please Note: *In the initial stages of implementing the MFL, the KEPH level will be used as follows:*

The KEPH level will only be entered for facilities owned by the Ministry of Health. The KEPH level will be based on the gazetted facility type. So the following will apply:

- **National Referral Hospitals = KEPH Level 6**
- **Provincial General Hospitals and selected 'Level 5 District hospitals' = KEPH Level 5**
- **District Hospitals = KEPH Level 4**
- **Sub-District Hospitals = KEPH Level 4**
- **Health Centres = KEPH Level 3**
- **Dispensaries = KEPH Level 2**

Note that this methodology should be used until further notice.

Ultimately, the KEPH level will be calculated from attributes such as services provided, size of physical infrastructure, functional units, staffing levels, and numbers of beds and cots.

Data Source: Initial inclusion in the MFL will be done by the individual DHMT. Until definitions of KEPH levels are refined and an organised assessment is done, initial data provided from the district will remain valid.

2.3.3 FACILITY OWNERSHIP

Definition: Ownership means the state of having exclusive legal rights to the facility, which includes the right to possess, use, and dispose of the said facility. However, for the purposes of this Implementation Guide, ownership especially for the faith-based facilities will be broadened to also include the body that coordinates service delivery and health programmes. Therefore, the Christian Health Association of Kenya (CHAK), Kenya Episcopal Conference (KEC), or Supreme Council of Kenya Muslim (SUPKEM) will be termed as owners though in fact the facilities under them are owned by the individual churches, mosques, or communities affiliated with the faith.

Unlike facility type and level, which are functions of gazettment and accreditation, ownership is born at registration. It can only change through executive orders and legal processes governing transfer of ownership for such a category of property. There are five main categories of health facility ownership, namely, MOH for facilities under the MOMS and MOPHS, Other Government, Faith-Based Organisation (FBO), Non-Governmental Organisation (NGO), and Private. These categories of 'owners' are further broken down into the individual owners, e.g. CHAK, KEC.

Data Rules: At inspection, the DHMT determines the owner of the facility, and the National Regulatory Body that will register /has registered the facility. The owners are shown in Table 2, and the regulatory bodies are shown in Table 3 (see Section 2.3.4).

Data Source: From official documents such as certificates of registration and private practitioners licenses.

TABLE 2: FACILITY OWNERS

Ministry of Health

- Comprising both MOMS and MOPHS
-

Other Public Institutions

- | | | |
|----------------------------|--|---|
| - Academic (if registered) | - State Corporation | - |
| - Local Authority | - Parastatal | |
| - Prisons | - Constituency Development Fund (CDF) | |
| - Armed Forces• | - Local Authority Transfer Fund (LATF) | |
| - Other Public Institution | - Community | |
-

Faith-Based Organisations (FBO)

- | | |
|-----------------------------|----------------------------------|
| - CHAK | - SUPKEM |
| - KEC -Catholic Secretariat | - Other Faith Based Organization |
-

Non-Governmental Organisations (NGO)

- Non-Governmental Organizations
 - Humanitarian Agencies
-

Private

- Private Enterprise (Institution)
 - Company Health Service
 - Other Private
 - Private Practice
 - Private Practice – Medical Specialist
 - Private Practice – General Practitioner
 - Private Practice – Nurse/ Midwife
 - Private Practice – Clinical Officer
 - Private Practice – Lab Technician
-

Other Owners

- Not in list: If the owner is not in the above list, please specify the other ownership
-

The definitions of facility owners appear in Appendix B.

The facility types and facility owners matrix appears in Appendix C.

2.3.4 GAZETTEMENT/ LICENSING REGULATORY BODY

Definition: This field shows the National Regulatory Body responsible for licensing or gazettelement of the facility. This is normally based on the relationship between the facility owner and the Regulatory

Body. For example, MOH-owned facilities are gazetted by the Director of Medical Services (DMS) through the respective CHAO (of MOMS or MOPHS) and the facilities owned by private practice nurses are licensed by the NCK. But in some cases, the Regulatory Body is not in strict accordance with owner; for example, the KMPDB, not the NCK, will license a nursing home owned by a nurse. Therefore, there is need for this field to explicitly state which body provides the licensing /registration. Table 3 shows the Owners with the Gazettelement /Licensing Regulatory Bodies.

Data Rules: The DHMT will choose the Regulatory Body based on the information obtained from the licence certificates. In ideal circumstances, the public health facilities should have the gazette notices and title deeds to the land; if they do not, the DHMT will have to search their own records and other government offices dealing with public property ownership.

Data Source: For FBO, NGO, and private facilities, this information will be obtained from the licence certificate which the facilities are obligated to display openly at all times. However, for the gazetted facilities, this information would be obtained from multiple sources: the CHAOs' lists of gazetted facilities, gazette notices, the DHMT minutes recommending the facilities for gazettelement, or other legal documents that show conferment of the facility to a certain status, for example, Legal Notices conferring the Referral Hospitals into State Corporations.

For the new facilities, the DHMT makes a decision on the Regulatory Body depending on the owner of the facility and the facility type. For example, if the owner of clinic requesting licensing is a nurse the regulatory body will be the NCK. If the request is for a nursing home, the Regulatory Body will be the KMPDB.

TABLE 3: FACILITY GAZETTEMENT/ LICENSING BODY IN RELATION TO THE OWNER

Facility Owner	Regulatory Function	Licensed / Gazetted By
State Corporations	Legal Notices	State Corporations Act
MOH Constituency Development Fund (CDF) Local Authority Transfer Fund (LATIF)	Gazetted	MOH – Director of Medical Services (DMS) via CHAO
Local Authority Parastatal Prisons Community Armed Forces Academic (if registered)	Gazetted/ Licensed/ Registered	MOH – DMS via CHAO KMPDB Others
CHAK KEC-Catholic Secretariat SUPKEM Other FBO Private Enterprise (Institution) Company Medical Service	Registered	KMPDB (Institution)
NGOs Humanitarian Organisations	Registered	KMPDB (Institution)
Private Practice - General Practitioner Private Practice - Medical Specialist	Licensed	KMPDB (Private Practice)
Private Practice – Nurse / Midwife	Licensed	NCK (Private Practice)
Private Practice – Clinical Officer	Licensed	Clinical Officers Council (Private Practice)
Private Practice – Lab Technician	Registered	Kenya Medical Laboratory Technologists and Technicians Board

2.3.5 OPERATIONAL STATUS

Definition: Facility Operational Status covers the following elements: whether the facility has been approved to operate, is operating, is temporarily non-operational, or is closed down.

Data Rules: To get accurate information on this, physical inspection may be necessary.

- **Pending Opening:** This status is for a new facility that has been inspected by the DHMT and has been recommended to the appropriate national body, but is not yet offering services. Normally this is because the facility is waiting for the license to begin operating.
- **Operational:** This status is for a facility that is already offering services.
- **Non-Operational:** This status is used for a facility that was previously operational (offering services) and now is temporarily closed, for one of a number of possible reasons, for example, not meeting the standard requirements, lack of staff, and insecurity in the area, etc. It is expected that a non-operational facility will re-open.
- **Closed:** This is a facility that is not offering services and is not expected to ever re-open at that premises.
- **Invalid:** This is an entry in the MFL database that was erroneously entered (mistake,

duplicate, etc)... To reverse the entry, the facility is never deleted; instead the status changes to "Invalid".

Data Source: The DHMTs are responsible for maintaining the operational status at a defined frequency of update.

2.3.6 REGULATION STATUS

Definition: Facility Regulation Status covers the following elements: whether the facility has been approved by the respective National Regulatory Body.

Data Rules:

- **Pending Licensing:** A facility that has been recommended by the DHMT but is waiting for the license from the National Regulatory Body.
- **Licensed:** A facility that has been approved and issued a license by the appropriate National Regulatory Body.
- **License Suspended:** A facility whose license has been temporarily stopped for reasons including self-request, sickness, and disciplinary action.
- **License Cancelled:** A facility whose license has been permanently stopped by the national body.
- **Pending Registration:** A facility that has been approved by the DHMT as an Institution and a request for registration sent the KMPDB.
- **Registered:** A facility that has been approved as an institution by the KMPDB and a registration number given.
- **Pending Gazettement:** A facility that has been inspected and recommended by the DHMT (or District Development Committee [DDC] or presidential mandate) for gazettement as a MOH facility, but has not yet been officially gazetted. The facility is awaiting official gazettement and is known as 'pending gazettement'.
- **Gazetted:** A facility that has been gazetted and the notice published in the Kenya Gazette.

Data Source: Upon entry of a new facility by the DHMT, the registration status will automatically be set to "Pending Licensing" or "Pending Gazettement". The National Regulatory Body responsible for registering or gazetting the facility will also be responsible for maintaining the registration status. The updates will occur whenever there is a change in the registration status.

The regulation status is not in Phase 1 of the MFL; it will be added in Phase 2 when the National Boards, Councils, and MOH-CHAO are added as users on the system with the "Regulatory Module."

2.4 ADMINISTRATIVE HIERARCHY FIELDS

2.4.1 PROVINCE AND DISTRICT

Definition: Administrative hierarchy includes the following levels: Province, District, Division, Location, Sub-Location, and Constituency.

Data Rules: These data elements should not have data collection issues except when boundaries are not clear. Updating these elements should take place only after the new boundaries have been gazetted.

Note: *When new administrative structures are created, if the officer who is updating the MFL is not sure, it is better to leave the field BLANK. This way, further follow-up can be done. The facility list database will be structured in such a way that changes can be made to the administrative boundaries without losing the historical profile.*

Data Source: National and local authorities and Central Bureau of Statistics (CBS)

2.4.2 DIVISION, LOCATION AND SUB-LOCATION

Definition: Each district is subdivided into administrative divisions, which are in turn subdivided into locations and further into sub-locations. In these entities, a District Officer, Chief, and Sub-chief, respectively, are the senior most administrative officers.

Data Rules: Because these administrative boundaries have changed, and an official list of the current boundaries has not been released, these data elements may not be clear. The DHMT should endeavour to put in their best idea of official boundaries, and then should check and update the information once the new boundaries have been gazetted and the latest list released.

Data Source: National and local administrative authorities and CBS

2.4.3 CONSTITUENCY

Definition: A constituency is a defined geographical area with a given electorate (body of voters) that elects a representative to the Parliament, i.e. as a Member of Parliament. There are 210 constituencies in Kenya, though this number may change in the future.

Data Rules: The DHMT determines the constituency to which the facility belongs using administrative boundaries records. If it is not clear, it is better to leave the field BLANK until the correct information can be obtained.

Data Source: National and local administrative authorities and CBS

2.5 CONTACT FIELDS

2.5.1 OFFICIAL FACILITY CONTACT FIELDS

Definition: These fields identify the contact information for the facility as a whole – they are the official contact fields.

Data Rules:

- **Official Landline:** Type in the code and number of the facility's landline. Make sure you put in a ZERO at the beginning of the code. There should be no spaces.
Example: 0202717077
- **Official Mobile or Wireless:** Type in the code and number of the facility's official mobile. Make sure you put in a ZERO at the beginning of the code. There should be no spaces.
Example: 0733628490
- **Fax:** Type in the code and number of the facility's fax. Make sure you put in a ZERO at the beginning of the code. There should be no spaces.
Example: 0202107065
- **Official Alternate Number:** This is an additional number that can be used to reach the facility. It may be a landline or a mobile line. Make sure you put in a ZERO at the beginning of the code. There should be no spaces.
Example: 0202107065
- **Official Email:** Type in the general email contact of the facility.
Example: nandihillsdhosp@yahoo.com

2.5.2 OFFICIAL FACILITY POSTAL ADDRESS FIELDS

Definition: These fields identify the official postal address for the facility as a whole.

Data Rules:

- **Official Address:** The address should be written in the format "P.O. Box 999". P.O. should be in capital letters, with a full stop after the P and the O. There should be no spaces between the P and the O, but there should be one space between P.O. and Box and one space between Box and the number. Box should be written in proper case.
Example: P.O. Box 200
- **Town:** This is the town component of the postal address.
Example: Kwale
- **Post Code:** This is the postcode component of the postal address.
Example: 80403

2.5.3 OFFICER IN-CHARGE CONTACT FIELDS

Definition: These fields identify the officer in-charge of the facility.

Data Rules:

- **Name of Officer In-Charge:** This is the name of the officer in-charge, written in proper case with one space between the names.
Example: Roselyne Wiyanga
- **Job Title of the In-Charge:** This is the title given to the in-charge within the facility, for example, Nursing Officer In-Charge, Medical Superintendent, and Hospital Director. This should not be confused with the professional (Nursing Officer I) or Job Group title.
- **Mobile Number of In-Charge:** Type in the code and number of the officer's mobile number. Make sure you put in a ZERO at the beginning of the code. There should be no spaces.
Example: 0722465997
- **Alternate Telephone Number of the In-Charge:** This is an additional number that can be used to reach the in-charge.
- **Email of Officer In-Charge:** Type in the best email of the officer in-charge of the facility.
Example: thomasmuthii@yahoo.com
- **Registration Number of In-Charge:** This field is used to match the in-charge against other databases. For private facilities, the main contact is the doctor, nurse, or clinical officer licensed to open the facility.
 - If the facility is a nursing private practice, use the individual NCK registration number.
 - If the facility is a private doctor's practice, use the individual Medical Board registration number.
 - If the facility is a clinical officer's clinic, use the COC registration number.
 - If a facility is licensed by any other board, use the respective board (KMLTTB, PPB, or RPB) registration number.

