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Afya Halisi

Health facility assessment report

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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BCG	Bacillus Calmette–Guérin vaccine
CHANIS	Child Health and Nutrition Information System
CHC	Community Health Committee
CHMT	County Health Management Team
CHV	Community Health Volunteer
CU	Community Unit
CWC	Child Welfare Clinic
DMPA	Depomedroxyprogesterone acetate injection
EmONC	Emergency obstetric and newborn care
ENC	Essential newborn care
EPI	Expanded Immunization Program
ETAT+	Emergency Triage Assessment and Treatment plus
FANC	Focused antenatal care
FCDRR	Facility Consumption Data Report and Request form
FP	Family Planning
HAI	Healthcare-associated infection
HCPs	Healthcare providers
HFA	Health facility assessment
HRH	Human Resource for Health
iCCM	Integrated Community Case Management
IEC	Information Education Communication
IFAS	Iron and folic acid supplementation
IMAM	Integrated management of acute malnutrition
IMNCI	Integrated Management of Newborn and Childhood Illness
IPC	Infection Prevention and Control
MEC	Medical eligibility criteria
MEL	Monitoring, Evaluation and Learning
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MPDSR	Maternal and Perinatal Death Surveillance and Response
MUAC	Mid Upper Arm Circumference
OPV	Oral polio vaccine
ORT	Oral rehydration therapy
PCV	Pneumococcal conjugate vaccine
PNC	Postnatal care
PPFP	Post-Partum Family Planning
RMC	Respectful maternity care
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SCHMT	Sub-county Health Management Team
SCHRIOs	Sub-county Health Records and Information Officers
SGBVR	Sexual and Gender Based Violence Recovery
SOP	Standard operating procedures
STI	Sexually Transmitted Infection
TWG	Technical Working Group
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

TABLE OF CONTENTS

- Acronyms and abbreviations.....ii
- Table of Contents.....iii
- List of Figures..... 4
- List of Tables..... 6
- Acknowledgements 7
- Executive summary..... 8
- 1.0 Introduction 13
- 2.0 Methodology 15
- 3.0 Findings..... 17
 - 3.1 Health workforce availability..... 17
 - 3.2 Family planning services..... 17
 - 3.3 Youth centered services26
 - 3.4 MCH/Maternity services 31
 - 3.5 Vaccines and Immunization Program35
 - 3.6 Child health services 41
 - 3.7 Nutrition services 45
 - 3.8 Referral Services 49
 - 3.9 Medical management of Sexual and Gender-Based Violence..... 50
 - 3.10 Infection Prevention..... 54
 - 3.11 Health Records 59
 - 3.12 Drugs60
 - 3.13 Equipment..... 63
- 4.0 Conclusion and Recommendations 67
- Annex I. RMNCAH, FP, and Nutrition Health Facility Assessment Form..... 70

List of Figures

Figure 1. Afya Halisi Results Framework	13
Figure 2. Afya Halisi Program County Profile	14
Figure 3. Percent of health facilities assessed by level	16
Figure 4. Percent of facilities providing FP services.....	18
Figure 5. Percent of facilities providing various FP methods.....	18
Figure 6. Percent of facilities with stock out of any of the FP commodities (Dec 2017 to Feb 2018)	19
Figure 7. Facilities that had stock out of DMPA (Dec 2017 to Feb 2018).....	19
Figure 8. Facilities with stock out of various FP methods (Dec 2017 to Feb 2018).....	20
Figure 9. Percent of facilities with commodities expiring in next 6 months' time.....	20
Figure 10. Methods used by facilities in monitoring FP commodity status.....	21
Figure 11. Percent of facilities with relevant FP items	22
Figure 12. Percent of facilities that conduct FP themed outreach mobilization activities.....	23
Figure 13. Percent of facilities with adequate room set up and complete demonstration tray for FP.....	23
Figure 14. Percent of facilities with relevant FP Guidelines/Policies/IEC materials	24
Figure 15. Percent of facilities with relevant FP tools.....	25
Figure 16. Percent of facilities with and use relevant FP reporting tools.....	25
Figure 17. Percent of facilities that provide youth centered services.....	26
Figure 18. Percent of adolescent first ANC visits.....	27
Figure 19. Percent of adolescent skilled deliveries.....	27
Figure 20. Percent of adolescent family planning uptake.....	28
Figure 21. Percent of health care providers trained in AYSRH.....	28
Figure 22. Percent of Healthcare providers confident on service provision to adolescents	29
Figure 23. Percent of facilities that conducted Youth themed outreach mobilization activities	30
Figure 24. Percent of facilities with relevant AYSRH Guidelines, Policies and IEC materials	30
Figure 25. Percent of facilities providing MCH services.....	31
Figure 26. Percent of facilities providing ANC laboratory profile at first visit	32
Figure 27. Percent of facilities with functional MPDSR committees	33
Figure 28. Percent of facilities with MNH guidelines, policies and IEC materials	34
Figure 29. Percent of facilities with and use MNH reporting tools.....	35
Figure 30. Percent of facilities providing immunization services	36
Figure 31. Systems used facilities for receiving immunization commodities	36
Figure 32. Percent of facilities that had stock out of any vaccines (Dec 2017 to Feb 2018)	37
Figure 33. Percent of facilities that had stock of various immunization vaccines (Dec 2017 to Feb 2018)	37
Figure 34. Methods used by facilities in ensuring regular vaccines availability	38
Figure 35. Percent of facilities that carry out immunization defaulter tracing.....	39
Figure 36. Methods employed by facilities in defaulter tracing.....	39
Figure 37. Percent of facilities with Immunization and child health guidelines, policies and IEC materials	40
Figure 38. Percent of facilities with and use relevant vaccines and immunization reporting tools.....	41
Figure 39. Percent of facilities that provide sick children services according to latest IMNCI guidelines .	42
Figure 40. Percent of Healthcare providers trained in IMNCI	42
Figure 41. Facilities with functional ORT corner	43
Figure 42. Percent of facilities with linked CU(s).....	44
Figure 43. Percent of facilities with CHVs attached to it, trained in iCCM	44
Figure 44. Percent of facilities with and use Child health reporting tools.....	45

Figure 45. Percent of facilities that provide nutrition services to children below 5 years	45
Figure 46. Facilities that provide nutrition services to mothers/caregivers.....	46
Figure 47. Percent of facilities that had stock out of nutrition commodities (Dec 2017 to Feb 2018).....	47
Figure 48. Percent of facilities with relevant Nutrition Policy Guidelines and IEC materials	48
Figure 49. Percent of facilities with relevant nutrition reporting tools	49
Figure 50. Percent of facilities with national referral strategy document.....	50
Figure 51. Percent of facilities that offer SGBV services.....	51
Figure 52. Percent of facilities that offer various SGBV services	51
Figure 53. Percent of facilities with referral directory of institutions in the locality to respond to SGBV	52
Figure 54. Percent of facilities with Healthcare providers sensitized on the management of sexual and gender based violence	53
Figure 55. Percent of facilities with relevant SGBV Guidelines, Policies and IEC materials	53
Figure 56. Percent of facilities with and use relevant SGBV reporting tools	54
Figure 57. Percent of facilities providing IPC support by administration	55
Figure 58. Percent of facilities with and use handwashing facilities	56
Figure 59. Facilities with Supplies/equipment for processing used items.....	56
Figure 60. Percent of facilities with and use waste disposal methods.....	57
Figure 61. Percent of facilities using other waste disposal methods	58
Figure 62. Percent of facilities with Infection Prevention Guidelines/Policies/IEC materials.....	58
Figure 63. Percent of facilities with proper filing system	59
Figure 64. Facilities that conduct data review meetings.....	60
Figure 65. Percent of facilities with EmONC drugs available.....	60
Figure 66. Percent of facilities with Neonatal drugs available.....	61
Figure 67. Percent of facilities with Chlorhexidine gel 7.1% available.....	61
Figure 68. Percent of facilities with Diarrhea management commodities available.....	62
Figure 69. Percent of facilities with Antibiotics for under 5 available.....	62
Figure 70. Percent of facilities with Fluids available.....	63

List of Tables

Table 1. Facilities assessed by level.....	15
Table 2. Facilities assessed by ownership.....	16
Table 3. Health workforce availability	17
Table 4. Healthcare providers trained in Family Planning.....	21
Table 5. Facilities with relevant FP items	22
Table 6. Facilities with relevant FP Guidelines/Policies/IEC materials.....	24
Table 7. Facilities that offer youth centered services	26
Table 8. Healthcare providers trained in MCH.....	32
Table 9. Facilities with functional MPDSR committees.....	33
Table 10. Healthcare providers trained in Child health areas	43
Table 11. Healthcare providers trained in Nutrition	47
Table 12. MCH/ANC/Maternity equipment.....	64
Table 13. Child Welfare Clinic equipment	65
Table 14. Immunization equipment	65
Table 15. Equipment sets.....	66

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Executive summary

The US Agency for International Development's (USAID) Afya County and National Support Program (Afya Halisi) is led by Jhpiego with partners, Save the Children and PS Kenya, and works with the Kenyan Ministry of Health (MOH) and four focus counties of Kitui, Migori, Kakamega, and Kisumu (inclusive of twenty three priority sub-counties) to deliver quality, integrated services in FP (FP), reproductive, maternal, newborn, child and adolescent health (RMNCAH), nutrition, and water, sanitation and hygiene (WASH) to those most in need. The project's vision is that by the end of five years, the use of high-quality, county-led FP/RMNCAH, nutrition and WASH services will increase, particularly among the most vulnerable and underserved in the four focus counties. The project provides support to a total of 603 health facilities and 88 community units in the focus 23 sub-counties.

As part of project implementation activities, Afya Halisi carried out a health facility assessment in April and May 2018 in the focus counties. The aim of the assessment was to establish strengths and capacity gaps in the health facilities and use the findings to inform targeted support to the health facilities based on need. The health facility assessment focused on Human Resources for Health (HRH), availability of basic equipment, status of service delivery, status of infrastructure, and the requisite skills to deliver high quality services. The assessment findings will guide Afya Halisi to provide targeted technical assistance and mentorship at facility level, and provision of relevant supplies, equipment, guidelines and reporting tools to address the gaps. The project worked with MOH sub-county health management teams (SCHMTs) in all the twenty three sub-counties, to collect data for the health facility assessment. The data collected through use of REDCap mobile application was downloaded and analyzed through Microsoft Excel. A total of 192 health facilities in the focus counties were assessed – 24 in Kakamega, 57 in Kisumu, 67 in Migori and 44 in Kitui. Out of the 192 health facilities that were assessed, 24 percent were Level 2, 51 percent were Level 3, 24 percent were Level 4 and one percent was Level 5. The health facilities that were assessed were composed of 23 (12%) private sector and 169 (88%) public facilities.

Human Resource for Health

The human resource for health is one of the key health sector pillars for systems strengthening and service interventions. The assessment showed that there are different health workforce cadres across the four focus counties. Of the total human Resources for Health (HRH) work force in the assessed facilities, 64% were females with the highest concentration being Nurses, Clinical officers, and Laboratory technicians.

Family Planning services

Majority (97%) of the facilities were providing FP services. Out of the 187 facilities that provided FP services, 96% were providing male condoms, 94% provided Jadelle, 93% provided Depo Provera injection and 77% provided female condoms. In addition, only 5% of the facilities provided vasectomy, 7% provided bilateral tubal ligation and 24% provided IUD hormonal. A total of 109 (58%) facilities had stock out of any of the FP commodities in the months of December 2017 to February 2018. At county level, 58% of the facilities in Kakamega had a stock out, 61% in Kisumu, 51% in Migori and the highest stock out rate was experienced in Kitui at 66% during the period.

The assessment looked at healthcare providers (HCPs) that had been trained in Family Planning technical areas in the last 12 months. The findings showed that Kakamega and Kitui counties had proportionately lower number of HCPs that had been trained in FP technical areas. The results showed that 99% of the facilities had the Integrated Reproductive and Child Health, Medical and Rehabilitation Services summary report (MOH 711), 97% of the facilities had bin cards while 8% and 53% of the facilities lacked FCDRR and MOH 711 Annex respectively. In addition, 93% of the facilities had and were using the Daily Activity

Register for Contraceptives (MOH 512), and 90% of the facilities had the Facility Contraceptive Commodity Request and Report Form (FCDRR) while 89% were using the tool. Out of 187 facilities that provided FP services, 116 (62%) had FP Tiaht chart, 114 (61%) had WHO MEC Wheel 2015 and 86 (46%) had National FP Guidelines 2016. A total of 113 (60%) facilities had complete FP demonstration tray while 94 (50%) of the facilities had adequate FP room set up.

Youth centered services

A total of 122 facilities provided youth centered services. Out of these, 112 (92%) facilities provided integrated youth centered services while 10 (8%) facilities provided stand-alone services. At county level, all the 18 health facilities in Kakamega county were providing integrated youth centered services and Kisumu county had the majority (13%) of the facilities that provided stand-alone youth centered services. Overall, a total of 122 (36%) facilities had HCPs trained on AYSRH. Kakamega county had the least proportion of health facilities with HCPs trained on AYSRH while Kisumu and Migori counties had relatively high proportions at 46% and 44% respectively.

A review of facility data for adolescent first ANC visits for the period December 2017 to February 2018 in the assessed health facilities showed that 24% of the total first ANC clients were adolescents. The highest proportion of first ANC adolescents was Kakamega county at 46% while Kisumu county had the lowest proportion of first ANC adolescents at 17% for the period. In addition, 23% of the total skilled deliveries were from adolescents. The highest proportion of adolescent skilled deliveries was from Kakamega county at 35% while Kisumu and Kitui counties had the lowest proportions at 18% and 19% respectively for the period. The proportion of new FP clients that were adolescents was 23%. The highest proportion of adolescent family planning uptake was Kakamega county at 36% while Kitui counties had the lowest proportions at 9% for the period.

Availability of relevant AYSRH guidelines, policies and IEC materials in the assessed facilities was low across the four focus counties. Out of the 192 health facilities that were assessed, only 19% had AYSRH guidelines for provision of youth centred services while only 14% had AYSRH policy 2015. Kitui county had lowest proportion of facilities with AYSRH guidelines and AYRSH policy 2015 at 11% and 2% respectively compared to Kisumu county that had 28% and 25% respectively.

MCH/Maternity services

Out of a total of 192 health facilities that were assessed in the four focus counties, the findings showed that 98% of the facilities were providing antenatal care (ANC) services, 94% maternity services, 99% growth monitoring services, 98% immunization services and 79% postnatal care (PNC) services. Out of the 181 facilities that were providing maternity services, 83% and 90% were providing PNC services and post-partum family planning (PPFP) services respectively. A further analysis of the 189 facilities that provided ANC services showed that 96% of the facilities were providing HIV test as part of the ANC laboratory profile at first visit, 76% urinalysis and only 66% were providing hemoglobin test. At county level, in Kakamega, 77% of the facilities were providing hemoglobin test, 86% in Kisumu, 81% in Kitui and only 36% in Migori.

Out of the 181 facilities providing maternity services, a total of 104 (59%) facilities had MPDSR committees in place, and out of these, 95 (91%) facilities were conducting maternal and perinatal death audits and 82 (79%) of these facilities kept the audited forms. At county level, in Kakamega County, 59% of the maternity facilities were conducting maternal and perinatal death audits, 69% in Kisumu, 62% in Migori and only 13% in Kitui. Only 45% of the maternity facilities had safe keeping of maternal and perinatal audited forms in all the focus counties, with Kitui county having the lowest proportion (10%) of facilities that had files for keeping the audited forms.

The assessment findings showed that availability of MNH guidelines, policies and IEC materials was a challenge across the focus counties. Only 28% of the assessed facilities providing maternity services had national guidelines for MPDSR 2016, 35% had guidelines on management of puerperal sepsis, 36% had guidelines on targeted postnatal care protocol and 38% had respectful maternity care (RMC) guidelines. At county level, only two (9%) facilities in Kakamega had national guidelines for MPDSR 2016, 15 (28%) in Kisumu, two (5%) in Kitui and 31 (48%) in Migori.

The assessment looked at whether the facilities had relevant MNH reporting tools and whether they were in use. The assessment found out that the ANC register was available and in use in 98% of the facilities, mother child booklets were available in 86% of the facilities and MPDSR tools were available in only 51% of the facilities with 46% of the facilities using the tools.

Vaccines and Immunization Program

Out of the 192 facilities that were assessed, 98% were providing immunization services. At county level, all the facilities in Kisumu and Kitui were providing immunization services while 97% and 92% were providing immunization services in Migori and Kakamega counties respectively.

The assessment findings showed that 96% of the facilities used the pull system. Out of the 188 facilities that provided immunization services, a total of 27 (14%) had stock out of any of the immunization vaccines during the period of December 2017 to February 2018. At county level, Migori had the highest proportion of facilities that had a stock out of any vaccines at 29% while Kitui had the lowest proportion at 2% during the period.

Overall, 82% of the 188 facilities that provided immunization services were carrying out immunization defaulter tracing. Kisumu county had the highest proportion (89%) of facilities that carried out defaulter tracing while Kitui county had the lowest proportion (68%). The assessed facilities that carried out defaulter tracing used various methods, 81% of the facilities used door to door visits by CHVs, 61% used mobile phones to call clients while 5% used other methods. At county level, majority of the facilities across the focus counties used door to door visits by CHVs to trace immunization defaulters.

The findings showed that 77% of the facilities had current immunization schedules (includes PCV10 and Rota vaccines), 59% had revised IMCI chart booklet 2012 while only 32% had ORT corner operational guidelines, 31% had immunization manual for health workers and 29% had diarrheal disease M&E framework guideline. Majority of the facilities lacked measles surveillance forms, polio surveillance forms, vaccine ordering sheet and adverse events following immunization form. In addition, 94% of the facilities had the Permanent immunization register, 95% had the immunization tally sheets and 96% had the vaccines and immunization summary form.

Child health services

Out of the 192 facilities, 137 (71%) were providing sick children services according to latest IMNCI guidelines. Migori county had the highest proportion (88%) of facilities that provided sick children services while Kakamega had the lowest proportion (38%) of facilities that provided the services. Out of a total of 725 HCPs in the assessed facilities, only 188 (26%) had been trained in IMNCI. Kakamega county had the lowest proportion (6%) of HCPs trained in IMCI while Migori county had relatively high proportion of HCPs trained in IMCI.

The assessment showed that only 56% of the facilities had a functional ORT corner and 52% had ORT corner register available for reporting. Kakamega county had the lowest proportion (21%) facilities with a functional ORT corner while Kisumu and Migori had relatively high proportion of facilities with a functional ORT corner. The availability of ORT corner register was a challenge across all the focus

counties with Kitui and Kakamega having the lowest proportion of facilities with an ORT register at 16% and 17% respectively.

Out of the 192 assessed health facilities, 84% had linked community units (CUs). Kitui county had the lowest proportion (59%) of facilities with linked CUs while Kisumu and Migori had the proportion of facilities with linked CUs at 96% and 91% respectively. The findings showed that 33% of the facilities with CHVs attached to it had been trained in iCCM. Kitui county had the lowest proportion (19%) of facilities with trained CHVs in iCCM, while Kisumu had relatively high proportion of CHVs trained in iCCM at 49%.

Only 96% of the facilities had the CWC register, outpatient under 5 morbidity register and under 5 morbidity summary tool. However, the sick child recording form was available in only 21% of the facilities and was in use in 18% of the facilities.

Nutrition services

The findings showed that 96% of the facilities in Kakamega and Migori counties provided growth monitoring (weight), 96% provided growth monitoring (MUAC) and 88% provided Vitamin A supplementation. In addition, the findings showed that 96% of the facilities in the two counties provided nutrition counselling on maternal nutrition, 96% provided nutrition counseling on benefits and management of breastfeeding and 88% provided combined iron and folic acid supplementation (IFAS) for pregnant women.

The assessment looked at HCPs that had been trained in nutrition technical areas in the last 12 months. The findings showed that Kakamega county had proportionately lower number of HCPs that had been trained in nutrition technical areas in the last 12 months.

The assessment findings showed that there was a gap in availability of relevant nutrition guidelines, policies and IEC materials in Migori and Kakamega counties. Out of the 91 health facilities that were assessed in the two Nutrition focus counties, 75% of the facilities had combined IFAS policy guideline, 70% had the breastfeeding policy guideline and 25% had integrated management of acute malnutrition (IMAM) policy guideline. The assessment looked at availability of Nutrition reporting tools in Kakamega and Migori counties. The findings showed that none of the facilities had a complete set of the relevant Nutrition reporting tools. The findings also showed that CHANIS tally sheets were available in 86% of the facilities and were in use in 68% of the facilities.

Sexual and Gender-Based Violence services

According to the findings, 62% of the facilities were providing sexual and gender-based violence -(SGBV) services. Kisumu county had the highest proportion (82%) of facilities that provided SGBV services while Migori county had the lowest proportion (46%) of the facilities. Overall, only 29% of the health facilities assessed had referral directory of institutions in their locality to respond to SGBV.

The assessment found out that 47% of the facilities had HCPs that had been sensitized on clients' rights and informed choice; 33% had HCPs sensitized on gender in the context of FP/RMNCAH and only 29% had been sensitized on gender discrimination. Up to 47% of the facilities had HCPs that had not been sensitized on either of these. At the county level, Kitui and Migori counties had a relatively high proportion (52%) of HCPs that had not been sensitized on Gender and child rights.

An analysis of specific SGBV guidelines, policies and IEC materials available in the facilities showed that 61% of the facilities had the SGBV clinical management algorithm, 50% had the survivor flow chart form while only 31% of the facilities had the SOP for management of child survivors of sexual violence 2018. However, the algorithms and survivors were not aligned to the 2016 version of the National Guidelines

on the Management of Survivors of Sexual Violence. In addition, the majority of the facilities lacked relevant national SGBV reporting tools, which include the post rape care form, SGBV register, and rape trauma counselling forms. Only 46% of the facilities had the PRC form and SGBV register, and 40% of the facilities were using the tools. In addition, only 22% of the facilities had the rape trauma counselling form and 20% of the facilities were using it.

Infection Prevention and Control

The assessment findings showed that 66% of the facilities had toilets for female and 64% had toilets for male staff. Only 27% of the facilities had an IPC committee in existence and 36% of the facilities had infection prevention reference materials and staff that know and follow 2015 Infection Prevention guidelines. In addition, 85% of the health facilities had running water for washing hands and only 43% were in use, 81% had soap for washing hands but only 51% of the facilities had them in use, and 73% of the facilities had antiseptics, and only 45% of the facilities had them in use.

The assessment findings showed that 86% of the facilities had 3 buckets for contamination well labelled but only 43% were in use, 82% of the facilities had chlorine solution for decontamination of used instruments but only 42% were in use, and 78% of the facilities had steamer, boiler or autoclave but only 45% were in use. In addition, only 48% of the facilities had protective clothing for staff when cleaning heavily contaminated areas such as toilets, sinks, blood spills and body fluids.

Out of the 192 assessed facilities, 83% had placenta pit while only 48% were in use, 83% had dump site to dispose of contaminated materials while only 45% were in use, and 89% of the facilities had puncture-resistant containers for sharps disposal while only 48% were in use. In addition, only 28% of the facilities had a functioning incinerator, 73% had dumpsite well secured from animals or scavengers and 87% of the facilities had compound free of visible waste.

The findings showed that 70% of the facilities had national guidelines for IPC 2015 and only 36% of the facilities had infection prevention IEC materials. At the county level, only 14% of facilities in Kitui had national guidelines for IPC 2015 and 59% of the facilities had the national guidelines for IPC 2015.

Equipment

Availability of inputs such as medical equipment is instrumental in the achievement of quality service provision. The assessment looked at the availability of various medical equipment in the facilities and whether the equipment was functional or not. The findings showed that not all facilities had adequate equipment, and some of the equipment were not functional.

1.0 Introduction

The US Agency for International Development’s (USAID) Afya County and National Support Program (Afya Halisi) is led by Jhpiego with partners, Save the Children and PS Kenya, and works with the Kenyan Ministry of Health (MOH) and four focus counties of Kitui, Migori, Kakamega, and Kisumu (inclusive of twenty three priority sub-counties) to deliver quality, integrated services in FP (FP)/ reproductive, maternal, newborn, child and adolescent health (RMNCAH), nutrition, and water, sanitation and hygiene (WASH) to those most in need.

Afya Halisi seeks to assist the Government of Kenya (GoK) to advance its Vision 2030 goals/objectives and USAID/KEA’s development objective 2 (DO2) of health and human capacity strengthened. The project’s vision is that by the end of five years the use of high-quality, county-led FP/RMNCAH, nutrition and WASH services will increase, particularly among the most vulnerable and underserved in the four focus counties. Working hand-in-hand with counterparts at all levels — including county, and sub-county health management teams (S/CHMTs), facility managers, healthcare workers (HCWs), community health committees (CHCs), community health volunteers (CHVs), and clients - Afya Halisi is working to strengthen the capacity of the health system at all levels - national, county, sub county, health facility and community levels.

Afya Halisi focuses its efforts on three main results with specific outputs under each one as illustrated in the project’s results framework in Figure 1.

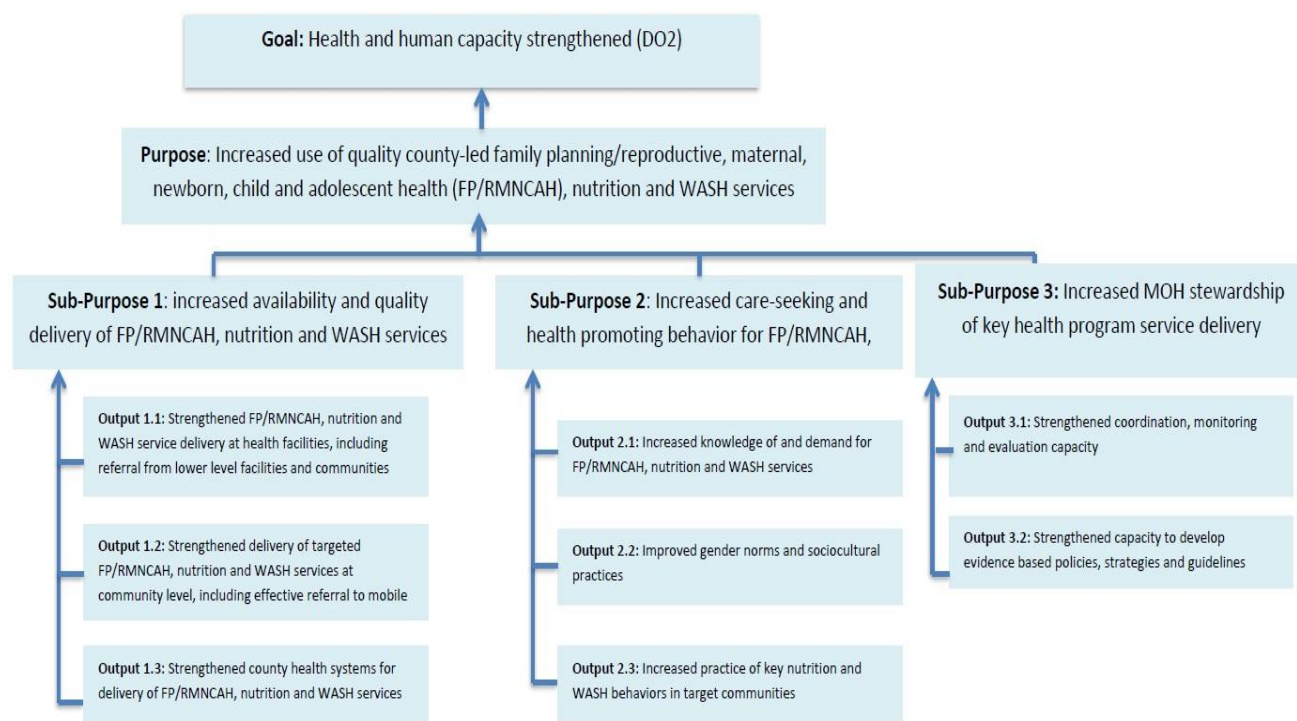


Figure 1. Afya Halisi Results Framework

Afya Halisi centers itself around the individual – specifically the woman and/or child – using an ecological framework to address the individual, interpersonal, organizational, community, and health system/public policy levels that determine positive health outcomes across FP, adolescent and youth sexual and reproductive health (AYSRH), maternal and newborn health (MNH), child health (CH), nutrition, WASH

and gender. Taking a needs-and equity based lens to implementation, driven by data, Afya Halisi provides all the twenty-three sub counties with a *comprehensive package* of support for community, facility, and overall health systems strengthening across the project technical areas, to enable all the sub counties to achieve their health targets. In addition, for sub counties and wards which lag far behind their targets in specific technical areas, Afya Halisi is accelerating progress towards achieving those through an *enhanced package* of services, providing more concentrated, intensive, targeted support and capacity building. At the national level, and with the guidance of USAID, Afya Halisi aims to support the Ministry of Health (MOH) to revise and update national guidelines, policies, training packages, reporting tools, and other key documents, as well as establish and strengthen national technical working groups (TWGs) to provide guidance and leadership for the country.

The project provides support to a total of 603 health facilities and 88 community units in the focus counties. Figure 2 provides a profile of the four focus and 23 sub-counties supported by Afya Halisi.

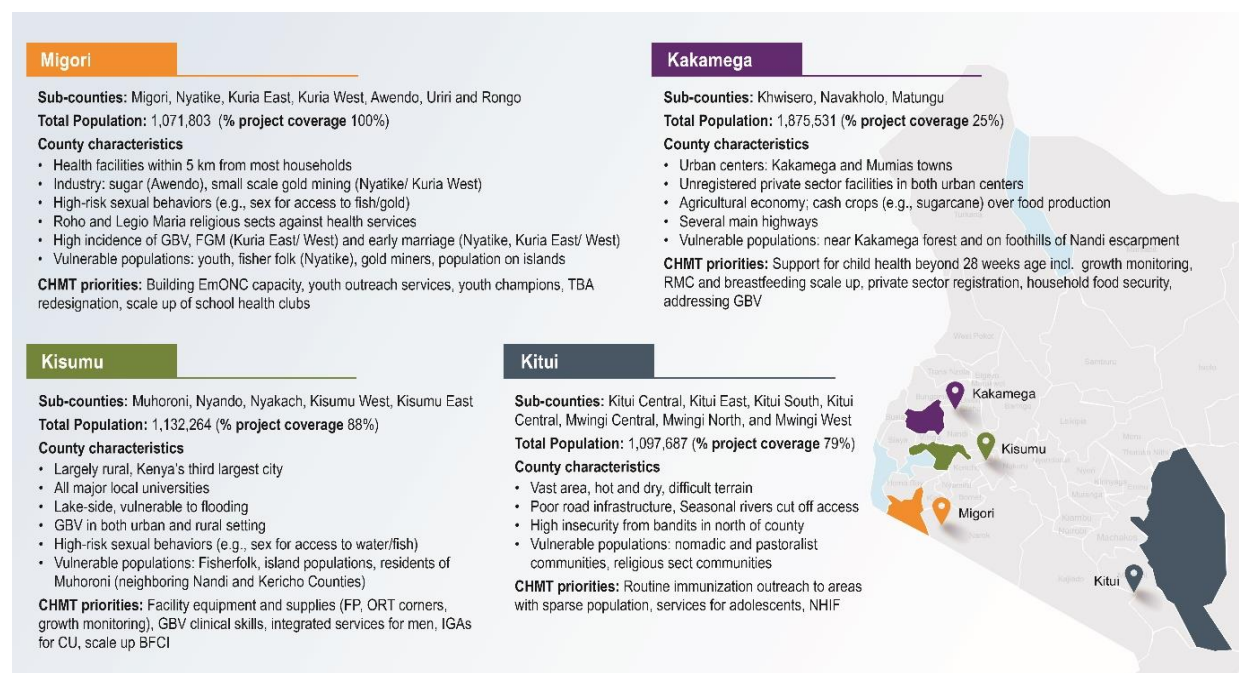


Figure 2. Afya Halisi Program County Profile

As part of project implementation activities, Afya Halisi carried out a health facility assessment in April and May 2018 in the four focus counties. The aim of the assessment was to establish strengths and capacity gaps in the health facilities and use the findings to inform targeted support to the health facilities based on need. The health facility assessment focused on Human Resources for Health (HRH), availability of basic equipment, the status of service delivery, the status of infrastructure, and the requisite skills to deliver high-quality services. The assessment findings will guide Afya Halisi to provide targeted technical assistance and mentorship at the facility level, and provision of relevant supplies, equipment, guidelines and reporting tools to address the gaps.

2.0 Methodology

The project worked with the MOH sub-county health management team (SCHMT) members in all the twenty three sub-counties, to collect data for the health facility assessment. The SCHMTs were composed of the sub-county Health Records and Information Officers, sub-county Reproductive Health Coordinators, sub-county Nursing Officers, sub-county Nutritionist and sub-county EPI Coordinators. The team underwent a one-day orientation on the health facility assessment tool that focused on types of services provided; quality of care; staffing; availability of vaccines, supplies, drugs, equipment, guidelines, policies, IEC materials and reporting tools. The SCHMTs were also oriented on use of REDCap mobile phone application for collection and transmission of the data.

