PROJECT

CLIENT SATISFACTION SURVEY

FOR

PEOPLE LIVING WITH HIV/AIDS AND SEXUAL REPRODUCTIVE HEALTH FOR THE YOUTH

Final Results

December 2016 _ June 2017
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1.0 ACKNOWLEDGMENT

We wish to appreciate the support provided by ICCO throughout this project. The facility managers have been supported greatly through the awareness and equipment that were procured using project funds so that services can be better provided.

UCMB appreciates the drive to improve the accessibility of the services and through the continued effort. We promise to continue supporting the facilities and execute the survey to understand the progress.
**2.0 INTRODUCTION**

This report presents the findings of the Client Satisfaction Survey that was conducted as a part of the project ‘A health care system that responds to the needs of PLWH and SRH needs of youth based on Client Satisfaction Surveys’. This project was implemented by UNHCO, Diocese of Jinja, UCMB, Health Child, ACET, UCAN, HNU, PAG-KIDEP, and DCU-TAIP, and coordinated by ICCO and Cordaid. The project builds on earlier experiences of Cordaid partners with (digital) client satisfaction tools. The project integrates the specific needs and perspectives on quality of health services of people living with HIV and SRH youth in a client satisfaction survey that was conducted among 69 health centres in Uganda.

The Client Satisfaction Survey was designed by an external consultant in collaboration with the 9 partners in the project. The following key indicators were included to establish client satisfaction:

- Availability and access of services
- Quality of services including waiting time, availability of staff and information provision
- Financial accessibility
- Complaints or compliments
- Humanity of Care
- Cleanliness of facility
- Overall satisfaction

This is the second survey which was conducted successfully toward the end of year of 2016 in the 10 health facilities as compared to the 12 health facilities in 2015.

Data collection started on November 2016 and ended in January 2017. The survey was conducted electronically using two tablets. Successfully ten health facilities were covered which are distributed in three districts of Kampala, Mpigi and Wakiso. The samples per facilities were as shown in this table below.

The table below shows the number of facilities that participated in the survey and the sample by the target group and total samples.

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Type of HC</th>
<th>Person living with HIV</th>
<th>Young person (age 10-24)</th>
<th>Total Sampled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kisubi</td>
<td>Hospital</td>
<td>UCMB</td>
<td>43</td>
<td>36</td>
</tr>
<tr>
<td>Lweza St. Magdalene</td>
<td>HCII</td>
<td>UCMB</td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Naddangira</td>
<td>HCII</td>
<td>UCMB</td>
<td>11</td>
<td>30</td>
</tr>
<tr>
<td>Namugongo Zia Angelina</td>
<td>HCIII</td>
<td>UCMB</td>
<td>39</td>
<td>22</td>
</tr>
<tr>
<td>Benedict Med Center</td>
<td>HCIV</td>
<td>UCMB</td>
<td>14</td>
<td>29</td>
</tr>
<tr>
<td>Nsambya</td>
<td>Hospital</td>
<td>UCMB</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Rubaga Hospital</td>
<td>Hospital</td>
<td>UCMB</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>Facilities</td>
<td>Type of HC</td>
<td>Person living with HIV</td>
<td>Young person (age 10-24)</td>
<td>Total Sampled</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------------</td>
<td>------------------------</td>
<td>--------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Nkozi</td>
<td>Hospital/UCMB</td>
<td>34</td>
<td>43</td>
<td>77</td>
</tr>
<tr>
<td>Nswanjere</td>
<td>HCIII/UCMB</td>
<td>56</td>
<td>5</td>
<td>61</td>
</tr>
<tr>
<td>St. Monica Katende</td>
<td>HCIII/UCMB</td>
<td>33</td>
<td>31</td>
<td>64</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>307</td>
<td>318</td>
<td>625</td>
</tr>
</tbody>
</table>

### 3.0 THE SAMPLING

The sampling was along the patients attending the Antenatal and obstetric clinics (maternity), postnatal care clinic, immunization clinic and Family planning clinic on top of the General OPD. These patients to respond to questionnaire were mainly of the young age group. PLWH and adolescents aged between 10 to 24 years were interviewed at the exit of receiving medication.