2.6 PHYSICAL LOCATION FIELDS

2.6.1 PLOT NUMBER

Definition: These are physical properties of the facility and included is the plot number and nearest landmark. This information in conjunction with GPS codes is useful in locating the facility.

Plot Number: This is the same number found on the title deeds of the piece of land on which this facility is located.

2.6.2 NEAREST LANDMARK (TOWN/VILLAGE/MARKET)

Definition: These are well-known physical features /structure that can be used to simplify directions to a given place. Usually these are public facilities and are immovable. In the MFL, any or all of the following can be used: town, village, or market.

Note: *This is information additional to that given elsewhere on the MFL questionnaire. There is no point repeating information already given. For example, there is no point in mentioning a town where the facility is as a landmark if it has already been mentioned in the postal address.*

Data Rules: During the initial phase of populating the MFL, it is important to verify the plot numbers of facilities as these are usually different from the ones on the registration documents, especially so for private enterprises. A facility can relocate without updating the records on official documents.

Data Source: Registration documents and local authorities.

2.6.3 DESCRIPTION OF LOCATION

Definition: This field allows a more detailed description of how to locate the facility – use this field as if you were giving directions to the facility.

Data Rules: Please provide a short description of how to locate the facility – for example, landmarks.

Example: Joy Medical Clinic is in Jubilee Plaza 7th Floor

2.7 GEO-CODE RELATED FIELDS

Definition: GPS is a three-dimensional location derived by the use of GPS satellites and GPS device or receivers. The three-dimensional readings from a GPS device are latitude, longitude, and attitude. The date/time the reading is done is also important, as is the source and method of the reading.

The Geo-code Fields used in the MFL are:

- **Latitude:** This is measured relative to the equator – how far north or south one is from the equator – and is measured in degrees. The equator is at zero degree while the poles are at nearly 90 degrees north and south.

Latitude also uses the WGS84 geographic format to four decimals, plus or minus 99.9999.

Example: +39.1206

- **Longitude:** This shows a facility's location in an east-west direction, with the centre being the Greenwich Meridian (GM). The further away one moves from the GM, the closer one moves towards longitude angles of 180 degrees west or east.

Where available, the MFL will use the geo-codes in the WGS84 geographic formats, as per The Signature Domain and Geographic Coordinates: A Standardised Approach for Uniquely Identifying a Health Facility (MEASURE Evaluation / World Health Organisation January 2007).

We use WGS84 geographic format to four decimals, plus or minus 999.9999.

Examples: + 5.44123 OR -4.66227 **Date:** This is the date; the reading is taken or calculated in dd/mm/yyyy format.

- **Source of Geo-code:** This is where the geo-code came from – the 'collecting organization' of the code. For example, DHMT, the Service Availability Mapping survey (SAM), Kenya Medical Research Institute (KEMRI), the Regional Center for Mapping of Resources for Development (RCMRD), the AIDS, Population and Health Integrated Assistance (APHIA) II, or another source. It is not the individual who collected the code.
- **Method of Geo-code:** This is the method used to capture or calculate the geo-code. Current possible values are:
 - 1= Taken with GPS device,
 - 2= Calculated from proximity to school, village, markets
 - 3= Calculated from 1:50,000 scale topographic maps,
 - 4= Scanned from hand-drawn maps,
 - 5= Centroid calculation from sub-location
 - 8= No geo-code
 - 9= Other

Data Rules: Data issues in collecting these readings may be related to the exact point one stands while taking the reading, as these can vary drastically if a facility is situated on a big area.

The rules for GPS data collection are as follows:

1. Single Facility in a Single Building:

- The GPS location should be taken in front of the main sign attached to the building of the facility.
- If there is no sign attached to the building then the GPS location should be taken in front of the facility's main door or reception area.

2. Multiple Facilities in a Single Building

- The GPS location should be taken in front of the sign(s) that lists what facilities are located in that building (if the sign is outdoors and attached to the building).
- If there is no sign listing what is in the building (or if the sign is indoors) the GPS location should be taken in front of the main entrance door or reception area of the building.

3. Single Facility in Multiple Buildings

- The GPS location should be taken in front of the door or main entrance to reception area of the facility (preferably where there is a main sign for the facility).
- If there is no reception area, the GPS location should be taken in front of the door to the administrative offices of the facility.

Data Source: Normally, the geo-codes will be recorded on a GPS device at the time the new facility is being inspected. However, geo-codes are sometimes obtained through surveys, exercises, etc. Geo-codes can also be obtained from desk work, when GPS readings are not possible.

2.8 OTHER FIELDS

2.8.1 NUMBER OF AUTHORIZED INPATIENT BEDS AND COTS

Definition: This is the number of inpatient beds or cots that a given facility has been authorised to house upon initial inspection for gazettment, licensing, or registration. This is usually determined by measurements taken of the available space for beds with prescribed bed /cots spacing rules. A facility may have fitted extra beds due to congestion; the extra beds are not to be included.

Data Rules:

- The number of beds and cots the facility was authorised to have at the time of registration /gazettment;
- The number of authorised inpatient beds and cots currently in a working condition;
- Examination couches and observation beds are not included in the number of beds/cots.

Data Source: Registration or certification documents.

2.8.2 OPENING HOURS

Definition: These fields show the times that the facility is normally open to the public. A facility can be open 24 hours/7 days a week. This is mostly for inpatient facilities though some outpatient facilities also may keep such hours. Some facilities are open only during the day every day and closed at night. Some open only Monday to Friday, while others are also open on weekends. And for those open on weekends, some are open for the 'whole weekend' (Saturday and Sunday), while others are only open for part of the weekends.

Data Rules:

- Open 24 Hours:
If the facility is open 24 hrs/7 days a week, tick "Yes".
If the facility is not open 24 hrs/7 days a week, tick "No".
- Open on Weekends:
If the facility is open all day Saturday and all day Sunday during 'normal' working hours of approximately 8.00 am – 5.00 pm then tick "Yes".
If the facility is only open for 'part' of the weekend (such as Saturday only, or Sunday only, or mornings only, then the facility is termed as 'not open over the weekend', so you tick "No".

Data Source: Facility information from the in-charge

3. DEFINITION OF HEALTH SERVICES OFFERED

Definition: This is a description of what constitutes a health service that is provided by the health facility. If the service found in the facility meets the standard definition, then it is deemed to be provided. The definitions of services exhibit different modalities:

- Either all or none, i.e. they exist or do not exist. (YES/NO)
- Categorisation. The categorisation can either be:
 - Given in terms of KEPH levels. An example is the laboratory service, where a laboratory – in a facility or stand-alone lab – can offer services deemed appropriate for a level 6 facility, a level 5 facility, etc.
 - Similar services are offered in the different KEPH levels. For example, Environmental Health Services offered in KEPH level 2 are similar to those offered in KEPH level 3. If the KEPH level of the facility is known, the corresponding KEPH level of the service should apply. If it is not known, write the higher KEPH level.
 - Given through a choice of service level, for example, Oral Health Services are either Basic or Comprehensive.
 - A combination of choices and KEPH levels. For example, Mental Health Services are either Integrated or Specialised (and the Specialised Services are split into KEPH level).

The definition of services has attempted to describe the actual components of the services provided, the basic infrastructure required to effectively provide the service, and human resource required. For example, Comprehensive Dental Services cannot be said to be provided unless there is a dental chair with its accessories and a dentist. If any of this is missing then the service is not provided. However, some services definitions are quite complex and will require involvement of the technical person attached to the district to work with the DHRIO in order to collect the data. For example, the laboratory equipment may require the presence of a District Laboratory Technologist.

Table 4 shows the list of services and the method of categorisation. The details for each service are given in Appendix D.

TABLE 4. HEALTH SERVICES OFFERED

HIV Prevention Services	Yes	No
Condom Promotion and Distribution (CONDOM)		
Management of Sexually Transmitted Infections (STI)		
Voluntary Counselling and Testing (VCT)		
Provider Initiated Counselling and Testing (PICT)		
Diagnostic Counselling and Testing (DCT)		
Early Infant Diagnosis (EID)		
Prevention of Mother-to-Child Transmission (PMTCT) – Antenatal Care (ANC PMTCT)		
PMTCT – Maternity (MAT PMTCT)		
Voluntary Medical Male Circumcision		
Post-Exposure Prophylaxis (PEP)		
HIV/AIDS Services-Treatment and Care	Yes	No
Paediatric Antiretroviral Therapy (Paed ART)		
Adult Antiretroviral Therapy (Adult ART)		
Home-Based Care (HBC)		
Family Planning (FP)	Yes	No
Short-Term FP (STFP)		
Long-Term FP (LTFP)		
Permanent FP (PERM_FP)		
Comprehensive Youth Friendly Services	Yes	No
Integrated Services (YOUTH-Int)		
Stand-Alone Services (YOUTH-Stand-Alone)		
Antenatal (ANC)	Yes	No
Focused Antenatal Care (FANC)		
Specialised ANC		
Immunisation	Yes	No
Basic Immunisation (IMM - BASIC)		
Immunisation with Additional Vaccines (IMM-ADD)		
Port Immunisation Services (PORT)		
Tuberculosis Diagnosis and Treatments	Yes	No
Smear Microscopy (TB-SMEAR)		
Tuberculosis Culture (TB-CULTURE)		
First Line Treatment (TB-1st Line)		
MDRTB Treatment (TB-MDRTB)		

Rehabilitative Health Services - Occupational Health	Yes	No
Rehabilitative Health Services - Occupational Therapy		
Rehabilitative Health Services - Orthopaedic Technology		
Blood Transfusion	Yes	No
Facility-Based Blood Collection Service		
Facility-Based Blood Transfusion Service		
Services for Gender-Based-Violence Survivors	Yes	No
Services for Female Genital Mutilation (FGM) survivors		
Other Services	Yes	No
Port Health Services		
Mortuary Services		
Services - Maximum Level of Service 1–6	Level	
Curative Services		
Maternity Services		
Surgical Services		
Radiology Services		
Laboratory Services		
Ambulance Services		
Integrated Management of Childhood Illnesses (IMCI)		
Nutrition Services		
Ophthalmic Services		
Mental Health Services		
Services for Sexual Violence Survivors		
Rehabilitative Health Services - Physiotherapy		
Environmental Health Services		
Services - Choose Basic or Comprehensive	Basic	Comp
Emergency Obstetric Care (BOC)		
Oral Health Services (Dental services)		
Dental Laboratory Services		
ENT Services		
Emergency Preparedness		

4. GUIDELINES AND PROCEDURES FOR UPDATING THE MASTER FACILITY LIST

The fundamental principles of the MFL are:

- The information should always be up-to-date WHENEVER changes to facility information are known.
- The system is not updated weekly or monthly or quarterly, but as soon as new information comes in. This applies to both district health records information officers and national regulators.
- All data that is entered into the MFL should be accompanied by appropriate documentation which has been approved for entry.
- Information should be available to everyone who needs it, provided they have the permission to access the data.
- The system should make work easier for everyone, and not add to the reporting burden.
- In a district, the MFL should be the main source of facility bio-data and service data. All other lists should be regularly generated from the MFL.

Procedures for updating facility data on the MFL can be classified into:

- adding new facilities to the system;
- changing existing facility and service data on the system;
- removing facilities from the system

4.1 ADDING A NEW FACILITY

There are two main scenarios for when facilities should be added to the MFL :

- When a new facility applies to the DHMT for inspection, and the DHMT recommends the new facility for licensing or registration or gazettment
- When the DHMT determines that a previously-approved facility is operating legally in the district but it is not on the MFL

The first scenario is the official procedure, however the second scenario will need to be followed for some time after implementation of the system to ensure the 'baseline' data is accurate.

4.1.1 WHAT THE DHMT DOES

When the DHMT inspects a new facility, or an existing facility not currently on the MFL, they complete the NEW FACILITY CHECKLIST which captures all the key fields needed for the MFL data entry screen.

The DHMT also captures all of the key information needed for the inspection report.

If the DHMT approves and recommends the new facility, the checklist is signed and given to the DHRIO who types the facility details into the MFL-Login System.

A facility code is added upon entry. The system prints out a record of the facility details.

The system also prints out a cover recommendation letter from the district for signature. In future the system will also print out the inspection report.

The cover letter, facility details, and inspection report are forwarded to the National Regulatory Body, which is one of the following:

- MOH-Director of Medical Services (through the Chief Health Administrative Officer)
- Kenya Medical Practitioners and Dental Board (KMPDB)
- Nursing Council of Kenya (NCK)
- Clinical Officers Council (COC)
- Kenya Medical Laboratory Technicians and Technologists Board (KMLTTB)
- Pharmacy and Poisons Board (PPB)
- Radiation Protection Board (RPB)
- Any other Regulatory Body

At this time, the facility has a regulatory status of "Pending Licensing" or "Pending Gazette", awaiting the Regulatory Body's approval.

The DHMT then files the Checklist with the copies of the letters in the facility file.

