



## Strengthening the primary care system for prevention and control of cardiovascular diseases in Kenya: feasibility study of health kiosks in community markets

### READINESS ASSESSMENT OF HEALTH CENTRES

#### Health Centre Questionnaire

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Interviewee (Optional): \_\_\_\_\_ Position: \_\_\_\_\_

#### A. General Information

A.1	Name of Health Centre	
A.2	Sub-County	
A.3	Ward	
A.4	Rural/Urban	
A.5	Approximate Size of Population served	
A.6	Floor space (m <sup>2</sup> )	
A.7	Number of examination rooms	
A.8	Average Surface area of Examination Rooms	
A.9	Surface Area of Pharmacy	
A.10	Surface Area of Waiting Room	
A.11	Surface area of other service areas	
A.12	Catchment area	

#### B. Health Workforce

##### Staff complement (Number):

	Cadre	Number
B.1	Clinical Officer	
B.2	Nurse	
B.3	Nutritionist	
B.4	Medical Officer	
B.5	Radiographer	
B.6	Pharmacist	
B.7	Pharmaceutical technologist	
B.8	Medical Records Officer/Clerk	



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B.9	Laboratory Technologist/Technician	
B.10	Community Health Worker	
B.11	Midwives	
B.12	Porter	
B.13	Cleaning staff/Ancillary	
B.14	Security	
B.15	Other	

**C. Service Delivery****C.1 Services offered (tick all that apply)**

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
C.1.1	Family Planning							
C.1.2	Antenatal Care							
C.1.3	Child Health Services							
C.1.4	HIV testing and counselling							
C.1.5	HIV/AIDS care and support							
C.1.6	PMTCT							
C.1.7	Tuberculosis Services							
C.1.8	Malaria Services							
C.1.9	Minor Surgery							
C.1.10	Diabetes Clinic							
C.1.11	Chronic Disease Services							
C.1.12	Mental Health							
C.1.13	Other (Give details)							

**C.2 Basic Amenities (Tick all that apply)**

		Y/N	Remarks
C.2.1	Does the facility have electricity?		



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C.2.2	Does the facility have a back-up generator?		
C.2.3	Does the facility have access to tap water?		
C.2.4	Does the facility have backup access to water?		
C.2.5	Are there sanitation facilities available to staff?		
C.2.6	Are there sanitation facilities available for patients?		
C.2.7	Is there a telephone line in the facility?		
C.2.8	Is there someone who is specifically assigned to answer the telephone?		
C.2.9	Is there any internet connectivity at the facility?		
C.2.10	Is internet available to staff and patients?		
C.2.11	Is transportation available to carry residents from the village to the Facility?		
C.2.12	Is transportation available to carry patients from the facility to the next level of care if the need arises?		
C.2.13	Are private rooms available for patient examination? If No, proceed to question C.2.16		
C.2.14	Do they provide visual privacy?		
C.2.15	Do they provide audio privacy?		
C.2.16	Is there adequate lighting in the facility?		

### C.3 Basic Equipment

		No. Available	No. Functional	Remarks
C.3.1	Adult Scale			
C.3.2	Child Scale			
C.3.4	Thermometer			
C.3.5	Stethoscope			
C.3.6	Sphygmomanometer and BP cuff/BP Machine			
C.3.7	Height meter			
C.3.8	Glucometer			
C.3.9	Glucometer test strips			
C.3.10	CVD risk assessment tools			
C.3.11	Strips for urinalysis			

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C.3.12	Hematology equipment			
C.3.13	Hematology reagents			
C.3.14	Biochemistry equipment			
C.3.15	Biochemistry reagents			
C.3.16	Refrigerator			
C.3.17	X-Ray			
C.3.18	ECG machine			

**C.4 Prevention of Infections**

		Y/N	Remarks
C.4.1	Are sharp disposal containers readily available?		
C.4.2	Is a hot air oven/autoclave available?		
C.4.3	Is bleach readily available?		
C.4.4	Is the correct <i>strength</i> of bleach being used?		
C.4.5	How often is the facility sanitized? ( <i>Standard?</i> )		
C.4.6	Is alcohol/methylated spirits available?		
C.4.7	Is there an adequate supply of gloves?		
C.4.8	Are PPE's provided for the staff		
C.4.9	Are staff trained on contact precautions?		
C.4.10	IS there a protocol for treating infectious waste?		
C.4.11	Is the protocol always followed with respect to treating infectious waste?		