Clinic days like ART clinics, immunization and ANC were used to collect data especially for facilities that were not specifically for HIV and those that did not have large numbers of adolescents attending OPD. For example, Lweza.

### 4.0 RESULTS OF THE SURVEY

Data was migrated from the AKVO dashboard to Microsoft excels for analysis. The analysis was conducted using pivot tables and graphs for aggregated output.

**Sample by gender:** We sampled more female than male – as evidenced in the HIV care and treatment project, more women able to come to the clinic than male and more youthful females may of visit he facility for sexuality reproductive health services than the male. See the pie chart below.

The majority of the sampled patients had visited the health facilities before, 87% (543/625) which means they are in the best position to give their experience about the services in the health facilities. It is also a better ratio as compared to 82% in 2015; As shown in the table below.
When was your last visit here in this health unit? | 2015 % | 2016 %
--- | --- | ---
Its First visit | 18% | 13%
Less than 1 Month ago | 20% | 10%
Less than 2 Months ago | 38% | 36%
3 to 6 months ago | 16% | 33%
>= 6 months ago | 8% | 7%

4.1 Managing Complains and Compliments:

The most disturbing result was about complaint and compliment management in the health facilities. The results showed that many patients / clients that visit our health facilities do not know where in the facility to report the compliment or compliment as evidence in the graph below.

From the graph above, Nswajere had significantly improved the ratios from 5% to 89% of knowing were to report compliments and complaint. We also note a small ratio of improvement in Lweza, Naddagira. Unfortunately, the ratio has remained same for benedict Luzira medical centre. Implying the health units still need to sensitise the patient about the use of suggestion boxes and reporting to management their complaints and compliments.

However, once the patients were asked were and to which individuals or offices would you report, the majority 61% indicated to the in charge or medical superintendent and 34% use the suggestion boxes.

4.2 Environment:

The assessment focused on understanding the cleanliness of the facility from the clients’ perspective. From the analysis, all facilities were rated clean with score above 90%. However with regard to the cleanliness of the toilets and bathroom, Naddagira And Nsambya health facilities were rate very low, 46% and 32% as shown in the graph below.
4.3 Availability and Access of Services:

In 2016, we notice on average 98% the patient satisfied that service they needed were available. The reasons for not finding the services were medicine out of stock, Absence of specialist/ Absence of the Dispenser, and lack of equipment. Also, reasons given were that the facility does not provide artificial family planning especially since the catholic facility just refer patients in need of those artificial

The table below show the satisfaction score
<table>
<thead>
<tr>
<th></th>
<th>AVAILABILITY AND ACCESS OF SERVICES</th>
<th>QUALITY OF SERVICE</th>
<th>HUMANITY OF CARE – Handled With Respect And Dignity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Availability And Accessibility Of The Services You Needed</strong></td>
<td><strong>Availability Of Health Workers</strong></td>
<td><strong>Handled With Respect And Dignity</strong></td>
<td></td>
</tr>
<tr>
<td>Kisubi</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
</tr>
<tr>
<td>Lweza</td>
<td>98%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Naddangira</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Zia Angelina</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Benedict Med Center</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>Nsambya</td>
<td>100%</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>Rubaga Hospital</td>
<td>99%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Nkozi</td>
<td>95%</td>
<td>95%</td>
<td>99%</td>
</tr>
<tr>
<td>Nswanjere</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>St. Monica Katende</td>
<td>94%</td>
<td>97%</td>
<td>97%</td>
</tr>
<tr>
<td><strong>OVERALL</strong></td>
<td><strong>98%</strong></td>
<td><strong>98%</strong></td>
<td><strong>99%</strong></td>
</tr>
</tbody>
</table>