4.1.2 WHAT THE REGULATORY BODY DOES

Once the Regulatory Body receives the DHMT request to either license or register or gazette a facility, they use their own judgment, and further assessment, if necessary, to determine whether the facility is fit for licensing /gazettement and at what level (KEPH level, or hierarchical order in terms of clinic, dispensary, nursing home, health centre, etc.) it will be gazetted/licensed.

After the decisions have been made, the information is entered into the MFL as licensed /gazetted /registered, and at what level or 'rejected'. The information is immediately available to DHMT and other users to help them differentiate the licensed /gazetted /registered facilities from the non-licensed /gazetted /registered ones. Both the DHMT and the Regulatory Bodies benefit by being able to identify and weed out the illegal facilities. Correct grading of the newly upgraded facilities, for example, from dispensaries /health centres to sub-district and district hospitals is also facilitated.

4.2 CHANGING A FACILITY'S DETAILS

Facility details are subject to change; examples include ownership transfers, changing administrative boundaries, expansion and services upgrade/downgrade, and registration status. In most cases, the DHMT are more likely to have first-hand information and will update the MFL accordingly. Data are then immediately available to the authorised users.

When changing facility details on the system, it is necessary to have appropriate and approved documentation. The recommended procedure is:

- When a DHMT team or member of the DHMT is going to visit a facility, the FACILITY CORRECTION REPORT is printed out of the MFL. The facility correction report contains all the details that are currently on the MFL, together with a place to update each piece of information.
- On site, the facility details are updated on the Facility Correction Report.
- The changes on the report are approved by the DHMT and passed to the DHRIO, who enters them into the MFL
- The report is filed in the facility file at the District Office.

It is perfectly acceptable to receive updates from many sources. Information on changes at the facility can come from the numerous facility visits by the DHMT and central teams such as Supportive Supervision, Joint Inspections, Quality Assurance Assessments, and Hospital Reforms Supervisions. Or information can come from partners. **However all updates must be approved by the DHMT before entry into the system.**

If possible, the inspection team or the partner visiting the facility should take with them the facility's CORRECTION REPORT with current data, as that is the easiest way to note changes.

However, in some instances (for example, change of ownership), the updates may have to be done centrally once the change of ownership has been approved and the necessary paperwork completed. For example, a CDF-owned facility will change ownership once it is gazetted as a MOH facility; this information will first be available centrally, and therefore it should be updated from the central level. Secondly, when a company-owned institution is sold, the new owner will seek transfer of registration with the Regulatory Body rather than at the district level; therefore, change of ownership will be updated from the central level.

4.3 SERVICE UPDATES

To determine whether a service is offered or not, and to what extent it is offered, the DHMT conducts an initial assessment using the Services Definitions. Data are collected on the New Facility Checklist (for facilities new to the MFL) or the Facility Correction Report (for facilities already on the MFL) and then input in the MFL. It may be necessary to enlist the assistance of focal persons in the different technical areas, for example, Reproductive Health Coordinators, District AIDS Coordinators (DASCOs), District Radiographers, and Blood Transfusion Quality Assurance Officers, to improve the quality of the data collected.

Once the initial data have been input, facilities that add a 'new' service or upgrade an existing service contact the DHMT, whose members in turn conduct an assessment. The DHMT assesses the elements of the services offered, the infrastructure, and the human resources to determine whether a given service is in accordance with the standard definition and at what level. Once this information is obtained, the service is then recorded, approved and input into the MFL for the particular health facility.

In addition, periodic assessments are conducted to ensure the standard of service deemed to be provided at a particular facility is maintained.

4.4 UPGRADING A FACILITY

For a variety of reasons, which may include government directives and expansion of infrastructure and services, facilities are upgraded (or downgraded) from one level to another in terms of KEPH level and/or facility type, i.e., clinic, dispensary, nursing home, health centre, sub-district and district hospitals, etc.

The DHMT applies the standard definitions of facility types, infrastructure, and services to determine whether the facility meets the requirements that enable it move to the next level. Once it is established that the requirements have been met, the DHMT requests the National Regulatory Body to change the official facility type. ***The DHMT does not change the facility type on the MFL until the upgrade is officially completed.***

After notification from the Regulatory Body that the necessary steps of legalizing the upgrades through licensure /gazettement are completed, the change is updated on the MFL.

4.5 CLOSING OR REMOVING A FACILITY

Once a facility has been added to the MFL, and a facility code has been assigned, the record is never removed. This is because stakeholder might already be using that code. Instead, the procedure is to change the status of the facility to an inactive status, which practically removes the facility from the system but leaves a record. There are two main reasons why a facility might be removed from the system:

- If a facility closes down permanently, then the DHRIO will get the proper documentation (such as a letter from the DHMT or a signed Facility Correction Report) and change the status of the facility to 'CLOSED'. When changing the status to 'CLOSED' the system will require a reason. Once the facility is closed, the facility record will no longer appear on MFL reports or lists.
- If an erroneous entry has been made in the MFL, then the DHRIO will get the proper documentation (such as a letter from the DHMT or a signed Facility Correction Report) and change the status of the facility to 'INVALID'. When changing the status to 'INVALID' the system will require a reason. Once the facility is made invalid, the facility record will no longer appear on MFL reports or lists.

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APPENDICES

APPENDIX A. DESCRIPTION OF FACILITY TYPES

Type	Abbreviation	Description of Type	National Body	Possible Owners
Hospitals				
National Referral Hospital	NRH	<p>A national referral hospital is one that has been established by a Legal Notice under the State Corporations Act (Cap 446) as an apex of the health care system, providing sophisticated diagnostic, therapeutic, and rehabilitative services. It is mandated to:</p> <ul style="list-style-type: none"> • Receive patients referred from other hospitals and institutions within or outside Kenya for specialised health care, • Provide facilities for medical education for the University Medical School and for research either directly or through other cooperating health institutions, • Provide facilities for education and training in nursing and other health and allied professions, • Participate in national health planning, giving input on guidelines on patient referral based on the hospitals' own research, and mentoring of lower-level facilities, • Provide information on various health problems and diseases and provide recommendations to extra-mural treatment alternatives to hospitalisation, such as day surgery, home care, and outreach services. 	State Corporation Act	State Corpora-tion
Provincial General Hospital	PGH	<p>Provincial general hospitals are gazetted as PGH, owned by the MOH, managed by a Medical Superintendent, and mandated to:</p> <ul style="list-style-type: none"> • Provide services to a geographically well-defined area and are an integral part of the provincial health system, • Act as a province's referral hospitals for the district hospitals, i.e., as an intermediary between the national referral hospital and the districts, • Oversee the implementation of health policy at the district level, maintain quality standards, and coordinate and control all district health activities, • Regional centres for provision of specialised care 	Gazette-men t through CHAO - MOMS	MOH

Type	Abbreviation	Description of Type	National Body	Possible Owners
		<p>including intensive care and life support and specialist consultations,</p> <ul style="list-style-type: none"> • Personnel include medical professionals, such as general surgeons, general medical physicians, paediatricians, general and specialised nurses, midwives, and public health staff, • Provide clinical services in the following disciplines: <ul style="list-style-type: none"> • Medicine • General surgery and anaesthesia • Paediatrics • Obstetrics and gynaecology • Dental services • Psychiatry • Accident and emergency services • Ear, nose, and throat • Ophthalmology • Dermatology • ICU (intensive care unit) and HDU (high dependency unit) services • Laboratory and diagnostic techniques for referrals from the lower levels of the health care system • Teaching and training for health care personnel such as nurses and medical officer interns • Supervision and monitoring of district hospital activities • Technical support to district hospitals such as specific outreach services. 		
District Hospital	DH	<p>District hospitals are gazetted as DH, owned by the MOH, managed by Medical Superintendents, and mandated to:</p> <ul style="list-style-type: none"> • Serving as coordinating and referral centre for the smaller units – sub-district hospitals, health centres, nursing homes, etc., • Providing supportive supervision of the smaller units – sub-district hospitals, health centres, nursing homes, etc., • Providing comprehensive medical and surgical services, • Generating their own expenditure plans and budget requirements based on guidelines from headquarters through the provinces, • Forming an integral part of the district health system, • Contributing to the district-wide information generation, collection planning, implementation, 	Gazetted through CHAO - MOMS	MOH

Type	Abbreviation	Description of Type	National Body	Possible Owners
		<p>and evaluation of health service programmes,</p> <ul style="list-style-type: none"> • Providing the following services: <ul style="list-style-type: none"> • Curative and preventive care and promotion of health of the people in the district, • Quality clinical care by a more skilled and competent staff than those of the health centres and dispensaries, • Treatment techniques such as surgery not available at health centres, • Laboratory and other diagnostic techniques appropriate to the medical, surgical, and outpatient activities of the district hospital, • Inpatient care until the patient can go home or back to the health centre, • Training and technical supervision to health centres, as well as resource centre for health centres at each district hospital, • Twenty-four-hour services, • Clinical services include obstetrics and gynaecology, child health, medicine, surgery, including anaesthesia, accident and emergency services, non-clinical support services, and referral services. 		
Sub-district Hospital	SDH	Sub-district hospitals, gazetted as SDH, are owned by the MOH and managed by clinical officer or a medical officer. Some may have facilities for Caesarian sections and other surgical services.	Gazettement through CHAO-MOH	MOH
Hospital	HOSP	<p>This is an institution which is not owned by the MOH and has</p> <ul style="list-style-type: none"> • Outpatient and inpatient services • Minimum 50 inpatient beds • A minimum of four separate departments • A minimum of one theatre • Minimum of basic x-ray services • Resident medical officer • Licensed 	<p>Gazettement through the relevant Ministry</p> <p>OR</p> <p>KMPBD</p>	<p>Local Authority</p> <p>Armed Forces</p> <p>Prisons CHAK</p> <p>KEC</p> <p>SUPKEM</p>
Other Hospital	O-HOSP	<p>"Other" hospitals are facilities that meet the definition of hospital, but are not owned by the MOH. These 'other hospitals' can include those owned by other Government Bodies, Faith Based, NGO and Private Institutions. Please note that Prison facilities also are classified as 'Other Hospital', even though they are technically owned by the MOH.</p>		<p>Other FBO</p> <p>Community</p> <p>NGO</p> <p>Private Institution</p> <p>Company</p>

Type	Abbreviation	Description of Type	National Body	Possible Owners
				Medical Service
				Academic

Health Centre

Health Centre	HC	<p>Health centres provide many ambulatory health services and generally offer preventive and curative services appropriate to local needs, minus specialised services such as x-ray and theatre:</p> <ul style="list-style-type: none"> • Either licensed to a FBO, community or registered organisation, e.g. school, company, church, mosque, NGO, or humanitarian organisation, OR • Gazetted as a health centre owned by the MOH or other governmental organisation; • Has an administration block where patients register and all correspondence and resources are managed with at least two consulting rooms, maternal and child health, maternity, laboratory, pharmacy, minor theatre where minor surgical procedures are done, e.g. circumcision, stitching wounds and manual vacuum aspiration, and kitchen and catering, 20 or fewer inpatient beds (maternity and others), treatment room, and in some cases, student hostels for rural health training centres. • Services provided: curative, inpatient, maternity, referral, antenatal care (ANC) /family planning (FP) /immunisation and laboratory, • In MOH health centres, all staff report to the medical/clinical officer in-charge except the public health officers and technicians, who, even though they may have an office at the health centre, are deployed to a geographical area rather than to a health unit and report to the district public health officer. • Staff <ul style="list-style-type: none"> • At least one clinical officer or medical officer • Nurses • Health administration officer • Medical technologist • Pharmaceutical technologist • Health information officer • Public health officer • Nutritionist • Driver 	<p>Gazetted through CHAO-MOPHS</p> <p>Gazetted through the Ministry of Local Government / other, Ministry of Defence (MOD)</p> <p>Licensed by the KMPDB</p>	<p>MOH</p> <p>Local Authority</p> <p>CDF</p> <p>LATF</p> <p>Prisons</p> <p>CHAK</p> <p>KEC</p> <p>SUPKEM</p> <p>Other FBO</p> <p>Community</p> <p>NGO</p> <p>Registered Organisation</p> <p>Company Medical Service</p>
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Type	Abbreviation	Description of Type	National Body	Possible Owners
		<ul style="list-style-type: none"> Housekeeper Support staff 		

Dispensary

Dispensary	DISP	<p>Dispensaries provide the first line of contact with patients and wider coverage for preventive health services. They are:</p> <ul style="list-style-type: none"> Either licensed to a FBO, or community or registered organisation, e.g. school, company, church, mosque, NGO, or humanitarian organisation, OR Gazetted as a dispensary owned by the MOH or other governmental organisation, Devoted to treating outpatients, Composed of consulting room(s), and may contain office(s), treatment room(s), a laboratory and an observation room (which is not intended to be used for more than 12 hrs), Staff include: registered nurses, enrolled nurses, public health technicians, and support staff Services: basic outpatient curative care, immunisation and laboratory services, antenatal care and treatment for simple medical problems during pregnancy such as anaemia, and occasionally conduct normal deliveries. 	<p>Gazetted through CHAO-MOPHS</p> <p>Gazetted through the Ministry of Local Government / other Ministry</p> <p>Licensed by the KMPDB</p>	<p>MOH</p> <p>Local Authority</p> <p>CDF</p> <p>LATIF</p> <p>Prisons</p> <p>CHAK</p> <p>KEC</p> <p>SUPKEM</p> <p>Other FBO</p> <p>Community</p> <p>NGO</p> <p>Registered Organisation</p> <p>Company Medical Service</p>
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Maternity and Nursing Homes