The SCHMTs collected data from health facilities in their respective sub-counties to ensure an efficient data collection process and given their knowledge on a collection of the health facilities in the focus counties. A daily review was done by Afya Hali Senior MEL Officers in the focus counties to ensure that all data collected for each day were uploaded into the project server, by respective SCHMT members. The Officers also reviewed the uploaded facility data for completeness, consistency and accuracy.

The project carried out the assessment in level 3, 4, and 5 health facilities in the focus counties, with the focus being on Human Resources for Health (HRH), availability of basic equipment, the status of service delivery, the status of infrastructure, and the requisite skills to deliver high-quality services. The data collected through the use of REDCap mobile application was downloaded and analyzed through Microsoft Excel. A total of 192 health facilities in the focus counties were assessed as shown in Table I below.

Table I. Facilities assessed by the level

County	Facilities assessed by the level				
	Level 2	Level 3	Level 4	Level 5	Total
Kakamega	1	19	3	1	24
Kisumu	9	30	17	1	57
Migori	36	16	15	0	67
Kitui	1	32	11	0	44
Total	47	97	46	2	192

Out of the 192 health facilities that were assessed, 24 percent were Level 2, 51 percent were Level 3, 24 percent were Level 4 and one percent was Level 5 as shown In Figure 3. The Level 5 health facilities were Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) and Kakamega County Government Teaching and Referral Hospital (KCGTRH).

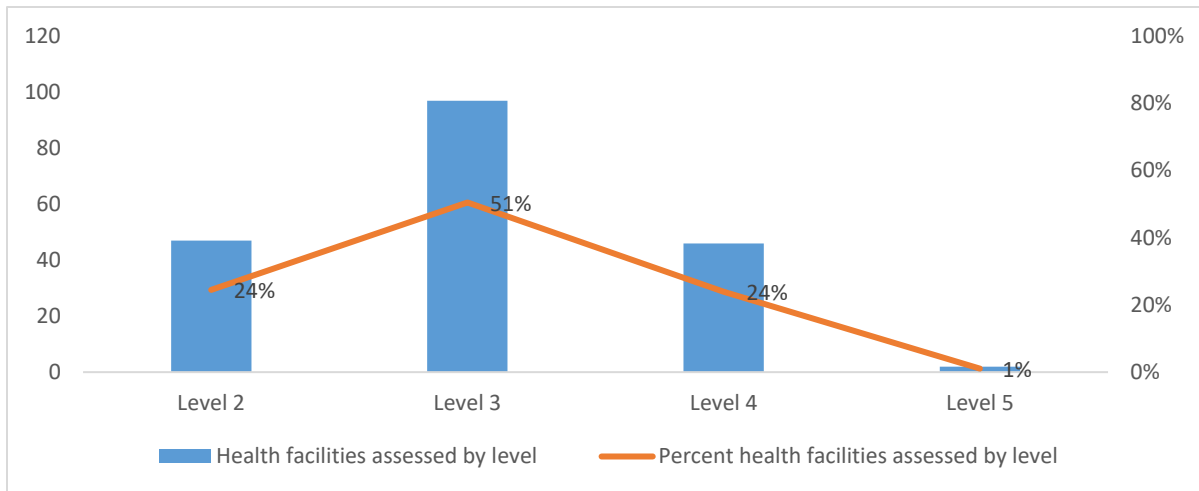


Figure 3. Percent of health facilities assessed by level

The health facilities that were assessed were composed of 23 (12%) private sector and 169 (88%) public facilities as shown in Table 2 below.

Table 2. Facilities assessed by ownership

County	Facilities assessed by ownership				
	FBO	GOK	Private	CBO	Total
Kakamega	3	17	4	0	24
Kisumu	3	47	7	0	57
Migori	2	61	4	0	67
Kitui	0	44	0	0	44
Total	8	169	15	0	192

3.0 Findings

3.1 Health workforce availability

The human resource for health is one of the key health sector pillars for systems strengthening and service interventions. The assessment showed that there are different health workforce cadres across the four focus counties. Of the total human Resources for Health (HRH) work force in the assessed facilities, 64% were females with the highest concentration being Nurses, Clinical officers, and Laboratory technicians as shown in Table 3.

Table 3. Health workforce availability

County	Medical officers (General practitioners)	Medical officers (Specialists)	Nurses	Clinical officers	Anesthetists	Nutritionists	Pharmacists/ Pharm techs	Lab technicians/ Technologists	HRIOs	Public Health officers/technicians	Occupational/ Orthopedic technicians	CHEWs affiliated with facility
Kakamega	33	11	390	34	12	13	27	50	21	28	9	27
Kisumu	56	25	641	190	20	21	83	130	63	43	21	60
Kitui	40	14	305	91	7	5	33	60	23	33	16	26
Migori	22	26	523	189	10	14	55	119	58	44	5	60
Total	151	76	1,859	504	49	53	198	359	165	148	51	173

3.2 Family planning services

Majority (97%) of the facilities were providing FP services. All the facilities in Kakamega and Kitui were providing FP services as shown in Figure 4. In Kisumu, three (5%) facilities were not providing FP services while in Migori, 2 (3%) facilities were not providing the service.

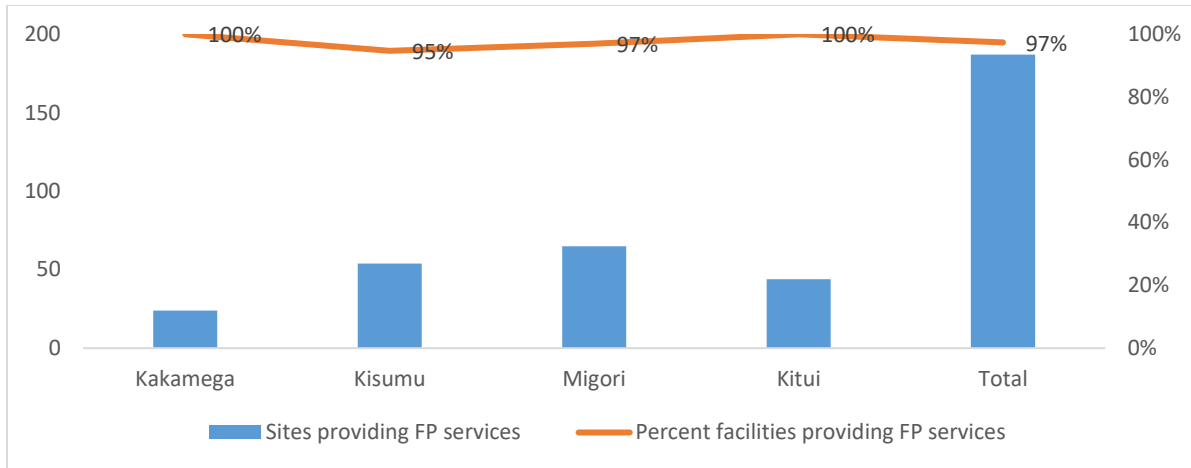


Figure 4. Percent of facilities providing FP services

Facilities providing various FP methods

Out of the 187 facilities that provided FP services, majority (96%) were providing male condoms, 94% provided Jadelle, 93% provided Depo Provera injection and 77% provided female condoms. Only 5% of the facilities provided vasectomy, 7% provided tubal ligation and 24% provided IUD hormonal as shown in Figure 5.

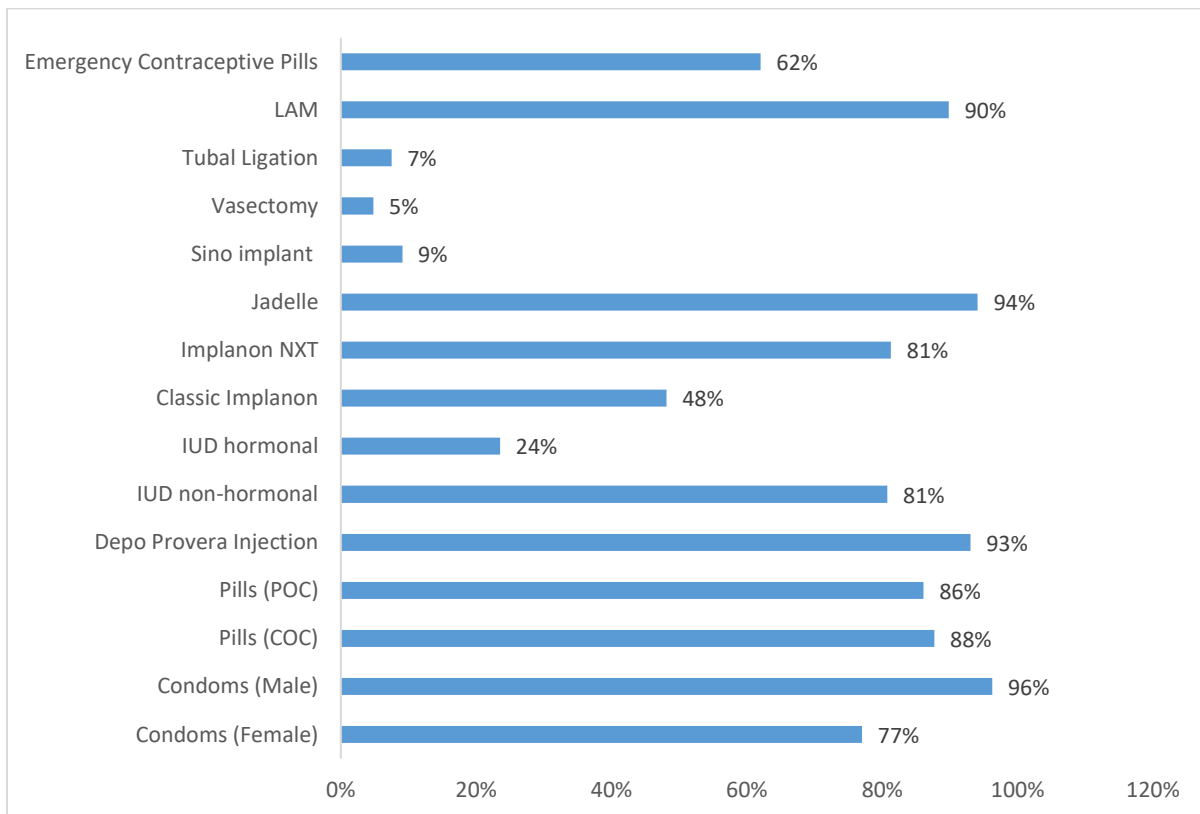


Figure 5. Percent of facilities providing various FP methods

Facilities that had stock out of any of the FP commodities

Availability of health commodities is critical to providing quality services. The assessment looked at availability of various FP commodities in the three months period of December 2017 to February 2018. A total of 109 (58%) facilities had stock out of any of the FP commodities in the months of December 2017 to February 2018. At county level, 58% of the facilities in Kakamega had a stock out, 61% in Kisumu, 51% in Migori and the highest stock out rate was experienced in Kitui at 66% during the period as shown in Figure 6.

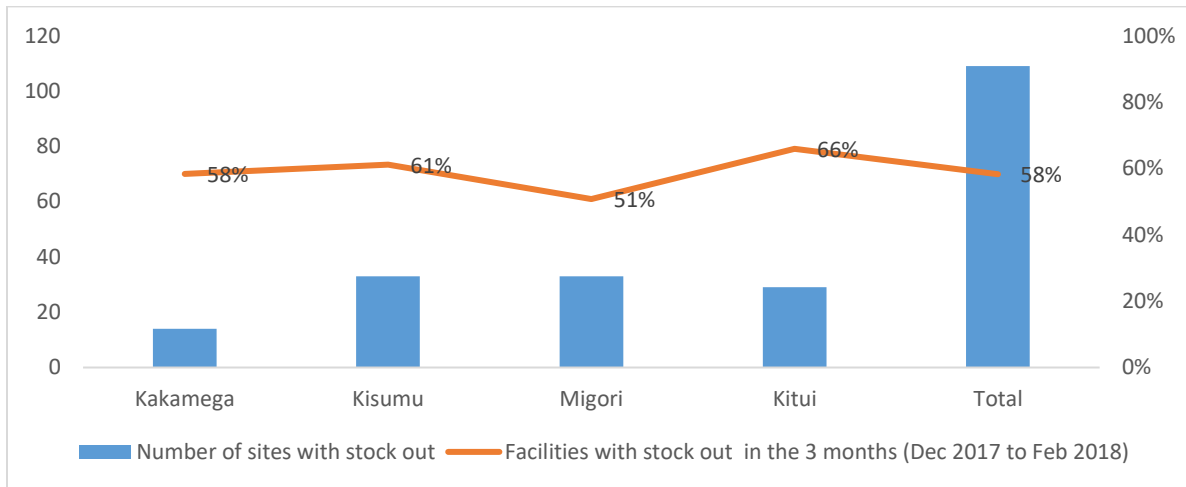


Figure 6. Percent of facilities with stock out of any of the FP commodities (Dec 2017 to Feb 2018)

The assessment found out that 33% of the facilities had a stock out of DMPA. At the county level, Kitui county had the lowest proportion of facilities that stock out of DMPA at 14% while Migori county had the highest proportion at 51% as shown in Figure 7. DMPA is used by Afya Halisi as the tracer commodity for calculating average stock out rate of contraceptive commodities at FP service delivery points.

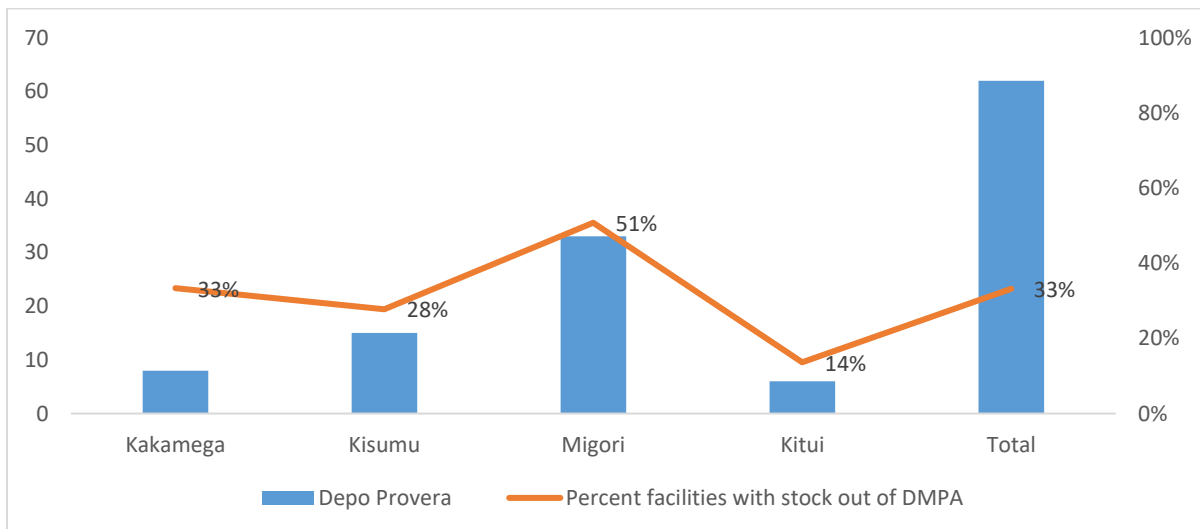


Figure 7. Facilities that had stock out of DMPA (Dec 2017 to Feb 2018)

In addition, the assessment looked at facilities that had stock out of other FP commodities in the three months period of December 2017 to February 2018. All the facilities that were assessed had a stock out of at least a FP method. The proportion of facilities with a stock out of 2- rod Implants and cycle beads was highest at 49% as shown in Figure 8.

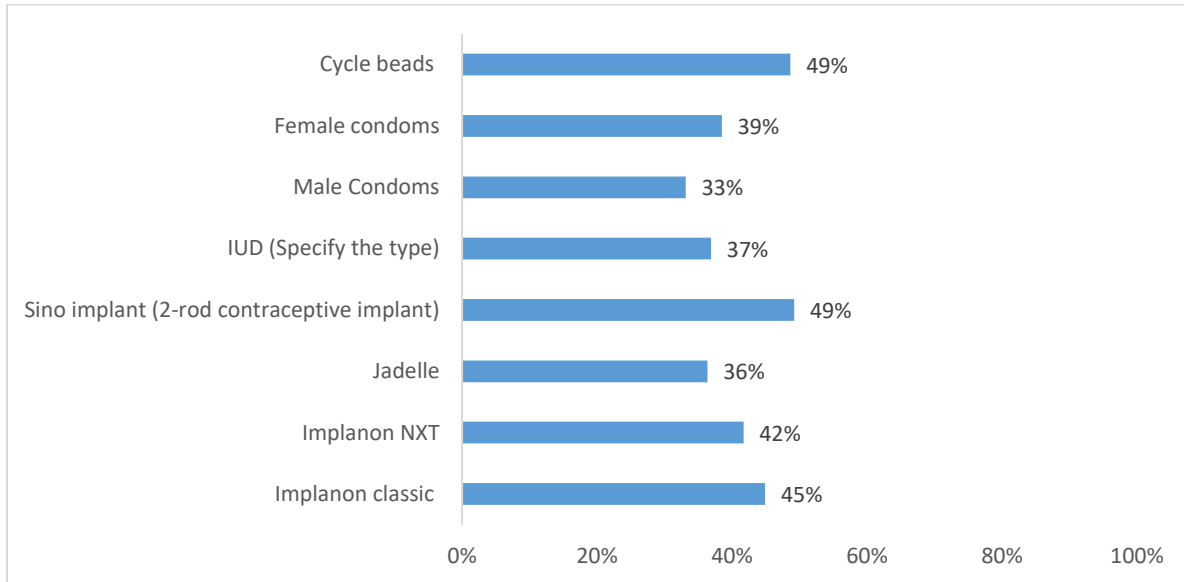


Figure 8. Facilities with stock out of various FP methods (Dec 2017 to Feb 2018)

Family planning commodities expiring in next 6 months' time

Out of the 187 facilities that provided FP services, a total of 46 (25%) had commodities expiring in next 6 months. At county level, Kakamega county had the highest proportion of facilities at 33% while Migori had the lowest proportion at 17% as shown in Figure 9.

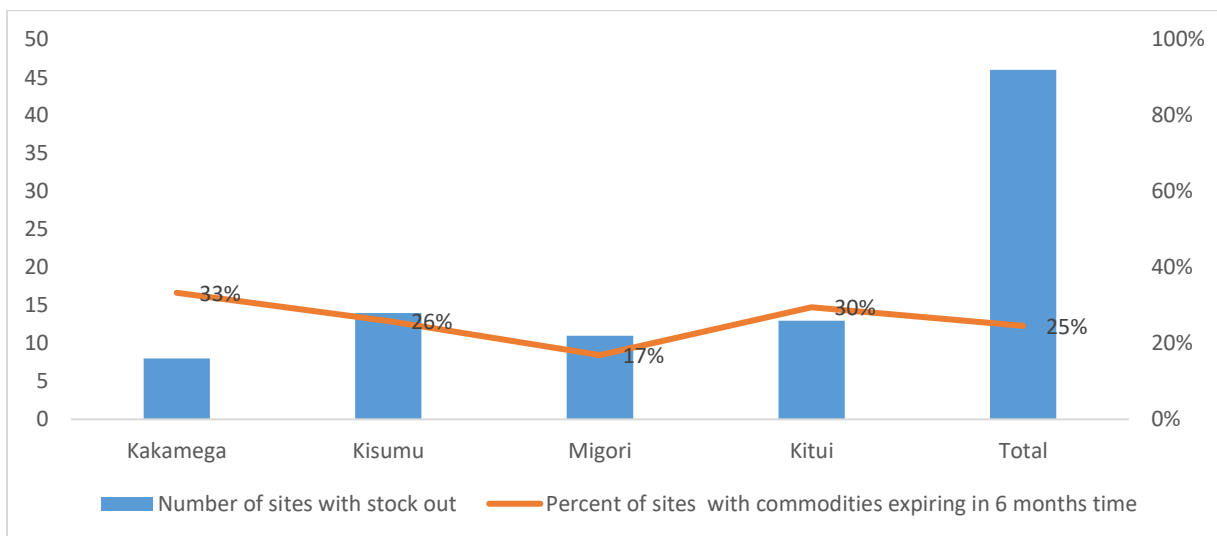


Figure 9. Percent of facilities with commodities expiring in next 6 months' time

Healthcare providers trained in Family Planning

The assessment looked at HCPs that had been trained in Family Planning areas in the last 12 months. The findings showed that Kakamega and Kitui counties had proportionately lower number of HCPs that had been trained in FP technical areas in the last 12 months as shown in Table 4.

Table 4. Healthcare providers trained in Family Planning

HCPs trained in Family Planning areas	Kakamega	Kisumu	Migori	Kitui	Total
Infection prevention	7	130	152	91	380
Long acting reversible contraceptive	49	116	172	68	405
Implanon NXT insertion	45	97	188	74	404
Implant removal	37	114	172	78	401
Postpartum FP (PPFP)	34	88	57	45	224
Comprehensive FP counselling	34	93	94	45	266

Methods used in monitoring FP commodity status

Overall, the findings showed that 94% of the facilities providing FP services monitored FP commodity status through manual method while only 6% used an electronic method. None of the facilities in Kitui used an electronic method while Migori had the highest proportion of facilities that used an electronic method at 11% as shown in Figure 10.

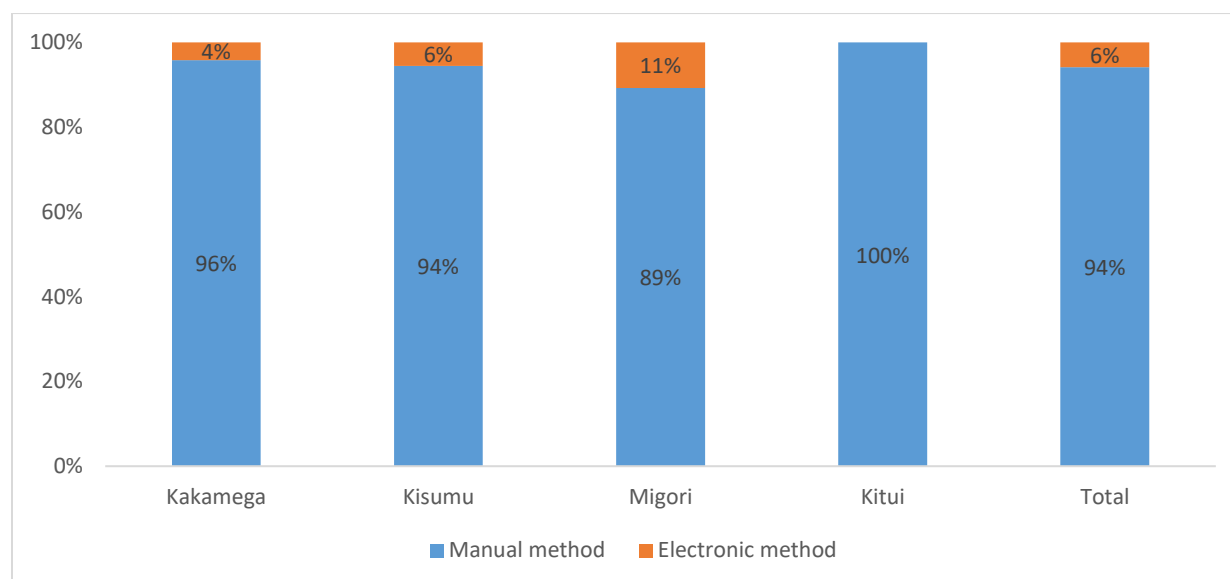


Figure 10. Methods used by facilities in monitoring FP commodity status

Family planning items

Out of the 187 facilities providing FP services, 103 (55%) had Min-Max Thermometer, 142 (79%) had pallets while 172 (92%) had shelves as shown in Table 5.

Table 5. Facilities with relevant FP items

County	Number of sites providing FP services	Min-Max Thermometer	Pallets	Shelves
Kakamega	24	11	15	21
Kisumu	54	41	47	49
Migori	65	43	45	63
Kitui	44	8	35	39
Total	187	103	142	172

At county level, Kitui County had the lowest proportion of facilities with Min-Max Thermometer at 18% while Kakamega County had the lowest proportion of facilities with pallets at 63% as shown in Figure 11.

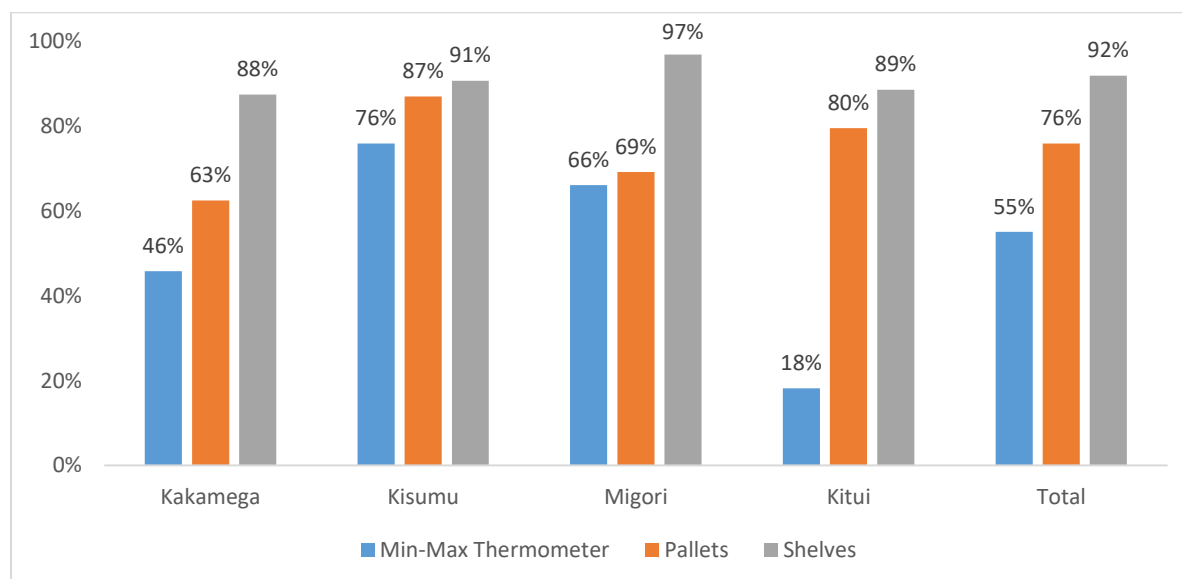


Figure 11. Percent of facilities with relevant FP items

FP themed outreach mobilization activities

Out of the 187 facilities that provided FP services, 51% were conducting FP themed outreach mobilization activities. At county level, Kitui had the lowest proportion of FP themed outreach mobilization activities at 18% while Migori had the highest at 65% as shown in Figure 12.

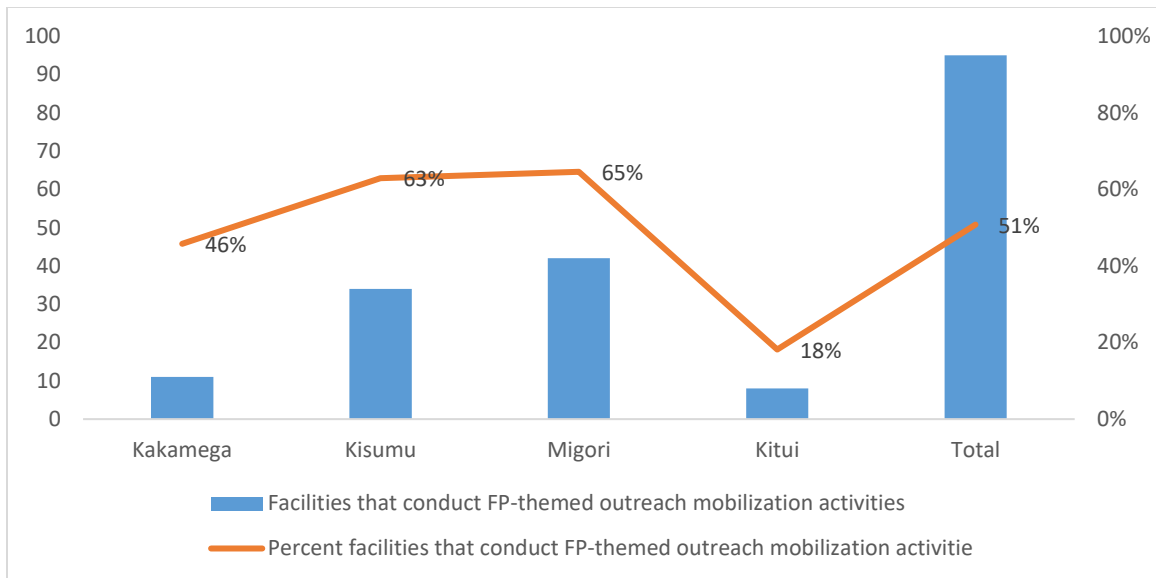


Figure 12. Percent of facilities that conduct FP themed outreach mobilization activities

FP room set up and complete demonstration tray for FP

A total of 113 (60%) facilities had complete FP demonstration tray while 94 (50%) of the assessed facilities providing FP services had adequate FP room set up as shown in Figure 13. At county level, Kakamega county had the lowest proportion of facilities with complete FP demonstration tray at 42% while Kisumu had the highest proportion at 74%.

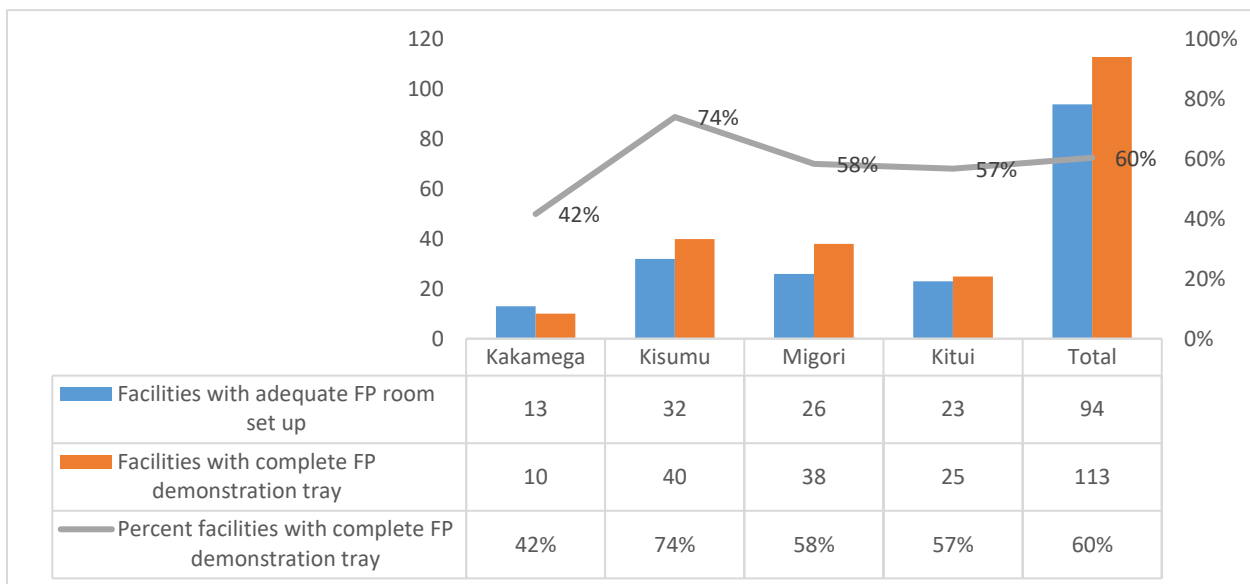


Figure 13. Percent of facilities with adequate room set up and complete demonstration tray for FP

FP Guidelines, Policies and IEC materials

Out of the 187 facilities that provided FP services, 116 (62%) had FP Tiaht chart, 114 (61%) had WHO MEC Wheel 2015 and 86 (46%) had National FP Guidelines 2016 as shown in Table 6.

Table 6. Facilities with relevant FP Guidelines/Policies/IEC materials

County	Number of sites providing FP services	National FP Guidelines 2016	FP Tiahrt chart	WHO MEC Wheel 2015
Kakamega	24	6	10	6
Kisumu	54	26	40	38
Migori	65	34	46	45
Kitui	44	20	20	25
Total	187	86	116	114

At county level, Kakamega and Kitui counties had the lowest proportion of facilities with the FP guidelines, policies and IEC materials, compared to Kisumu and Migori counties as shown in Figure 14.