**C.5 Laboratory services available**

		Y/N	
C.5.1	Are laboratory services available to the patients of the clinic?		
C.5.2			



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	List the tests that are currently being offered by the health facility. If the health facility does not have an in-house laboratory, explain how patients may access laboratory services.
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### C.6 Quality Indicators for Health Care Delivery

			Remarks
C.6.1	How many patients are currently registered in the Chronic Diseases (Diabetes) Clinic?		
C.6.2	What proportion of patients are regular at the clinic (i.e., have kept more than 75% of their appointments in the last year)		
C.6.3	How long on average does it take a patient to be seen upon arrival at the diabetic clinic? (Hours)		
C.6.4	How much time on average does each patient spend with the clinician? (Minutes)		
C.6.5	On average, what score out of 10, would patients assign the health Centre for service delivery?		

### D. Health Information Systems

		Y/N/DK	Remarks
D.1	Is critical information collected from patients? (Name, Gender, DOB, Address, Date Visited Clinic?)		
D.2	Are patient charts regularly updated?		Relevant to research question?
D.3	Are charts correctly updated?		



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D.4	Is there a central database with patient parameters?		
D.5	Is information easily retrievable?		<i>Describe procedure required?</i>
D.6	Does the facility aggregate any information?		
D.7	Does the facility disaggregate any information?		
D.8	Does the facility have a surveillance system in place for any disease? If yes, which?		
D.9	Is there anyone at the facility specifically assigned to collect and analyze data?		
d.10	Is data computerized?		

**E. Essential Medications***E.1 Are the following medications available at this facility? –Respondent Pharmacist*

	Disease	Medication	Available?	Is there a history of a drug shortfall	How many weeks per Quarter does this shortfall happen	How often is this drug supplied to the facility? Specify if per week or per month/quarter
			Y/N/DK	Y/N/DK*		
E.1.1	Asthma	Salbutamol 0.1 mg/dose inhaler				
E.1.2	Diabetes	Glibenclamide 5 mg capsule/tablet				
E.1.3	Diabetes	Metformin tablet				
E.1.4	Diabetes	Insulin				
E.1.5	Cardiovascular disease	Atenolol 50 mg capsule/tablet				
E.1.6	Cardiovascular disease	Thiazide-like diuretics				



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	Disease	Medication	Available?	Is there a history of a drug shortfall	How many weeks per Quarter does this shortfall happen	How often is this drug supplied to the facility? Specify if per week or per month/quarter
			Y/N/DK	Y/N/DK*		
E.1.7	Cardiovascular disease	Furosemide				
E.1.8	Cardiovascular disease/ HBP	Captopril 25 mg capsule/tablet, Enalapril				
E.1.9	Cardiovascular disease	Simvastatin 20 mg capsule/tablet.				
E.1.10	Cardiovascular Disease	Aspirin				
E.1.11	Cardiovascular Disease/HBP	Beta blockers				
E.1.12	Cardiovascular Disease/HBP	ACE Inhibitors				
E.1.13	Cardiovascular Disease/HBP	Calcium Channel blockers				
E.1.14	High cholesterol	Other Statins				
E.1.15	Depression	Amitriptyline 25 mg capsule/tablet				
E.1.16	Infectious disease	Ciprofloxacin 500 mg capsule/tablet				
E.1.17	Infectious disease	Co-trimoxazole 8+40 mg/ml suspension				
E.1.18	Infectious disease	Amoxicillin 500 mg capsule/tablet				



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	Disease	Medication	Available? Y/N/DK	Is there a history of a drug shortfall Y/N/DK*	How many weeks per Quarter does this shortfall happen	How often is this drug supplied to the facility? Specify if per week or per month/quarter
E.1.19	Infectious disease	Ceftriaxone 1 g/vial injection				
E.1.20	Central nervous system diseases	Diazepam 5 mg capsule/tablet				
E.1.21	Pain/inflammation	Diclofenac 50 mg capsule/tablet				
E.1.22	Pain/inflammation	Paracetamol 24 mg/ml suspension				
E.1.23	Ulcer	Omeprazole 20 mg capsule/tablet				

\*DK-Don't know

**F. Leadership and Governance**

		Y/N	Remarks
F.1	Is there an organizational chart for the facility? (Ask to see it)		
F.2	Is every person employed by the facility accounted for in the organizational chart?		
F.3	Are there job descriptions for every position in the organizational chart?		
F.4	Are staff trained on what their core duties and functions are (job orientation)?		
F.5	Describe the Governance Structure of the Facility and how decisions are made regarding community programmes.		