Nursing Home	Nurs-ing	<p>Nursing homes offer both outpatient and inpatient services and:</p> <ul style="list-style-type: none"> Have wards with 12–49 inpatient beds, Have a laboratory, Have a kitchen, Have a laundry, Are licensed to a practitioner (nurse, clinical officer, medical officer, specialist), Have a visiting medical officer/specialist, May have maternity beds and labour ward. <p><i>NB 1: Maternity is service within a facility and in MFL there will be no 'Nursing and Maternity Home'. Maternity service will be marked as whether it exists or not in a nursing home.</i></p>	<p>Licensed by KMPBD</p>	<p>Private Enterprise (Institution)</p>
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Type	Abbreviation	Description of Type	National Body	Possible Owners
		<p>NB 2: Some health facilities have theatre but as long as they do not meet the criteria of a 'Hospital' above they will be termed as nursing homes in the MFL.</p> <p>NB 3: An assumption is made that it is not economically viable to have an inpatient facility with less than 12 inpatient beds.</p>		
Maternity Home	MH	<p>Maternity homes offer outpatient /inpatient services exclusively for maternity clients, i.e. ANC, delivery and newborn care, and postnatal services.</p> <ul style="list-style-type: none"> • Have 12–49 beds and cots, • Have a labour ward, • Have a laboratory, • Have a kitchen, • Have a laundry, • Are licensed to practitioner (nurse, clinical officer, medical officer, specialist), • Have a visiting medical officer/specialist, • May have a theatre. 	KMPBD	Private Enterprise (Institution)

Medical and Dental Clinics & Medical Centres

Medical Clinic	MC	<p>Medical clinics are outpatient facilities that:</p> <ul style="list-style-type: none"> • Have a minimum of three rooms-reception, consulting rooms, and treatment room /observation • Are licensed to one health practitioner engaged in private practice, either medical specialist, general practitioner, clinical officer, or registered nurse/midwife • Offer preventive, diagnostic, and curative services. 	<p>Licensed by</p> <ul style="list-style-type: none"> - KMPDB - NCK - COC 	<p>Specialist.</p> <p>General Practitioner</p> <p>Clinical Officer</p> <p>Nurse</p> <p>Academic</p>
Medical Centre	MED CEN	<p>Medical centres are outpatient facilities (no inpatient beds) meant for profit making, with several categories:</p> <ul style="list-style-type: none"> • Group practice-each professional with individual license in addition to umbrella license for the premises, • Several professionals working independently but under one facility name, • One license employing several practitioners under the license held by individual/company. <p>NB: For Medical Centre, they are required by KMPBD to register a company first with registrar of companies and get a business name.</p>	<p>Licensed by</p> <p>KMPBD</p>	<p>Private Enterprise (Institution)</p> <p>Academic</p>
Dental Clinic	DC	<p>Dental clinics are outpatient facilities devoted to treating teeth and related problems. They have:</p> <ul style="list-style-type: none"> • Consulting rooms, offices or a section of an outpatient department with at least a reception (waiting room), treatment room, and a store, 	KMPBD	Dentist

Type	Abbreviation	Description of Type	National Body	Possible Owners
		<p>containing the prescribed equipment* used by the dental practitioner for promotion of oral health; prevention, diagnosis, treatment of oral diseases; and rehabilitation of oral structures.</p> <ul style="list-style-type: none"> *Basic Clinic-normal chair, all equipment for extraction and minor oral surgery, filling and ART instruments, a scaler, with effective infection control mechanism. Clinic run by a community oral health officer. *Comprehensive clinic-Unit must have a specialised dental chair with accessories. Clinic run by a dentist 		

Other Facilities / Service Points

Rural Health Training Centre	RHTC	<p>Government facilities in a rural or peri-urban area offering comprehensive primary health services in all essential health package areas:</p> <ul style="list-style-type: none"> Have capacity to accommodate 25 students and offer classroom facilities for 40 students; Have staff with skills and capacity to train students Offer inpatient and maternity services; Have staff quarters for the service providers; Have referral services and transport for patients and students while doing field work; Are supervised by the PHMT; Have KEPH level 3 services. 	Gazettement through CHAO	MOH
Rural Health Demonstration Centre	RHDC	<p>Government facilities in a rural or peri-urban area offering comprehensive primary health services in all essential health packages:</p> <ul style="list-style-type: none"> Have capacity to accommodate 10 students and offer classroom facilities; Have staff with skills and capacity to train students; Community inventory and demonstrations to community members done; Offers inpatient and maternity services; Have staff quarters for the service providers; Have referral services and transport for patients and students while doing field work; Are geared towards teaching the community to strengthen housekeeping demonstrations of latrines construction, nutrition demonstration gardens, etc.; Are supervised by the PHMT; Have KEPH level 3 services. 	Gazettement through CHAO	MOH

Type	Abbreviation	Description of Type	National Body	Possible Owners
Regional Blood Transfusion Centre	RBTC	<p>Regional Blood Transfusion Centre: Situated strategically throughout the country. Their purpose is to coordinate the activities of the National Blood Transfusion Centre and the district and primary hospital banks. They ensure adequate donor recruitment, blood collection, and testing and efficient blood distribution in the regions and marketing of services to the private sector.</p> <p>Blood Bank: Also known as satellite centres, they are distribution points for Regional Blood Transfusion Centres. Their sole purpose is cold storage of blood and distribution to health facilities</p>	Registration through MOH	MOH
Blood Bank	BB			
Eye Unit	EYE-UNIT	<p>Eye Unit: A separate unit which exclusively offers ophthalmic services, but they are located within a health facility that offers other health services. The unit must have a cataract surgeon /ophthalmologist as the basic human resource.</p> <p>Eye Clinic: Outpatient facility either owned/run by an ophthalmic nurse, ophthalmic clinical officer, or eye specialist who exclusively offers eye services.</p> <p>Eye Centre: Facility that offers eye services exclusively and must have admission beds, theatre, and outpatient facilities. It must have a cataract surgeon /ophthalmologist as the basic human resource</p>	KMPDB	Practitioners Specialist General Practitioner Clinical Officer Nurse NGOs FBOs Companies
Eye Clinic	EYE-CLI			
Eye Centre	EYE-CEN			
Funeral Home (Stand-alone)		A funeral home is a facility where dead bodies are stored and undergo autopsy before cremation or burial. Additional services include selling coffins, cremation, burial, and transportation.	---	Individuals Company
Health Project	PRO-JECT	<p>A project is a temporary endeavour undertaken to create a unique product or service as per the identified needs or concerns in the society. A project therefore exists only after a decision has been made to address a specific need for the stakeholders. The resources to support its execution are available, and measurable goals and objectives are well defined. There is a defined start (the decision to proceed) and a defined end (the achievement of the goals and objectives).</p> <p>A programme is a group of projects managed in a coordinated way to obtain benefits not available from managing them individually as single projects. A programme therefore consists of several associated projects contributing to the achievement of specified strategic plan. A health programme may also contain elements of ongoing operations to ensure better management, visibility, and more effective decision-</p>	Recognised by MOH/Local Government or other health related body	GOK NGOs Donors
Health Programme	PROG			

Type	Abbreviation	Description of Type	National Body	Possible Owners
Laboratory (Stand-alone)	LAB	making. Laboratories are facilities licensed by the Kenya Medical Laboratory Technologists and Technicians Board (KMLTTB) to conduct diagnostic tests and scientific research. The laboratories in Kenya are classified according to the services they provide. (See laboratory services definitions.)	KMLTTB	Specialists (Pathologists) Lab Technologists Lab Technicians
Radiology Unit (Stand-alone)	RADIO	These are facilities licensed by the Radiation Protection Board (RPB) to offer any of the following services or a combination of services. <ul style="list-style-type: none"> • Digital radiography • Computerised tomography, CT scans • Magnetic resonance imaging, MRI • Ultra-sound scans • Fluoroscopy (barium meal/swallow) • General radiography The grading of the facility depends on the types of services offered, number and type of equipment, and the power/ output of the equipment. The RPB regulates and maintains a register of licensed staff, equipments and departments. The district radiographer monitors the facilities.	Radiation Protection Board	Specialists (Radiologist) Radiographer Company
Training Institution in Health (Stand-alone)	TRAIN	This a centre of learning by whatever name called, or however designated, having as one of its objectives the provision of post-secondary education courses of instruction leading to the granting of certificates, diplomas, and degrees in health-related fields. The universities therein must be accredited by the Commission of Higher Education (CHE) while colleges and polytechnics must be accredited by the Ministry of Health through the relevant Boards and Councils.	CHE Boards Councils	GOK, NGOs Individuals
VCT Centre (Stand-Alone)	VCT	Sites that provide Voluntary Counseling and Testing for HIV. They are owned by individuals, private companies, or organisations and must be accredited by the district /provincial or national AIDS Coordinator (DASCO/PASCO or NASCOP). Some get kits from NASCOP while others buy. Some VCTs charge a fee to recover their costs.	NASCOP	GOK Individuals Companies NGOs FBOS
Other facility	O-FACILITY	Other facility not in the list above		

APPENDIX B. DESCRIPTION OF FACILITY OWNERSHIP

Owner	Abbreviation	Description of Ownership	National Body	Registration Process
Ministry of Health				
Ministry of Health	MOH	<p>MOH means the ministries responsible for health for the time being</p> <p>A MOH facility is one that has been officially gazetted and "taken-over" by the government, i.e.:</p> <ul style="list-style-type: none"> • A gazette notice has been issued; • The land and buildings and title deeds are now owned by the government; • The facility qualifies to get staff, equipment, drugs, supplies (and other inputs like transport) from the government; • The facility is open to the public. 	<p>CHAO-MOMS or</p> <p>CHAO-MOPHS</p>	Gazetted
Other Government Institutions				
Local Authority	LA	<p>These authorities are governed by the Local Government Act cap 265 laws of Kenya:</p> <ul style="list-style-type: none"> • They are categorised into city councils, town councils, municipal councils, and county councils. • The gazettment of the facility is done through the Ministry of Local Government • The health facilities under the local authorities are owned and managed by the local authorities. • They may have staff from MOH, e.g. doctors, clinical officers, and nurses. 	Ministry of Local Government	Gazetted
Prisons	PRI	<p>Prison ownership of facilities means:</p> <ul style="list-style-type: none"> • The facility has been gazetted as a government facility and a gazette notice has been issued; • The buildings and land are owned by Prisons in the Ministry of Home Affairs; • However, the facility is run by the MOH and gets staff, equipment, drugs, supplies (and other inputs like transport) from the 	<p>CHAO-MOMS or</p> <p>CHAO-MOPHS</p>	Gazetted

Owner	Abbreviation	Description of Ownership	National Body	Registration Process
		<p>government.</p> <ul style="list-style-type: none"> The facilities are not open to the public but only to the institution. Prison health services in-charge reports to DMS. 		
Armed Forces	ARM-F	These are facilities owned by the Kenyan government sponsored defence, fighting forces, and related organisations through the Ministry of Defence or other ministries, exclusively for their officers and all the administrative issues in regard to the facility are done by the forces.	MoD	Gazetted
Academic (if registered)	ACAD	These are health facilities owned by universities, colleges, and schools to serve the health needs of students and staff. They are registered by KMPDB, employ their own staff, and buy their own supplies.	KMPDB	Licensed
Parastatal	PAR	These are facilities owned by a government-owned corporation or state-owned enterprise, created by a government under the State Corporations Act (Cap 446.) to undertake commercial activities on behalf of the government. The health facility has the purpose of serving their employees' health needs, though the core business of a parastatal is not health services provision. They are registered by the KMPDB and employ their own staff and buy their own supplies	KMPDB	Licensed
Community	COMM	These are facilities that have been established through the efforts of the community in mobilizing their own resources. (Community-a group of people that share a geographical area, resources, belief, intent, preferences, needs, and risks) The facilities are owned by the community and may employ their own staff or staff may be employed for them by the government, NGOs, and well wishers. In most cases the community makes an effort to have the facility gazetted by the MOH. Once gazetted, it becomes an MOH facility.	KMPDB	Licensed
Constituency Development Fund	CDF	These are health facilities put up through fund allocated to every Constituency (geographical area with the same electorate) through the CDF Act No.11. The CDF facilities have committees that may employ their own staff and purchase their own supplies or can get staff allocated to them from the MOH through the district medical officer of health (DMOH). The facilities are licensed by KMPDB but are in many cases taken over by the MOH through gazettment.	KMPDB	Licensed
Local Authority Transfer Fund	LATF	These are facilities built through the process in which the government transfers fund through the Local Service Delivery Action Plan (LASDAP) to every ward as LATF Act No. 8 of 1998. LATF funds	CHAO-MOMS or CHAO-	Gazetted

Owner	Abbreviation	Description of Ownership	National Body	Registration Process
		only put up and equip the facility but do not run it. The facility only becomes operational once the MOH takes it over through gazettelement.	MOPHS	