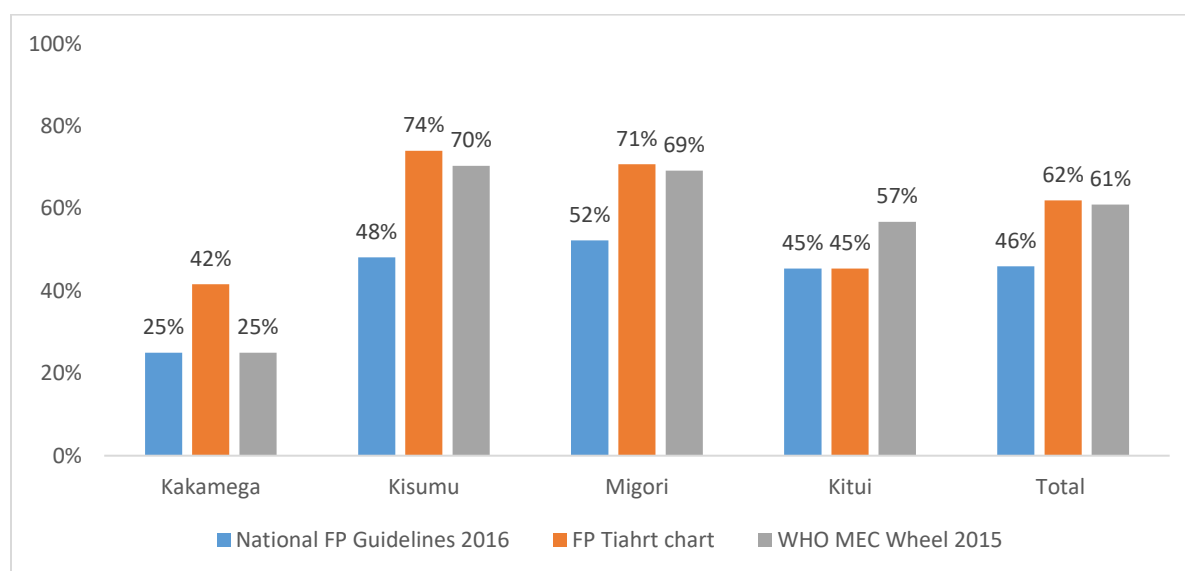


Figure 14. Percent of facilities with relevant FP Guidelines/Policies/IEC materials

Availability of FP reporting tools

The results showed that 99% of the facilities had the Integrated Reproductive and Child Health, Medical and Rehabilitation Services summary report (MOH 711), 97% of the facilities had bin cards while 8% and 53% of the facilities lacked FCDRR and MOH 711 Annex respectively as shown in Figure 15. To address these gaps, the project will work with SCHRIOs in focus sub counties to photocopy the tools as a stop gap measure, and strengthen reporting of PFP data availing and mentorships on use of MOH 711 Annex.

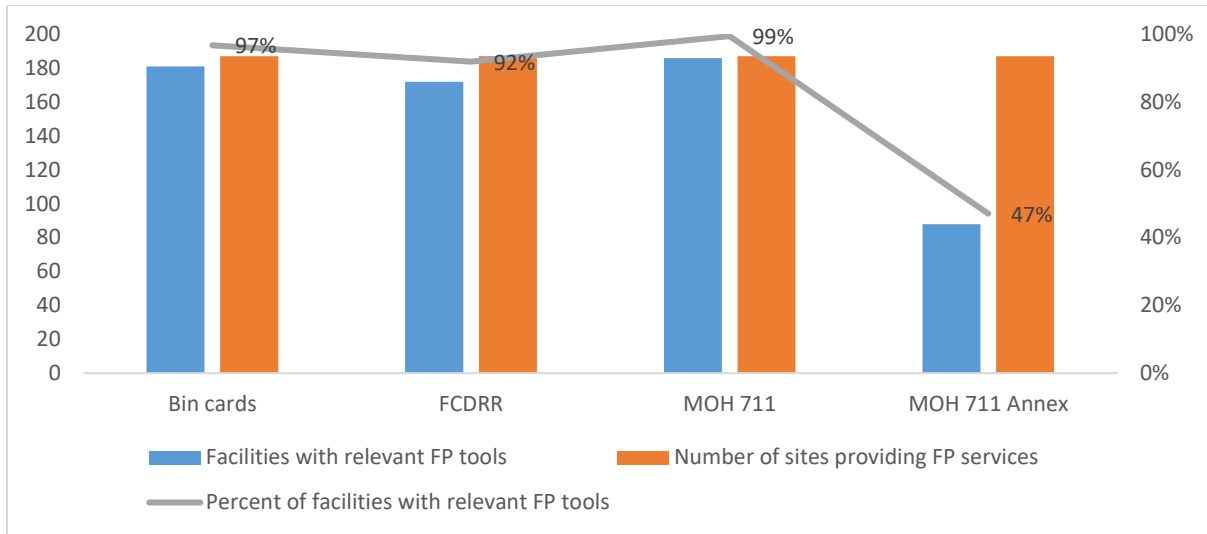


Figure 15. Percent of facilities with relevant FP tools

In addition, the findings showed that 93% of the facilities had and were using the Daily Activity Register for Contraceptives (MOH 512). The findings also showed that 90% of the facilities had the Facility Contraceptive Commodity Request and Report Form (FCDRR) and 89% were using the tool as shown in Figure 16.

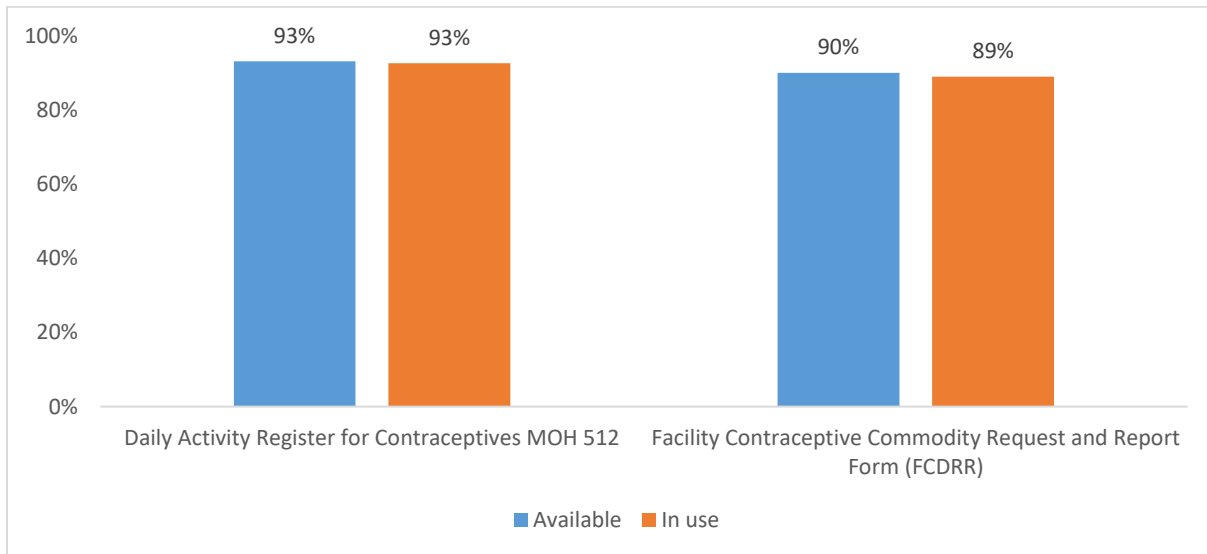


Figure 16. Percent of facilities with and use relevant FP reporting tools

3.3 Youth centered services

Facilities that provided youth centered services

A total of 122 facilities provided youth centered services. Out of these, 112 (92%) facilities provided integrated youth centered services while 10 (8%) facilities provided stand-alone youth centered services as shown in Table 7.

Table 7. Facilities that offer youth centered services

County	Total number of sites	Sites providing youth centered services	Integrated	Stand alone
Kakamega	24	18	18	0
Kisumu	57	39	34	5
Migori	67	41	37	4
Kitui	44	24	23	1
Total	192	122	112	10

At county level, all the 18 health facilities in Kakamega county were providing integrated youth centered services and Kisumu county had the majority (13%) of the facilities that provided stand-alone youth centered services as shown in Figure 17.

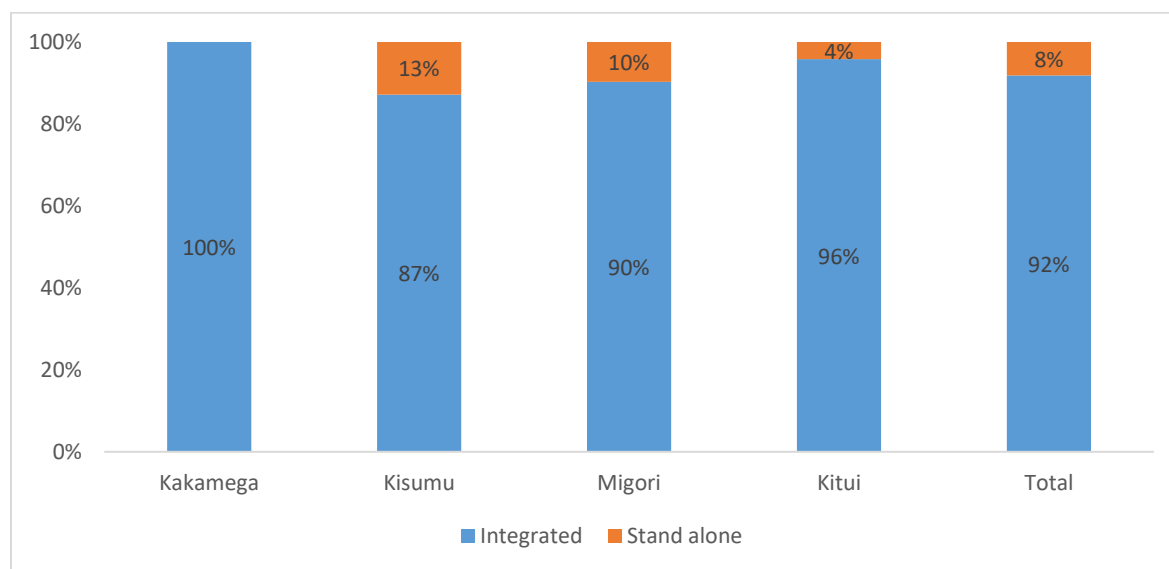


Figure 17. Percent of facilities that provide youth centered services

Adolescents presenting with pregnancy

A review of facility data for adolescent first ANC visits for the period December 2017 to February 2018 in the assessed health facilities showed that 24% of the total first ANC clients were adolescents. The highest proportion of first ANC adolescents was Kakamega county at 46% while Kisumu county had the lowest proportion of first ANC adolescents at 17% for the period as shown in Figure 18.

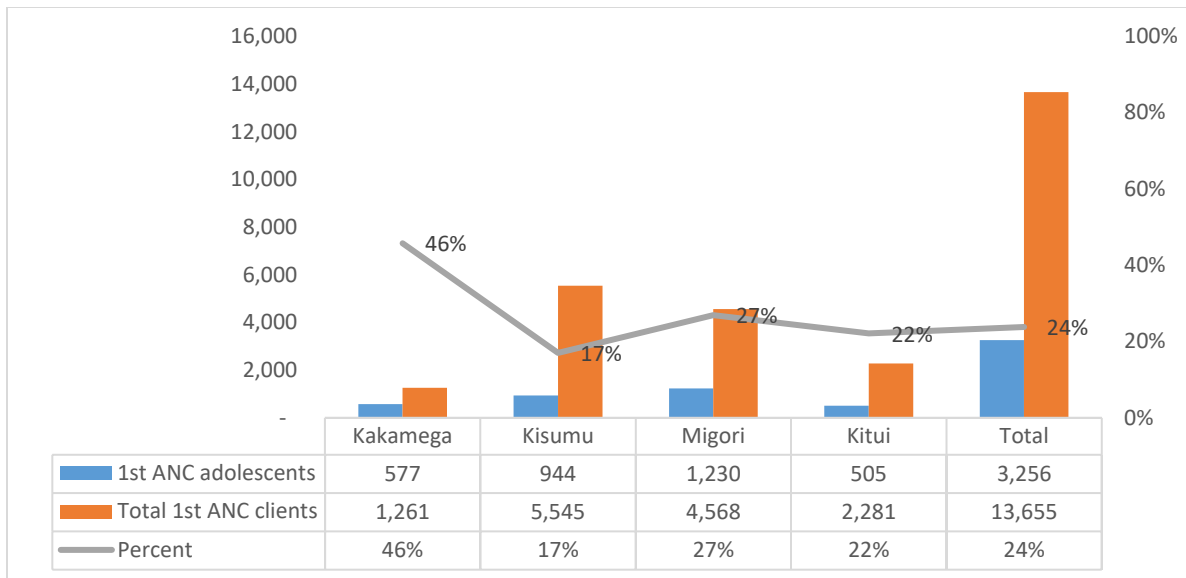


Figure 18. Percent of adolescent first ANC visits

Adolescent skilled deliveries

Facility data for adolescents who delivered through skilled birth attendant for the period December 2017 to February 2018 in the assessed health facilities showed that 23% of the total skilled deliveries were from adolescents. The highest proportion of adolescent skilled deliveries was from Kakamega county at 35% while Kisumu and Kitui counties had the lowest proportions at 18% and 19% respectively for the period as shown in Figure 19.

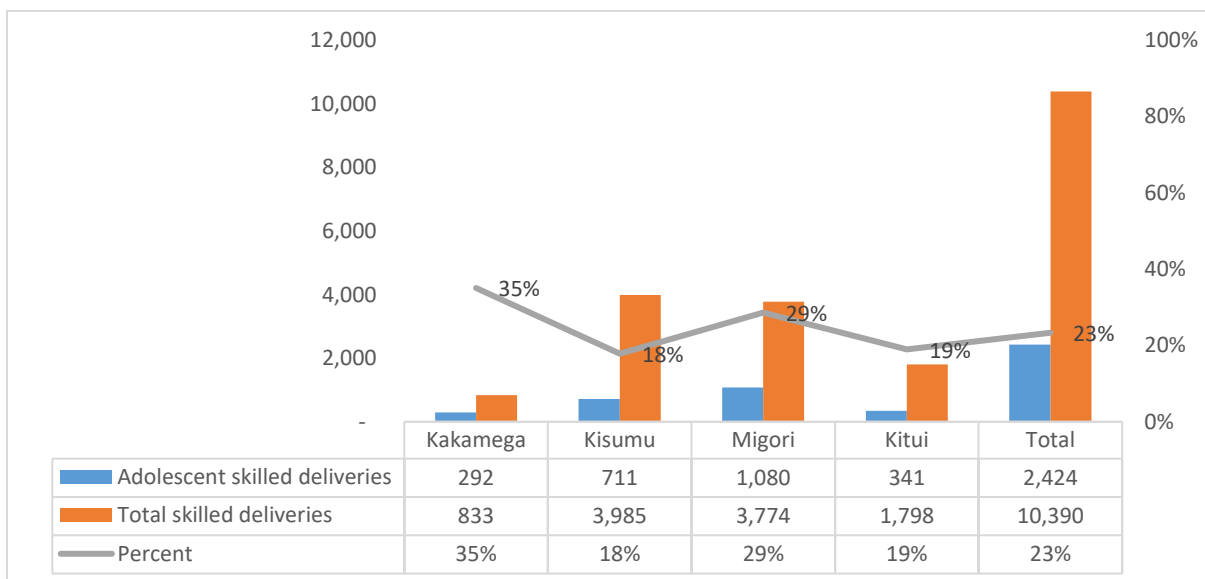


Figure 19. Percent of adolescent skilled deliveries

Adolescent family planning uptake

Facility data for adolescent family planning uptake for the period December 2017 to February 2018 in the assessed health facilities showed that 23% of the total new FP clients were adolescents. The highest proportion of adolescent family planning uptake was Kakamega county at 36% while Kitui counties had the lowest proportions at 9% for the period as shown in Figure 20.

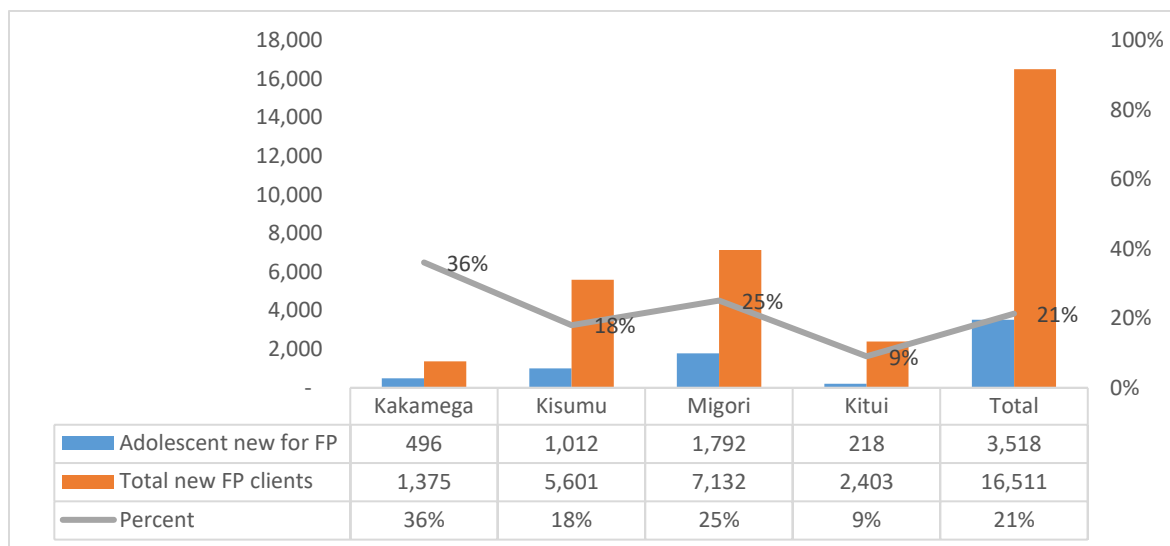


Figure 20. Percent of adolescent family planning uptake

Health care providers trained on AYSRH

Overall, out of the 192 health facilities that were assessed, a total of 122 (36%) facilities had health care providers (HCPs) trained on AYSRH. Kakamega county had the least proportion of health facilities with HCPs trained on AYSRH while Kisumu and Migori counties had relatively high proportions at 46% and 44% respectively as shown in Figure 21.

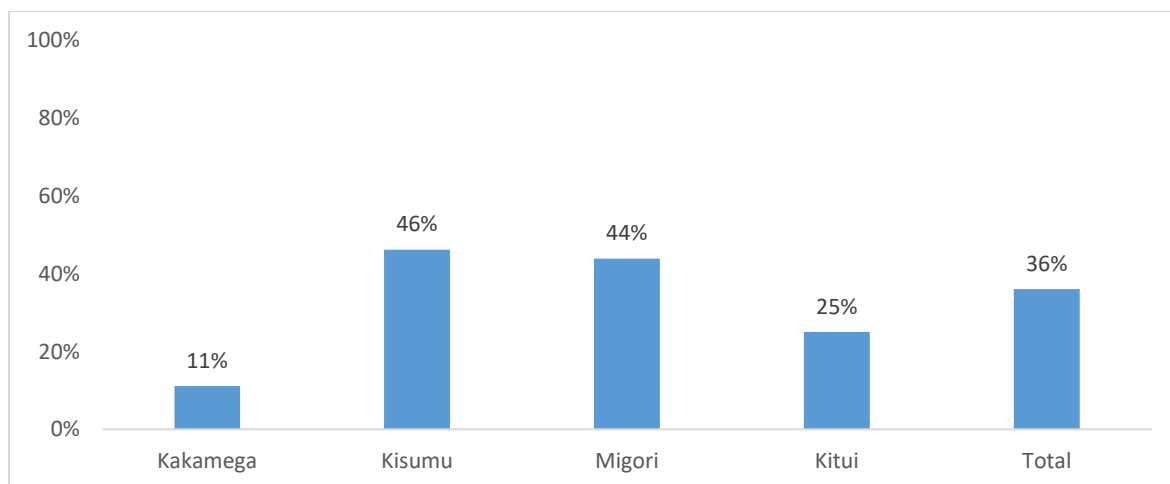


Figure 21. Percent of health care providers trained in AYSRH

Out of the health facilities that were assessed, 40.2% had HCPs that were confident in service provision to adolescents while 59.8% had HCPs that were somewhat confident in service provision to adolescents as shown in Figure 22. At county level, Kitui county had the highest proportion of facilities with HCPs that were somewhat confident on service provision to adolescents at 78.3% while Migori had the lowest proportion at 47.5%.

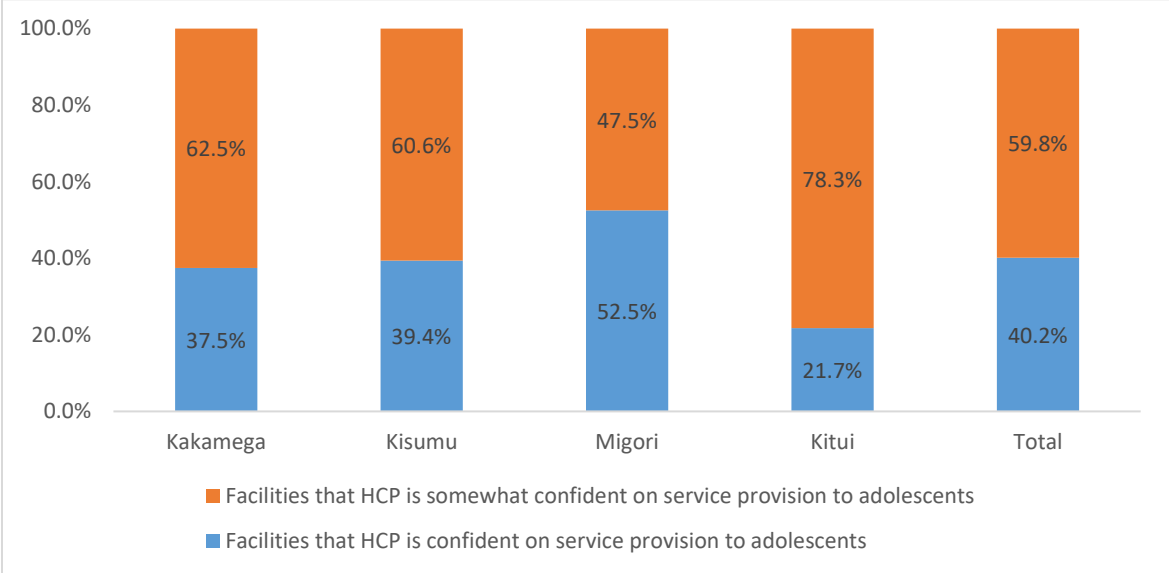


Figure 22. Percent of Healthcare providers confident on service provision to adolescents

Youth themed outreach mobilization activities

Out of the 122 facilities that provided youth centered services, only 30% were conducting youth themed outreach mobilization activities. At county level, Kakamega county had the lowest proportion of facilities that conducted youth themed outreach mobilization activities at 17% while Migori had the highest at 39% as shown in Figure 23.

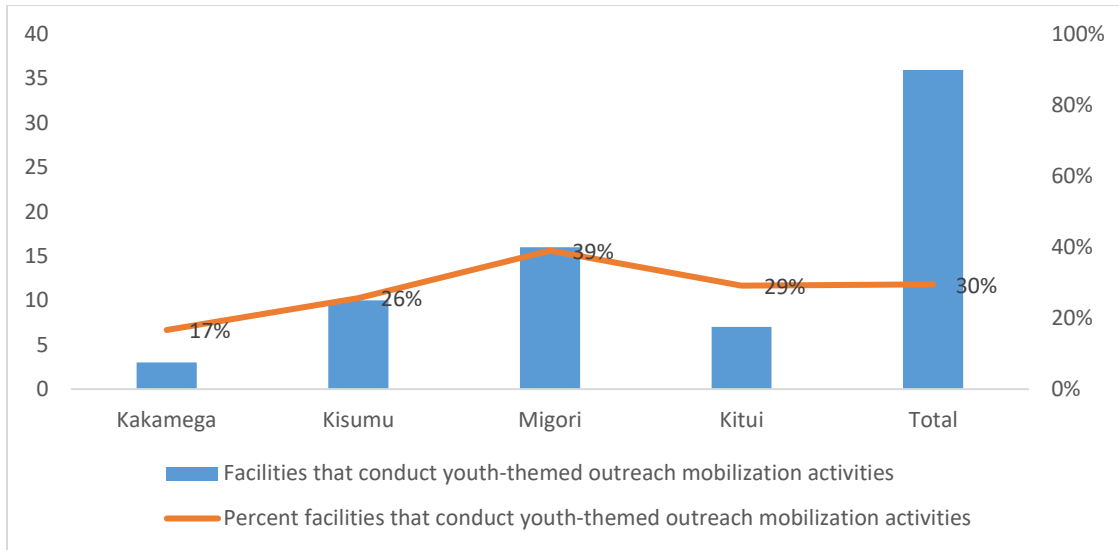


Figure 23. Percent of facilities that conducted Youth themed outreach mobilization activities

Availability of relevant AYSRH Guidelines, Policies and IEC materials

Availability of relevant AYSRH guidelines, policies and IEC materials in the assessed facilities was low across the four focus counties. Out of the 192 health facilities that were assessed, only 19% had AYSRH guidelines for provision of youth centered services while only 14% had AYSRH policy 2015 as shown in Figure 24. Kitui county had lowest proportion of facilities with AYSRH guidelines and AYRSH policy 2015 at 11% and 2% respectively compared to Kisumu county that had 28% and 25% respectively.

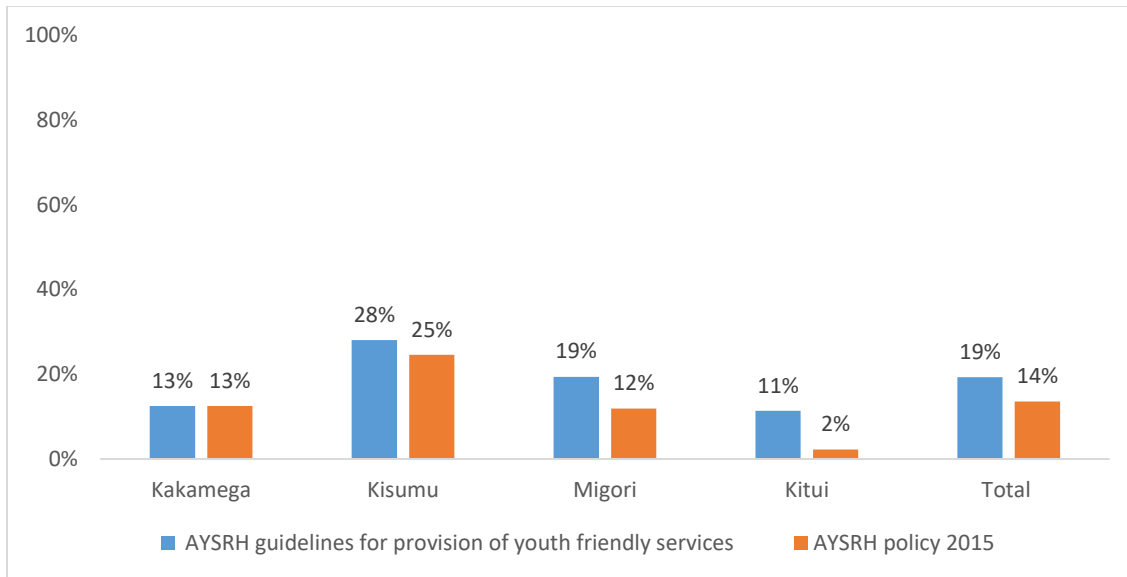


Figure 24. Percent of facilities with relevant AYSRH Guidelines, Policies and IEC materials

3.4 MCH/Maternity services

Facilities providing MCH services

Women, children and adolescents/youth must have access to affordable, quality and respectful RMNCAH services¹. Out of a total of 192 health facilities that were assessed in the four focus counties, the findings showed that 98% of the facilities were providing antenatal care (ANC) services, 94% maternity services, 97% family planning services, 99% growth monitoring services, 98% immunization services and 79% postnatal care (PNC) services as shown in Figure 25. Out of the 181 facilities that were providing maternity services, 83% and 90% were providing PNC services and PFPF services respectively, showing the need to strengthen optimal provision of PNC and PFPF services.

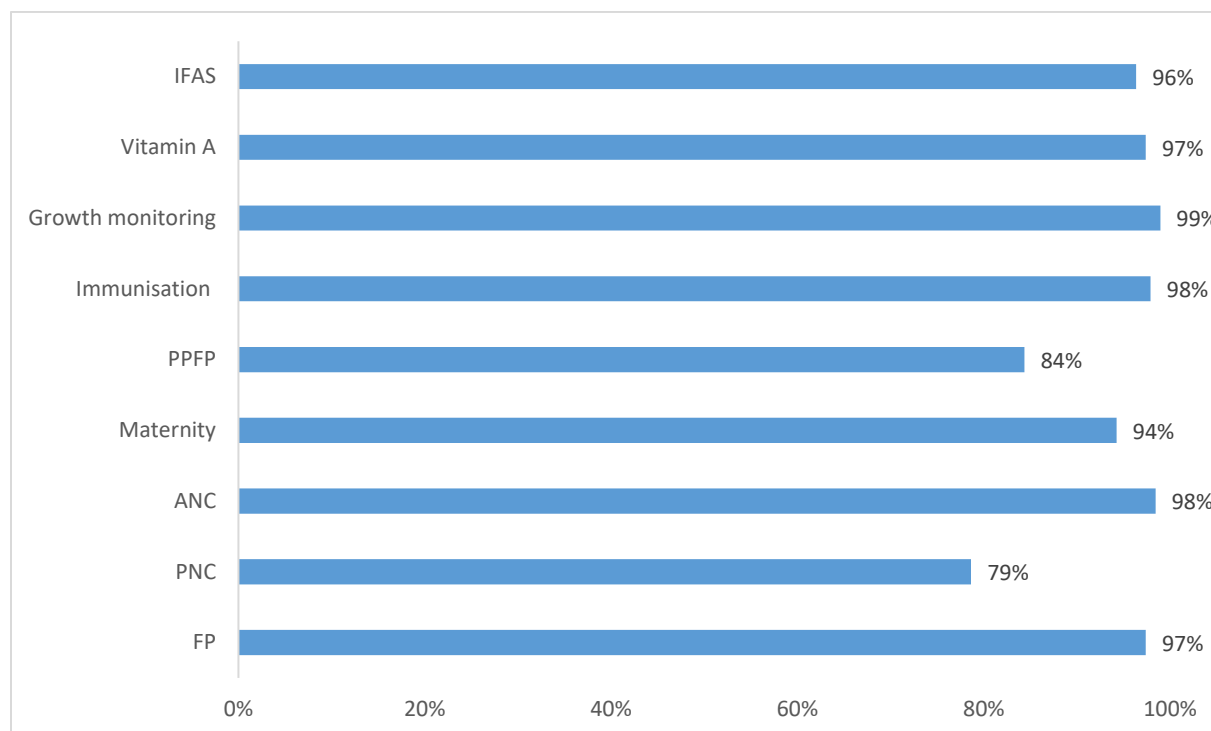


Figure 25. Percent of facilities providing MCH services

ANC laboratory profiling

High quality antenatal care (ANC) is an essential component of the reproductive, maternal, newborn and child health continuum of care. A further analysis of the 189 facilities that provided ANC services showed that 96% of the health facilities were providing HIV test as part of the ANC laboratory profile at first visit, 76% urinalysis and only 66% were providing hemoglobin test as shown in Figure 26. At county level, in Kakamega, 77% of the assessed ANC facilities were providing hemoglobin test, 86% in Kisumu, 81% in Kitui and only 36% in Migori. The challenges in Migori county on provision of ANC profile testing were due to inadequate reagents for ANC laboratory profiling in the facilities.

¹ Ministry of Health, Government of Kenya. Kenya Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Investment Framework. Nairobi, Kenya: MOH, 2016

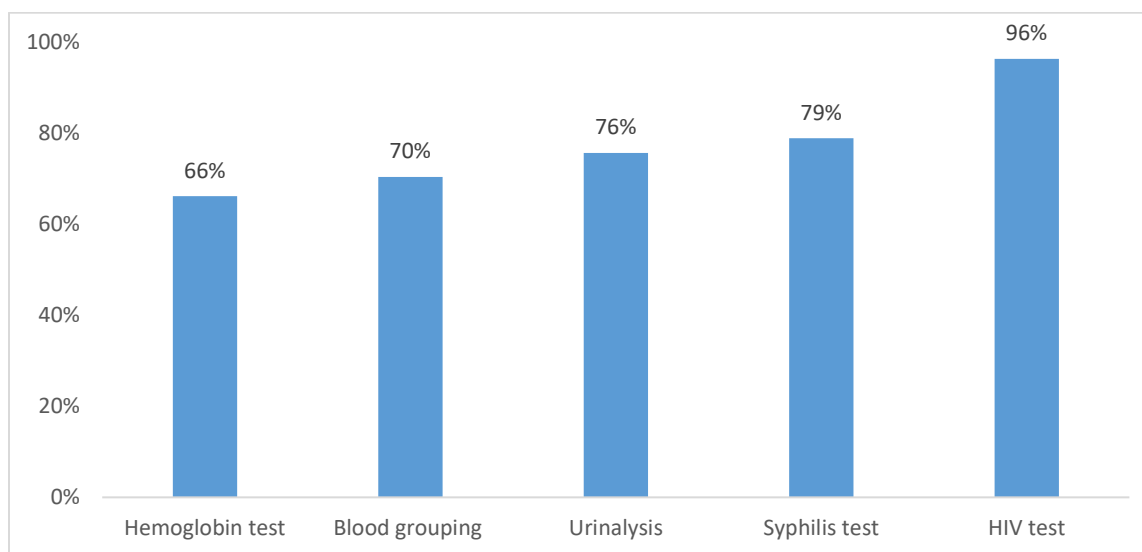


Figure 26. Percent of facilities providing ANC laboratory profile at first visit

Healthcare providers trained in MCH

The assessment looked at HCPs that had been trained in MCH areas in the last 12 months. The findings showed that Kakamega and Kitui counties had proportionately lower number of HCPs that had been trained in MCH technical areas in the last 12 months as shown in Table 8.