## G. Financing

G.1 How is the facility funded? Note to Interviewer: Ask whether the HC has access to any resources other than those provided by the MOH/County Office/NHIF (Probe funding source for infrastructure, service delivery etc)

## H. NCD Readiness

H.1 Which of the following components related to NCDs are provided by this facility?

		Y/N/DK	Remarks/Specify
H.1.1	Primary prevention and health promotion		
H.1.2	Risk factor detection		
H.1.3	Early detection/screening		
H.1.4	Risk factor and disease management		
H.1.5	Support for self-help and self-care		
H.1.6	Support for home-based care		
H.1.7	Rehabilitation services		
H.1.8	Surveillance		
H.1.9	Capacity building (e.g. Training)		
H.1.10	Palliative care services		
H.1.11	CVD risk scoring. If yes, state which score is used.		
H.1.12	Referral services		

H.2 The table below concerns recognized/government-approved evidence-based national guidelines /protocols /standards for the management of NCDs. Please circle the desired answer.

	Cardiovascular disease	Diabetes	Cancer	Chronic Respiratory Diseases	Tobacco Dependence
H.2.1	Yes No	Yes No	Yes No	Yes No	Yes No



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	Cardiovascular disease	Diabetes	Cancer	Chronic Respiratory Diseases	Tobacco Dependence
Are such protocols available for these conditions?	Don't know	Don't know	Don't know	Don't know	Don't know
H.2.2 Are they being implemented?	Yes, fully Yes, partially No Not applicable Don't know	Yes, fully Yes, partially No Not applicable Don't know	Yes, fully Yes, partially No Not applicable Don't know	Yes, fully Yes, partially No Not applicable Don't know	Yes, fully Yes, partially No Not applicable Don't know
H.2.3 Is the use of these protocols being monitored or audited?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know

H.3 Indicate the availability of the following tests and procedures for early detection, diagnosis/monitoring of NCDs at the primary care level.

		Available at this facility (Y/N/DK)	Specify the equipment used in performing the test	Are trained staff available? (Y/N/DK)
H.3.1	Measuring of height			
H.3.2	Measuring of weight			
H.3.3	Cervical cytology (Pap smear)			
H.3.4	Acetic acid visualization (VIA)			
H.3.5	Faecal occult blood test or faecal immunological test			
H.3.6	Bowel cancer screening by digital rectal exam			
H.3.7	Breast cancer screening by palpation			
H.3.8	Blood glucose measurement			
H.3.9	Oral glucose tolerance test			
H.3.10	HbA1c test			



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		Available at this facility (Y/N/DK)	Specify the equipment used in performing the test	Are trained staff available? (Y/N/DK)
H.3.11	Foot vibration perception by tuning fork or foot vascular status by Doppler			
H.3.12	Blood pressure testing			
H.3.13	Total cholesterol measurement			
H.3.14	Urine strips for albumin assay			
H.3.15	Peak flow measurement/spirometry			

### I. Relationships with Community and Markets

I.1 Are there any local places other than this HC in your catchment area available for NCD screening and testing? E.g. blood pressure testing, mammography, blood sugar testing, heart activity checks (ECG)

☐ Yes ☐ No ☐ Don't know

I.2 If yes, please describe what is available.

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I.3 Is any community/home care (independent of this HC) available for persons with end stage NCDs?

☐ Yes ☐ No ☐ Don't know

I.4 If yes, please describe what is available.

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I.5 Do you know of any local activities/organisations that target NCD control?

☐ Yes ☐ No

I.6 If yes, please indicate which of the following they have been involved in. If possible, state the name of the organization(s).

Activity	Organization
<input type="radio"/> Research	
<input type="radio"/> Advocacy	
<input type="radio"/> Facilitate/coordinate development of national NCD policy	
<input type="radio"/> Surveillance of NCDs or risk factors	
<input type="radio"/> Treatment	
<input type="radio"/> Counselling services	
<input type="radio"/> Training relevant to NCD prevention and control	
<input type="radio"/> Health promotion services	
<input type="radio"/> Other (specify)	

I.7. Do any of the markets in this area offer any assistance in trying to reduce NCDs?