Faith-Based Organisations

Christian Health Association of Kenya	CHAK	CHAK members consist of church-owned health facilities and programs affiliated to the Protestant Churches. CHAK's purpose is to serve and assist its member health facilities to deliver accessible and quality health services to all Kenyans in accordance to Christian values and professional ethics, through advocacy, capacity building, technical support, networking, and innovative health programmes. Facilities owned by the Protestant Churches affiliated with CHAK should be termed as owned by CHAK.	KMPBD	Certified as an institution and licensed
Kenya Episcopal Conference – Catholic Secretariat	KEC-CS	The purpose of the Commission for Health is to coordinate service delivery by all faith-based health services and programmes affiliated with the Catholic Church, so as to promote access to health for all Kenyans and strengthen family values. KEC-CS is formed by the 26 bishops who represent the archdioceses in Kenya. The health facilities that fall under the mandate of KEC-CS through the Catholic Health Commission of Kenya are owned by their respective archdioceses. Therefore KEC-CS does not own any of these facilities, but has a mandate to lobby and advocate for these health facilities. However for the purposes of MFL, all KEC affiliated facilities will be termed as owned by KEC.	KMPBD	Certified as an institution and licensed
Supreme Council for Kenya Muslims	SUPKEM	SUPKEM is the umbrella body of all the Muslim organisations, societies, mosques committees, and groups in Kenya. SUPKEM members are these organisations, societies, committees, and groups affiliated to it, and not individual Muslims. All the health facilities owned by organs affiliated to SUPKEM will be termed as owned by SUPKEM.	KMPBD	Certified as an institution and licensed
Other Faith-Based Organisation	FBO	Any other religious affiliated group other than CHAK, KEC, SUPKEM owning or coordinating the affairs of health facilities under the organisation.	KMPBD	

Owner	Abbreviation	Description of Ownership	National Body	Registration Process
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Non-Governmental Organisations

Non-Governmental Organisations	NGO	These are facilities owned by national and international organisations registered by the NGO Coordination Board (a government parastatal under the Ministry of National Heritage and Culture) under the NGOs Coordination Act No. 19 of 1990. The activities of these organisations are further regulated by the National Council of NGOs in which they are automatic members upon registration by the Board. The National Council of NGOs is an umbrella organisation with the legal mandate to supervise and coordinate the affairs and functions of NGOs.	KMPDB	Certified as an Institution and licensed
Humanitarian Agencies	HA	These are facilities owned by individuals, organisations, or governments that give emergency aid or rapid assistance to people in immediate distress to relieve suffering, during and after manmade emergencies (e.g. conflict) and natural disasters. These facilities are mainly temporary and are either disbanded once the emergency is over or handed over to government or NGOs for long-term management.	None	Recognition by MOH

Private Institutions

Private Institution	PI	<p>These are facilities owned by companies registered under the registrar of companies as limited liability or nonprofit and whose core business is health provision. The facilities employ their own staff and purchase their own supplies and equipment.</p> <p><i>NB: For anyone to open either a hospital, nursing home, maternity home or a medical centre, they are required by KMPBD to register a company first with registrar of companies and get a business name.</i></p> <p><i>Note that medical clinics and dental clinics are licensed to individual practitioners and therefore are not required to register a company.</i></p>	KMPDB	Certified as an institution and licensed
Company Health Service	CHS	This a facility owned by a private company registered under the registrar of companies. The core business of the company is not health provision. The purpose of the facility is health provision for the employees of the company and their families. The company usually employs its own	KMPDB	Certified as an institution and licensed

Owner	Abbreviation	Description of Ownership	National Body	Registration Process
		medical staff and buys its own supplies. However, it can qualify to get supplies from government like vaccines, family planning commodities, and antiretroviral drugs (ARVs) upon presentation of approved documentation.		
Other Private	OPF	Any other private facility that does not fall in any of the categories above	Any of the Regulatory Bodies	

Private Practice

Private Practice - Medical Specialist	MED.SP	This is a practice licensed to a doctor specialist in a given field. The practitioner should be registered by the Kenya Medical Practitioners and Dentists Board. The practitioner is allowed to be in formal employment either in government or non-government institutions.	KMPDB	Licensed
Private Practice - General Practitioner	MED.GP	This is a private practice that is licensed to a medical officer or a general practitioner. The practitioner should not be in government/non-government employment and should be registered by the Kenya Medical Practitioners and Dentists Board.	KMPBD	Licensed
Private Practice – Clinical Officer	CLIN	This is a private practice that is licensed to a clinical officer by the Clinical Officers Council under the Clinical Officers Council Act.	COC	Licensed
Private Practice – Nurse Midwife	NURSE	A private practice licensed to a nurse / midwife who is registered by the Nursing Council of Kenya (NCK). The Nurse must be a Kenyan citizen, with five years post-registration /enrolment experience and not in government/non-government employment and the practice is subject to regular Local Health Supervising Authority, e.g. DHMT and NCK. The private practice licenses show that the nurse is retained in the register of nurses, and refers to the specific clinic by name, market, plot number, and services offered.	NCK	Licensed

APPENDIX C: FACILITY TYPE AND OWNERSHIP MATRIX

This table shows the allowable combination of facility ownerships and facility types. The allowable values are shown below in white. For example the owner “Ministry of Health” can have types of Provincial Hospital, District Hospital, Sub-District Hospital, Health Centre, Dispensary, or National Referral Hospital, but a MOH facility cannot be an “Other Hospital” or any other type of facility.

<div>Choose the Facility Type ↓</div> <div>Choose the facility ownership →</div>	State Corporation	Ministry of Health	Local Authority	Prisons	Armed Forces	Academic (if registered)	Parastatal	Constituency Development Fund (CDF)	Local Authority Transfer Fund (LATF)	Community	Other Public Institution	Christian Health Association of Kenya	Kenya Episcopal Conference	Supreme Council for Kenya Muslims	Other Faith Based	Non-Governmental Organisations	Humanitarian Organisation	Private Enterprise (Institution)	Private Practice – Medical Specialist	Private Practice-Gp	Private Practice-- Nurse/Midwife	Private Practice - Clinical Officer	Private - Other	Company Health Service
National Referral Hospital																								
Provincial General Hospital																								
District Hospital																								
Sub District Hospital																								
Other Hospital																								
Health Centre																								
Dispensary																								
Nursing Home																								
Maternity Home																								
Medical Clinic																								
Medical Centre																								
Dental Clinic (Stand alone)																								
Rural Health Training Centre																								

<div>Choose the Facility Type ↓</div> <div>Choose the facility ownership →</div>	State Cooperation	Ministry of Health	Local Authority	Prisons	Armed Forces	Academic (if registered)	Parastatal	Constituency Development Fund (CDF)	Local Authority Transfer Fund (LATF)	Community	Other Public Institution	Christian Health Association of Kenya	Kenya Episcopal Conference	Supreme Council for Kenya Muslims	Other Faith Based	Non-Governmental Organisations	Humanitarian Organisation	Private Enterprise (Institution)	Private Practice – Medical Specialist	Private Practice-Gp	Private Practice--Nurse/Midwife	Private Practice - Clinical Officer'	Private - Other	Company Health Service
Rural Health Demonstration Centre																								
Laboratory (Stand alone)																								
Radiology Unit (Stand alone)																								
VCT Centre (Stand-Alone)																								
Eye Clinic																								
Eye Centre (Stand-Alone)																								
Blood Bank																								
Regional Blood Transfusion Centre																								
Health project																								
Health Programme																								
Training Institution in Health (Stand-alone)																								
Funeral Home (Stand-alone)																								
Other Health Facility																								

APPENDIX D: DEFINITION OF HEALTH SERVICES

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
HIV/AIDS Prevention Services	Condom Promotion and Distribution. Counseling on condom use and availability of condoms	Yes/No	KEPH level 2-6
	Management of Sexually Transmitted Illness (STI) -availability of Information, Education and Communication (IEC) materials, diagnosis facilities, treatment guidelines, and drugs	Yes/No	
	HIV Counseling and Testing		
	• VCT -Voluntary Counseling and Testing-Counseling and testing which is client initiated	Yes/No	
	• PITC -Provider-Initiated Counseling and Testing-Counseling and testing as a result of encouragement by the providers	Yes/No	
	• DCT -Diagnostic Counseling and Testing-Testing of suspected disease in order to make a diagnosis	Yes/No	
	• EID -Early Infant Diagnosis-availability of Dry Blood Spot kits	Yes/No	
HIV/AIDS Services-Care and Treatment	• PMTCT -Prevention of Mother to Child Prevention of Transmission of HIV-Provision for HIV counseling and testing for pregnant mothers at either ANC or within the Maternity Unit and ARVs for PMTCT. Stratify into:	Yes/No	KEPH levels 2-6
	• ANC PMTCT	Yes/No	
	• Maternity unit PMTCT	Yes/No	
	• VMMC -Voluntary Medical Male Circumcision Services-A programme of circumcising adult males in order to reduce HIV transmission	Yes/No	
	Post-Exposure Prophylaxis (PEP) -Counseling, testing, and administration of PEP drugs.	Yes/No	
HIV/AIDS Services-Care and Treatment	Services: Cotrimoxazole prophylaxis, nutrition, treatment of opportunistic infections, routine patient monitoring, CD4 monitoring, provision of HAART (highly active antiretroviral therapy)		KEPH levels 2-6
	Infrastructure: Diagnostic test kits for HIV/AIDS, capacity for laboratory tests (Haemogram, Biochemistry, CD4 counts), regular ARVs supplies and reporting mechanisms		
	Basic Human Resources: Multidisciplinary team of trained health care workers on comprehensive HIV/AIDS Site certified by DASCO/PASCO-DHMT/PHMT.		

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<ul style="list-style-type: none"> • BEOC plus • Caesarean section, • Safe blood transfusion and • Resuscitation care to low birth weight and sick newborns • Conduct maternal and perinatal death reviews <p>Infrastructure: operating theatre, blood transfusion services, and laboratory and incubator services.</p> <p>Basic Human Resources: medical doctors, nursing officer, clinical officers and anaesthetist, laboratory technician/technologists, pharmacists.</p>		
Family Planning (FP)	<p>Services: Counseling on family planning and methods, routine examination, administration, insertion and dispensing of commodities</p> <p>Infrastructure: Privacy, coach, facilities for storage of FP commodities, equipment, insertion trays, and infection control facilities</p> <p>Basic Human Resources: Trained provider (nurse, clinical officer, medical doctor)</p> <p>Stratify into:</p> <ul style="list-style-type: none"> • Short Term: Pills, injectables, condoms, and cycle beads • Long term: Intra-Uterine Contraceptive Device (IUCD), implants • Permanent: Vasectomy, bilateral tubal ligation (BTL) 	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>	KEPH level 2-6
Comprehensive Youth-Friendly Services (YFS)	<p>YFS are services provided in a manner that recognises the special information and service needs of young people.</p> <p>Characteristics of YFS include:</p> <ul style="list-style-type: none"> • Provider training in YFS in reproductive health (RH) issues and communication (at least one staff nurse, clinical officer, medical doctor) • Friendliness in attitude – being respectful and non-judgmental; confidentiality and privacy • Service provision environment – comfortable and non-threatening; convenience in time and location • Affordability of services • Community involvement /support, participation of the youth <p>Stratify into:</p> <ul style="list-style-type: none"> • Integrated Services: Services to the youth offered alongside other services • Stand-alone Services: Separate building (Youth Centre) with provision of outpatient services, comprehensive RH package, and should have recreational facilities, e.g. games etc. 	<p>Yes/No</p> <p>Yes/No</p>	KEPH levels 2-6