Table 8. Healthcare providers trained in MCH

HCPs trained in MCH areas	Kakamega	Kisumu	Migori	Kitui	Total
Focused antenatal care (FANC)	6	33	38	25	102
Emergency obstetric and newborn care (EmONC)	15	52	59	25	151
Active management of third stage of labour	4	86	55	21	166
Respectful maternity care (RMC)	7	60	26	13	106
Essential newborn care (ENC)	9	93	31	23	156
Neonatal resuscitation	9	108	45	28	190
Kangaroo mother care (KMC)	11	105	42	31	189
Chlorhexidine use for cord care	20	142	52	25	239
Targeted postnatal care (PNC)	6	66	30	21	123
Maternal and perinatal death surveillance and review	1	72	71	8	152

Functional MPDSR committees

Out of the 181 facilities providing maternity services, a total of 104 (59%) facilities had MPDSR committees in place, and out of these, 95 (91%) facilities were conducting maternal and perinatal audits and 82 (79%) of these facilities kept the audited forms as shown in Table 9.

Table 9. Facilities with functional MPDSR committees

County	Facilities providing maternity services	Facilities with MPDSR committee	Facilities conducting maternal and perinatal death audits	Facilities with files to keep audited forms
Kakamega	22	13	13	10
Kisumu	54	37	37	32
Migori	65	48	40	36
Kitui	40	6	5	4
Total	181	104	95	82

At county level, in Kakamega County, 59% of the maternity facilities were conducting maternal and perinatal audits, 69% in Kisumu, 62% in Migori and only 13% in Kitui as shown Figure 27. Only 45% of the maternity facilities had safe keeping of maternal and perinatal audited forms in all the focus counties, with Kitui county having the lowest proportion (10%) of facilities that had files for keeping the audited forms.

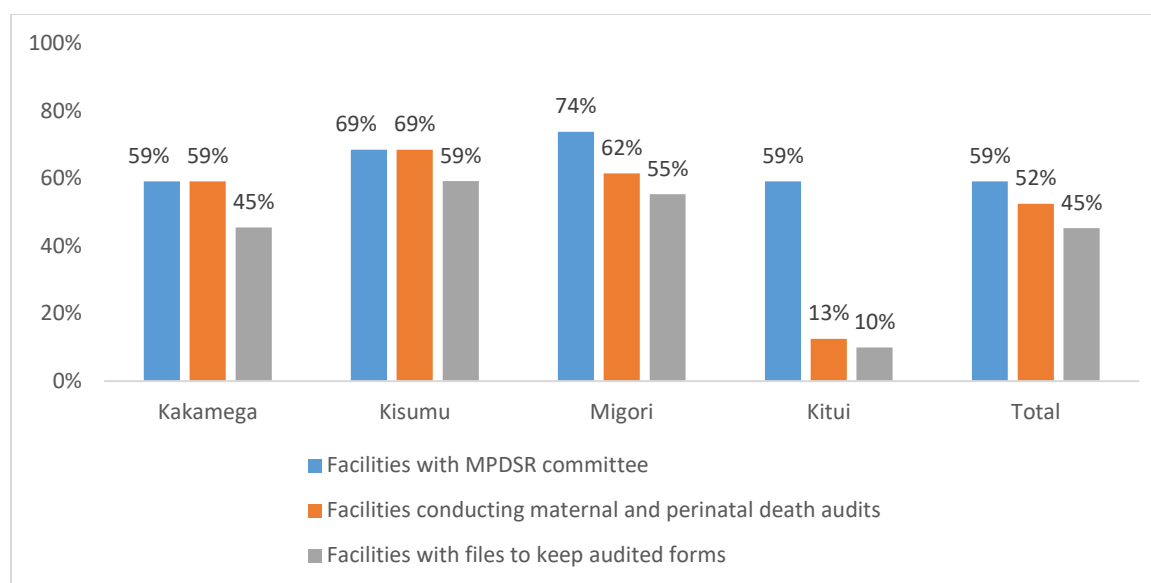


Figure 27. Percent of facilities with functional MPDSR committees

MNH guidelines, policies and IEC materials

Availability and access to MNH guidelines at facility level is useful in helping HCPs to define their roles and responsibilities and to guide them in provision of MNH services. The assessment findings showed that availability of the MNH guidelines, policies and IEC materials was a challenge across the focus counties. Only 28% of the assessed facilities providing maternity services had national guidelines for MPDSR 2016, 35% had guidelines on management of puerperal sepsis, 36% had guidelines on targeted postnatal care protocol and 38% Respectful maternity care (RMC) guidelines as shown Figure 28. At county level, only two (9%) facilities in Kakamega had national guidelines for MPDSR 2016, 15 (28%) in Kisumu, two (5%) in Kitui and 31 (48%) in Migori.

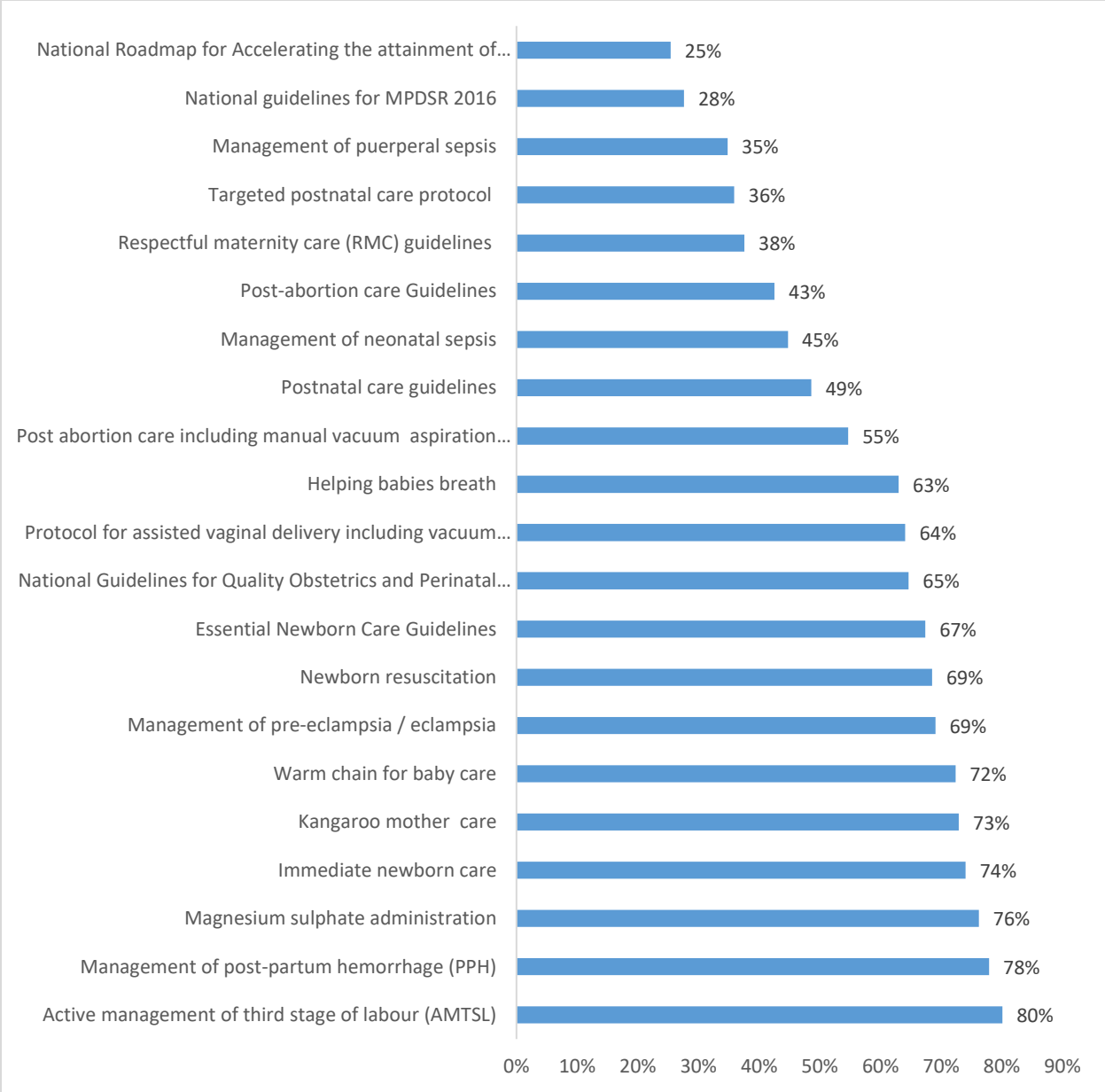


Figure 28. Percent of facilities with MNH guidelines, policies and IEC materials

Availability of MNH reporting tools

Continued availability of MOH data collection and reporting tools is instrumental in ensuring accurate, complete and consistent data on a routine basis. The assessment looked at whether the facilities had relevant MNH reporting tools and whether the tools were in use. The assessment found out that the ANC register was available and in use in 98% of the facilities, mother child booklets were available in 86% of the facilities and MPDSR tools were available in only 51% of the facilities with 46% of the facilities using the tools (see Figure 29).

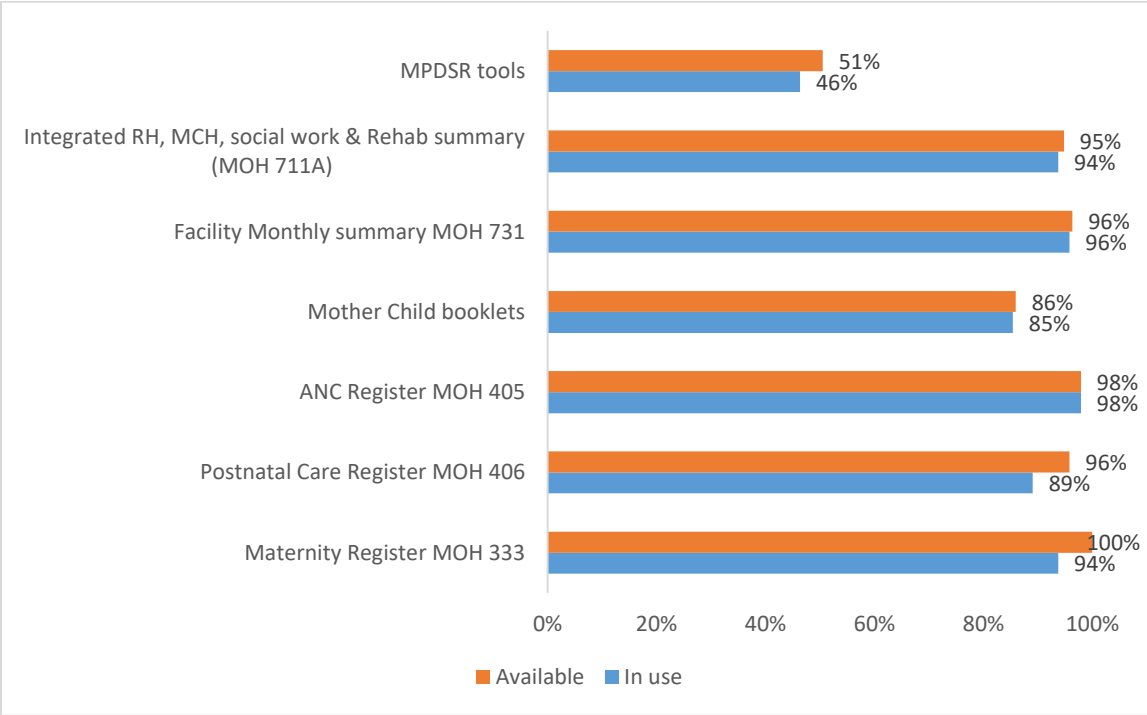


Figure 29. Percent of facilities with and use MNH reporting tools

3.5 Vaccines and Immunization Program

Facilities providing immunization services

The Ministry of Health through the Division of Vaccines and Immunization aims to increase access to immunization services in the country in order to reduce morbidity and mortality due to vaccine preventable diseases. This is in acknowledgement of proven evidence that immunization is the most cost effective intervention for vaccine preventable diseases. Routine immunization includes OPV, BCG, Pentavalent (DPT-Hib-Hep), PCV10, Measles plus Vitamin A and Rotavirus vaccine². Out of the 192 facilities that were assessed, 98% provided immunization services. At county level, all the facilities in Kisumu and Kitui were providing immunization services while 97% and 92% provided immunization services in Migori and Kakamega counties respectively as shown in Figure 30.

² Ministry of Health, Government of Kenya. Division of Vaccines and Immunization Comprehensive Multi Year Plan 2013-2017. Nairobi, Kenya: MOH, 2013

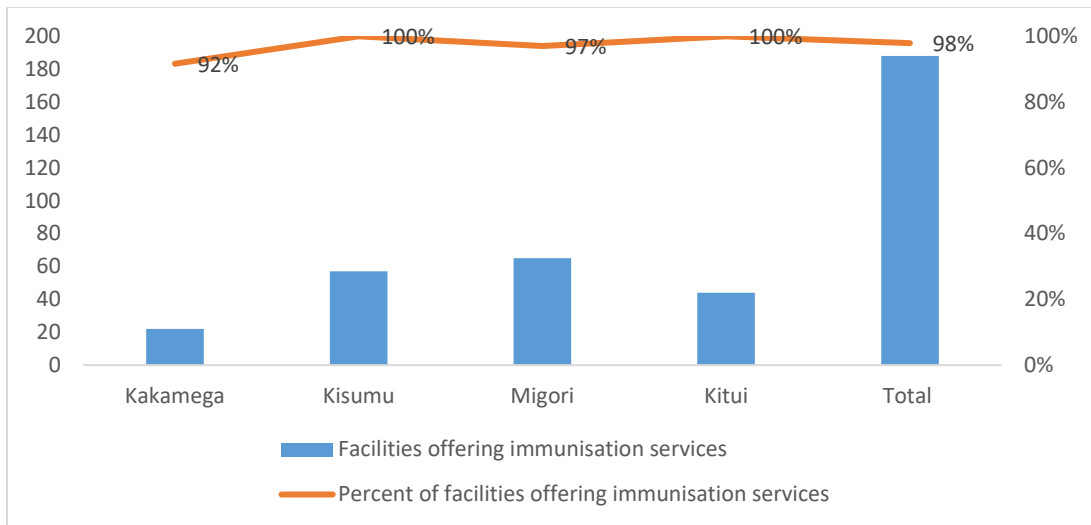


Figure 30. Percent of facilities providing immunization services

Systems used for receiving immunization commodities

The assessment findings showed that 96% of the facilities used the pull system. At county level, the proportion of facilities that used the pull system was the same across the focus counties at 95% with exception of Kisumu that had 96% using the pull system as shown in Figure 31. The pull system refers to where immunization commodities are provided according to requested needs while the push system refers to allocation of the commodities in proportions of the total supply³.

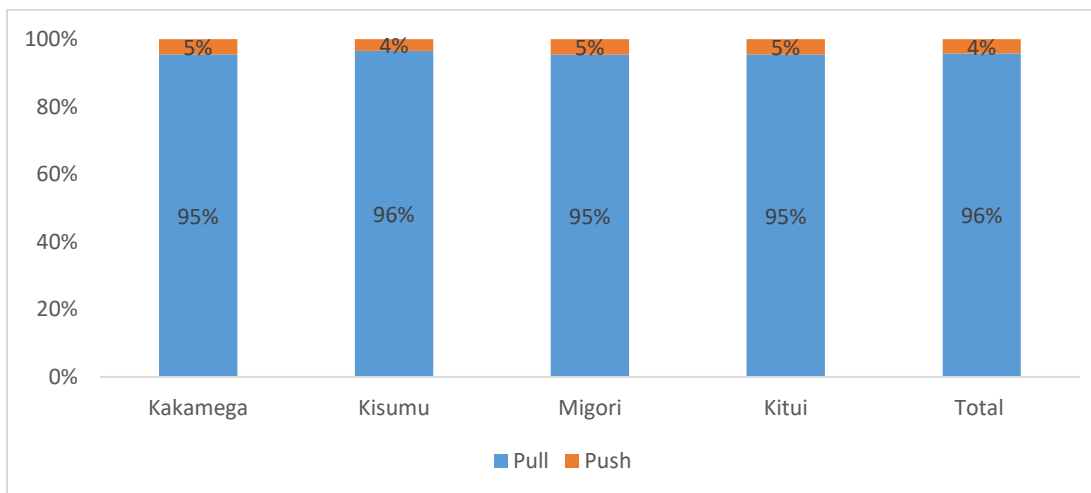


Figure 31. Systems used facilities for receiving immunization commodities

³ Aronovich, D.G. and Steve, K. 2001. Kenya. Assessment of the Health Commodity Supply Chain and the Role of KEMSA. Arlington, Va. DELIVER/John Snow, Inc., for USAID

Stock out of vaccines

The assessment looked at facilities that had stock out of vaccines in the three months period of December 2017 to February 2018. Out of the 188 facilities that provided immunization services, a total of 27 (14%) had stock out of any of the immunization vaccines during the period. At county level, Migori had the highest proportion of facilities that had a stock out of any vaccines at 29% while Kitui had the lowest proportion at 2% during the period as shown in Figure 32.

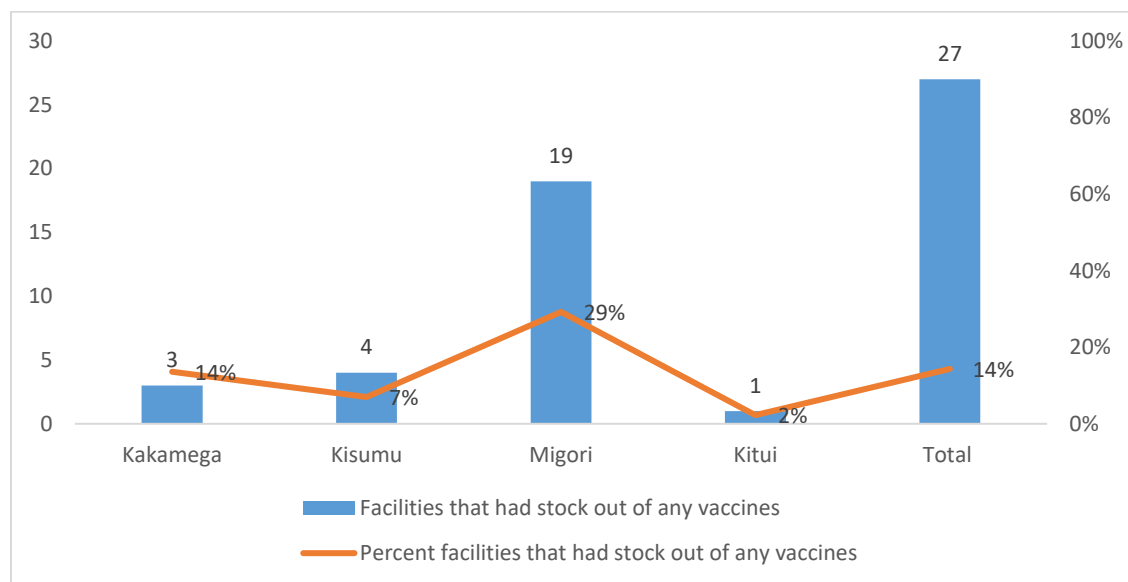


Figure 32. Percent of facilities that had stock out of any vaccines (Dec 2017 to Feb 2018)

In addition, the assessment looked at the percent of facilities that had stock out of various immunization vaccines. The stock out of Human papilloma virus (HPV) vaccine was highest at 45% and while 27% of the facilities had stock out of oral polio vaccine (OPV), Pneumococcal conjugate vaccine (PCV10), Rotavirus vaccine, and tetanus toxoid vaccine as shown in Figure 33.

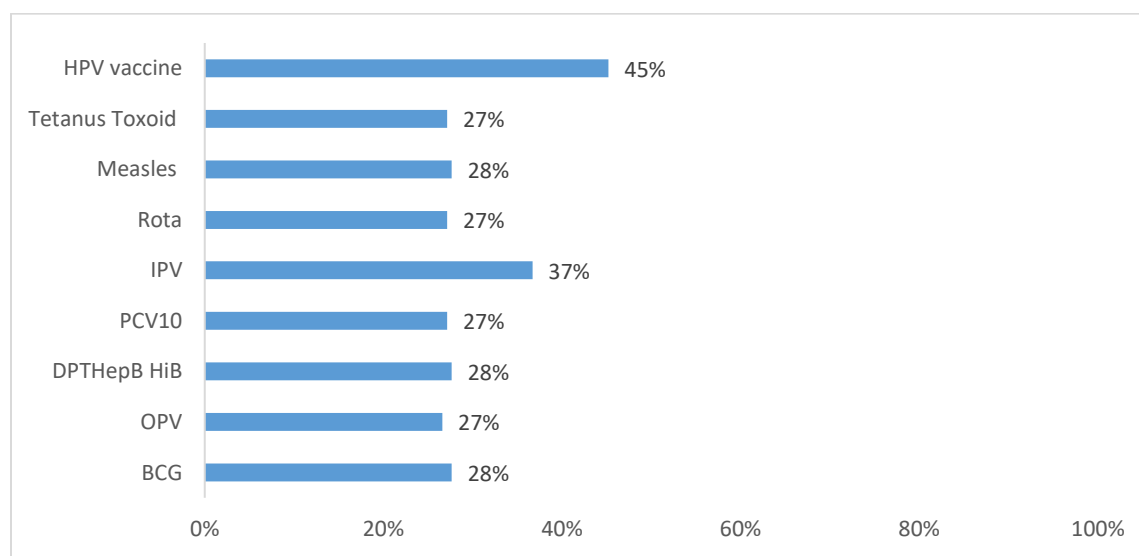


Figure 33. Percent of facilities that had stock of various immunization vaccines (Dec 2017 to Feb 2018)

The assessment looked at the methods used by facilities in ensuring regular vaccines availability. Majority (86%) of the facilities used timely requisition in ensuring regular vaccines availability. At the same time, 72% of the facilities used stock management in ensuring regular vaccines availability as shown in Figure 34. At county level, all the focus counties had higher proportions of facilities that used timely requisition compared to stock management with the exception of Migori county that had a higher proportion of facilities that used stock management compared to timely acquisition.

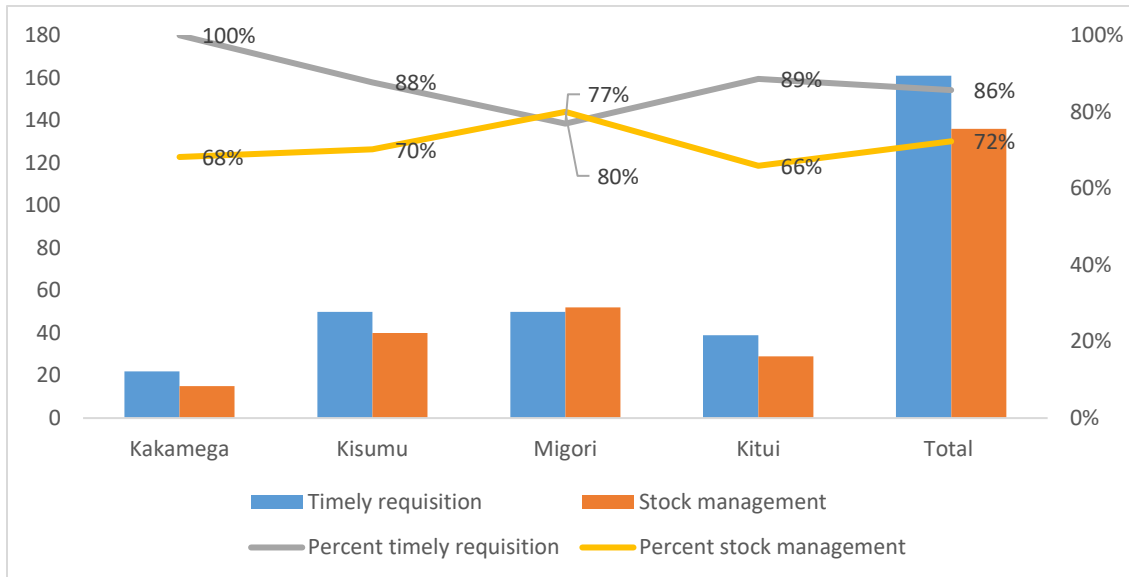


Figure 34. Methods used by facilities in ensuring regular vaccines availability

Immunization defaulter tracing

Reduction of mortality and morbidity from vaccine-preventable diseases in developing countries encompasses successful implementation of strategies that ensure high coverage and minimize drop-outs and missed opportunities⁴. Achieving maximum immunization coverage has been a challenge due to many reasons, including high rates of immunization defaulters. Overall, 82% of the 188 facilities that provided immunization services were carrying out immunization defaulter tracing. Kisumu county had the highest proportion (89%) of facilities that carried out defaulter tracing while Kitui county had the lowest proportion (68%) of the facilities as shown in Figure 35.

⁴ Zewdie A et al. 2016. *Reasons for defaulting from childhood immunization program: a qualitative study from Hadiya zone, Southern Ethiopia*. BMC Public Health. 2016; 16: 1240.

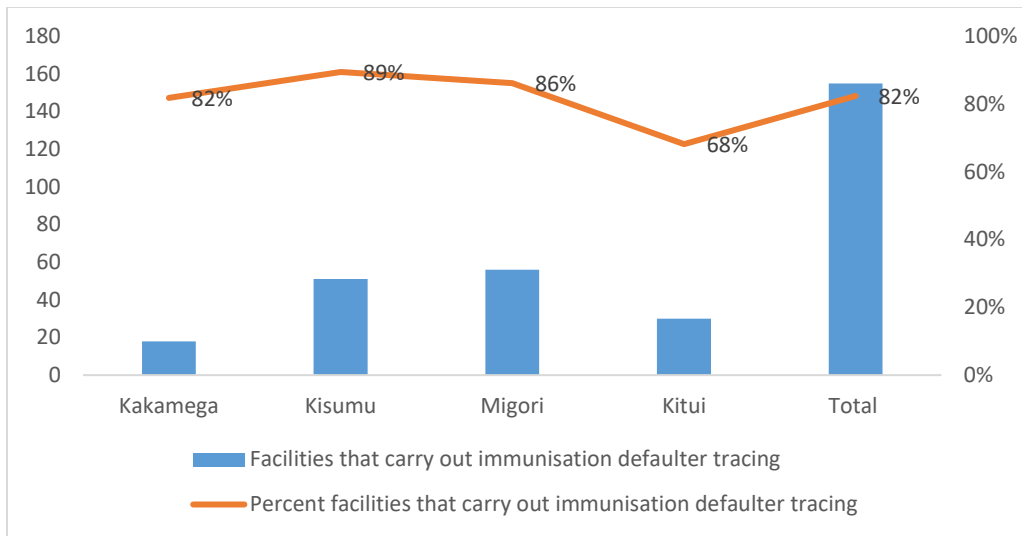


Figure 35. Percent of facilities that carry out immunization defaulter tracing

The assessed facilities that carried out defaulter tracing used various methods, 81% of the facilities used door to door visits by CHVs, 61% used mobile phones to call clients while 5% used other methods as shown in Figure 36. At county level, majority of the facilities across the focus counties used door to door visits by CHVs to trace immunization defaulters.

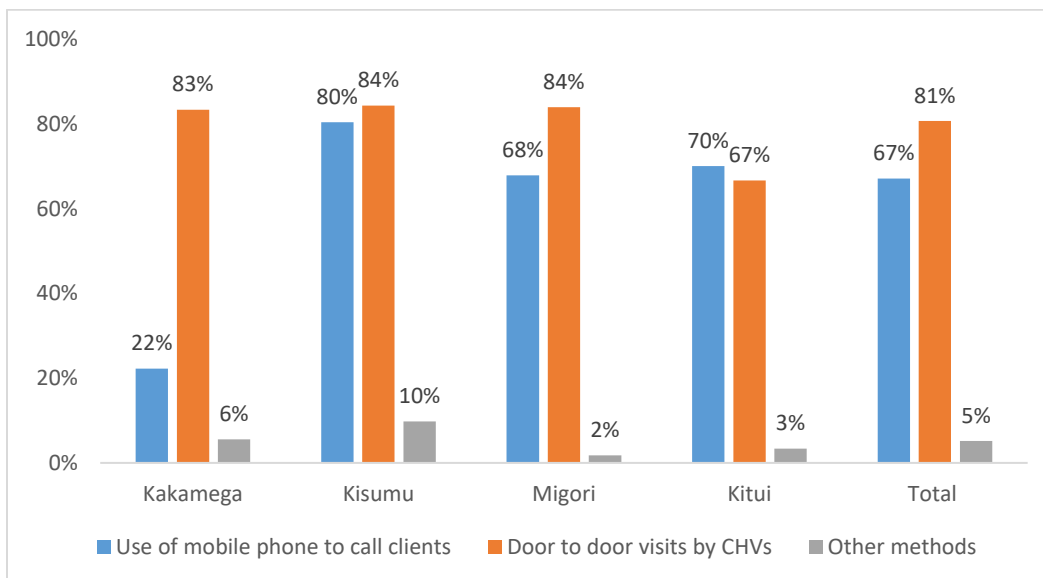


Figure 36. Methods employed by facilities in defaulter tracing

Immunization and child health Guidelines, Policies and IEC materials

The findings showed that 77% of the facilities had current immunization schedules (includes PCV10 and Rota vaccines), 59% had revised IMCI chart booklet, 2012 while only 32% had ORT corner operational guidelines, 31% had immunization manual for health workers and 29% had diarrheal disease M&E framework guideline as shown in Figure 37.

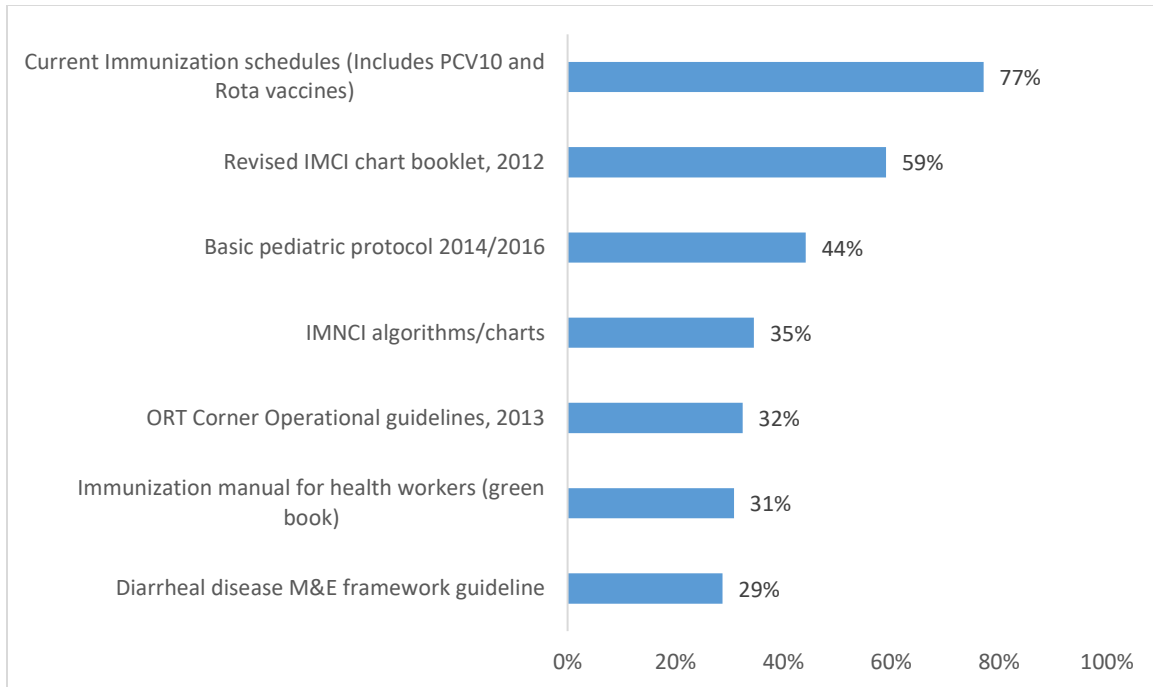


Figure 37. Percent of facilities with Immunization and child health guidelines, policies and IEC materials

Availability and use of Vaccines and immunization reporting tools

Majority of the facilities lacked the measles surveillance forms, polio surveillance forms, vaccine ordering sheet and adverse events following immunization form. In addition, 94% of the facilities had the Permanent immunization register, 95% had the immunization tally sheets and 96% had the vaccines and immunization summary form as shown in Figure 38.