☐ Yes ☐ No ☐ Don't know

I.8. If yes, which markets? what do they offer? How often?

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I.9 Are sessions held at markets to educate the public on preventing and controlling diseases like diabetes, hypertension, cancers, obesity or heart diseases?

☐ Yes ☐ No ☐ Don't know



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I.10 If yes, please indicate which of the following has/have been addressed:

- ☐ Tobacco use  
☐ Alcohol use  
☐ Weight control  
☐ Diet  
☐ Exercise  
☐ Screening (e.g., testing blood sugar, checking blood pressure)  
☐ Treatment (e.g., taking medication as prescribed)  
☐ Other, please state:

I.11 Are there any current or past collaborations between your HC and nearby markets. (If None, please proceed to Q15.)

- ☐ Current      ☐ Past      ☐ None current      ☐ None past

I.12 If yes, please specify the details of the current collaboration(s).

Organisation	Activity(s)	Frequency of meetings	Frequency of activity(s)

I.13 Please specify the details of any past collaboration(s).

Organization	Activity(s)	Duration	Population targeted	Any training of market users	Funding Source



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I.14 Please state the following outcomes of any past collaboration.

Organization	Turnout (# of attendees)	Reasons for success	Reasons for failure	Lessons learnt to apply to future collaborations

I.15 Which cadre of your staff coordinate collaboration activities?

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I.16 Do you think the surrounding community would benefit from a collaboration between your HC and nearby markets?

☐ Yes☐ No☐ Don't know (Go to I.18)

I.17 If no, why not? If yes, how?

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I.18 Do you think it would be helpful if a CHV from a market comes in to assist your staff on NCD clinic days? (Interviewer: explain what services the CHV would be able to provide)

☐ Yes (Go to I.20)☐ No (Go to I.19)☐ Don't know (Go to I.20)

I.19 If no, why not?

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- I.20 How feasible would it be for one of your staff members (including yourself) to supervise CHVs in two nearby markets? (*Interviewer: explain what supervision would require, including visits to health kiosks on weekends*)
- ☐ Feasible      ☐ Somewhat feasible      ☐ Not feasible (Go to Section J)
- I.21 If not feasible or only somewhat feasible, what would be the barriers to providing supervision of CHVs? *Tick all that apply*
- ☐ Lack of time
- ☐ Inadequate numbers of HC staff
- ☐ Lack of familiarity with community and/or markets (e.g. staff do not live within catchment area of HC)
- ☐ Lack of acceptance by markets
- ☐ Difficulty working or prefer not to work on weekends
- ☐ Other, please state

### J – Sustainability of interface (formal ongoing collaboration) between HC and markets

How important do you think the following attributes would be in developing and sustaining a formal working relationship between a HC and a market? (Tick the circle of your choice.)

- J.1 Continued provision of funds for all involved even after the research has ended
- ☐ Not important      ☐ Somewhat important      ☐ Very important
- J.2 Regular communication of results/benefits of having CHVs at markets to all parties involved
- ☐ Not important      ☐ Somewhat important      ☐ Very important
- J.3 Support and appreciation of the programme by community members
- ☐ Not important      ☐ Somewhat important      ☐ Very important
- J.4 The intervention changing as necessary to meet the needs of community members
- ☐ Not important      ☐ Somewhat important      ☐ Very important

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J.5 County Government backing of the programme

☐ Not important      ☐ Somewhat important      ☐ Very important

J.6 The markets and HCs appreciating what the programme is attempting to do

☐ Not important      ☐ Somewhat important      ☐ Very important

J.7 Regular meetings between persons involved from markets and HCs

☐ Not important      ☐ Somewhat important      ☐ Very important

J.8 Mutual trust and respect among members of markets and HCs

☐ Not important      ☐ Somewhat important      ☐ Very important

J.9 Good leadership at each level of the programme

☐ Not important      ☐ Somewhat important      ☐ Very important

J.10 Yearly follow-up by persons in charge to determine the success of the intervention

☐ Not important      ☐ Somewhat important      ☐ Very important

J.11 Do you think any additional factors need to be taken into consideration in building and maintaining the relationship? If so, please state.