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
Antenatal (ANC)	<p>Services: Counseling, treatment, care, and monitoring of pregnant women, relating to their pregnancy, with the important aim of identifying likelihood of complications and managing them to make pregnancy, childbirth, and the immediate postpartum period safe.</p> <p>Infrastructure: Examination room, privacy, examination couch, linen, table, essential medical, and non-medical supplies (warm water, light meals, and sanitary towels), equipment (foetal scope, height and weighing machine, blood pressure machine, uristix), laboratory support and with the right attitude from maternity staff.</p> <p>Basic Human Resources: Nurse, clinical officer, medical doctor, lab tech, pharmaceutical technologists/technicians</p> <p>Stratified into:</p> <ul style="list-style-type: none"> • Focused Antenatal Care (FANC) • Specialised ANC (Must have a medical doctor) 	Yes/No Yes/No	KEPH level 2-6
Maternity Services	<p>KEPH level 1: Promotion of healthy behaviours, early recognition of signs of labour, use of individualised birth plan. Recognition of danger signs for mother and baby and referral, establishment of community-based referral system for emergencies, establishment of community-based FP distribution network, establishment of maternal and newborn death reviews and community-based health information system. Basic Human Resources: Community midwives, retired or out-of-work health professional with evidence of qualifications: Kenya Registered Nurse (KRN), Kenya Enrolled Nurse (KEN), Kenya Registered Community Health Nurse (KRCHN), Kenya Enrolled Community Health Nurse (KECHN), Registered Clinical Officer (RCO), or Medical Officer (MO) who have completed competency-based updates /skills training certified by Division of Reproductive Health (DRH) and licensed by specific professional bodies. (These are retired midwives enlisted by the DHMT.)</p> <p>KEPH level 2: <i>All level 1 services plus</i> FANC, (BP, weight, physical exam, urinalysis, counsel on danger signs and emergency preparedness, individual birth plan, tetanus toxoid [TT] immunisation, malaria in pregnancy (MIP) (intermittent prophylactic treatment [IPT], insecticide-treated bed nets [ITN]), iron/folic supplement, de-worming, syphilis screening, PMTCT, TB screening (clinical), identification of complications and management and/or appropriate referral)</p> <p><i>Normal labour and delivery</i> (Use of partograph, spontaneous vaginal delivery [SVD], AMTSL, identification of complications and management and/or appropriate referral, PMTCT)</p> <p><i>Essential Newborn Care</i> (ENC) (Keeping the baby warm including Kangaroo Mother Care, early initiation of</p>	KEPH Levels	<p>KEPH level 1</p> <p>KEPH level 2</p> <p>KEPH level 3</p> <p>KEPH level</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>breastfeeding, newborn resuscitation, counsel mother and family on danger signs of the newborn, immunisation, identification of danger signs and management and/or appropriate referral and PMTCT)</p> <p><i>Targeted Post-Partum Care (PPC)</i> (Provide three PPC services [within 24–48 hrs, 1-2 wks, 4-6 wks], Vitamin A supplement, advice on danger signs, emergency preparedness and follow-up, identification of complications in mother and newborn, and management and/or appropriate referral, PMTCT)</p> <p>FP, Record keeping (HMIS) and Immunisation register</p> <p>KEPH level 3: KEPH level 2 services plus FANC, sputum for AAFB, plus BEOC, ENC, FP, and record keeping</p> <p>KEPH level 4-6 All level 3 services plus FANC, CD4 count, Rhesus incompatibility and ultrasound. CEOC, ENC (management of severely ill newborns, management of low birth weights / prematurity, management of congenital anomalies, phototherapy and exchange transfusion, FP (Sterilisation [BTL and vasectomy]) and record-keeping-theatre register</p>		4-6
Services for Gender-Based-Violence Survivors	<p>Sexual Violence: KEPH level 2 & 3: Treatment of physical injuries, sexually transmitted diseases prophylaxis, three days of PEP with ARVs, emergency contraception, testing for HIV and counseling and psychological counseling. Availability of Post-Rape Care forms/ P3 forms Basic Human resources: Staff trained in GBV care</p> <p>KEPH level 4, 5 & 6: Level 2 & 3 services plus forensic services specimen analysis. High vaginal swab, HIV testing and DNA testing, theatre services</p> <p>Female Genital Mutilation: De-infabulation and management of complicated labour as a result of FGM</p>	<p>KEPH levels</p> <p>Yes/No</p>	<p>KEPH level 2-3</p> <p>KEPH level 4-6</p> <p>KEPH level 4-6</p>
Integrated Management of Childhood Illnesses (IMCI)	<p>KEPH level 1: Services: Community IMCI, home case management, community dialogue and counseling of mothers Basic Human Resources: Community health extension workers (CHEWs)</p> <p>KEPH level 2 & 3: Services: management of acute respiratory infections (ARI), diarrhoea, measles, malaria and malnutrition among others Infrastructure: Functional Oral Rehydration Therapy (ORT) corner with measuring jars, basins, ORT register, under five register, job</p>	KEPH levels	<p>KEPH level 1</p> <p>KEPH level 2 & 3</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>aids, mother-baby booklet</p> <p>Basic Human Resources: 60% of the staff (nurse/clinical officers) trained in IMCI</p> <p>KEPH level 4-6:</p> <p>Services: Level 2 & 3 services plus ETAT (emergency assessment and triaging) inpatient services with resuscitation services and inpatient services</p> <p>Infrastructure: Functional ORT with measuring jars, basins, ORT register, under five registers, job aids, resuscitation room, intravenous fluids, giving sets and cannulas, oxygen and equipment and drugs</p> <p>Basic Human Resources: 16% of all clinical health professional are trained in IMCI</p>		KEPH level 4-6
Nutrition Services	<p>KEPH level 2 & 3:</p> <p>Services: Promotion of exclusive breastfeeding for six months; promotion of proper complementary feeding starting at about six months with continued breastfeeding for two years; management of severe and moderate malnutrition; Vitamin A supplementation for postpartum women and children less than five years; iron supplementation of iron for women and children; nutrition education and demonstration, growth monitoring and promotion; multiple micronutrients for children and women; nutrition surveillance</p> <p>Infrastructure: Must have weighing scales, height/length boards, MUAC tapes, IEC materials, Vitamin A capsules, iron tablets, therapeutic milk, fortified foods, multiple micronutrients</p> <p>Basic Human Resources: Registered nurse/nutritionist</p> <p>KEPH level 4, 5 & 6:</p> <p>Services: As KEPH level 2 and 3 plus nutrition assessment and diagnosis, dietary intervention and diet formulation, specialised nutrition care e.g. enteral feeding, provision of therapeutic supplements, management of inpatient feeding, management of food by prescription in Comprehensive Care Clinics, dietary counseling, and nutrition education</p> <p>Infrastructure: Anthropometric equipments-Must have weighing scales, MUAC tapes, height /length boards, special diets, therapeutic formulas, and food supplements and enteral kits</p> <p>Basic Human Resources: Nutritionist</p>	KEPH level	<p>KEPH level 2-3</p> <p>KEPH level 4,5 & 6</p>
Immunisation	<p>Services: Vaccinating people with quality vaccines to protect against vaccine preventable diseases.</p> <p>Infrastructure: For vaccines to be regarded as quality the vaccinating centre must have service delivery number, and vaccines must have been approved by quality control centre and stored in a fridge at temperatures of between 2°C and 8°C with cold chain maintained with availability of safe disposal of</p>		

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>waste.</p> <p>May be given at a vaccination centre (centre with a fridge) or an outpost (no fridge-vaccines brought via a cold box)</p> <p>Basic Human Resources: Qualified nurse</p> <p>Stratify into:</p> <ul style="list-style-type: none"> • Basic Immunisation: Children less than five years are immunised with BCG, DTP-HepB-Hib, Oral Polio Vaccine and Measles and pregnant women with TT. • Immunisation with additional vaccines: This includes the basic vaccines in addition to others e.g. yellow fever, anti-rabies, anti-snake venom, pneumococcal vaccine, rotavirus vaccine, etc. • Port immunisation services: Vaccination services given to travellers; vaccines include yellow fever, meningococcal meningitis vaccine, etc. 	<p>Yes/No</p> <p>Yes /No</p> <p>Yes/No</p>	<p>KEPH level 2-6</p>
Tuberculosis Diagnosis	<p>Smear Microscopy: Availability of a laboratory doing AFB smear and microscopy</p>	Yes/No	KEPH level 2-6
	<p>Tuberculosis Culture: Facility has a laboratory that does culture for TB diagnosis and may also diagnose Multi Drug Resistant TB (MDRTB) through Drug Susceptibility Test (DST)</p>	Yes /No	KEPH level 4-6
Tuberculosis Treatments	<p>First-Line Treatment: Availability of medicines for treating new and re-treatment cases (Rifampicin, Isoniazid, Pyrazinamide, Ethambutol, and Streptomycin) in the facility</p>	Yes/No	KEPH level 2-6
	<p>MDRTB Treatment: Availability of second-line drugs (as per national MDRTB guidelines) in the facility with staff are trained on MDRTB management</p>	Yes/No	Level 6 and specialised centres
Blood Transfusion Services	<p>Service: Provision of adequate safe blood and blood products for transfusion</p> <p>Stratify into:</p> <p>Regional Blood Transfusion Centres</p> <ul style="list-style-type: none"> • Services: Donor recruitment, counseling, blood collection, blood testing, blood storage, blood component preparation and services marketing. • Infrastructure: donor clinics (counseling rooms, donation room) refreshment rooms, laboratories for testing, blood bank (see definition), and dispatch area, generator and incinerator motor vehicles and blood bags • Basic Human Resources: Pathologist /medical specialist in blood transfusion medicine, nurses, laboratory technologists/technicians, marketers and technical support staff. 	Yes/No	<p>Specialised Centre</p> <p>KEPH level 4-6</p>
	<p>Satellite Centres</p> <ul style="list-style-type: none"> • Services: blood banking and distribution within their 	Yes/No	KEPH level 3-6

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>catchment area</p> <ul style="list-style-type: none"> Infrastructure: building, blood bank fridges, motor vehicle <p>Facility-Based Blood Transfusion Laboratory Unit</p> <ul style="list-style-type: none"> Services Collection of blood from RBTC or satellite centre, blood banking, blood inventory management, grouping and cross match, issue of blood to the wards Infrastructure: Blood transfusion unit, blood bank fridge (or fridge solely for blood), centrifuge, waterbath, microscope, reagents (anti A, B,D and anti-human globulin), waste disposal mechanisms Basic Human Resources: Lab technologist/technician <p>Facility-Based Blood Transfusion Service</p> <ul style="list-style-type: none"> Service: Safe administration of blood and blood products to patients and record keeping. Infrastructure: Transfusion committee (facility in charge, lab technician /technologist, records clerks clinicians, and administrator), cold storage, facilities for testing, blood giving set, and waste disposal Basic Human Resources: Medical doctor, clinical officer, laboratory technician /technologist, nurses <p>NB: There is a quality assurance officer attached to each province and can help with collection of data</p>	<p>Yes/No</p> <p>Yes/No</p>	<p>KEPH level 3-6</p>
Radiology Services (e.g: X-ray, UltraScan, MRI, etc)	<p>KEPH level 3 services</p> <p>Services: Basic radiographic services</p> <p>Infrastructure: 2 x-ray rooms and 1 processing room equipped with basic X-ray unit and processing unit</p> <p>Basic Human Resources: Must have a radiographer.</p> <p>KEPH level 4 services</p> <p>Services: Must have general radiographic services, ultra-sound scans, dental radiography in addition to fluoroscopy and mammography.</p> <p>Infrastructure: Examination room and processing rooms equipped with X-ray and processing units and assorted imaging machines</p> <p>Basic Human Resources: Must have a radiographer in addition to radiologist, sonographer</p> <p>KEPH level 5 services</p> <p>Services: Must have general radiographic services, fluoroscopy, ultra-sound in addition to Doppler scan. CT scans, dental radiography, mammography</p> <p>Infrastructure: Examination room and processing rooms equipped with assorted Imaging machines.</p> <p>Basic Human Resources: Must have radiologist, radiographer, sonographers</p>	<p>KEPH levels</p>	<p>KEPH level 3</p> <p>KEPH level 4</p> <p>KEPH level 5</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>KEPH level 6 services Services: Must have general radiographic services, fluoroscopy, ultra-sound and Doppler Scan, CT scan, MRI, and dental radiography+ OPG. Mammography in addition to digital radiography Infrastructure: Examination room and processing rooms equipped with assorted imaging machines Basic Human Resources: Must have radiologist, radiographer, sonographers NB: <i>Basic Radiographic Services -A simple X-ray machine that can only do examinations of extremities, chests, and plain abdomens</i> General Radiographic Services- A high-powered X-ray machine which can do in addition to the above, skull, vertebral column (spine), pelvis, lateral views, contrast examinations e.g. barium studies. IVU/IVP, angiograms and other complex examinations involving large body tissue volumes.</p>		KEPH level 6
Curative Services	<p>KEPH level 2 services Services: Examination, diagnosis and treatment of communicable and non-communicable diseases, e.g. upper respiratory tract infection, uncomplicated malaria, infestations and skin conditions, and facilitating referrals Infrastructure: Consulting rooms, injection and dressing room, and facilities for dispensing drugs Basic Human Resources: Registered comprehensive nurse</p>	KEPH levels	KEPH level 2
	<p>KEPH level 3 services Services: Level 2 services plus examination, diagnosis, basic laboratory investigations and observations of less than 12 hours and referral. Infrastructure: Consulting rooms, treatment rooms, laboratory, and pharmacy Basic Human Resources: Clinical officer, lab technician and pharmaceutical technician /technologist.</p>		KEPH level 3
	<p>KEPH level 4 services Services: All the services of level 1, 2, and 3 plus admission services for complicated cases e.g. malaria, typhoid, diarrhoea, TB, uncontrolled diabetes, hypertension in addition to neonatal unit and psychiatrist unit. Infrastructure: Admission wards, follow-up clinics, laboratory, pharmacy, theatre, mortuary Basic Human Resources: Medical doctors and medical specialists</p>		KEPH level 4
	<p>KEPH level 5 services</p>		KEPH level 5