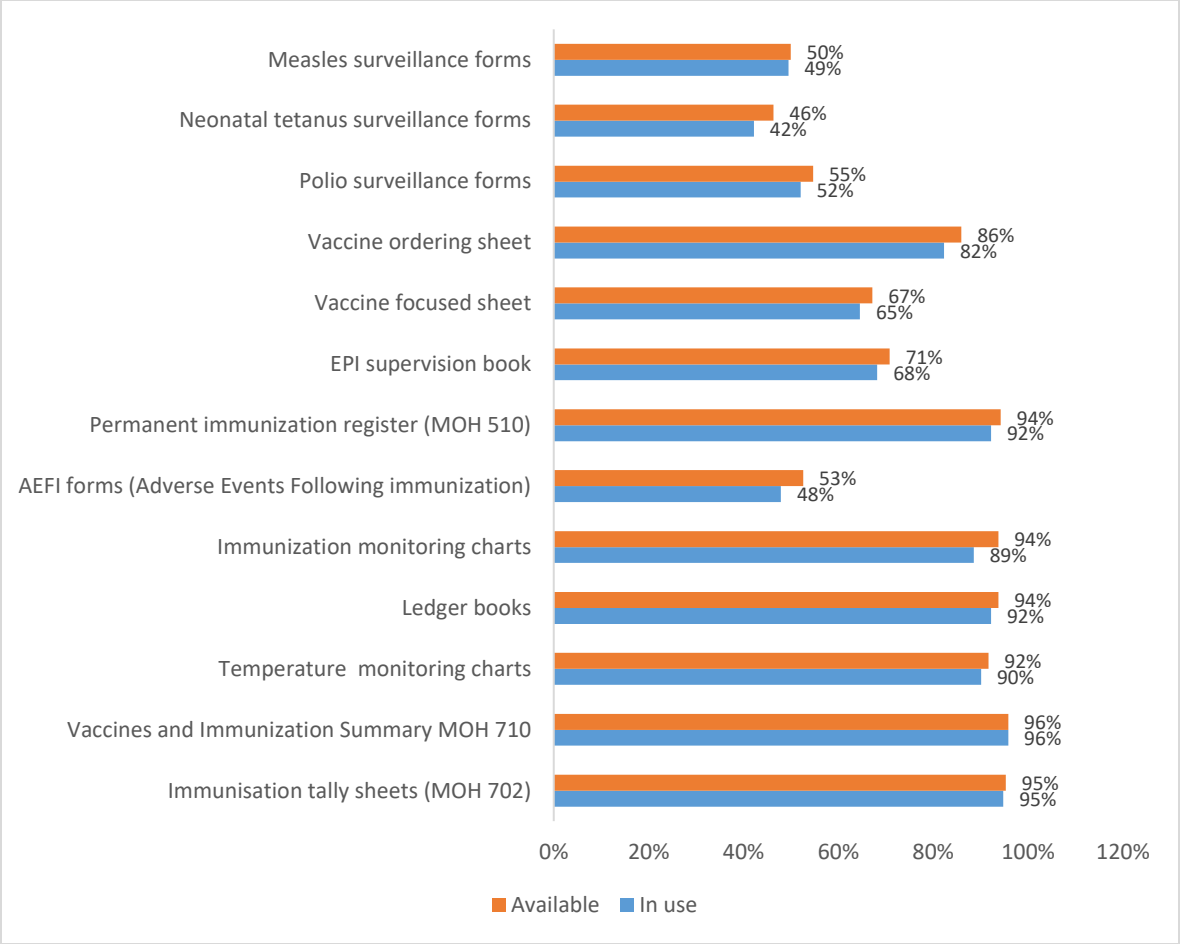


Figure 38. Percent of facilities with and use relevant vaccines and immunization reporting tools

3.6 Child health services

Facilities that provide sick children services

Out of the 192 facilities, 137 (71%) were providing sick children services according to latest IMNCI guidelines. Migori county had the highest proportion (88%) of facilities that provided sick children services while Kakamega had the lowest proportion (38%) of facilities that provided sick children services as shown in Figure 39.

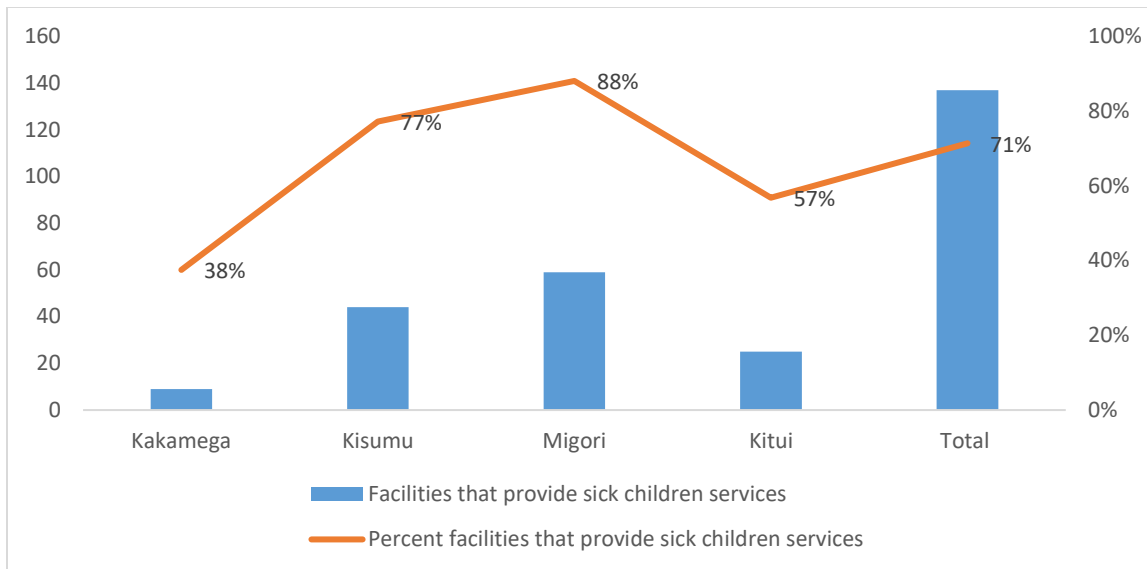


Figure 39. Percent of facilities that provide sick children services according to latest IMNCI guidelines

HCPs trained in Integrated management of newborn and childhood infections (IMNCI)

Out of a total of 725 HCPs in the assessed health facilities, only 188 (26%) had been trained in IMNCI. Kakamega county had the lowest proportion (6%) of HCPs trained in IMNCI while Migori county had relatively high proportion of HCPs trained in IMNCI as shown in Figure 40.

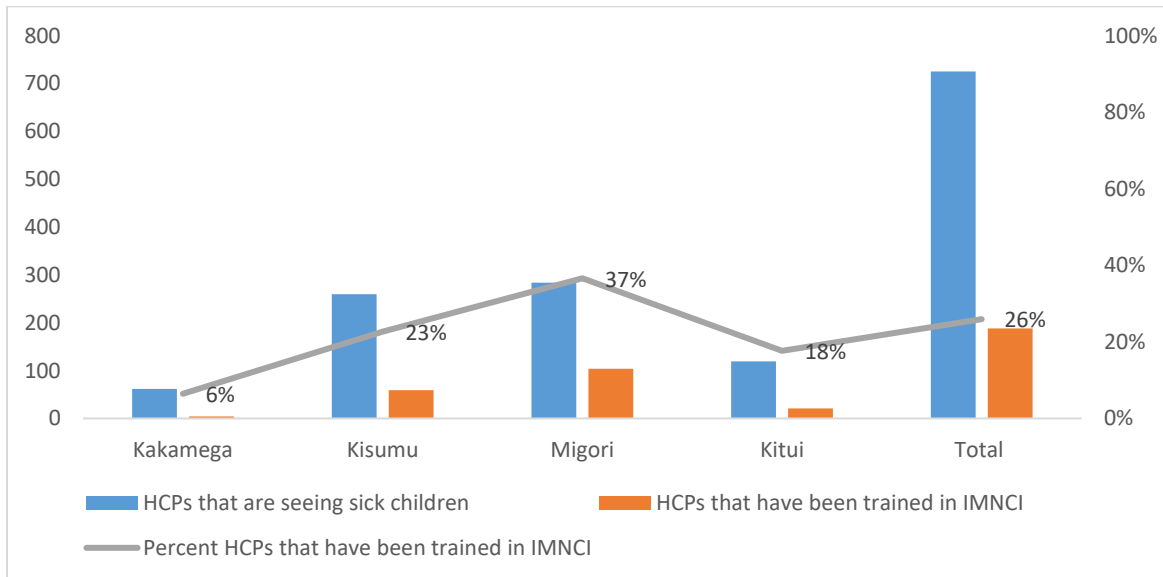


Figure 40. Percent of Healthcare providers trained in IMNCI

Healthcare providers trained in other child health areas

The assessment looked at HCPs that had been trained in child health areas in the last 12 months. The findings showed there were only few HCPs that had been trained on Emergency Triage Assessment and Treatment plus (ETAT+) across the focus counties in the last 12 months as shown in Table 10.

Table 10. Healthcare providers trained in Child health areas

HCPs trained in Child health areas	Kakamega	Kisumu	Migori	Kitui	Total
Emergency Triage Assessment and Treatment plus (ETAT+)	1	8	4	1	14
Facilities linked to a Community Health Unit	19	55	61	26	161

Facilities with functional ORT corner

Diarrhea has remained a major public health challenge in Kenya. Reducing under five morbidity and mortality from diarrhea largely depends on whether children are able to access lifesaving ORS and Zinc tablets. The assessment showed that only 56% of the facilities had a functional ORT corner and 52% had ORT corner register available for reporting. Kakamega county had the lowest proportion (21%) of facilities with a functional ORT corner while Kisumu and Migori had relatively high proportion of facilities with a functional ORT corner as shown in Figure 41. The availability of ORT corner register was a challenge across all the four focus counties with Kitui and Kakamega having the lowest proportion of facilities with an ORT register at 16% and 17% respectively.

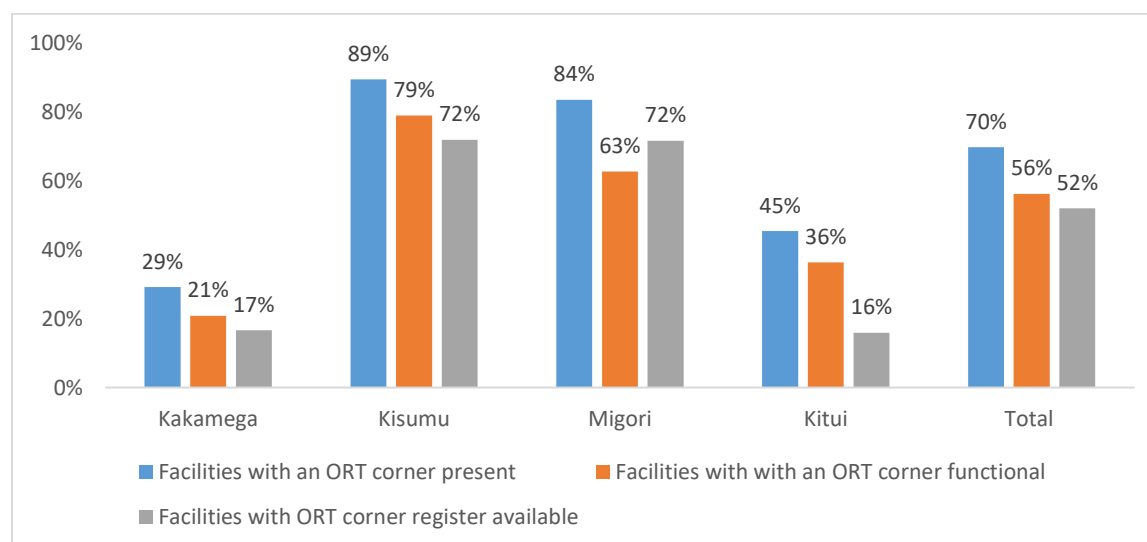


Figure 41. Facilities with functional ORT corner

Facilities linked to a CU

Out of the 192 assessed health facilities, 84% had linked community units (CUs). Kitui county had the lowest proportion (59%) of facilities with linked CUs while Kisumu and Migori had the proportion of facilities with linked CUs at 96% and 91% respectively as shown in Figure 42.

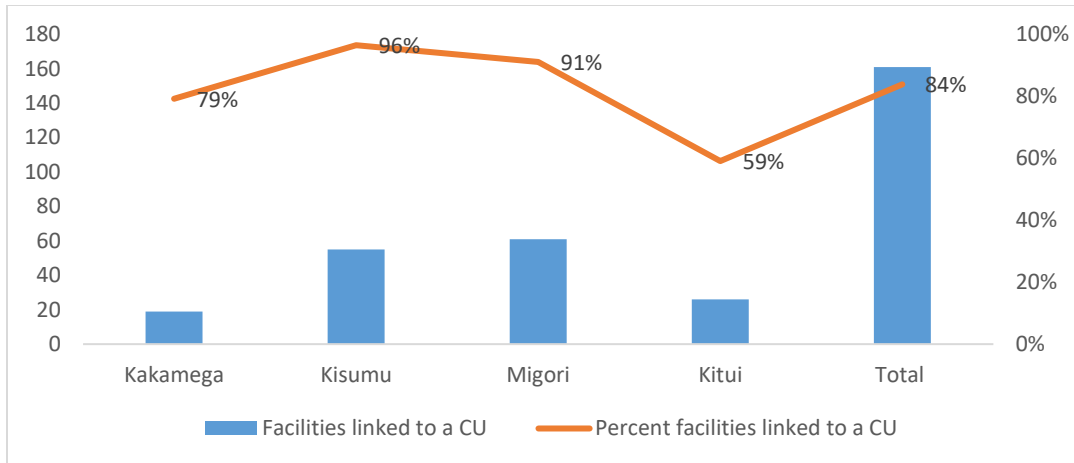


Figure 42. Percent of facilities with linked CU(s)

CHVs trained in iCCM

The findings showed that 33% of the facilities with CHVs attached to it had been trained in iCCM. Kitui county had the lowest proportion (19%) of facilities with trained CHVs in iCCM, while Kisumu had relatively high proportion of CHVs trained in iCCM at 49% as shown in Figure 43.

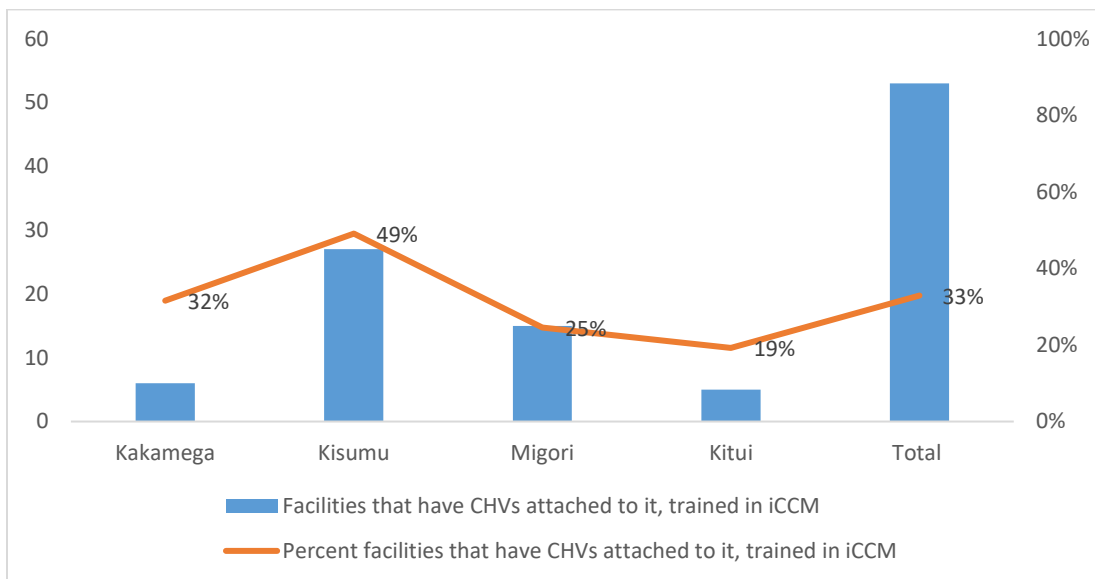


Figure 43. Percent of facilities with CHVs attached to it, trained in iCCM

Availability and use of child health reporting tools

Only 96% of the facilities had the CWC register, outpatient under 5 morbidity register and under 5 morbidity summary tool. However, the sick child recording form was available in only 21% of the facilities and was in use 18% of the facilities as shown in Figure 44.

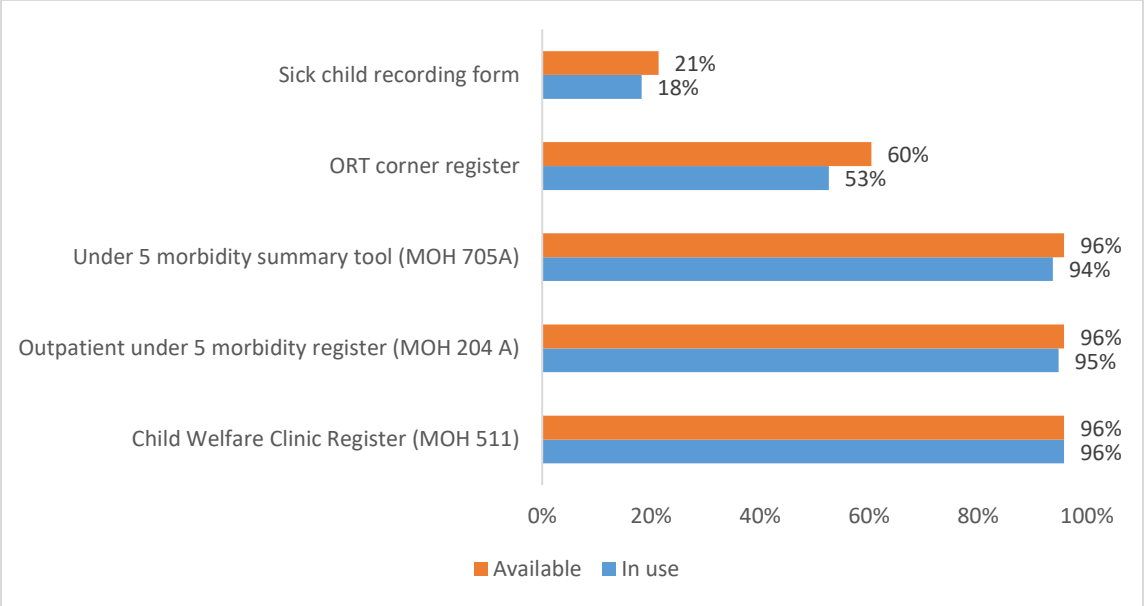


Figure 44. Percent of facilities with and use Child health reporting tools

3.7 Nutrition services

Facilities that provide nutrition services to children below 5 years

The findings showed that 96% of the facilities in Kakamega and Migori counties provided growth monitoring (weight), 96% provided growth monitoring (MUAC) and 88% provided Vitamin A supplementation as shown in Figure 45. At county level, Migori county had the highest proportion of facilities that provided growth monitoring (weight) at 100% and Vitamin A supplementation at 99%.

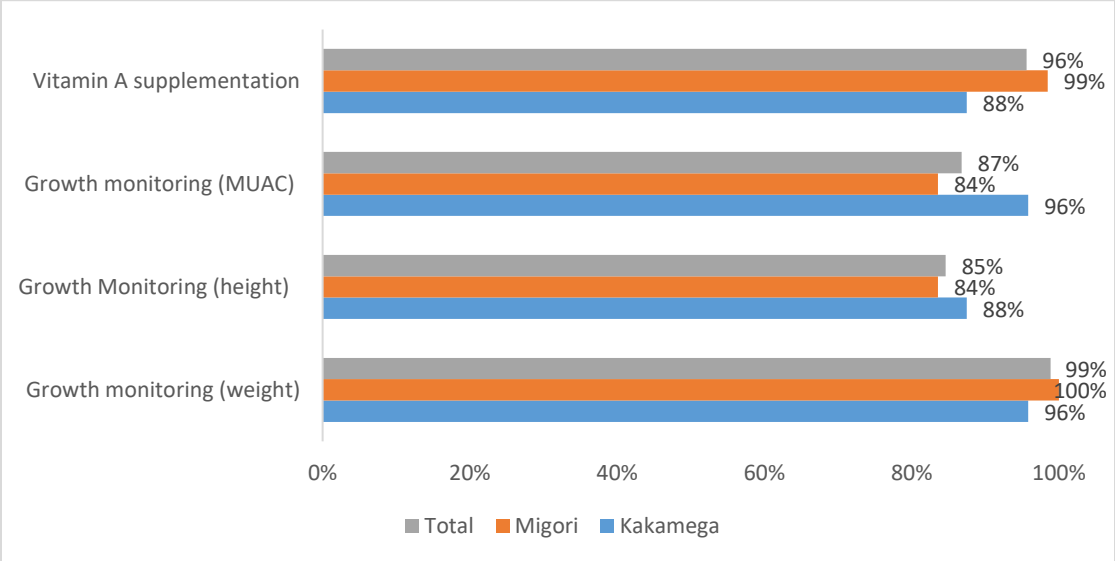


Figure 45. Percent of facilities that provide nutrition services to children below 5 years

Facilities that provide nutrition services to mothers/caregivers

The findings showed that 96% of the facilities in Kakamega and Migori counties provided nutrition counselling on maternal nutrition, 96% provided nutrition counseling on benefits and management of breastfeeding and 88% provided combined iron and folic acid supplementation (IFAS) for pregnant women as shown in Figure 46. At county level, Migori county had comparatively the highest proportion of facilities that provided nutrition counseling on maternal nutrition at 99%, nutrition counseling on benefits and management of breastfeeding at 100% and combined IFAS at 91%.

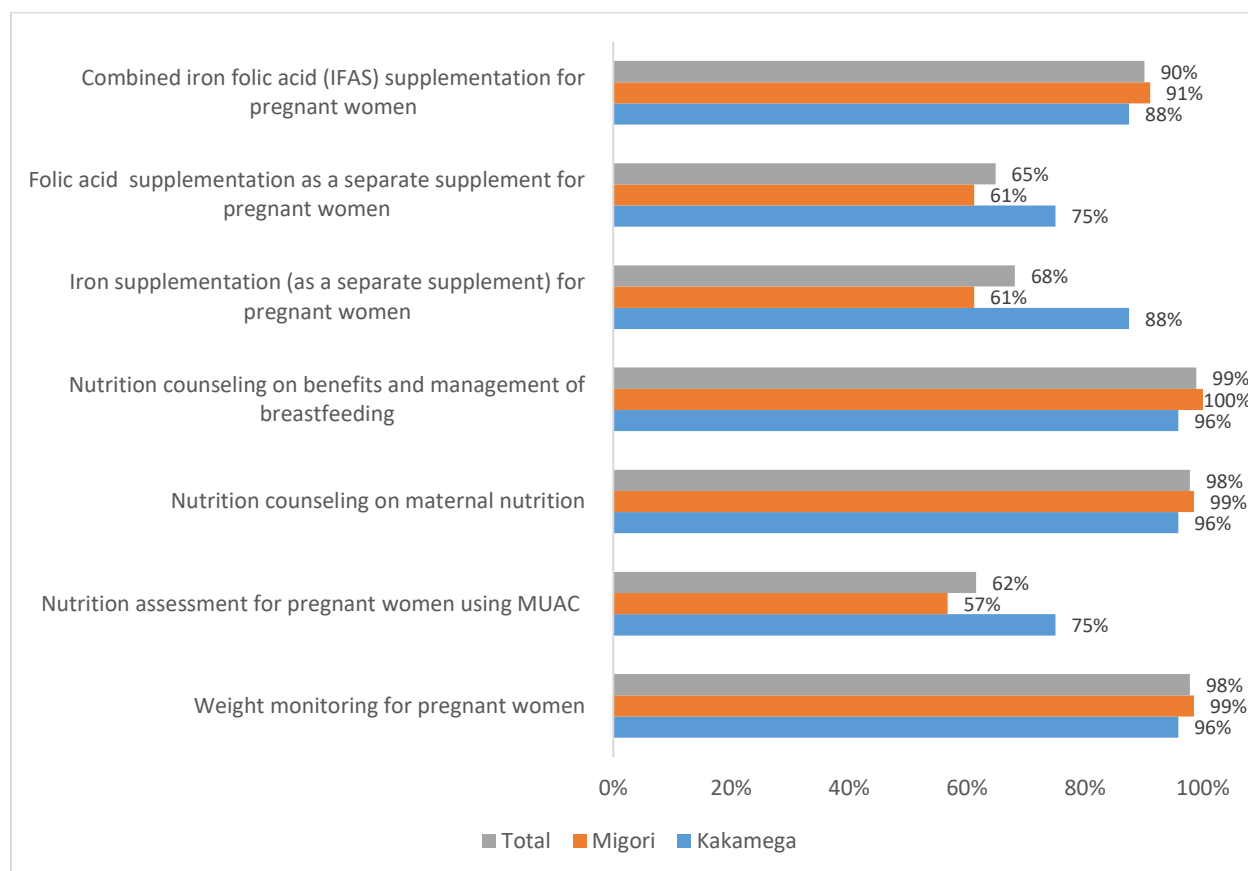


Figure 46. Facilities that provide nutrition services to mothers/caregivers

Healthcare providers trained in Nutrition

The assessment looked at HCPs that had been trained in nutrition technical areas in the last 12 months. The findings showed that Kakamega county had a proportionately lower number of HCPs that had been trained in nutrition technical areas in the last 12 months as shown in Table I I.

Table II. Healthcare providers trained in Nutrition

HCPs trained in Nutrition areas	Kakamega	Migori	Total
High impact nutrition interventions (HINI)	3	10	13
Integrated management of acute malnutrition (IMAM)	5	31	36
Infant and young child feeding (IYCF)	10	15	25
Vitamin A supplementation/micronutrients	13	37	50
WHO growth monitoring	5	11	16
Baby friendly hospital initiative	3	10	13
Baby friendly community initiative	2	11	13

Availability of Nutrition commodities

The assessment looked at facilities that had stock out of nutrition commodities in the three months period of December 2017 to February 2018. The findings showed that 33% of the facilities had stock out of Vitamin A 100,000 IU and 30% of the facilities had stock out of Vitamin A 200,000 IU during the three months period as shown in Figure 47.

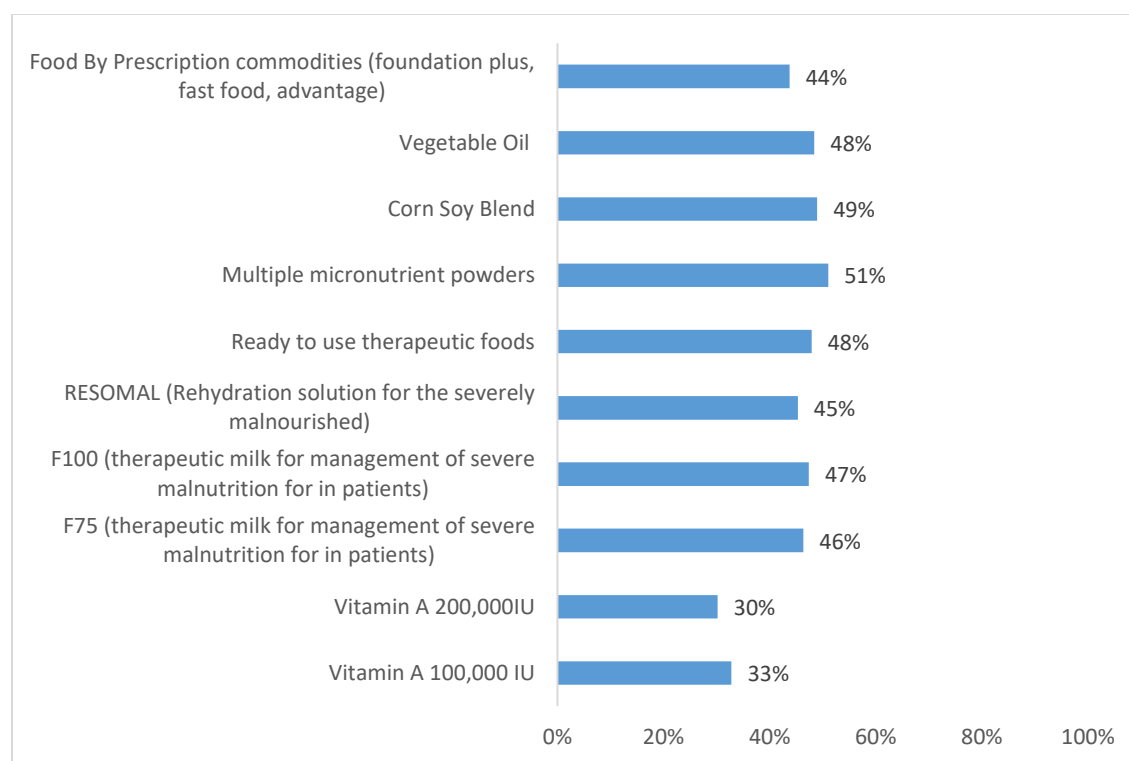


Figure 47. Percent of facilities that had stock out of nutrition commodities (Dec 2017 to Feb 2018)

The findings showed that there was a gap in availability of relevant Nutrition guidelines, policies and IEC materials in the assessed facilities in Migori and Kakamega counties. Out of the 91 health facilities that were assessed in the two Nutrition focus counties, 75% of the facilities had combined IFAS policy guideline, 40% had the maternal infant and young child nutrition (MIYCN) policy guideline and 25% had integrated management of acute malnutrition (IMAM) policy guideline as shown in Figure 48.

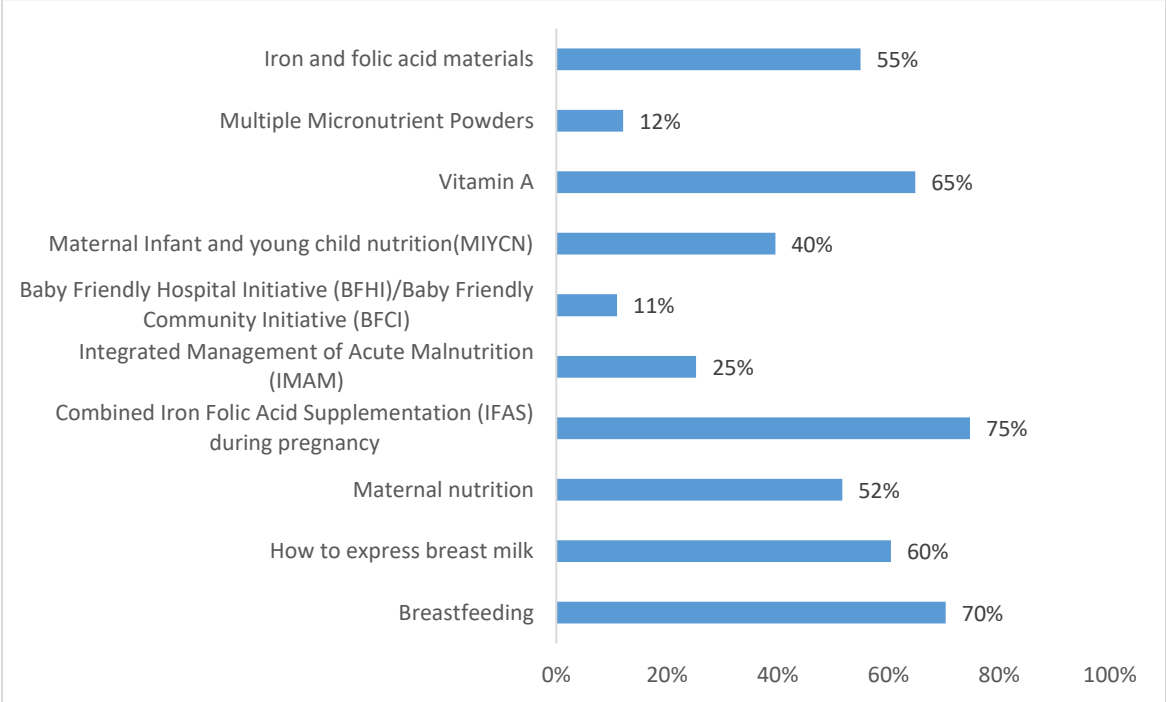


Figure 48. Percent of facilities with relevant Nutrition Policy Guidelines and IEC materials

Availability and use of Nutrition reporting tools

The assessment looked at availability of Nutrition reporting tools in Kakamega and Migori counties. The findings showed that none of the facilities had a complete set of the relevant Nutrition reporting tools. The findings showed that CHANIS tally sheets were available in 86% of the facilities and were in use in 68% of the facilities as shown in Figure 49.