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What Language is commonly spoken at the market?

9. Does your market have an administrative body (group of people responsible for managing)?

☐ Yes ☐ No

10. If yes, please describe the leadership structure of the market

- ☐ Market leader (*Specify*)
- ☐ Manager/Chair
- ☐ Secretary
- ☐ Treasurer
- ☐ General Committee Members How many? \_\_\_\_\_
- ☐ Event Planner
- ☐ Public liaison officer
- ☐ Health relations officer

If other, please specify

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11. What process is used to select the market leadership?

12. Are there any other networks of groups i.e. Vulnerable groups existing in the market? Which ones are they? What are their specific roles in the market? How does the leadership engage with these groups?

13. Which of the following are main duties of the administrative body? (Who does what? )

- |                                |         |        |                |
|--------------------------------|---------|--------|----------------|
| Decision-making                | ( ) Yes | ( ) No | ( ) Don't know |
| Allocation of funds            | ( ) Yes | ( ) No | ( ) Don't know |
| Introduction of new programmes | ( ) Yes | ( ) No | ( ) Don't know |
| Organisation of events         | ( ) Yes | ( ) No | ( ) Don't know |
| Fundraising                    | ( ) Yes | ( ) No | ( ) Don't know |
| Record keeping                 | ( ) Yes | ( ) No | ( ) Don't know |

If other, please specify (Space allocation, revenue collection, security provision within the market, cleanliness, etc)

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14. How is your market financed? (distinguish source of income and proportionate allocation to the markets)

Member donations/Traders ( ) Yes ( ) No ( ) Don't know



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External donations	( ) Yes	( ) No	( ) Don't know
Fundraising	( ) Yes	( ) No	( ) Don't know
County Government	( ) Yes	( ) No	( ) Don't know
Regional organisation	( ) Yes	( ) No	( ) Don't know
International organisation	( ) Yes	( ) No	( ) Don't know
Government grants	( ) Yes	( ) No	( ) Don't know
If other, please specify			

15. Is the funding from the county government sufficient for running the market?

16. Who does the market leadership report to?

17. How often?

( ) Never      ( ) Once per month      ( ) Once per quarter      ( ) Once per year

( ) Don't know      ( ) Other (specify) \_\_\_\_\_

18. Does the market leadership have an office?

☐ Yes      ☐ No      ☐ Don't know

19. If no, where does the market leadership operate from?

20. Are there any benefits the market committee receives? What are some of these benefits and from who?

21. Do you have resources for secure and organised record keeping (e.g. locked cupboard with limited access)?

☐ Yes      ☐ No

If Yes, what are these resources

22. If not, what would be needed to make this possible?



23. What is your understanding of a CHV

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24. Do you believe market users would support a CHV chosen and trained from among them?

☐ Yes ☐ No ☐ Don't know

If No, Why? (State the main reasons)

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25. Do you believe market users would utilise the services of a CHV chosen and trained from among them?

Yes No Don't know

If No, why? (State the main reasons)

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26. If you were asked to choose a CHV to represent market users or traders, what qualities would you look out for?

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27. In general, how would you describe the relationship between your market and the HC? *Note to interviewer: Ask the interviewee to describe the relationship in his own words, then choose the option that best captures his/her response. You may choose more than one. (Please give details)*

( ) Integrated ( ) Cooperation ( ) Respect ( ) Mutual tolerance  
( ) Indifference ( ) Animosity  
( ) Other; specify \_\_\_\_\_

## SECTION TWO – Existing health-related activities at the market

28. What is your message to market users regarding seeking medical help for health issues?

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29. What do you understand by the term “non-communicable diseases”, “NCDs” or “chronic diseases”(Magonjwa yasiyo ambukiza)?

*(If the interviewee chooses “No”, explain what NCDs are, with examples, before proceeding to.)*

30. Which conditions do you think about when you hear this/these terms?

☐ Diabetes/ “sugar” ☐ Hypertension/high blood pressure  
☐ Obesity/overweight ☐ Cancer



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- ☐ Stroke  
☐ Asthma  
☐ Other, please specify



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- ☐ Heart disease  
☐ Don't know



31. Does your market have any regular/ongoing programme for helping market users afflicted by any of the above mentioned diseases?

- ☐ Yes ☐ No ( ) Yes, part of general health programme ☐ Don't know

*If the interviewee answered no/don't know, go to question.*

If Yes, how often?