**Improving accessibility and availability of services the of Case: Benedict Medical Center-Kampala**

The client satisfaction was affected by the inability to cater for an adolescent friendly corner. In 2015, with the funds from project, UCMB decided to procure a tent for this purpose, due to limited space in the health centre, as shown in picture. This also addressed issues around privacy:

Further the health facility has manage to relocate the SHRHs “according to Jolly a management of Benedict Medical Centre, Kampala “ Youth using the service could be seen through a glass and clients would sit with the. It was then decided that ASRH services move to a separate place where clients they are not seen by others.” Other Action of improvement were:

**Procurement of three water dispensers:** “Patients complained about the lack of water, they would ask ‘where is the water? Patients had to go to the canteen to buy water themselves. We had a water dispensary installed, but it leaked and had to be repaired.

**Procurement of Suggestion box** and toll free number to improve on the complaint system: “the box is mainly used to send an appreciation. The complaints are about lack of medicines
and waiting time. We handled those complaints: an IT-person was hired to monitor the stock of medication. However, because of supply shortages at GMS, stock-outs still occur, but it does help in some cases. Also, to reduce on waiting time, it is planned to build more consultation rooms.

**Improve on the directions for patient by introducing a flow chart** and clear and readable signs: a flow chart was installed for proper direction. Client often ended up in front, at the parking lot, as a reception […] But since then, they see the chart and they know where to go. Another flow chart will be placed at the reception after renovations have been completed”.

**Do the fee payment affect accessibility**
Naddagira health facility scrapped the fees for ANC and they realized the increase in the number ANC attendance as reported by the incharge. Only 51% of the clients in St Monica Katende were satisfied with the fees charged as shown in the graph below. In benedict, medical centre, the Therapeutic committee was engaged to revise costs: “People pay a consultation fee for their first visit. For the visits after, people do not pay any fees for consultation or for their medication. This also has increased the numbers of patient.

![Graph Showing Satisfied with the fees paid for service](image)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Satisfied with the fees paid for service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zia Angelina</td>
<td>100%</td>
</tr>
<tr>
<td>Kisubi</td>
<td>100%</td>
</tr>
<tr>
<td>Lweza St. Magdalene</td>
<td>100%</td>
</tr>
<tr>
<td>Nsavejere</td>
<td>100%</td>
</tr>
<tr>
<td>Nsambya</td>
<td>100%</td>
</tr>
<tr>
<td>Nkozi</td>
<td>99%</td>
</tr>
<tr>
<td>Naddangira</td>
<td>85%</td>
</tr>
<tr>
<td>Benedict Med Center</td>
<td>79%</td>
</tr>
<tr>
<td>Rubaga Hospital</td>
<td>79%</td>
</tr>
<tr>
<td>St. Monica Katende</td>
<td>51%</td>
</tr>
</tbody>
</table>

4.4 **Quality of Service:**
The clients were satisfied with the availability of the health workers on average 98% of the clients. All the health facilities rates were above 94%. As seen in the table above.