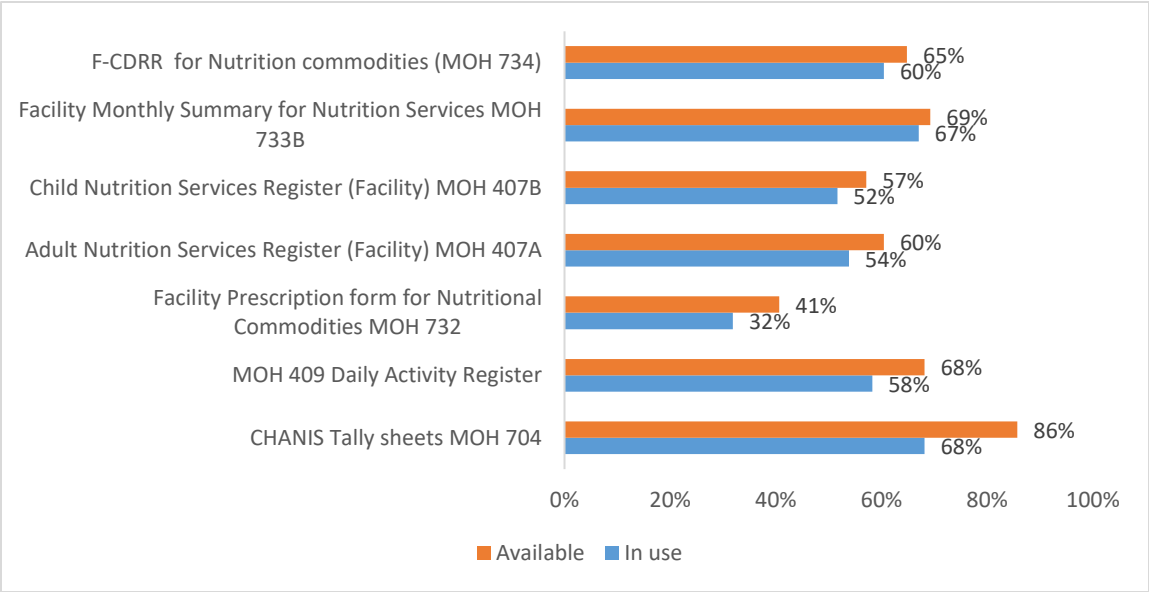


Figure 49. Percent of facilities with relevant nutrition reporting tools

3.8 Referral Services

The need for efficient delivery of health care services at different levels in terms of rational use of health care services and equitable services cannot be over-emphasized. Due to inadequate knowledge on organization of services and the perceived low quality of services offered at lower levels, clients often bypass available services at those lower levels where services could be provided more cost-effectively. Therefore, there is need to strengthen the referral system in order to provide health services efficiently, equitably and cost-effectively⁵.

According to the assessment findings, only 25% of the facilities had a national referral strategy document. Migori county had the lowest proportion (19%) of facilities that had the national referral strategy document with Kakamega county having the highest proportion (42%) of facilities with the document as shown in Figure 50. The national referral strategy document aims to provide guidance to the health sector on how to build an effective referral system that responds to the needs of Kenyans. It also provides the strategic interventions needed to improve efficiency and responsiveness of a referral system. The strategy is useful to health managers and service providers, among others, as it provides useful information on principles of a well-functioning referral system⁶.

⁵ Ministry of Health, Government of Kenya. Kenya Health Sector Referral Strategy (2014-2018). Nairobi, Kenya: MOH, 2014

⁶ Ibid

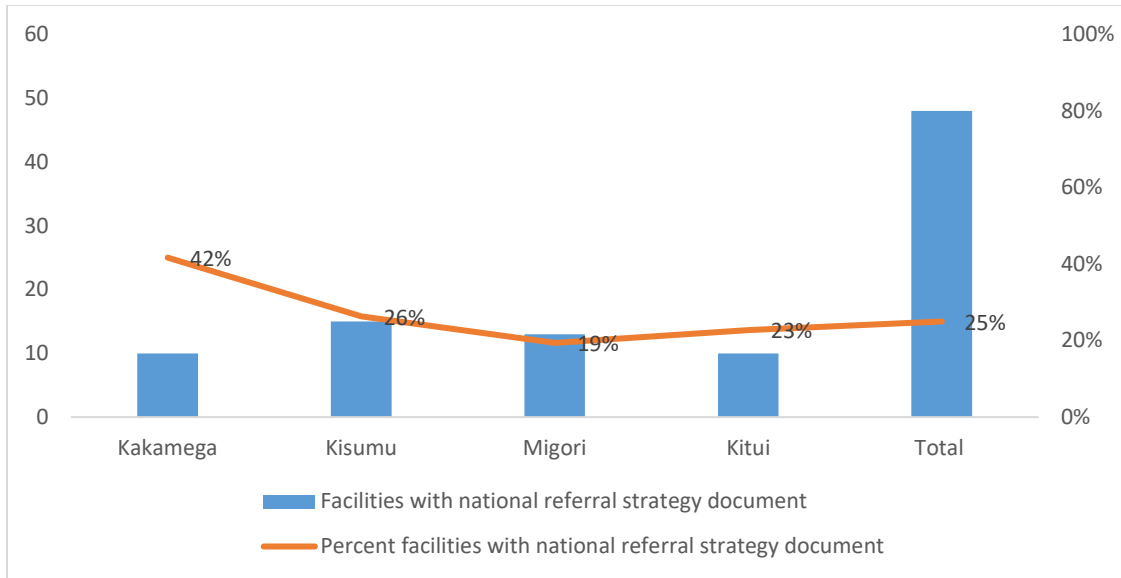


Figure 50. Percent of facilities with national referral strategy document

3.9 Medical management of Sexual and Gender-Based Violence

Sexual and gender-based violence is a serious public health and human rights problem in Kenya. Sexual and gender-based violence affects men and women, boys and girls and has adverse physical and psycho-social consequences on the survivor and their families ⁷. Comprehensive care for sexual and gender-based violence ranges from medical treatment which includes management of physical injuries, provision of emergency medication to reduce chances of contracting sexually transmitted infections including HIV and provision of emergency contraception to reduce chances of unwanted pregnancies, history taking, physical examination and collection of forensic evidence, documentation on the PRC and Kenya police examination form (also referred to as the P3 form). This also entails the provision of psycho-social support through counselling to help survivors deal with trauma, in addition to referring them for legal aid geared towards accessing justice⁸.

According to the assessment findings, only 62% of the facilities were providing sexual and gender-based violence (SGBV) services in the four focus counties. Kisumu county had the highest proportion (82%) of facilities that provided SGBV services while Migori county had the lowest proportion (46%) of the facilities providing SGBV services as shown in Figure 51.

⁷ Ministry of Public Health and Sanitation, Ministry of Medical Services. National Guidelines on Management of Sexual Violence in Kenya. 2nd Edition, Nairobi, Kenya: MOPHS, MOMS; 2009

⁸ Ibid

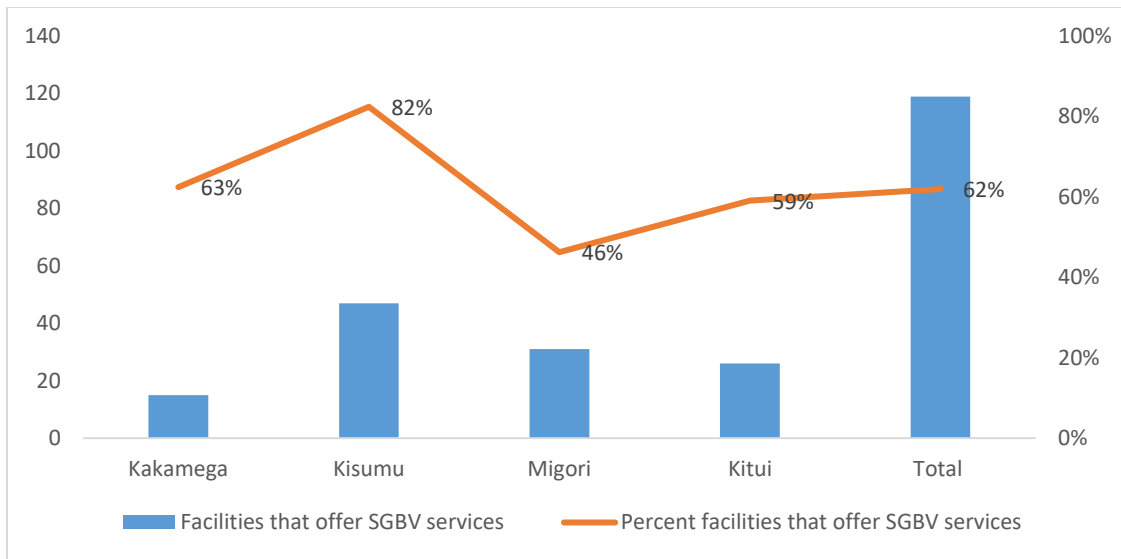


Figure 51. Percent of facilities that offer SGBV services

Out of the facilities that offered SGBV services, 98% provided HIV testing and HIV post-exposure prophylaxis, and 97% undertook history taking and examination, and STI screening as shown in Figure 52. It was not clearly established if the facilities offer Post Exposure Prophylaxis (PEP) or emergency contraceptives as stipulated within the national guidelines on the management of sexual violence.

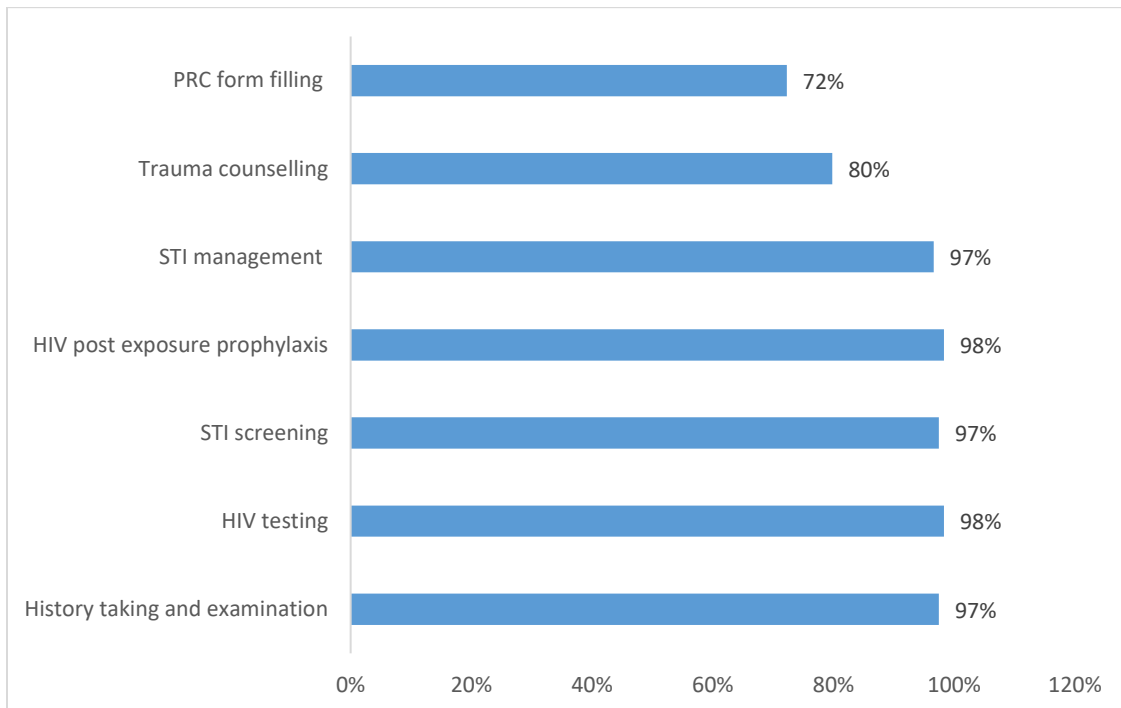


Figure 52. Percent of facilities that offer various SGBV services

Overall, only 29% of the health facilities assessed had a referral directory of institutions within their locality that respond to SGBV. At the county level, Migori county had the lowest proportion (15%) of facilities that referral directory while Kisumu had the highest proportion (58%) of facilities that had referral directory of institutions in their locality that respond to SGBV as shown in Figure 53.

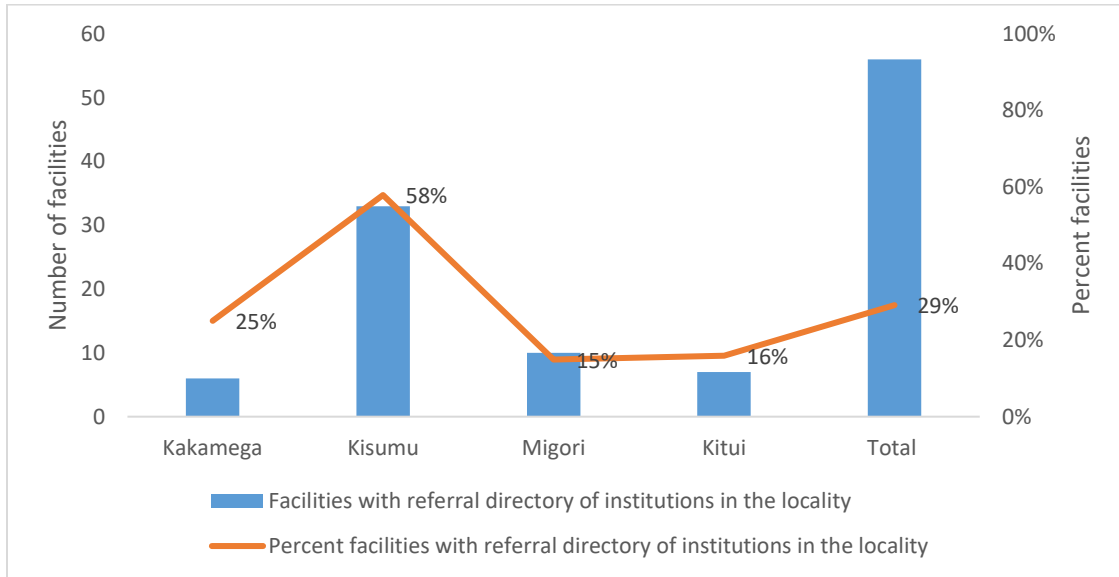


Figure 53. Percent of facilities with referral directory of institutions in the locality to respond to SGBV

HCPs sensitized on Gender based violence

Gender-based violence and child abuse are key public health issues that cause immense pain, injury and suffering, particularly to women and children. Healthcare workers have a crucial role in identifying, offering medico-legal (clinical and legal aid) related services all those affected by it. Health care workers, therefore, need adequate capacity and skills to address gender and rights issues. The assessment found out that 47% of the facilities had HCPs who had been sensitized on clients rights and informed choice; 33% had HCPs sensitized on gender and FP/RMNCAH and only 29% had been sensitized on gender discrimination as shown in Figure 54. Up to 47% of the facilities had HCPs that had not been sensitized on either of these. At the county level, Kitui and Migori counties had a relatively high proportion (52%) of HCPs that had not been sensitized on the management of sexual and gender based violence compared to Kakamega and Kisumu counties.

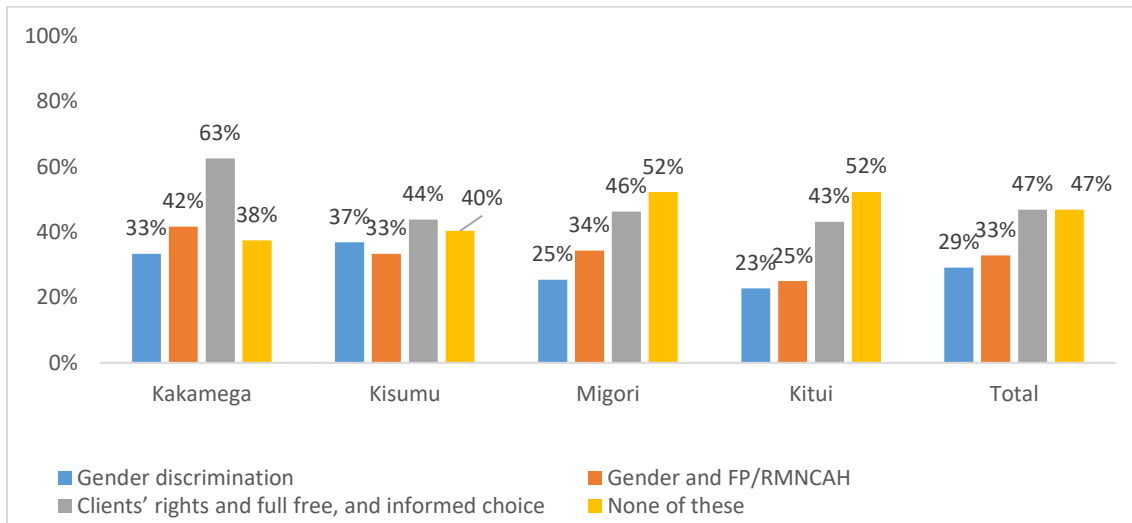


Figure 54. Percent of facilities with Healthcare providers sensitized on the management of sexual and gender based violence

SGBV IEC materials and job aids

SGBV IEC materials and job aids are critical in guiding providers in the management of cases of sexual and gender based violence. The materials and job aids seek to address the medical, psycho-social, legal aspects of sexual violence, with the main goal of ensuring that the needs of survivors are addressed comprehensively and appropriate referrals are made both within and outside the health facilities⁹. An analysis of the SGBV guidelines, policies and IEC materials available in the facilities showed that 61% of the facilities had the SGBV clinical management algorithm, 50% had the survivor flow chart form while only 31% of the facilities had the SOP for management of child survivors of sexual violence of 2018, as shown in Figure 55.

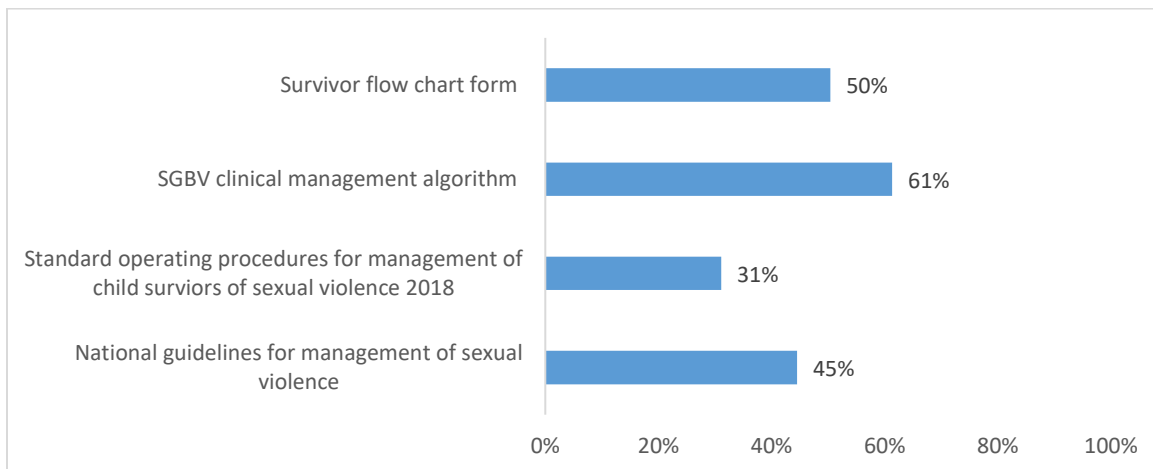


Figure 55. Percent of facilities with relevant SGBV Guidelines, Policies and IEC materials

⁹ Ministry of Public Health and Sanitation, Ministry of Medical Services. National Guidelines on Management of Sexual Violence in Kenya. 2nd Edition, Nairobi, Kenya: MOPHS, MOMS; 2009

Availability and use of SGBV reporting tools

The findings showed that a majority of the facilities lacked relevant national SGBV reporting tools. Only 46% of the facilities had the PRC form and SGBV register, while only 40% of the facilities were using these tools. In addition, only 22% of the facilities had the rape trauma counselling form and 20% of the facilities were using the form as shown in Figure 56.

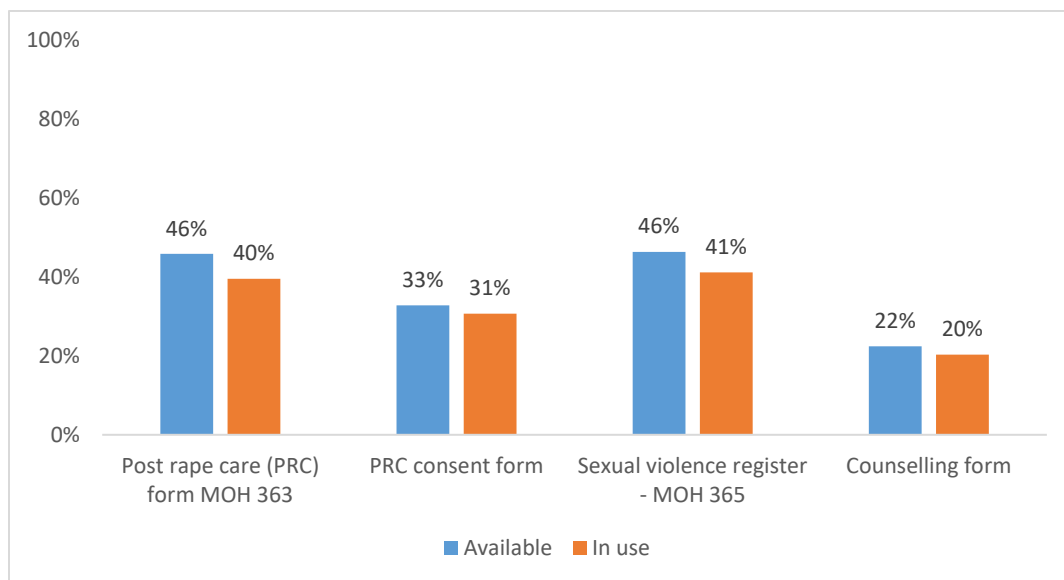


Figure 56. Percent of facilities with and use relevant SGBV reporting tools

3.10 Infection Prevention

The prevention and control of infections are critical for a well-functioning health system. According to WHO, the basic principle of infection prevention and control is hygiene. It is required to prevent the transmission of communicable diseases in all health care settings.

Facilities providing IPC support by administration

The assessment findings showed that 66% of the facilities had toilets for female and 64% had toilets for male staff. Only 27% of the facilities had an IPC committee in existence and 36% of the facilities had infection prevention reference materials and staff that know and follow 2015 infection prevention guidelines as shown in Figure 57.

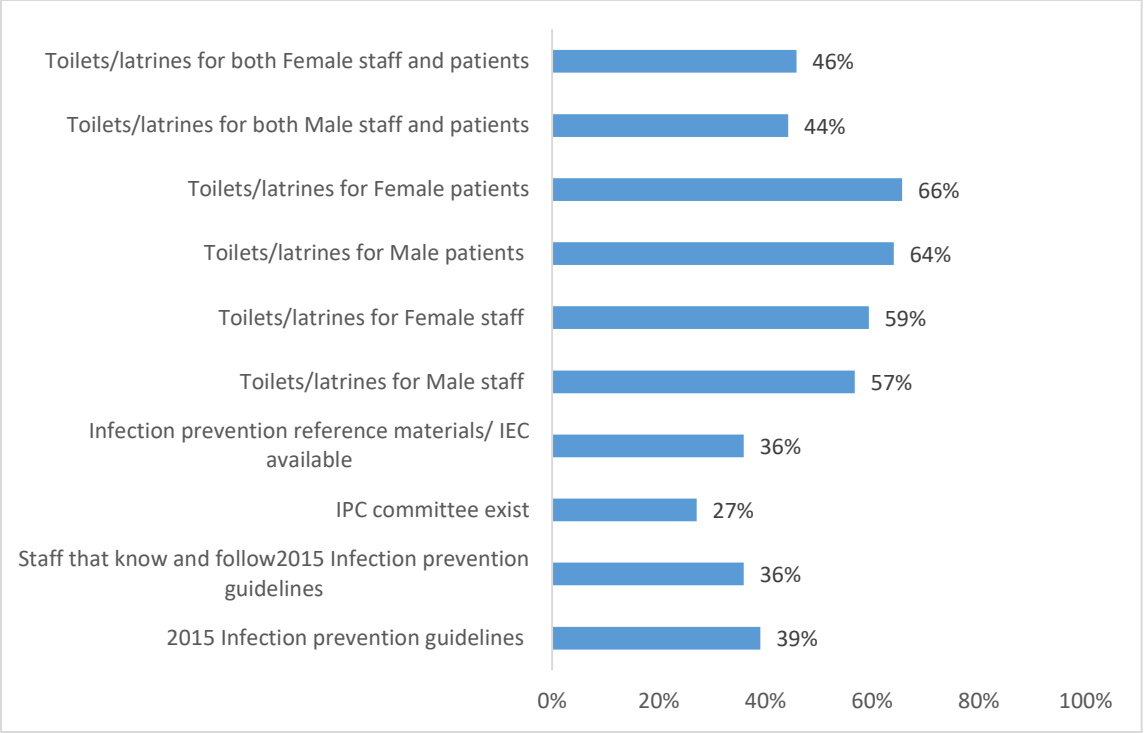


Figure 57. Percent of facilities providing IPC support by administration

Handwashing facilities

For HCWs to provide high-quality health care services and prevent unnecessary health care-associated infections (HAIs), strict adherence to simple and cost-effective IPC practices such as hand hygiene must be observed. Hand washing aims to remove soil, blood and other organic material, and transient microorganisms from the skin¹⁰. The assessment showed that 85% of the health facilities had running water for washing hands and only 43% were in use, 81% had soap for washing hands but only 51% of the facilities had them in use. While 73% of the facilities had antiseptics, only 45% of the facilities had them in use as shown in Figure 58.

¹⁰ Ministry of Public Health and Sanitation, Ministry of Medical Services. National Infection Prevention and Control Guidelines for Health Care Services in Kenya. Nairobi, Kenya: MOPHS, MOMS; 2010

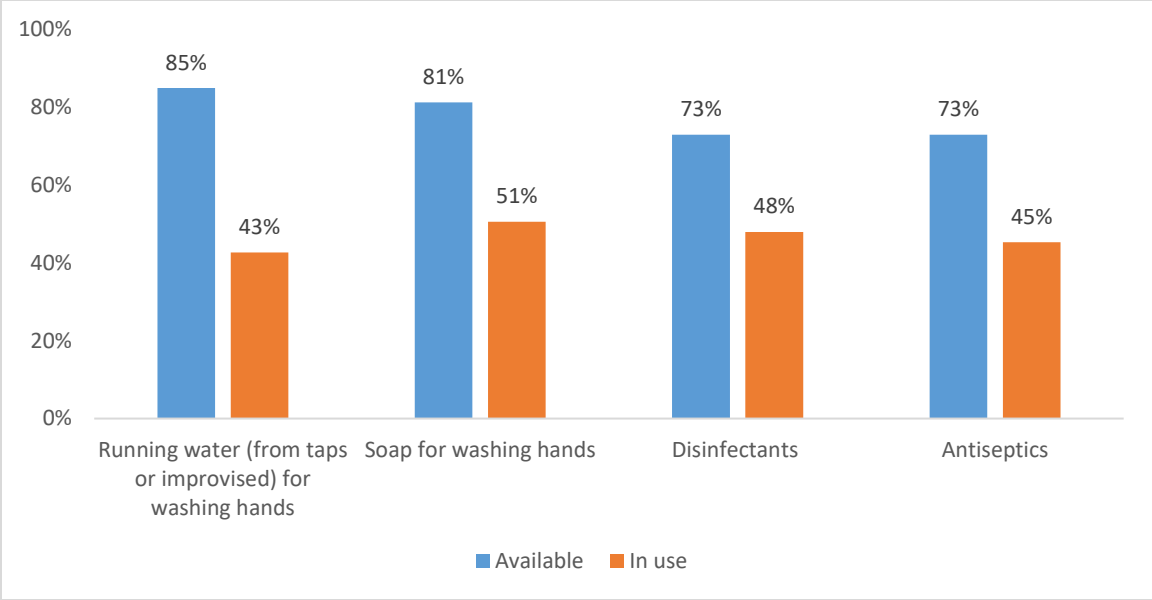


Figure 58. Percent of facilities with and use handwashing facilities

Supplies/equipment for processing used items

The assessment findings showed that 86% of the facilities had 3 buckets for contamination well labelled but only 43% were in use, 82% of the facilities had chlorine solution for decontamination of used instruments but only 42% were in use, and 78% of the facilities had steamer, boiler or autoclave but only 45% were in use. In addition, only 48% of the facilities had protective clothing for staff when cleaning heavily contaminated areas such as toilets, sinks, blood spills and body fluids as shown in Figure 59.

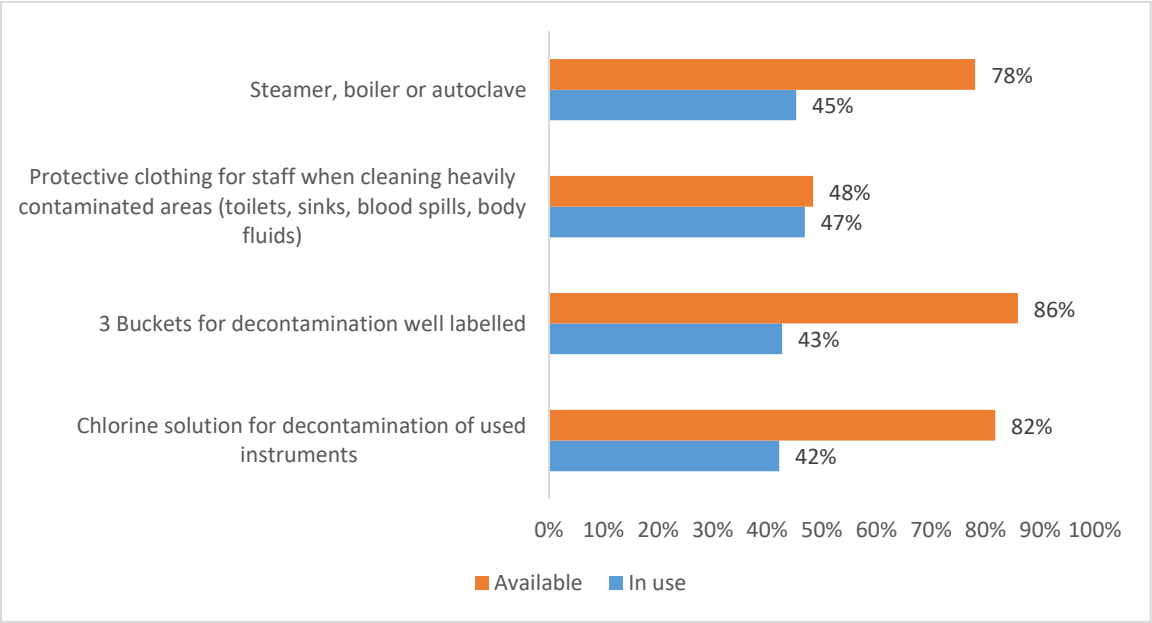


Figure 59. Facilities with Supplies/equipment for processing used items

Waste disposal methods

Health care settings produce infectious waste that may lead to HAIs and HIV/AIDS for the health care providers, waste handlers, and patients. HAIs have been a major contributor to the burden of morbidity and mortality in the developing world, including Kenya¹¹. Out of the 192 assessed facilities, 83% had placenta pit while only 48% were in use, 83% had dump site to dispose contaminated materials while only 45% were in use, and 89% of the facilities had puncture resistant containers for sharps disposal while only 48% were in use as shown in Figure 60.