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>Services: Level 4 services plus sub-specialties, e.g. nephrology, cardiology, and neonatology</p> <p>Infrastructure: Admission wards, follow-up clinics, laboratory, pharmacy, renal unit, theatre, ICU, high-dependency unit, mortuary</p> <p>Basic Human Resources: Medical doctors and medical specialists</p> <p>KEPH level 6 services Level 5 services plus specialised procedures e.g. Cardiac surgery, cardiac catheterisation, renal transplant</p>		KEPH level 6
Surgical Services	<p>KEPH level 2 services Services: Must offer simple stitching, dressing, splint fractures, resuscitation, arrest bleeding, put cervical collars, and emergency catheterisation to relieve the bladder, in addition, can do incision and drainage, and circumcision</p> <p>Infrastructure: Must have stitching tray, autoclave, splints, bleeding dressing(BD) packs, basic well-arranged resuscitation trays, basic crash packs, portable lights, and a separate room for procedures.</p> <p>Basic Human Resources: Must have a qualified nurse, can also have a clinical officer</p> <p>KEPH level 3 services Services: Must perform simple surgical procedures as in level 2 plus a few elective cases including excision of ganglions, lipomas, and removal of foreign bodies in nose and ear.</p> <p>Infrastructure: Must have a minor theatre with an operating table, autoclaving machine, stitching trays and incision & drainage trays, portable lights, and observation beds.</p> <p>Basic Human Resources: Must have a clinical officer</p> <p>KEPH level 4 services Services: Must have in addition to level 3 services, major operations, i.e. operations done under general anaesthesia or regional anaesthesia, e.g. spinal anaesthesia, caesarean sections, laparatomies and herniorrhaphy, urological surgeries, e.g. hydrocoele. Basic Orthopaedic e.g. plating, K-nail, amputation; insertion of chest tubes; in addition can do mastectomies, thyroidectomy, urological surgeries, and skin grafting</p> <p>Infrastructure: Four fully furnished theatres*, must have a minimum of two functioning theatres and facilities for telemedicine</p> <p>Basic Human Resources: Must have a medical officer RCO anaesthetist, anaesthetic assistant, and theatre nurses, and can have a surgeon or a gynaecologist or both</p>	KEPH levels	<p>EPH level 2</p> <p>KEPH level 3</p> <p>KEPH level 4</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>Fully furnished theatres* <i>includes operating table, overhead light, anaesthetic machine, relevant operating sets, supply of gases (piped), diathermy, two suction machines, one for surgeon and one for patient, all these supported by biomedical engineering unit for maintenance.</i></p> <p>KEPH level 5 services Services: Must have in addition to level 4 services, more specialised operations, e.g. craniotomy, cardiothoracic surgery, plastic surgery, urology, and orthopaedic surgery Infrastructure: Must have six fully furnished theatres with ICU and HDU and facilities for telemedicine Basic Human Resources: Surgeons, anesthesiologists, and sub-specialists, e.g. neurosurgeons, cardiothoracic surgeons</p> <p>KEPH level 6 services Services: Must have in addition to level 5 services, more complex operation, e.g. organ transplants, radiotherapy, and heart surgeries Infrastructure: Must have 12 fully furnished operating theatres and ICU and HDU and a manufacturing plant for oxygen. Basic Human Resources: Must have sub-specialists in all areas</p>		<p>KEPH level 5</p> <p>KEPH level 6</p>
Emergency Preparedness	<p>Basic Emergency Preparedness Services: Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Trauma Life Support (ATLS), and Paediatrics Life Support (PALS) and Acute Psychological Support and Counseling Infrastructure: A well laid-out disaster preparedness plan, triage, mouth pieces, splints, dressing materials, neck collars, spinal boards, Ambu bag, and referral services. Basic Human Resources: Staff including support staff trained in BLS. Nurse, clinical officers trained in ACLS, ATL, and PALS</p> <p>Comprehensive Emergency Preparedness Services: BLS, ACLS, ATLS and PALS and Acute Psychological Support and Counseling Infrastructure: A well laid-out disaster preparedness plan, triage room, resuscitation room with monitors, defibrillators, and ventilators. Portable and stationary x-rays and ultrasounds, laboratory, pharmacy and a fully equipped theatre to manage minor and major operations in emergency care, blood transfusion services, observation room, paediatric room, plaster room, dressing room, isolation room, medical records, CT scanner, and continuum of care services- ICU and HDU and referral services Basic Human Resources: Doctors, nurses, anaesthetists trained in BLS, ACLS, ATLS, PALS and trauma counseling, laboratory</p>	Basic/Comprehensive	<p>KEPH 2-3</p> <p>KEPH 4-6</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	technician /technologist, clinical officer ,pharmacists, and counselors		
Ambulance Services (Referral services)	<p>Services: Moving the clients across different facilities especially clients requiring life-saving care to a health facility where that type of care can be provided. Stratify into:</p> <p>KEPH level 1: Mode of Transport / Communication: One bicycle ambulance (ordinary or motorised), communication gadget (mobile phone or two-way radio calls), Commodities/Supplies: Basic first-aid kits, referral forms, fuel, funds for logistical support Basic Human Resources: CHW, CHEWS</p> <p>KEPH level 2: Mode of Transport / Communication: One bicycle ambulance (ordinary or motorised), communication gadget (mobile phone or two-way radio calls), Commodities/Supplies: Basic first-aid kits, referral forms, fuel, funds for logistical support Basic Human Resources: Duty nurse, driver/cyclist with basic first aid skills</p> <p>KEPH level 3: Mode of Transport / Communication: One motorised bicycle or motorcycle or motorboat ambulance or one 4x4 vehicle ambulance and communication gadget (mobile phone or two-way radio calls) Commodities/Supplies: Basic first-aid kits, referral forms, fuel, funds for logistical support Basic Human Resources: Duty nurse, driver/cyclist with basic first aid skills, security</p> <p>KEPH level 4,5, & 6: Mode of Transport / Communication: Two (2) 4x4 motor vehicles exclusively used for ambulance services. Communication equipment (mobile phones or two-way radio call) Commodities/Supplies: Emergency equipment & supplies, fuel, funds for logistics (maintenance, repair, airtime, personnel emoluments, referral forms, etc.) Basic Human Resources: Duty nurse, clinical specialist if available, nurse/clinical officer for ambulance, driver for ambulance with basic first aid skills, security</p>	KEPH levels	<p>KEPH level 1</p> <p>KEPH level 2</p> <p>KEPH level 3</p> <p>KEPH level 4,5,& 6</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
Ear, Nose and Throat (ENT) Services	<p>Basic ENT services Services: Examination and treatment of minor ENT conditions, performance of minor ENT procedures, prevention of deafness, promotion of ENT health Infrastructure: Clinical room, minor theatre, minimum ENT surgical equipment and ENT table, sound-proof odimeter room Basic Human Resources: RCO specialised in ENT</p> <p>Comprehensive ENT services Services: Surgeries of the nose throat ear, tonsillectomy, adenoidectomy, tumour resections, endotracheal tubes (ET) tubes, etc. Infrastructure: ENT department with a least two consultation rooms, odiorooms, ENT tables, theatre, ENT assorted surgical instruments and facilities for training Basic Human Resources: ENT surgeons, ENT RCOs and nurses</p>	Basic/Comprehensive	<p>KEPH level 4</p> <p>KEPH level 5-6</p>
Ophthalmic	<p>KEPH level 2 services Services: Eye health promotion and education, identification and referral of common eye diseases and treatment of simple eye ailments. Ophthalmic services are integrated with other services. Infrastructure: Must have well-displayed Snellen's Chart with a 6 metres mark and that shows evidence of being used and a torch Basic Human Resources: Nurse trained in basic primary eye care</p> <p>KEPH level 3 services Services and infrastructure as in KEPH level 2 plus must have an ophthalmic clinical officer</p> <p>KEPH level 4 services Services: Level 2 & 3 services plus medical and surgical treatment of eye diseases and refractive and rehabilitative eye care services Infrastructure: Separate eye unit with a waiting bay and consultation room, basic equipment for surgery, refractive services, and operating theatre. Basic Human Resources: Must have cataract surgeon in addition to ophthalmic clinical officer, nurse, and optical technician.</p> <p>KEPH level 5 services Services: Level 4 services plus advanced medical surgical, refractive, and rehabilitative services. Infrastructure: Eye unit (see definition) with at least three consultation rooms, wards, and a theatre. Should have a training facility (ophthalmic clinical attachment). Basic Human Resources: Must have an ophthalmologist in</p>	KEPH levels	<p>KEPH level 2</p> <p>KEPH level 3</p> <p>KEPH level 4</p> <p>KEPH level 5</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>addition to cataract surgeon, ophthalmic clinical officer, ophthalmic nurse, and optical technologist.</p> <p>KEPH level 6 services Level 5 services plus vitreo-retinal surgery, squint surgery, laser treatment, oculoplastics and corneal transplant services. Training of undergraduate and postgraduate medical students, Basic Human Resources: Must have Ophthalmologists with sub specialties in at least vitreoretinal surgery, oculoplastics, Paediatrics ophthalmology and squint surgery (minimum), among others. This includes ophthalmologists from either the Hospital or the University faculty working in the hospital.</p>		KEPH level 6
Mental Health Services	<p>Integrated services- case detection, referral of cases, health education, and follow-up. No special units are required as services are integrated with other services</p>	Integrated	KEPH level 2-6
	<p>Specialised services KEPH level 4 Diagnosis, specialised treatment, and referral of mental patients in a psychiatric unit that has an outpatient clinic, psychiatric ward, recreational and occupational therapy, inpatient and outpatient rehabilitative, and outreach services Basic minimum staff is a psychiatrist nurse; other staff may include psychiatrist, medical officer and clinical psychologist.</p>	Specialised - Split into KEPH Level 4 Level 5 Level 6	KEPH level 4
	<p>Specialised services KEPH level 5 Services as in KEPH level 4 but have a psychiatrist. Neuro imaging services may be offered.</p>		KEPH level 5
	<p>Specialised services KEPH level 6 Services as in KEPH level 5 including general psychiatry, infant, child & adolescent psychiatry, forensic and community psychiatry, and must have training and research in mental health</p>		KEPH level 6
Oral Health Services (Dental services)	<p>Basic oral health services Services: Must have extractions, promotion of oral health, prevention and treatment of oral diseases in addition to scaling and atraumatic restorative treatment, stitching of soft tissue injuries, and splinting of injured mobile teeth Infrastructure: Room, extraction forceps, patient chair, infection and prevention control mechanisms and hard instruments, steriliser or autoclave Basic Human Resources: Community oral health officer, nurse, assistant</p>	Basic/ Compre- hensive	KEPH level 2-3
	<p>Comprehensive oral health services Services: Basic package of oral health plus oral surgery, restorative treatment, prosthetics (artificial teeth), periodontal</p>		KEPH level 4-6

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>treatment (gums and supporting tissues treatment), orthodontics (teeth alignment), dental X-rays, paedodontics (teeth conditions in children) (Not comprehensive if a functional dental chair, restorative prosthetics orthodontics, and oral surgery are missing)</p> <p>Infrastructure: Waiting bay and two rooms, functional dental chair, scaler, autoclave, extraction forceps, surgical instruments, drainage</p> <p>Basic Human Resources: Dentist, community oral health officer, dental technologist, nurse, dental sub specialists</p>		
Dental Laboratory Services	<p>Basic dental laboratory services Services: Complete dentures, partial dentures, denture repairs, and removable orthodontic appliances Infrastructure: One room with suspension motor polishing table and curing bath Basic Human Resources: Dental technologist</p> <p>Comprehensive dental laboratory services Services: Complete dentures, partial dentures, fixed orthodontic appliances, crown and bridges, chrome cobalt facial prosthesis (if crown and bridge, fixed orthodontic appliances are missing, then its not comprehensive services) Infrastructure: Two rooms, suspension motor polishing lathe, curing bath, casting machine and furnace, bath, cramp Basic Human Resources: Dental technologists, and/or specialised dental technologist. (However a comprehensive laboratory can be manned by a basic dental technologist.)</p>	Basic/ Compre- hensive	KEPH level 6 & special units
Laboratory Services	<p>KEPH level 2 Services: Haemogram, blood grouping gram stain and urine microscopy and chemistry, blood glucose, stool microscopy blood slide, pregnancy test, syphilis screening and HIV test Infrastructure: One main room with table, adequate ventilation and light, sink, running water, lockable doors and cupboards, power supply, closed drainage, deep pit or access to a simple incinerator and fire fighting equipment Basic Human Resources: Laboratory technician</p> <p>KEPH level 3 Services: Full Haemogram, Sickle cell screening, blood grouping gram stain, Zeihl Neelsen (ZN) staining wet preparatory KOH, and urine microscopy and chemistry, blood glucose, stool microscopy blood slide, pregnancy test, syphilis screening and HIV test Infrastructure: One main room with table, adequate ventilation and light, sink, sample taking and registration room, running water, lockable doors and cupboards, power supply, closed drainage, deep pit or access to a simple incinerator and fire fighting equipment</p>	KEPH Levels	<p>KEPH level 2</p> <p>KEPH level 3</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	<p>Basic Human Resources: Laboratory technician /technologist</p> <p>KEPH level 4 Services: Full Haemogram, Sickle cell screening, bleeding time, Prothrombin time, ESR, blood grouping, blood storage, compatibility testing, Coomb's test gram stain, Zeihl Neelsen (ZN) staining wet preparatory KOH, and urine microscopy and chemistry, culture and sensitivity test, semen analysis, blood glucose, stool microscopy blood slide, pregnancy test, syphilis screening and HIV test, liver function tests, renal function tests, Widal, ASOT, Hepatitis B & C screening, rheumatoid facto, CD4/CD8 counts Infrastructure: One large room partitioned (with spaces for haematology, transfusion service, microbiology, clinical chemistry, parasitology, virology, immunology, and reception), Sluice, store, media preparation room, offices, staff room, patients waiting bay, adequate ventilation, and light, sinks, sample taking and registration room, running tap water, lockable doors and cupboards, power supply, closed drainage, deep pit or access to an incinerator and fire fighting equipment. Basic Human Resources: Laboratory technologist HND, laboratory technologists (one for each specialty), laboratory technicians, and health records information officer</p> <p>KEPH level 5 Services: Level 4 services plus Hb electrophoresis, Lupus Erythromatosis, Lipid Profile, viral load, p24 antigens for paediatrics, pap smears, cytological examination of smears and aspirates, histological examination of tissues, biopsies, bone marrows. Infrastructure: All major departments and designated rooms are subdivided into sections (for heamatology, transfusion service, microbiology, clinical chemistry, parasitology, virology, Virology, immunology, HIV/AIDS and reception), Autoclave, Sluice, store, media preparation room, offices, staffroom, patients waiting bay, adequate ventilation, and light, sinks, sample taking and registration room, running water, lockable doors and cupboards, power supply, closed drainage, deep pit or access to an incinerator and fire fighting equipment. Basic Human Resources: Pathologists, Laboratory Technologist HND, Laboratory Technologists (one for each specialty), laboratory Technicians, and Health Records Information officer</p> <p>KEPH level 6 Level 5 services plus additional requirements for specific institutions</p>		<p>KEPH level 4</p> <p>KEPH level 5</p> <p>KEPH Level 6</p>