32. Who is responsible for this programme? (e.g. Individuals, CBOs) \_\_\_\_\_

33. If an individual, do you know whether he/she has any formal qualifications for the position? E.g. prior or current work experience in the medical field.

- ☐ Yes, specify \_\_\_\_\_ ☐ No ☐ Don't know ☐ Not applicable

34. What do the activities include? *Note to interviewer: Let the interviewee describe in his own words, then tick and circle all that apply.*

- ☐ Dietary counselling/talks/cooking classes ☐ Physical activity counselling/exercise sessions  
☐ Counselling of family members ☐ Treatment/monitoring of medication use  
☐ Risk factor modification education – tobacco and alcohol use

*If other, please specify.*

35. Does the programme have a budget?

- ☐ Yes ☐ No ☐ Don't know

36. If yes, please state the approximate allocation for this. Ksh \_\_\_\_\_ per month ( ) Prefer not to state

37. If not, how is the programme funded?

38. Please state any additional details of the programme plan/activities.



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39. Are there any activities you do as a market to keep market users from developing NCDs or other diseases? (*Emphasis here on prevention; previous questions were about support for control*)

☐ Yes ☐ No ☐ If No,

40. Who is responsible for organising the activities?

41. Please give details of these activities. *Tick all that apply*

Activity (select accordingly)	Frequency – weekly, fortnightly, monthly, random, state other	Turnout (Approximate number of people in attendance)
<input type="radio"/> Dietary counselling		
<input type="radio"/> Counselling on disease risk factors, i.e. tobacco and alcohol use, exercise habits		
<input type="radio"/> Risk factor surveillance		
<input type="radio"/> Group walks/runs		
<input type="radio"/> Weight tracking		
<input type="radio"/> Advocacy		
<input type="radio"/> Health promotion		
If other, please specify		

42. Do you keep any records of market users' response to or progress in these activities?

☐ Yes, always ☐ Yes, sometimes ☐ No

If Yes always, how?

If Yes sometimes, When and Why?

If No, Why?

43. What factors are considered as you plan health-related activities? *Tick all that apply. (Elaborate further)*

☐ Funding



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- ☐ Availability of persons to take charge and/or help with organising
- ☐ Equipment and commodities
- ☐ County priorities
- ☐ National priorities (meeting national health goals)
- ☐ Community priorities (meeting community health goals)
- ☐ Other (*Specify*) (e.g Distance to health facility/Access, disease outbreaks)

44. Which factors are given priority and why (which of the factors drive their planning)?

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45. Are the health-related activities at your market guided by any county, national, regional or international plans or agendas?

- ☐ Yes      ☐ No      ☐ Don't know

46. If yes, please state which.

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47. Please state any additional details about the activities.

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48. Does your market have any plans for implementing new or improving on existing health-related activities?

- ☐ Yes      ☐ No      ☐ Don't know

49. If yes, please state the details of these plans.

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50. What general social programmes and/or group activities does your market provide to market users?

- ☐ Support groups for persons with illnesses, losses etc      ☐ Dance classes (Traditional dance classes)
- ☐ Study groups      ☐ Reading groups
- ☐ Sports Group
- ☐ Singing/music classes/groups      ☐ None
- ☐ Other, please specify

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51. Please specify the details of the activities indicated in



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Activity	Frequency of meeting/activity	Number of attendees

52. Do you see a need for an NCD health education, promotion and prevention programme within your market? ☐ Yes ☐ No ☐ Not sure

53. Please Elaborate/Explain your answer

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54. Does the market offer any health outreaches to the community or beyond?  
☐ Yes ☐ No

55. If yes, please state the details of these outreaches.

Services offered	Frequency (weekly, monthly etc)	Community response (# turnout)	Members involved

56. Are any of your market traders trained in health or social work?  
☐ Yes ☐ No ☐ Don't know

57. If yes, please state the following details.

Profession	Number	Currently employed (E) or retired (R)
Nurses		
Doctors		
Teachers		
Social workers		





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Other		

58. Are there any current or past collaborations between your market and organizations within the health sector, e.g. Ministry of Public Health, NGOs?

☐ Current
 ☐ Past
 ☐ None current
 ☐ None past (If "None", go to question 61.)