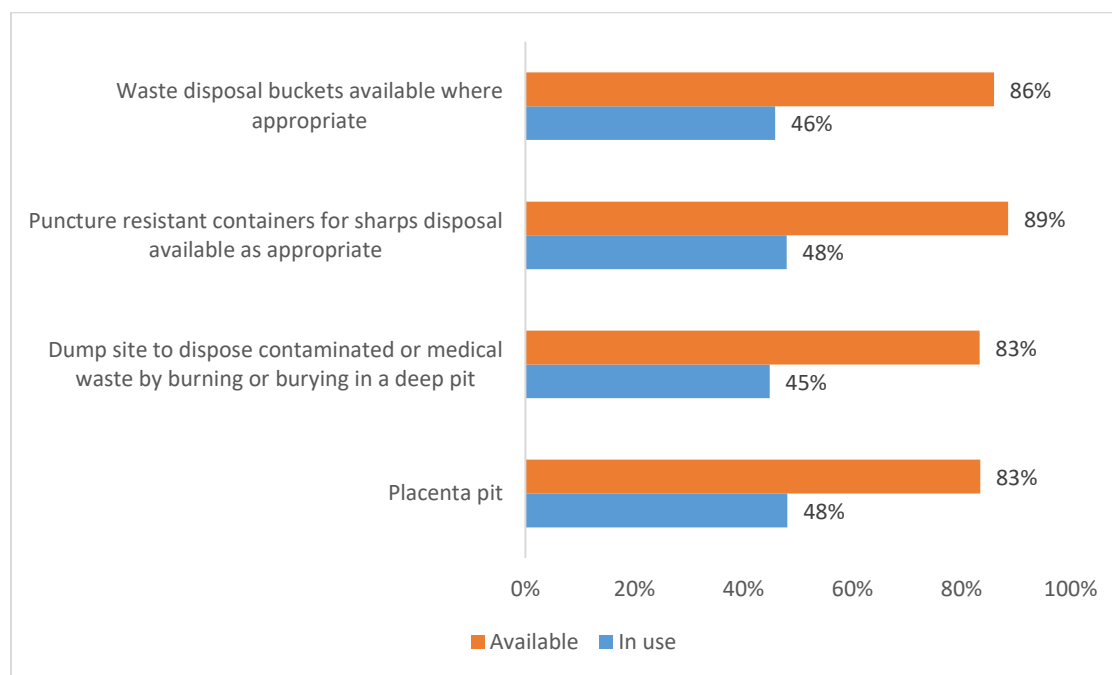


Figure 60. Percent of facilities with and use waste disposal methods

In addition, only 28% of the facilities had functioning incinerator, 73% had dumpsite well secured from animals or scavengers and 87% of the facilities had compound free of visible waste as shown in Figure 61.

¹¹ Ministry of Health, Government of Kenya. Health Care Waste Management Strategic Plan, 2015 – 2020. Nairobi, Kenya: MOH; 2015

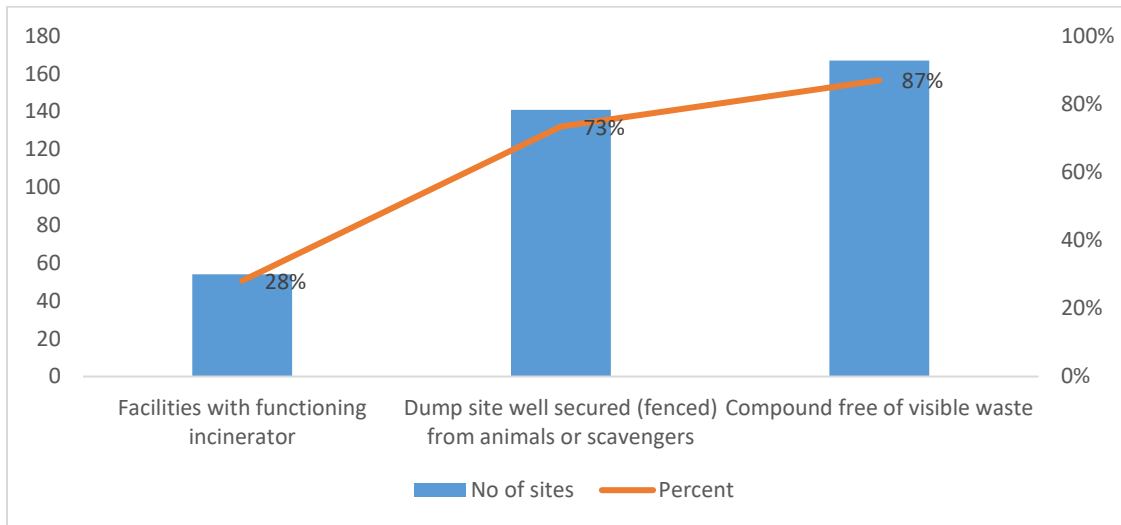


Figure 61. Percent of facilities using other waste disposal methods

Infection Prevention Guidelines, Policies and IEC materials

The infection prevention and control guidelines and IEC materials aim to guide health service providers in managing waste generated from health facilities. The guidelines help in mitigating risks of exposure and subsequent transmission of infections to health service providers, patients, and the community. In addition, the guidelines aim to protect the environment against undesirable effects that can result from using less than optimal methods of waste disposal. The findings showed that 70% of the facilities had national guidelines for IPC 2015 and only 36% of the facilities had infection prevention IEC materials as shown in Figure 62. At county level, Kitui had the lowest proportion (14%) of facilities that had national guidelines for IPC 2015 and proportion (59%) of the facilities that had infection prevention IEC materials.

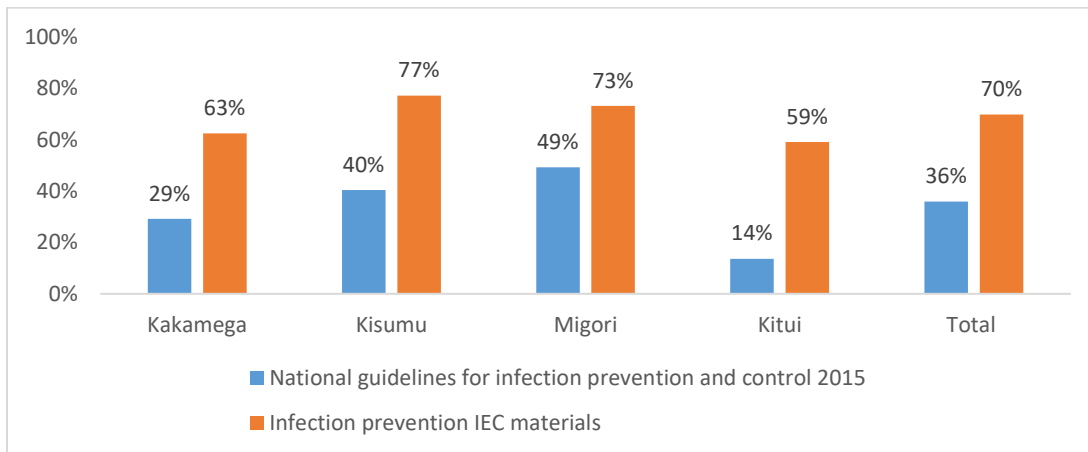


Figure 62. Percent of facilities with Infection Prevention Guidelines/Policies/IEC materials

3.11 Health Records

Filing system

A proper filing system is a requisite in facilities to ensure safe keeping and confidentiality of client records, and easy retrieval of client information when required. The assessment found out that only 60% of the facilities had a proper filing and storage system for patient files and maternity files. Kakamega county had a comparatively low proportion (58%) of facilities that had proper filing system while Kisumu had comparatively high proportion (63%) of facilities that had proper filing system as shown in Figure 63.

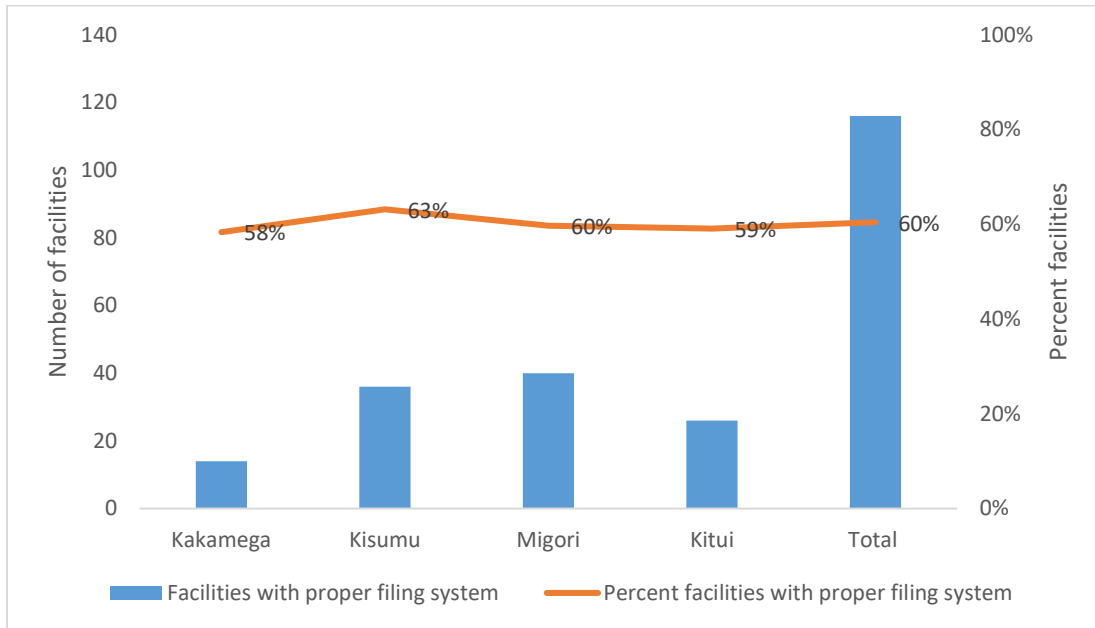


Figure 63. Percent of facilities with proper filing system

Data review meetings

Reliable, valid and accurate data is essential for effective monitoring of health-care services. Regular data review meetings act as forums to enable facility HCPs to review their data in terms of quality and also monitor facility performance against annual targets and coverage benchmarks. Only 65% of the facilities conducted monthly data review meetings while 54% of the facilities conducted quarterly data review meetings. Kisumu county had a higher proportion of facilities that conducted monthly and quarterly data review meetings at 75% and 67% respectively. On the other hand, Kitui had the lowest proportion of facilities that conducted monthly and quarterly data review meetings at 43% and 34% respectively as shown in Figure 64.

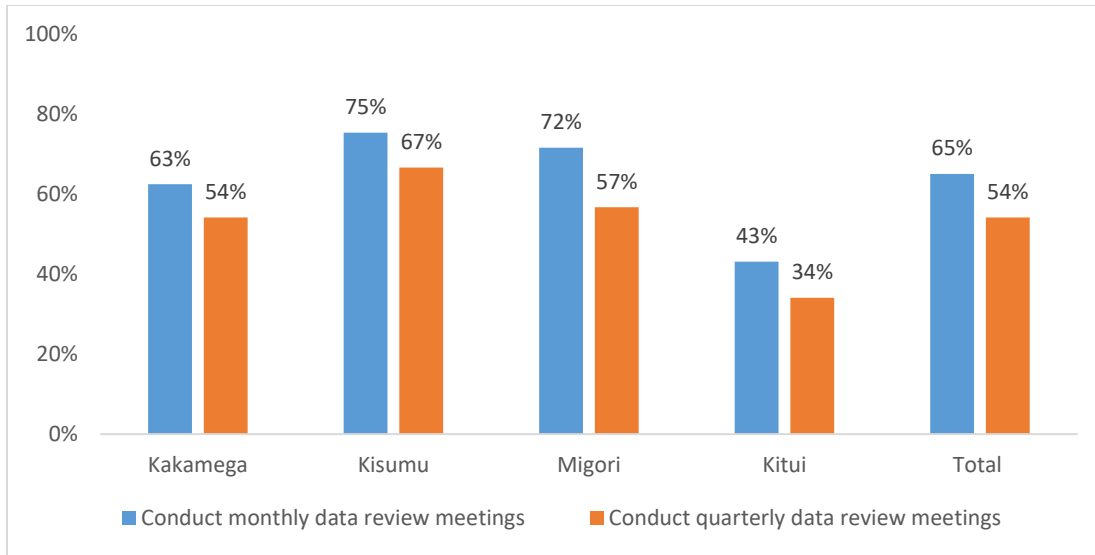


Figure 64. Facilities that conduct data review meetings

3.12 Drugs

The assessment looked at availability of drugs at various service delivery points. The availability of EmONC service determines the ability of a health facility to respond to obstetric and newborn complications and its contribution to reduce maternal and newborn mortality and morbidity. Out of the 181 facilities offering maternity services, 99% had oxytocin injection and 91% had magnesium sulphate as shown in Figure 65. Majority of the facilities lacked misoprostol (17%) and sublingual nifedipine (22%) during the period of the assessment.

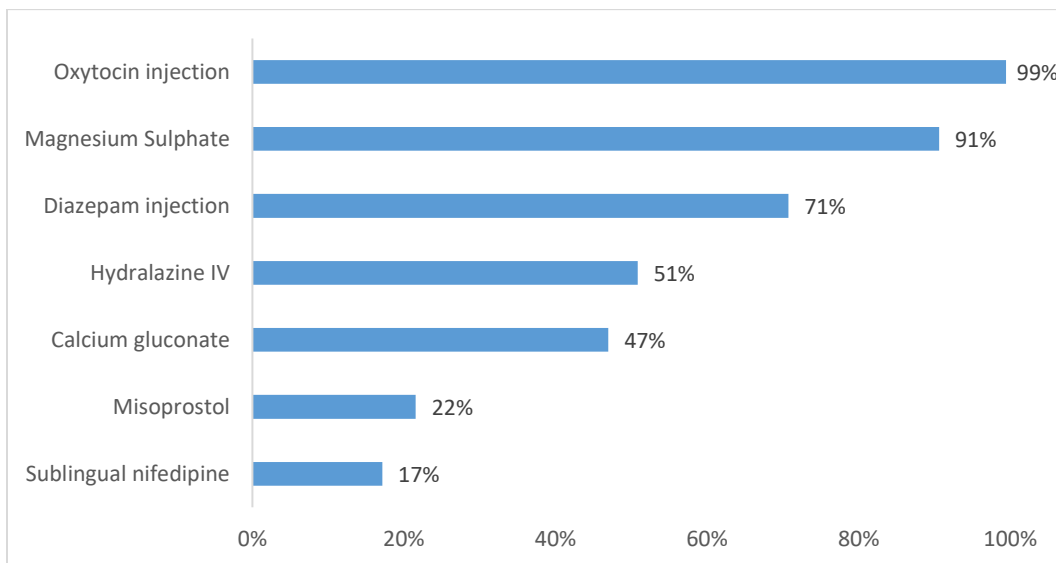


Figure 65. Percent of facilities with EmONC drugs available

Neonatal drugs

Overall, the proportion of facilities that had 1% Tetracycline Eye Ointment (TEO) was 80% while the proportion that had Vitamin K was 71%. Kakamega county had the least proportion of facilities that had 1% Tetracycline Eye Ointment (TEO) and Vitamin K at 46% and 45% respectively as shown in Figure 66.

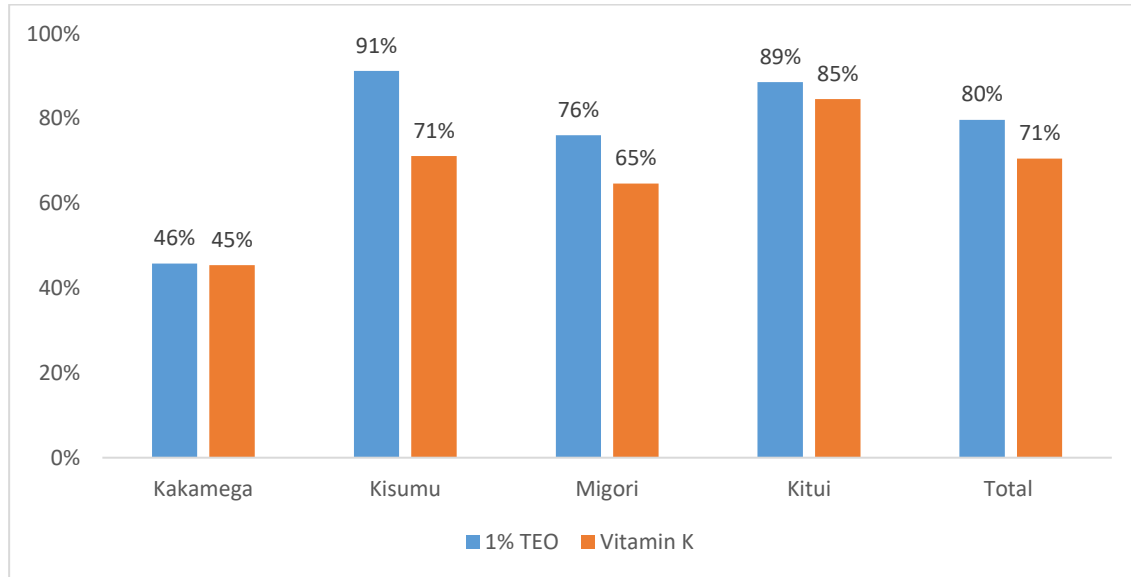


Figure 66. Percent of facilities with Neonatal drugs available

In addition, facilities that had Chlorhexidine gel 7.1% available were 74%. Kakamega county had the lowest proportion of facilities that had Chlorhexidine gel 7.1% available at 59% while Migori county had the highest proportion at 85% as shown in Figure 67.

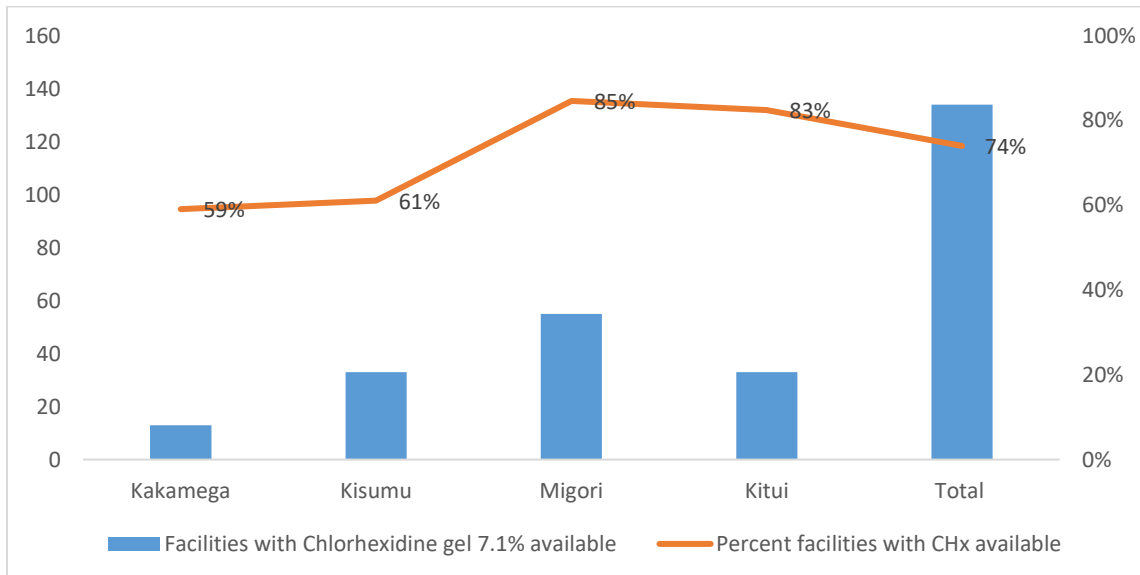


Figure 67. Percent of facilities with Chlorhexidine gel 7.1% available

Diarrhea management commodities

Overall, the proportion of facilities that had Zinc/ORS co pack was 69%. At county level, Kisumu county had the highest proportion (91%) of facilities that had Zinc/ORS co pack while Migori county has the lowest proportion (49%) of facilities that had Zinc/ORS co pack as shown in Figure 68.

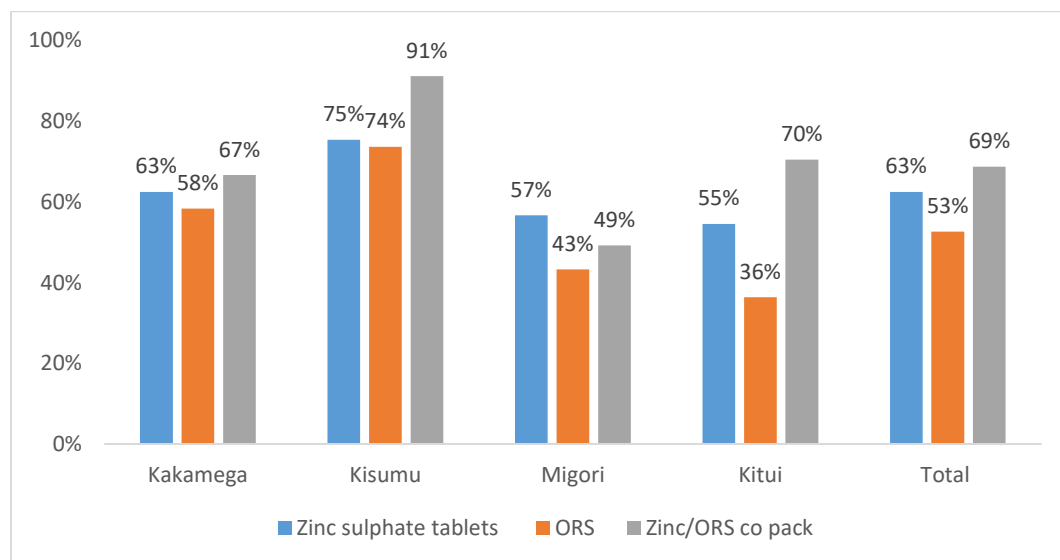


Figure 68. Percent of facilities with Diarrhea management commodities available

Availability of antibiotics for under 5

Overall, 85% of the facilities had septrin and Amoxycillin syrup for under 5. Kitui county had the highest proportion on availability of the antibiotics for under 5 – the proportion facilities that had septrin and Amoxycillin syrup for under 5 was 93% and 98% respectively in the county as shown in Figure 69.

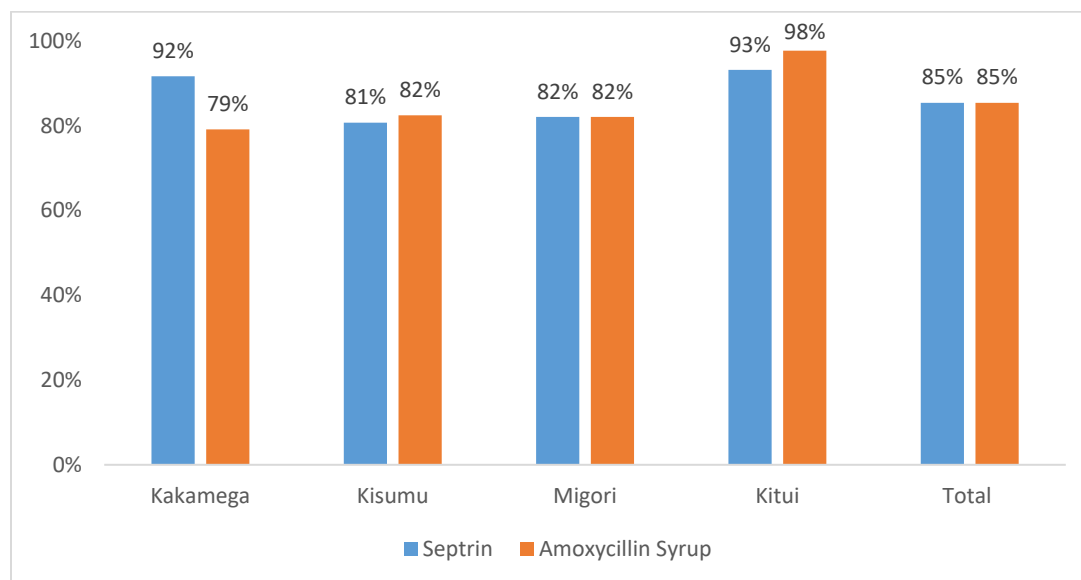


Figure 69. Percent of facilities with Antibiotics for under 5 available

Availability of fluids

The proportion of facilities that had Dextrose 5% v/v available was 94% and 91% of the facilities had normal saline as shown in Figure 70. Only 59% of the facilities had Hartman's/Ringer's Lactate solution, used for replacing fluids and electrolytes in those who have low blood volume or low blood pressure.

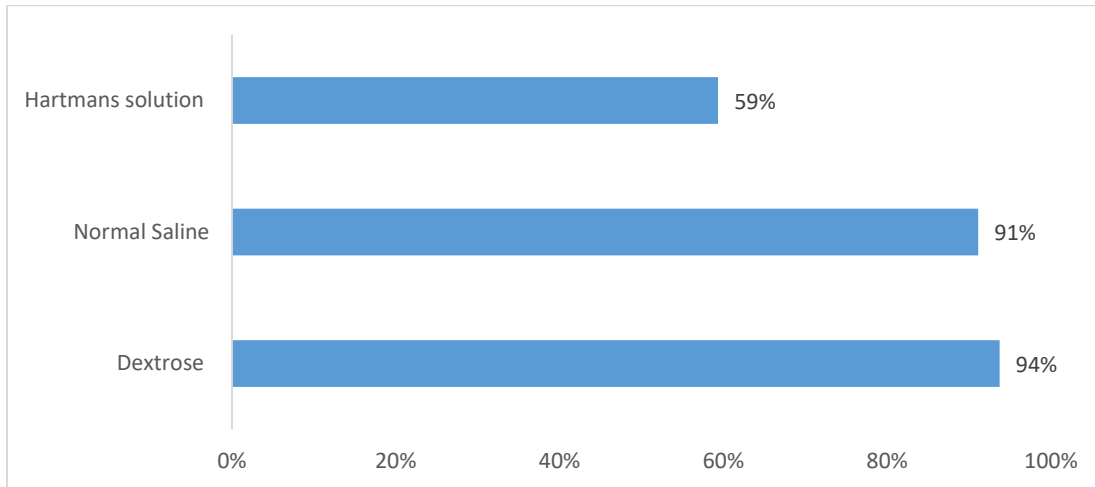


Figure 70. Percent of facilities with Fluids available

3.13 Equipment

Quality of service delivery is a result of key inputs for service delivery along with HCP ability and effort. Availability of inputs such as medical equipment are instrumental in achievement of quality service provision. The assessment looked at availability of various medical equipment in the facilities and whether the equipment were functional or not. The findings showed that not all facilities had adequate equipment, and some of the equipment were not functional. Table 12 below shows equipment that were available and functional at the MCH departments.

Table 12. MCH/ANC/Maternity equipment

Equipment/County	Kakamega		Kisumu		Migori		Kitui		Total	
	No available	No functional	No available	No functional	No available	No functional	No available	No functional	No available	No functional
No of facilities	24		57		67		44		192	
Sterilizer / Autoclave	27	23	73	53	82	58	59	51	241	185
Delivery beds	35	32	75	74	141	133	68	59	319	298
Examination couches	56	56	191	180	224	219	151	148	622	603
MVA kit	36	35	92	79	86	70	46	44	260	228
Airways (different sizes)	24	13	160	99	135	71	100	65	419	248
Speculums (various sizes)	107	105	535	509	465	451	455	441	1562	1506
Newborn Resuscitaire	9	5	49	45	34	32	20	13	112	95
Resuscitation trays (paediatric and adult)	20	18	89	84	79	72	54	53	242	227
Oxygen apparatus	18	15	68	60	60	52	24	22	170	149
Incubator	11	7	47	42	26	19	14	12	98	80
Suction machine - Manual/electric	19	15	78	65	69	56	54	39	220	175
Vacuum extraction set	12	12	40	36	67	57	54	54	173	159
Decontamination equipment/buckets	121	121	323	299	484	479	239	236	1167	1135
Screens	32	32	140	126	86	73	95	86	353	317
Clinical thermometer	74	45	162	150	472	464	164	151	872	810
Foeto-scope	50	50	166	158	205	197	144	143	565	548
Fetal doppler	12	11	42	38	61	56	7	5	122	110
BP Machine	51	42	166	146	195	155	136	102	548	445
Adult Ambu bag(500mls volume)	27	26	108	108	107	106	72	68	314	308
Infant Ambu bag	34	34	112	110	142	141	122	119	410	404
Tape measure	20	19	44	43	129	127	20	20	213	209
Adult MUAC tapes	5	4	51	51	49	49	460	459	565	563
Ultra Sound machine	4	4	10	8	6	6	3	3	23	21
MUAC tapes (ANC)	5	5	36	36	39	39	78	76	158	156
Infant weighing scales in maternity	20	17	75	72	80	77	60	51	235	217

Child Welfare Clinic equipment

Table 13 below shows the equipment that were available and functional for child welfare clinic services in the assessed facilities.

Table 13. Child Welfare Clinic equipment

Equipment/County	Kakamega		Kisumu		Migori		Kitui		Total	
	No available	No functional	No available	No functional	No available	No functional	No available	No functional	No available	No functional
No of facilities	24		57		67		44		192	
Weighing scale (children under 5 years)- bathroom	13	12	53	48	49	44	47	44	162	148
Infant weighing scale (Salter scale)	14	14	65	58	56	53	47	45	182	170
Children MUAC tapes	32	29	81	79	94	94	382	377	589	579
Stadiometer	14	9	40	40	15	15	31	28	100	92
Height/length board/mat (< 5)	14	13	65	64	46	46	55	51	180	174
Child feeding demonstration kit	2	2	10	8	6	6	4	4	22	20

Immunization equipment

Table 14 below shows the equipment that were available and functional for immunization services in the assessed facilities.

Table 14. Immunization equipment

Equipment/County	Kakamega		Kisumu		Migori		Kitui		Total	
	No available	No functional	No available	No functional	No available	No functional	No available	No functional	No available	No functional
No of facilities	24		57		67		44		192	
Energy source - gas	16	16	36	29	27	24	41	35	120	104
Energy source - electricity	23	23	49	49	54	54	32	32	158	158
Energy source - solar	5	4	5	4	15	13	41	32	66	53
Fridge tag 2	17	15	58	57	65	63	43	37	183	172
Fridge	22	19	60	58	66	63	48	37	196	177
Vaccine carriers	90	82	139	135	143	133	127	119	499	469
Standby gas cylinder	7	7	41	38	31	29	39	36	118	110
Fridge guard (Power surge protector)	8	8	29	27	25	23	8	8	70	66
Freezer	2	1	11	10	4	3	4	4	21	18

Equipment sets

Table 15 below shows equipment sets that were available and functional in the assessed facilities.

Table 15. Equipment sets

Equipment/County	Kakamega		Kisumu		Migori		Kitui		Total	
	No available	No functional	No available	No functional	No available	No functional	No available	No functional	No available	No functional
No of facilities	24		57		67		44		192	
Delivery set	101	61	351	291	327	297	233	192	1012	841
Dilatation and curettage set	7	0	9	9	13	13	8	8	37	30
BTL set	6	6	7	7	7	7	7	7	27	27
Vasectomy set									0	0
Implant insertion kit	11	10	118	108	62	54	102	100	293	272
Implant removal kit	19	14	127	112	64	53	110	110	320	289
IUCD insertion kit	31	24	140	135	120	112	60	59	351	330
IUCD removal kit	18	14	101	99	77	67	29	28	225	208
Vaginal examination pack	47	31	194	186	89	86	117	117	447	420
Suture packs	28	22	182	170	128	116	93	84	431	392

4.0 Conclusion and Recommendations

Family planning services

Majority (97%) of the facilities were providing FP services. The project needs to strengthen support to ensure all the facilities are providing FP counseling and/or services to clients.

Almost six out of ten facilities that were assessed (58%) had stock out of any of the FP commodities in the months of December 2017 to February 2018. The project needs to strengthen documentation, commodity forecasting, and quantification and, supply chain management to ensure continued availability of FP commodities in the facilities across the four focus counties.

The findings showed that Kakamega and Kitui counties had proportionately low number of HCPs that had been trained in FP technical areas in the last 12 months. The project needs to strengthen capacity of HCPs on FP technical areas, with more focus in Kakamega and Kitui counties.

The assessment findings showed that one out of ten facilities (8%) and half of the facilities (53%) lacked FCDRR and MOH 711 Annex respectively. The project needs to support availability of FCDRR and MOH 711 Annex to the facilities to strengthen reporting of FP commodities and PFP data. The project should also avail the Daily Activity Register for Contraceptives (MOH 512) to facilities missing the tools and support mentorship of HCP in documentation to ensure complete reporting of FP data.

Six out of ten facilities that were assessed had FP Tiahrt chart (62%), WHO MEC Wheel 2015 (61%) and slightly less than half had National FP Guidelines 2016 (46%) across the four focus counties. The project needs to avail copies of the FP Tiahrt chart, WHO MEC Wheel 2015 and National FP Guidelines 2016 to facilities missing the documents. The project should also support mentorship of HCPs in utilization of these job aids.

Six out of ten facilities that were assessed had complete FP demonstration tray (60%) while half of the assessed facilities providing FP services had adequate FP room set up (50%). To strengthen quality FP counselling and facilitate informed choice, the project needs to ensure that all the facilities have FP demonstration trays with all FP methods. The project needs to lobby the county, sub-county and facility HMTs to ensure adequate FP room set up in all the facilities providing FP counselling and/or services to strengthen confidentiality.

Youth centered services

Almost four out of ten facilities that were assessed (36%) had HCPs trained on AYSRH across the four focus counties. The project needs to focus on strengthening capacity of HCPs in provision of AYSRH services.

The highest proportion of first ANC adolescents was Kakamega county at 46% while Kisumu county had the lowest proportion of first ANC adolescents at 17%. The project needs to focus its AYSRH context specific interventions to address the high teenage pregnancy rates, with high priority in Kakamega county. These interventions should aim at ensuring the pregnant adolescents and youth access quality services right from ANC to skilled birth attendance, postnatal care and immunization of their babies after delivery. For the adolescents and youth who are not pregnant, the program should implement interventions aimed at preventing teenage pregnancy and encouraging them to complete school or vocational training.