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
Rehabilitative Health Services Occupation al Therapy	<p>Services: Must have:</p> <ul style="list-style-type: none"> Assessment and training in developmental milestones Assessment and training in independence in activities of daily living (ADL) Evaluation of occupational performance Fabrication of corrective and assistive devices Correction of deformities <p>In addition to:</p> <ul style="list-style-type: none"> Assessment and readjustment in workplace and home infrastructure for People with Disabilities Resettlement of patients in the community/homes Outreach services to the community Psychiatrist psycho-social services <p>Infrastructure: Three rooms. Must at least must have one room</p> <ul style="list-style-type: none"> Assessment room for privacy and a waiting bay Spacious paediatric room must have assorted toys and mats in addition to sitting aids and walking aids Adults' room with splinting materials, ADL wheel chairs, and workshop. <p>Complemented by presence of mental unit in level 4-6 with space for outdoor activities, ADL room, and workshop.</p> <p>Basic Human Resources: Must have qualified occupational therapist</p>	Yes/No	KEPH level 3-6
Rehabilitative Health Services - Physiotherapy	<p>KEPH level 1 services</p> <p>Services: Outreach services which include prenatal exercises for pregnant women, manipulation, positioning of children with disabilities, home-based care, and rehabilitation of people living with disabilities, healthy lifestyle promotion in children, adolescents, adults, and elderly.</p> <p>Basic Human Resources: Services mainly done by physiotherapists attached to CBO and DASCO</p> <p>KEPH 2 & 3 services</p> <p>Services: Level 1 services offered within the confines of the facility plus outreach services for the community and patients referrals</p> <p>KEPH level 4-6 services</p> <p>Services: Level 2 & 3 services plus planning clinical management, electrotherapy, e.g. short-wave diathermy, cryotherapy, hydrotherapy, therapeutic exercises using graduated exercises, moist heat therapy</p> <p>Infrastructure: Assessment room, electrotherapy room, gymnasium, and paediatric room.</p> <p>Basic Human Resources: Qualified physiotherapist with a</p>	KEPH levels	KEPH level 1 KEPH level 2 & 3 KEPH level 4-6

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	certificate of practice		
Rehabilitative Health Services - Orthopaedic Technology services	<p>Services: Assessment and screening of people for disabilities:</p> <ul style="list-style-type: none"> Provision of prosthetic and orthotic (rehabilitative) appliances Gait training on use of the appliances Community-based rehabilitation (CBR) and outreach services for rehabilitation of people living with disabilities <p>Infrastructure: Staff room, assessment, fitting and gait training room, machine room for fabrication of appliances with adequate ventilation, and light, sink, running water, lockable doors and cupboards and power supply, plaster room for measurement and cast taking, one store room for materials, equipment and tools.</p> <p>Basic Human Resources: Orthopaedic technologist</p>	Yes/No	KEPH level 4 -6
Environment al Health Services	<p>KEPH level 1 services Food safety and quality control services. Vector and vermin control, sanitation coverage and utilisation, control of environmental pollution, improve housing standards, water quality surveillance and monitoring, hygiene promotion in schools and community, control and prevention of environmental health-related diseases. Enhance occupational health and safety, enforcement of Public Health Laws</p> <p>KEPH level 2-3 services Services: Same as level 1 services above plus management of health care waste and other wastes, and facility health promotion and education Infrastructure: Two offices, tools and equipment room /store, refuse receptacles, spray pumps, household water treatment and storage (HWT) chemicals, incinerator, refuse pit Basic Human Resources: Public health officer or public health technician</p> <p>KEPH level 4 -6 services Services: Level 3 services plus occupational health (safety of workers in industries) and safety and organise immunisation services outreaches Infrastructure: Three offices, tools and equipment room, one store, refuse receptacles, spray pumps, HWT chemicals, incinerator, refuse pit Basic Human Resources: Three public health officers</p>	KEPH levels	KEPH level 1 KEPH level 2-3 KEPH level 4-6

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
Port health services	<p>Services:</p> <ul style="list-style-type: none"> a. Implementation of the international health regulations b. Disease surveillance within the ports and frontier post of entry and exit c. Quarantine administration d. Inspection and certification of vessels (aircraft, ship, train, or road vehicle) e. Environmental sanitation within ports and frontier posts to control nuisances such as noise, dust, smoke, and odour problems f. Vector/vermin control within and around ports and frontiers g. Food safety measures for both imports and exports h. Water quality control i. Vaccination of travellers and issuance of vaccination certificates j. Treatment of minor ailments and referral system k. Response to any health emergencies within and around the port area l. Scrutiny of plans and documentation regarding improvement of port area for approval m. Liaison with other stakeholders in implementation of port health activities n. Revenue collection for chargeable services <p>Infrastructure: As per level 3 health facility, plus: quarantine room, four separate sets of offices each for food control services, vector and rodent control and international arrivals and administration, two equipment stores, two ambulances, vector and rodent control chemicals</p>	Yes/No	
Nursing Services	Provision, at various levels of preparation, of services essential to or helpful in the promotion, maintenance, and restoration of health and well being or in prevention of illness, as of infants, sick, and injured, or of others for any reason unable to provide such services for themselves	Yes/No	KEPH level 2-6
Forensic Services	<p>DNA lab services:</p> <p>Services: Facility that may or may not be within a hospital lab that deals with the collection or receivership and custody of DNA material in the form of kits. It profiles DNA samples for identification purposes: paternity issues, as a part of antemortem record-keeping in case of disasters, migration, and asylum issues</p> <p>Infrastructure: DNA lab space, DNA profiling equipment, DNA profiling reagents</p> <p>Basic Human Resources: Forensic scientist, molecular biologist/DNA specialist</p> <p>Forensic dental</p> <p>Services: A branch of forensic medicine that deals with the proper handling, examination, and evaluation of dental</p>	<p>Yes/No</p> <p>Yes/No</p>	

"SERVICE" on MFL	Definition	Mode of Definition	Services offered what KEPH level
	evidence in the interest of all matters pertaining to dento-legal investigations: such as: identification, bite mark analysis, facial reconstruction, radiographic age assessment. Infrastructure: Full-fledged lab space, dental x-ray unit microscope, and dental sectioning machinery Basic Human Resources: Forensic odontologist/dental radiologist		
Mortuary Services	Services: Storing of dead bodies and facilities to conduct autopsy before cremation or burial. To be revised.	Yes/No	KEPH level 4-6

APPENDIX E: THE NEW FACILITY CHECKLIST

[illegible]

Checklist for New Health Facility

Facility Code
(assigned by Central system)

Name of Facility																																																									
Services to be Offered																																																									
HIV PREVENTION SERVICES	Yes	No																																																							
Condom Promotion and Distribution (CONDOM)																																																									
Management of STIs (STI)																																																									
Voluntary Counselling and Testing (VCT)																																																									
Provider Initiated Counselling and Testing (PICT)																																																									
Diagnostic Counselling and Testing (DCT)																																																									
Early Infant Diagnosis (EID)																																																									
PMTCT - ANC (ANC PMTCT)																																																									
PMTCT - MATERNITY (MAT PMTCT)																																																									
Voluntary Male Circumcision																																																									
Post Exposure Prophylaxis (PEP)																																																									
HIV/AIDS Services-Treatment and care	Yes	No																																																							
Paediatric Antiretroviral Therapy (Paed ART)																																																									
Adult Antiretroviral Therapy (Adult ART)																																																									
Home Based Care (HBC)																																																									
Family Planning (FP)	Yes	No																																																							
Short Term FP (STFP)																																																									
Long Term FP (LTFP)																																																									
Permanent FP (PERM-FP)																																																									
Comprehensive Youth Friendly Services	Yes	No																																																							
Integrated Services (YOUTH-Int)																																																									
Stand Alone Services (YOUTH-StandAlone)																																																									
Antenatal (ANC)	Yes	No																																																							
Focused Antenatal Care (FANC)																																																									
Specialized ANC (SP-ANC)																																																									
Immunization	Yes	No																																																							
Basic Immunization (IMM - BASIC)																																																									
Immunization with additional vaccines (IMM-ADD)																																																									
Port Immunization services (IMM-PORT)																																																									
Tuberculosis Diagnosis and Treatments	Yes	No																																																							
Smear Microscopy (TB-SMEAR)																																																									
Tuberculosis Culture (TB-CULTURE)																																																									
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APPENDIX F: THE NEW USER FORM

REPUBLIC OF KENYA
Ministry of Medical Services and Ministry of Public Health and Sanitation
Request for User ID for Master Facility List Login System

User ID (MOH Personnel Num)	
User Full Name	
Job Title	
Email Address	
Best Phone Number	

USER ATTRIBUTES AND PERMISSIONS		
<input type="checkbox"/> National User <input type="checkbox"/> Provincial User <input type="checkbox"/> District User	<input type="checkbox"/> Admin User (a user that can create accounts and update admin office and contact details) <input type="checkbox"/> Data Entry User (that can update facility data) <input type="checkbox"/> Read Only User (no updates - just view the data)	Does the user have an existing account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which district / province? _____

NEEDS PERMISSIONS IN WHICH DISTRICTS / PROVINCES

Approval Status <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	MFL System Entry Status <input type="checkbox"/> Entered
Approval Date ____ / ____ / 2____	Entry Date ____ / ____ / 2____
Approved By (Name) _____	Entered By (Name) _____
Approved By (Signature) _____	Entered By (Signature) _____

Version 1.00

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56.	John A. M. Maliti	Private Health Practitioners' Consortium
57.	Justus Simoyia	City Council of Nairobi
58.	Roselyne Mburu	Health NGOs Network (HENNET)
59.	Tim Obango	Kenya National Blood Transfusion Service
60.	Faith Ngari	Division of Leprosy, TB and Lung Disease
61.	Rosemary Ngaruro	Division of Nutrition
62.	Micah Kisoo	Clinical Officers Council
63.	Diane Kamar	Division of Reproductive Health
64.	Pepela Wanjala	Division of Health Information Systems
65.	Cosmas Mutunga	Division of Reproductive Health
66.	Dr. Martin Awori	Medical Legal
67.	Dr. Jotham Micheni	Kenyatta National Hospital
68.	Dr. Shiphrah Kuria	Division of Reproductive Health
69.	Dr. Margaret Meme	Division of Reproductive Health
70.	Kariuki Gachoki	Pharmacy and Poisons Board
71.	Dr. Margret Oduor	Kenya National Blood Transfusion Service
72.	Sarah Burje	Nursing Council of Kenya
73.	Peter Sewe	Clinical Officers Council
74.	Wendy Tirop	District Health Management Team- Nakuru
75.	Francis Ogola	Division of Nursing
76.	Dr. I.M. Kimani	District Health Management Team – Thika
77.	Joseph M. Oyongo	Christian Health Association of Kenya

78.	Gifton Mkaya	Ministry of Medical Services
79.	Mr. Kariuki	Kenya Medical Practitioner and Dental Board
80.	Daniel M. Gicheru	District Health Management Team – Nyeri
81.	Joseph Maina	Radiation Protection Board
82.	Samuel King'ori	Ministry of Public Health and Sanitation
83.	Titus Munene	Kenya Episcopal Conference – Catholic Secretariat
84.	Della Mwihaki	Kenya Medical Practitioner and Dental Board
85.	Dr. Njoroge	National Hospital Insurance Fund
86.	Dan Owiti	Kenya Medical Laboratories Technologists and Technicians Board
87.	Ann Marimbet	Occupational Therapy
88.	Dr. John Adungosi	Family Health International
89.	Dr. K.K. Gakombe	Private Health Practitioners Consortium
90.	Luke K'Odambo	National Nurses Association of Kenya
91.	Dr. Salome Ngata	Consultant Health Systems 20/20
92.	Dr. James Maneno	Consultant Health Systems 20/20
93.	Paul Chishimba	Consultant Health Systems 20/20
94.	Paul Krystall	HIS Technical Advisor