59. If yes, please specify the details of the current collaboration(s).

Organisation	Activity(s)	Frequency of meetings	Frequency of activity(s)

60. Please specify the details of any past collaboration(s) (start with most recent).

Organisation	Activity(s)	Duration	Population targeted	Any training of market users	Funding

61. Please state the following outcomes of any past collaboration (start with most recent).

Organisation	Turnout (# of attendees)	Reasons for success	Reasons for failure	Lessons learnt to apply to future collaborations



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62. Who are the members who take charge of coordinating any collaboration activities?
- ☐ Members of the administrative body
- ☐ Any eligible members
- ☐ Other (*Specify*)

63. If it is a member of the administrative body, please state the member's position.
- 

### SECTION THREE – Building and maintaining a strong relationship between markets and HC

64. What do you think will be needed for this project to succeed in your market? (*Interviewer: allow the interviewee to answer, then tick the appropriate option. More than one response can be chosen.*)

- ( ) Funding State for whom \_\_\_\_\_
- ( ) Regular communication of results/benefits of having CHVs at markets to all parties involved
- ( ) Support and appreciation of the intervention by community members
- ( ) Government backing of the intervention
- ( ) Regular meetings between persons involved from markets and HCs
- ( ) Mutual trust and respect among members of markets and HCs
- ( ) Good leadership at each level of the project
- ( ) The intervention changing as necessary to meet the needs of community members
- ( ) Other; specify \_\_\_\_\_
- 

65. What would your market need in order to maintain a relationship with the health centre after the project ends?

- ( ) Continued funding. State for whom \_\_\_\_\_
- ( ) Regular communication of results/benefits of having CHVs at markets to all parties involved
- ( ) Support and appreciation of the intervention by community members
- ( ) Government backing of the intervention



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- ( ) Regular meetings between persons involved from markets and HCs
- ( ) Mutual trust and respect among markets users and HCs
- ( ) Good leadership at each level of the project
- ( ) The intervention changing as necessary to meet the needs of community members
- ( ) Follow-up by persons in charge to determine the success of the intervention; specify how often

( ) Other; specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### SECTION FOUR – Awareness/Knowledge of the Health Sector

66. Do you know of any local activities/organisations that target NCDs?

- ☐ Yes ☐ No, go to 65

67. If yes, please indicate which of the following they have been involved in. If possible, please state the name of the organisation.

Activity	Organisation
( ) Research	
( ) Advocacy	
( ) Facilitate/coordinate development of national NCD policy	
( ) Surveillance of NCDs or risk factors	
( ) Treatment	
( ) Counselling services	
( ) Training relevant to NCD prevention and control	
( ) Health promotion services	
Other (specify)	

68. Which is the closest public health centre ?

\_\_\_\_\_

69. Does the health centre for this area offer any assistance in trying to reduce NCDs?

- ☐ Yes ☐ No ☐ Don't know



70. If yes, what do they offer?

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71. Is medication readily available from the health centre for the treatment of persons with NCDs?

☐ Yes ☐ No ☐ Don't know

72. Are these healthcare resources easy to access (e.g. in terms of distance to travel)?

☐ Yes (Go to 71) ☐ No ☐ Don't know

73. If no, why not?

74. Are you aware of local TV or other media campaigns to educate the public on preventing and controlling NCDs?

☐ Yes ☐ No ☐ (skip )

Which channel of communication e.g Radio Social media

75. Please indicate which of the following has/have been addressed:

☐ Tobacco use ☐ Alcohol use ☐ Weight control  
☐ Diet ☐ Exercise ☐ Screening (e.g., testing sugar, checking pressure)  
☐ Treatment (e.g., taking medication as prescribed)  
☐ Other; specify

76. Have any markets been involved in the development or deployment of those NCD media campaigns?

☐ Yes ☐ No ☐ Don't know

77. Do you know anything about Wellness Days/World health days?

☐ Yes ☐ No

If yes Please specify

78. Are there any nearby places that offer NCD screening and testing (other than health centres)?  
 (Interviewer: may need to explain again what is meant by screening.)

☐ Yes ☐ No ☐ Don't know

79. If yes, please state the name of the place and tests offered, to your knowledge.

Name of place	Services offered



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80. Is any community/home care available for persons with end stage NCDs i.e. only palliative care needed?

☐ Yes ☐ No ☐ Don't know

81. If yes, please state what you know to be available.

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