Only one out of five facilities that were assessed (19%) had AYSRH guidelines for provision of youth centered services while slightly more than one out of ten facilities (14%) had AYSRH policy 2015. The project needs to avail the AYSRH guidelines to all facilities, with high priority in Kitui county that had the lowest proportion of facilities missing the documents.

MCH/Maternity services

Out of 181 facilities that were providing maternity services, 83% and 90% were providing PNC services and PFP services respectively. The project needs to strengthen provision of PNC and PFP services to all the facilities.

The findings showed that not all facilities were providing all the ANC laboratory profile tests at first visit. At county level, in Kakamega, 77% of the assessed ANC facilities were providing hemoglobin test, 86% in Kisumu, 81% in Kitui and only 36% in Migori. The project needs to engage the county and sub-county HMTs to ensure adequate availability of the reagents with high priority in Migori county.

The findings showed that Kakamega and Kitui counties had proportionately lower number of HCPs that had been trained in MCH technical areas in the last 12 months. The project needs to focus on strengthening capacity of HCPs in MCH technical areas with priority in Kakamega and Kitui counties.

Only six out of ten facilities that were assessed (59%) had MPDSR committees in place, and out of these, one out of ten facilities (91%) were conducting maternal and perinatal death audits and eight out of ten (79%) kept the audited forms. The project needs to strengthen the MPDSR committees and implementation of audits with high focus in Kitui that had slightly more than one of ten facilities that were conducting maternal and perinatal death audits.

Almost a third of facilities (28%) that were assessed had national guidelines for MPDSR 2016. To strengthen provision of MPDSR, The project needs to avail the guidelines to all facilities and mentor HCPs on their use.

Mother child booklets were available in only 86% of the facilities and MPDSR tools were available in only half of the facilities (51%) with slightly less than half of the facilities (46%) using the tools. The project needs to avail the tools to all facilities and mentor HCPs on their use.

Vaccines and Immunization Program

The findings showed that 14% of the assessed facilities had stock out of any of the immunization vaccines. At county level, Migori had the highest proportion of facilities that had a stock out of any vaccines at 29% while Kitui had the lowest proportion at 2%. The project needs to focus at strengthening supply chain for vaccines and ensure availability of functioning cold chains.

Eight out of ten facilities that were assessed (82%) were carrying out immunization defaulter tracing. Kisumu county had nine out of ten facilities (89%) carrying out defaulter tracing while Kitui county had the lowest proportion (68%) of the facilities. To accelerate achievement on fully immunized children, the project needs to strengthen support for immunization defaulter tracing in all the facilities.

Not all the assessed facilities had the required immunization guidelines, IEC materials and reporting tools. The project needs to avail the tools to all facilities and mentor HCPs on their use.

Child health

Kakamega county had the lowest proportion (6%) of HCPs trained in IMCI while Migori county had relatively high proportion of HCPs trained in IMCI. The project needs to strengthen skills of the HCPs in IMCI with high priority given to HCPs in Kakamega county.

The assessment showed that only 56% of the facilities had a functional ORT corner and 52% had ORT corner register available for reporting. The project needs to strengthen availability of functional ORT corners and documentation of diarrhea cases and management by availing adequate ORT registers and mentoring HCPs on their use.

The findings showed that 33% of the facilities with CHVs attached to it had been trained in iCCM with Kitui county having the lowest proportion (19%) of facilities with trained CHVs in iCCM. The project needs to strengthen capacity of CHVs in iCCM to enable management of childhood diseases at the community level.

Nutrition

The assessment findings showed that there was a gap in the availability of relevant Nutrition guidelines, policies and IEC materials in the assessed facilities in Migori and Kakamega counties. The project should strengthen the availability of the Nutrition documents to all facilities and mentor HCPs on their use.

The findings showed that Kakamega county had a proportionately lower number of HCPs that had been trained in nutrition technical areas in the last 12 months. The project needs to focus on strengthening the capacity of HCPs in Nutrition technical areas with priority in Kakamega county.

The findings showed that none of the facilities had a complete set of the relevant Nutrition reporting tools. The project should strengthen the availability of the Nutrition reporting tools to all the facilities and mentor HCPs on their use.

Sexual and gender based violence

The results of this assessment reveal inadequate facility readiness in terms of provider capacity, documentation, referral and management of SGBV cases reported. While facilities reported the availability of national PRC tools, utilization of these was found inadequate. The gap in delivery of comprehensive SGBV services demonstrates the need for the project to establish and roll out mechanisms that will enhance availability of the requisite tools, guidelines, referral directories, and prophylaxis.

Infection Prevention and Control

Only close to a third of the facilities (27%) had an IPC committee in existence and slightly more than a third (36%) of the facilities had infection prevention reference materials and staff that know and follow 2015 infection prevention guidelines. The project should strengthen existence of IPC committees and mentor HCPs on how to use the infection prevention guidelines.

While eight out of ten facilities that were assessed had 3 buckets for contamination well labelled; chlorine solution for decontamination of used instruments; steamer, boiler or autoclave; placenta pit and; dump site; only half of the facilities had them in use. The project should strengthen use of these inputs to ensure adequate infection and prevention control in all the facilities. The project needs to support the sub-counties and health facilities to develop waste management plans and lobby the county governments to support implementation of the plans.

Only seven out of ten facilities (70%) had national guidelines for IPC 2015 and slightly more than a third (36%) of the facilities had infection prevention IEC materials. The project should avail the IPC guidelines to all the facilities with high priority to Kitui County.

Equipment

The assessment looked at availability of various medical equipment in the facilities and whether the equipment were functional or not. The findings showed that not all facilities had adequate equipment, and some of the equipment were not functional. The project needs to procure essential basic equipment and distribute to all facilities in need. The project needs to liaise with MOH and other partners to rationalize the procurement process, and avoid duplicated support.

Annex I. RMNCAH, FP, and Nutrition Health Facility Assessment Form

Please follow the instructions provided to complete all sections of this questionnaire		
<p>Facility Details</p> <p>1.1 Date of Assessment ___/___/_____</p> <p>1.2 County_____</p> <p>1.3 Sub-County_____</p> <p>1.4 Facility Name _____</p> <p>1.5 Facility MFL Code _____</p> <p>1.6 Facility Level <i>specify 2 to 5</i> _____</p> <p>1.7 Facility Ownership 1 GOK<input type="checkbox"/> 2 FBO<input type="checkbox"/> 3 Private<input type="checkbox"/> 4 CBO<input type="checkbox"/></p> <p>1.8 Data collector's initials _____</p> <p>1.9 Data Collector's Tel # _____</p> <p>1.10 Facility In charge's name _____</p> <p>1.11 Facility in-charge's telephone number _____</p> <p>1.12. Availability of a service charter _____</p>		
<p>Indicate the number of staff working in the health facility (excluding students)_____</p> <p>2.1 Medical officers (General practitioners) _____</p> <p>2.2. Medical officers (Specialists) _____</p> <p style="padding-left: 20px;">2.2.1 OBS/GYN_____</p> <p style="padding-left: 20px;">2.2.2 Pediatrician_____</p> <p style="padding-left: 20px;">2.2.3 Others_____</p> <p>2.3 Nurses _____</p> <p>2.4 Clinical officers _____</p> <p>2.5 Anaesthetists _____</p> <p>2.6 Nutritionists _____</p> <p>2.7 Pharmacists/ Pharm techs _____</p> <p>2.8 Lab technicians/ Technologists _____</p> <p>2.9 Health records officers _____</p> <p>2.10 Public Health officers/technicians _____</p> <p>2.11 Occupational/Orthopaedic technicians _____</p> <p>2.12 CHEWs affiliated with facility _____</p> <p>2.13 CHVs affiliated with facility _____</p>	Male	Female

HEALTH FACILITY ASSESSMENT FORM			
	Question	Responses	Comments
A. MCH/Maternity services provided at this facility (ask the MCH and Maternity in-charge)			
1.	What MCH services are provided in this facility?		
	a) Family planning	Yes 1 No 0	
	b) Prenatal clinic	Yes 1 No 0	
	c) Antenatal Care	Yes 1 No 0	
	d) Antenatal laboratory profile at first visit		
	i. Hemoglobin test	Yes 1 No 0	
	ii. Blood grouping	Yes 1 No 0	
	iii. Urinalysis	Yes 1 No 0	
	iv. Syphilis test	Yes 1 No 0	
	v. HIV test	Yes 1 No 0	
	e) Maternity services	Yes 1 No 0	
	f) Postpartum FP	Yes 1 No 0	
	g) Immunization	Yes 1 No 0	
	h) Growth monitoring	Yes.....1 No.....0	
	i) Vitamin A supplementation	Yes.....1 No.....0	
	j) IFAS	Yes.....1 No.....0	
2	a) Does this facility have an MPDSR committee?	Yes 1 No 0	If No, go to Q3
	b) How many months ago did the MPDSR committee last meet?	_____month(s) ago	
	c) Does this facility conduct maternal and perinatal death audits	Yes 1 No 0	
	d) Does the facility have files to keep audited forms (<i>check availability</i>)	Yes 1 No 0	
3	e) Does the facility have a QI team or MNH committee in place?	Yes 1 No 0	
4	Does this facility conduct FP-themed outreach mobilization activities	Yes 1 No 0	
5	How many providers in this facility have received training or orientation in the following MNH areas in the last 12 months	(indicate number of staff trained/ oriented) 1. Focused antenatal care (FANC) ---- 2. Malaria in pregnancy (MIP)----- 3. Emergency obstetric and newborn care (EmONC)----- 4. Active management of third stage of labour (AMTSL)----- 5. Respectful maternity care (RMC)---- 6. Essential newborn care (ENC)----- 7. Neonatal resuscitation ----- 8. Kangaroo mother care (KMC)----- 9. Chlorhexidine use for cord care ---- 10. Targeted postnatal care (PNC)-----	

HEALTH FACILITY ASSESSMENT FORM					
	Question	Responses			Comments
		11. Maternal and perinatal death surveillance and review----- 12. Other (specify)-----			
B. FAMILY PLANNING SERVICES (circle all where applicable)					
	Method	a) Offered here	b) Referred in	C) Referred out	Comments
1.	Condoms (Female)	1	2	3	
2.	Condoms (Male)	1	2	3	
3.	Pills (COC)	1	2	3	
4.	Pills (POC)	1	2	3	
5.	Depo Provera Injection	1	2	3	
6.	IUD non-hormonal	1	2	3	
7.	IUD hormonal	1	2	3	
8.	Classic Implanon	1	2	3	
9.	Implanon NXT	1	2	3	
10.	Jadelle	1	2	3	
11.	Sino implant	1	2	3	
12.	Vasectomy	1	2	3	
13.	Tubal Ligation	1	2	3	
14.	LAM	1	2	3	
15.	Emergency Contraceptive Pills	1	2	3	
16.	Other (specify)	1	2	3	
17	Have you had stock out of any FP commodities in the last three months (December 2017 to February 2018)?	Yes..... 1 No 0			If No, go to Q19
18	If yes, which commodities have you missed in your stocks in the last three months?	<i>List the commodities that have been stock out here:</i>			
19	Do you have any commodities expiring in 6 months' time?	Yes..... 1 No 0			
20	Does the facility have the following tools?	Bin Cards Yes....1 No...0 FCDRR Yes....1 No...0 MoH 711 Yes....1 No....0 MoH 711 Annex Yes....1 No....0			
21	Does this facility conduct FP-themed outreach mobilization activities	Yes 1 No 0			
22	What method do you use in monitoring commodity status?	Manual.....1 Electronic.....2			
23	Do you have adequate storage facility	Yes 1 No.....0			

HEALTH FACILITY ASSESSMENT FORM			
	Question	Responses	Comments
24	Do you have the following items	Min-Max Thermometer Yes....1 No.....0 Pallets Yes....1 No.....0 Shelves Yes...1 No.....0	
25	How many providers in this facility have received training or orientation in the following FP areas in the last 12 months	(indicate number of staff trained/ oriented) 1. Infection prevention (IP)----- 2. Long acting reversible contraceptive (LARC)----- 3. Implanon NXT insertion----- 4. Implant removal ----- 5. Postpartum FP (PPFP)----- 6. Comprehensive FP counselling----- 7. Other specify -----	
26	Adequate FP room set up (<i>observe for privacy during counselling and work area arrangement</i>)	Yes 1 No 0	
27	Complete Demonstration tray for FP (<i>MOV: Observation of demonstration tray. Check that commodities are not expired</i>)	Yes 1 No 0	
28	Have providers been sensitized on any of the following?	Gender discrimination.....1 Gender and FP/RMNCAH.....2 Clients' rights and full free, and informed choice.....3 None of these.....4	Select all that apply
C. YOUTH CENTRED SERVICES			
1.	Does this facility offer youth centered services	Yes.....1 No.....0 Don't know/Not sure99	If No skip to section D
2.	Are these youth centered services integrated or stand-alone?	Integrated1 Stand Alone2 Don't know/Not Sure99	
3.	In the last 3 months (December 2017 to February 2018), how many adolescents have come for the following services out of the total number of clients for that services?	Number of first ANC adolescent _____ Total number of first ANC _____ Number of adolescent skilled deliveries _____ Total number of skilled deliveries _____ Number of new adolescents for FP _____ Total number of new FP clients _____	
4.	Have you received any training on adolescent and youth friendly sexual reproductive health services (AYSRH)	Yes.....1 No.....0 Don't know/Not sure99	
5.	How confident are you about your knowledge of how to provide services to adolescents	Confident1 Somewhat confident2 Not confident3	

HEALTH FACILITY ASSESSMENT FORM			
	Question	Responses	Comments
6.	Does this facility conduct youth themed outreach mobilization activities	Yes1 No0	
D. NUTRITION			
1	Which nutrition services are offered to children below 5 years in this facility	Growth monitoring (weight) Yes....1 No....0 Growth Monitoring (height) Yes....1 No....0 Growth Monitoring (MUAC) Yes....1 No...0 Vitamin A supplementation Yes....1 No...0 Micronutrient Supplementation(MNPs) Yes....1 No.....0 Other (specify) Yes....1 No....0 Don't know99	
2	Which nutrition services are offered to mothers/caregivers in this facility?	Weight monitoring for pregnant women Yes....1 No.....0 Nutrition assessment for pregnant women using MUAC Yes....1 No.....0 Nutrition counseling on maternal nutrition Yes....1 No.....0 Nutrition counseling on benefits and management of breastfeeding Yes....1 No.....0 Iron supplementation (as a separate supplement) for pregnant women Yes....1 No.....0 Folic acid supplementation as a separate supplement for pregnant women Yes....1 No.....0 Combined iron folic acid (IFAS) supplementation for pregnant women Yes....1 No.....0 Other nutrition services (Specify).....	
3	How many providers in this facility have received training or orientation in the following nutrition areas in the last 12 months	(indicate number of staff trained/ oriented) 1. High impact nutrition interventions (HINI)_____ 2. Integrated management of acute malnutrition (IMAM)_____ 3. Infant and young child feeding (IYCF)_ 4. Nutrition interventions_____ 5. Vitamin A supplementation_____ 6. Micronutrients_____ 7. WHO growth monitoring 8. Baby friendly hospital initiative (BFHI) 9. Baby friendly community initiative (BFCI) 10. Other (specify) -----	

HEALTH FACILITY ASSESSMENT FORM			
	Question	Responses	Comments
E. VACCINES AND IMMUNIZATION PROGRAM (VIP)			
1.	Does this facility offer immunization services	Yes1 No0	If No, go to section F
2.	If yes, how many days in a week does this facility offer immunization services	7 days1 6 days.....2 5 days3 4 days4 3 days5 2 days6 Once a week7 Other.....8	
3.	How many staff in this facility have received any training/ orientation on expanded program for immunization (EPI) in the last 12 months	----- Indicate number	
4.	What system of receiving commodities is used in this facility?	Push1 Pull2	
5.	Have you had stock out of any vaccines in the last three months (December 2017 to February 2018)?	Yes.....1 No0	If No, go to Q7
6.	If yes, which vaccines have you missed in your stocks in the last three months?	<i>List the commodities that have been stock out here:</i>	
7.	How do you ensure vaccines are regularly available in this facility? (<i>do not probe or provide answers</i>)	Timely requisition1 Stock management.....2 Other (specify)3456	
8.	Do you carry out defaulter tracing	Yes.....1 No.....0 Don't know/Not sure99	
9.	What methods have you employed in defaulter tracing	1. Use of mobile phone to call clients 2. Door to door visits by CHVs 3. Other (specify).....	
F CHILD HEALTH			Comments
1.	Is the facility providing sick child services according to the latest IMNCI guidelines?	Yes.....1 No0	If No, go to Q4

HEALTH FACILITY ASSESSMENT FORM			
	Question	Responses	Comments
2.	How many HCWs seeing sick children (clinical officers and nurses) are available in this H/Facility?	_____ (indicate the number)	
3.	How many out of this number have ever been trained in IMCI?	_____ (indicate the number)	
4.	Is there an ORT corner present	Yes1 No 0	
5.	If yes, is the ORT corner functional? <i>(use attached checklist and tick against what is available)</i>	ORT corner equipment 1. Table, chair/sitting forms etc., 2. Drugs-ORS & Zn, 3. IEC, material on treating/managing diarrhea and how to feed children during and after diarrhea 4. ORT corner register	
6.	Are ORT corners available in all areas where sick children are seen? a. Child welfare clinic b. Outpatient c. Inpatient d. Other	Yes.....1 No.....0 Yes.....1 No.....0 Yes.....1 No.....0 Yes.....1 No.....0	
7.	How many providers in this facility have received training or orientation in the following child health areas in the last 12 months	(indicate number of staff trained/ oriented) 1. Integrated management of newborn and childhood infections (IMNCI)----- 2. Emergency Triage Assessment and Treatment plus (ETAT+)----- 3. Other (Specify) -----	
8.	Is this facility linked to a Community health unit (CHU)	Yes.....1 No.....0	
9.	What are some of the diseases which are treated by CHVs in the community?	Diarrhea Yes.....1 No.....0 Pneumonia Yes.....1 No0 Malnutrition Yes.....1 No0 Malaria Yes.....1 No0 Others	
10.	Are any of the CHVs attached to this health facility trained in iCCM <i>(Note question applies only if the facility has CHVs in a functional CHU)</i>	Yes.....1 No.....0	
G	MALARIA IN PREGNANCY		
1.	Does the facility provide IPTp services	Yes.....1. No.....0	
2.	Is IPTp-SP provided as Directly observed therapy (DOT)	Yes.....1. No.....0	

HEALTH FACILITY ASSESSMENT FORM			
	Question	Responses	Comments
3.	Has the facility experienced SP stock outs in the last 3 months?	Yes.....1 No.....0	
H	REFERRAL SERVICES		
1.	Does this facility have the National referral strategy document	Yes.....1. No.....0	
2.	What is the facility's own strategy for effective referrals	_____	
I	SEXUAL AND GENDER BASED VIOLENCE RECOVERY SERVICES (SGBVRs)		
1.	Does this facility offer SGBVR services	Yes.....1. No.....0	
2.	If yes what package of services is offered?	Tick all that apply from this list 1. History taking and examination 2. HIV testing 3. STI screening 4. HIV post exposure prophylaxis 5. STI management 6. Trauma counselling 7. PRC form filling 8. Other	
3.	How many providers have been trained on SGBV management	_____ (indicate the number)	
4.	Does the facility have a referral directory of institutions in this locality that respond to SGBV (health, police, legal, child protection, etc.)?	Yes.....1. No.....0	
5.	Does the facility have SGBV IEC materials and job aids	Yes.....1. No.....0	

PART J: HEALTH EDUCATION

In the table below place a tick in the relevant box if the health facility has the stated Guidelines, Policy, job aids or IEC materials for patient education.

	Guidelines/ Policy/ IEC materials	Available	Not Available	Comments
MNH				
1.	National Roadmap for Accelerating the attainment of MDGs Related to MNH in Kenya			
2.	National Guidelines for Quality Obstetrics and Perinatal Care			
3.	Postnatal care guidelines			
4.	Post-abortion care Guidelines			
5.	National guidelines for MPDSR 2016			
6.	Respectful maternity care (RMC) guidelines			
7.	Management of pre-eclampsia / eclampsia			
8.	Magnesium sulphate administration			
9.	Active management of third stage of labour (AMTSL)			
10.	Management of post-partum hemorrhage (PPH)			
11.	Post abortion care including manual vacuum aspiration (MVA)			
12.	Protocol for assisted vaginal delivery including vacuum delivery			
13.	Targeted postnatal care protocol			
14.	Management of puerperal sepsis			
15.	Essential Newborn Care Guidelines			
16.	Warm chain for baby care			
17.	Immediate newborn care			
18.	Helping babies breath			
19.	Newborn resuscitation			
20.	Kangaroo mother care			
21.	Management of neonatal sepsis			
FAMILY PLANNING				
22.	National Family Planning guidelines 2016			
23.	FP Tiahrt chart			
24.	WHO MEC Wheel 2015			
ADOLESCENT AND YOUTH				
25.	Adolescent and youth sexual reproductive health (ASYSRH) guidelines for provision of youth friendly services			
26.	AYSRH policy 2015			
SGBV				
27.	National guidelines for management of sexual violence			
28.	Standard operating procedures for management of child survivors of sexual violence 2018			
29.	SGBV clinical management algorithm			
30.	Survivor flow chart form			
IMMUNIZATION AND CHILDHEALTH				
31.	Basic pediatric protocol 2014/2016			
32.	Revised IMCI chart booklet, 2012			
33.	ORT Corner Operational guidelines, 2013			
34.	IMNCI algorithms/charts			
35.	Diarrheal disease M&E framework guideline			

36.	Current Immunization schedules (Includes PCV10 and Rota vaccines)			
37.	Immunization manual for health workers (green book)			
NUTRITION				
38.	Breastfeeding			
39.	How to express breast milk			
40.	Maternal nutrition			
41.	Combined Iron Folic Acid Supplementation (IFAS) during pregnancy			
42.	Integrated Management of Acute Malnutrition (IMAM)			
43.	Baby Friendly Hospital Initiative (BFHI)/Baby Friendly Community Initiative (BFCl)			
44.	Maternal Infant and young child nutrition(MIYCN)			
45.	Vitamin A			
46.	Multiple Micronutrient Powders			
47.	Iron and folic acid materials			
48.	Complementary feeding			
INFECTION PREVENTION				
49.	National guidelines for infection prevention and control 2015			
50.	Infection prevention IEC materials			

PART K:HEALTH RECORDS / PERFORMANCE

(Tick ✓ in the appropriate box if recording tool is available AND IN USE at stated SDP)

Comment on state of the tools (properly filled/good condition/ torn)

Tool	Available (Yes/No)	If available, in use (Yes/No)	Comment*
MNH			
1. Maternity Register MOH 333			
2. Postnatal Care Register MOH 406			
3. ANC Register MOH 405			
4. Mother Child booklets			
5. Facility Monthly summary MOH 731			
6. Integrated RH, MCH, social work & Rehab summary (MOH 711A)			
7. MPDSR tools			
FAMILY PLANNING			
8. Daily Activity Register for Contraceptives MOH 512			

Tool	Available (Yes/No)	If available, in use (Yes/No)	Comment*
9. Facility contraceptive commodity request & report form (FCDRR)			
SGBV			
10. Post rape care (PRC) form MOH 363			
11. PRC consent form			
12. Sexual violence register - MOH 365			
13. Counselling form			
CHILD HEALTH			
14. Child Welfare Clinic Register (MOH 511)			
15. Outpatient under 5 morbidity register (MOH 204 A)			
16. Under 5 morbidity summary tool (MOH 705A)			
17. ORT corner register			
18. Sick child recording form			
VACCINES AND IMMUNIZATION PROGRAM (VIP)			
19. Immunization tally sheets (MOH 702)			
20. Vaccines and Immunization Summary MOH 710			
21. Temperature monitoring charts			
22. Ledger books			
23. Immunization monitoring charts			
24. AEFI forms (Adverse Events Following immunization)			
25. Permanent immunization register (MOH 510)			
26. EPI supervision book			
27. Vaccine focused sheet			
28. Vaccine ordering sheet			
29. Polio surveillance forms			
30. Neonatal tetanus surveillance forms			
31. Measles surveillance forms			
NUTRITION			
32. CHANIS Tally sheets MOH 704			
33. MOH 409 Daily Activity Register			
34. Facility Prescription form for Nutritional Commodities MOH 732			

Tool	Available (Yes/No)	If available, in use (Yes/No)	Comment*
35. Nutrition reporting tools 713			
36. Adult Nutrition Services Register (Facility) MOH 407A			
37. Child Nutrition Services Register (Facility) MOH 407B			
38. Facility Monthly Summary for Nutrition Services MOH 733B			
39. F-CDRR for Nutrition commodities (MOH 734)			
COMMUNITY			
40. iCCM CHEW summary register			

19. Filing System	Comment
1. Does the facility have a proper filing system (storage of patient files & maternity files)	Yes.....1 No.....0
2. Does the facility conduct data review meetings (data use for decision making)	Yes.....1 No.....0
3. If yes, how often (check availability of minutes)	Monthly1 Quarterly.....2 Other3

PART L: SUPPLIES

In the table below place a tick in the relevant box if the concerned supplies are available as required.

SUPPLIES AND EQUIPMENT				
ITEM	Available and in use	Available and not in use	Not available	Comments
Infection Prevention items				
	Hand washing:			
1.	Running water (from taps or improvised) for washing hands?			
2.	Soap for washing hands?			
3.	Clean individualized clothes or paper towels for drying hands			
4.	Disinfectants			
5.	Antiseptics			
	Processing used items:			

SUPPLIES AND EQUIPMENT					
ITEM		Available and in use	Available and not in use	Not available	Comments
6.	Chlorine solution for decontamination of used instruments?				
7.	Enzymatic agent for cleaning used instruments				
8.	3 Buckets for decontamination well labelled?				
9.	Protective clothing for staff when cleaning heavily contaminated areas (toilets, sinks, blood spills, body fluids)?				
10.	Steamer, boiler or autoclave				
Waste disposal:					
11.	A functioning incinerator?				
12.	Placenta pit				
13.	Dump site to dispose contaminated or medical waste by burning or burying in a deep pit?				
14.	Dump site well secured (fenced) from animals or scavengers?	Yes.....1 No.....0			
15.	Compound free of visible waste?	Yes.....1 No.....0			
16.	Puncture resistant containers for sharps disposal available in every room where appropriate?				
17.	Waste disposal buckets available where appropriate?				
IPC support by administration					
18.	2015 Infection prevention guidelines at the facility	Yes.....1 No.....0			
19.	Do the staff know and follow these guidelines?	Yes.....1 No.....0			
20.	Does the facility have IPC committee?	Yes.....1 No.....0			

SUPPLIES AND EQUIPMENT					
ITEM		Available and in use	Available and not in use	Not available	Comments
21.	Infection prevention reference materials/ IEC in the facility?	Yes.....1	No.....0		
22.	Toilets/latrines for staff	Male Yes.....1 Female Yes.....1	No.....0 No.....0		
23.	Toilets/latrines for patients	Male Yes.....1 Female Yes.....1	No.....0 No.....0		
24.	Toilets/latrines for both staff and patients	Male Yes.....1 Female Yes.....1	No.....0 No.....0		

PART M: RMNCH (Family Planning and/or Vaccine) Commodities

Did you have any stock out of the following commodities at any time in the last three months?

(Please tick where applicable; P.S. Stock out is when commodity is unavailable at any time of clinic operations)

	Commodities	Yes	No	Comments
	Pills			
1.	Microlut			
2.	Microgynon			
3.	Emergency pills			
4.	Other			
5.	Injectables			
6.	Depo Provera			
7.	Other			
8.	IMPLANTS			
9.	Implanon classic			
10.	Implanon NXT			
11.	Jadelle			
12.	Sino implant (2-rod contraceptive implant)			
13.	IUD (Specify the type)			
14.	Male Condoms			
15.	Female condoms			
16.	Cycle beads			
	VACCINES			
17.	BCG			
18.	OPV			
19.	DPT/HepB HiB			
20.	PCV10			
21.	IPV			
22.	Rota			

	Commodities			
		Yes	No	Comments
23.	Measles			
24.	Tetanus Toxoid			
25.	HPV vaccine			
	NUTRITION			
26.	Vitamin A 100,000 IU			
27.	Vitamin A 200,000IU			
28.	F75 (therapeutic milk for management of severe malnutrition for in patients)			
29.	F100 (therapeutic milk for management of severe malnutrition for in patients)			
30.	RESOMAL (Rehydration solution for the severely malnourished)			
31.	Ready to use therapeutic foods			
32.	Multiple micronutrient powders			
33.	Corn Soy Blend			
34.	Vegetable Oil			
35.	Food By Prescription commodities (foundation plus, fast food, advantage)			

PART N: DRUGS

In the table below place a tick in the relevant box if the concerned drugs are available at the service delivery point.

	DRUG	Available	Not available	Comments
	EMONC DRUGS			
1.	Oxytocin injection			
2.	Misoprostol			
3.	Diazepam injection			
4.	Magnesium Sulphate			
5.	Hydralazine IV			
6.	Sublingual nifedipine			
7.	Calcium gluconate			
	ANTIHYPERTENSIVES			
8.	Aldomet			
9.	Nefedipine			
10.	Labetolol			
	NEONATAL DRUGS			

	DRUG	Available	Not available	Comments
11.	Chlorhexidine gel or solution 7.1%			
12.	1% TEO			
13.	Vitamin K			
	HAEMATINICS			
14.	Folic acid tablets (5 milligrams)			
15.	Ferrous sulphate (iron) tablets			
16.	Combined iron/folic acid(IFA supplements)			
	DIARRHEA MANAGEMENT			
17.	Zinc sulphate tablets			
18.	ORS			
19.	Zinc/ORS co pack			
	ANTIBIOTICS			
20.	Metronidazole IV			
21.	Ceftriaxone			
22.	Gentamycin			
23.	ANTIBIOTICS FOR UNDER 5			
24.	Septin			
25.	Amoxicillin Syrup			
	ANTIMALARIALS			
26.	AL			
27.	SP			
28.	Quinine tabs			
29.	Quinine injectable			
30.	Artesunate inj			
	DEWORMING			
31.	Mebendazole			
32.	Albendazole			
	FLUIDS			
33.	Dextrose			
34.	Normal Saline			
35.	Hartmans solution			
	OTHER			
36.	Lignocaine injection			

PART O: EQUIPMENT

In the table below indicate the number of **functional** items/apparatus at this health facility?

	ITEM	Number	Fully functional	Not fully functional	Comments
	MCH/ANC/Maternity				
1.	Sterilizer / Autoclave				
2.	Delivery beds				
3.	Examination couches				
4.	MVA kit				
5.	Airways (different sizes)				
6.	Speculums (various sizes)				
7.	Newborn Resuscitaire				
8.	Resuscitation trays (paediatric and adult)				
9.	Oxygen apparatus				
10.	Incubator				
11.	Suction machine (indicate if disposal plastic tubes)- Manual/electric				
12.	Vacuum extraction set (indicate if plastic cup)				
13.	Decontamination equipment/buckets				
14.	Screens				
15.	Clinical thermometer				
16.	Foeto-scope				
17.	Fetal doppler				
18.	BP Machine				
19.	Adult Ambu bag(500mls volume)				
20.	Infant Ambu bag				
21.	Tape measure				
22.	Adult MUAC tapes				
23.	Ultra Sound machine				
24.	Weighing scale (ANC-)				
25.	MUAC tapes (ANC)				
26.	Infant weighing scales in maternity				
	CWC				
1.	Weighing scale (children under 5 years)- bathroom				
2.	Infant weighing scale (Salter scale)				

	ITEM	Number	Fully functional	Not fully functional	Comments
3.	Children MUAC tapes				
4.	Stadiometer				
5.	Height/length board/mat (under 5)				
6.	Child feeding demonstration kit				
7.	Immunization				
8.	Energy Source a. Gas b. Electricity c. Solar d. Other _____(Specify)				
9.	Fridge tag 2				
10.	Fridge (check on the make)				
11.	Cool box				
12.	Vaccine carriers				
13.	Standby gas cylinder				
14.	Fridge guard (Power surge protector)				
15.	Freezer				
	ITEM	Number	Complete sets	Incomplete sets	Comments
	Equipment sets				
1.	Delivery set				
2.	Dilatation and curettage (D&C) set				
3.	BTL set				
4.	Vasectomy set				
5.	Implant insertion kit				
6.	Implant removal kit				
7.	IUCD insertion kit				
8.	IUCD removal kit				
9.	Vaginal examination pack				
10.	Suture packs				

PART P: RESOURCE MOBILIZATION, PARTNERSHIP AND COORDINATION

1. Do you have any RMNCAH and nutrition stakeholders supporting you in this facility?
 1. Yes
 0. No
2. If Yes, what are their focus areas?

Organization	Technical /program Focus area	Kind of support (e.g. finance. TA (technical assistance))

For official use only:

SECTION FOR REVIEW AND DATA ENTRY	
Data reviewed by:	
Date of Review:	Data Entry date