4.5 **Humanity of Care:**
The clients were also satisfied with respect and dignity accorded during the time of treatment and care. From table 3, 97% and above were the score for satisfaction per facility.
<table>
<thead>
<tr>
<th>Benedict Med Health centre</th>
<th>St Monica Katende Lweza St Magdalene</th>
<th>Naddagira</th>
<th>Nswanjere</th>
<th>Zia Angellina Namugongo</th>
</tr>
</thead>
<tbody>
<tr>
<td>• health workers are approachable and available</td>
<td>• proximity of the facility</td>
<td>• good care</td>
<td>• advice by the doctor</td>
<td>• all services are good</td>
</tr>
<tr>
<td>• availability of medicines</td>
<td>• health workers are kind and available</td>
<td>• quick service</td>
<td>• Staff care and kindness</td>
<td>• availability of drugs</td>
</tr>
<tr>
<td>• care and treatment</td>
<td>• this is where I got to know my status from care and treatment</td>
<td>• Customer care</td>
<td>• drugs are always available</td>
<td>• customer care and drugs are available</td>
</tr>
<tr>
<td>• cleanliness of the facility and waiting lounge is cool</td>
<td>• availability of drugs</td>
<td>• availability of health workers</td>
<td>• care and treatment is good</td>
<td>• customer care is good</td>
</tr>
<tr>
<td>• dental services</td>
<td>• cleanliness</td>
<td>• proximity of the facility</td>
<td>• clean environment</td>
<td>• good advice</td>
</tr>
<tr>
<td></td>
<td>• timeliness in receiving care care and treatment is good</td>
<td>• availability of drugs</td>
<td>• counselling services</td>
<td>• good counselling</td>
</tr>
<tr>
<td></td>
<td>• privacy</td>
<td>• availability of health workers</td>
<td>• have good maternity services</td>
<td>• good doctors care</td>
</tr>
<tr>
<td></td>
<td>• professionalism</td>
<td>• care and treatment is good</td>
<td>• it is cheap</td>
<td>• nurse advice and drugs are available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• clean environment</td>
<td>• the facility is peaceful and realistic</td>
<td>• nurse Judith is so good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• counselling services</td>
<td>• Timeliness to see the doctors</td>
<td>• speed in giving treatment</td>
</tr>
</tbody>
</table>
5.0 DISSEMINATION TO THE RESPECTIVE HEALTH FACILITIES

UCMB in March 2017 decided to follow the health facility and disseminated the finding to the staff and HUMC. During the meeting, new actions were generated and the old actions were also assessed to understand the progress. Below are the findings and action per facility that was visiting.

5.1 ZIA ANGELINA HEALTH CENTRE III

The results were disseminated in the to the staff and health unity management committee.

<table>
<thead>
<tr>
<th>Area of attention</th>
<th>ZIA ANGELINA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of service</td>
<td>Procure 2 weighing scales with BMI</td>
</tr>
<tr>
<td></td>
<td>Improve waiting area with a shelter like a tent</td>
</tr>
<tr>
<td></td>
<td>Improve time management - hold meeting with staff and inform them about proper time management and then put in place a clock in system</td>
</tr>
<tr>
<td>Financial access</td>
<td>Review the cost of care</td>
</tr>
<tr>
<td>Complaint system</td>
<td>Tag and designate a person who can and will handle patient's complaints and compliments</td>
</tr>
<tr>
<td>Humanity of care</td>
<td>Need for drinking water supply for the HIV clinic and Antenatal clinic (Water dispenser)</td>
</tr>
<tr>
<td>Environment and Physical Facilities</td>
<td>Improve the waiting area for HIV patients - Waiting area</td>
</tr>
</tbody>
</table>
5.2 BENEDITIC MEDICAL HEALTH CENTRE IV

The results were disseminated in the to the staff and health unity management committee

<table>
<thead>
<tr>
<th>Area of attention</th>
<th>BENEDITIC MED CENTRE IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility and Availability of Service</td>
<td>Adolescent training skills for a nurse</td>
</tr>
<tr>
<td></td>
<td>Continuous medical education to improve management of adolescents</td>
</tr>
<tr>
<td></td>
<td>DHC to follow up with KCCA about the delayed PHC - grant</td>
</tr>
<tr>
<td></td>
<td>Organize an open day to sensitize people about availability of services</td>
</tr>
<tr>
<td>Quality of service</td>
<td>Sensitization to ensure rational use of medicines</td>
</tr>
<tr>
<td></td>
<td>Need for the therapeutic committee to review service charges</td>
</tr>
<tr>
<td>Complaint system</td>
<td>Explore avenues to ensure an efficient complaint system - Toll free telephone</td>
</tr>
</tbody>
</table>

HUMC Members, Facility Staff, DHC Coordinator and UCMB At Beneditic Med Centre IV
5.3 ST. MONICA KATENDE HEALTH CENTRE III

The results were disseminated to the staff and health unity management committee. During the meeting, we learnt of the progress, the gaps and challenges as presented in the table below.

<table>
<thead>
<tr>
<th>Area of attention</th>
<th>KATENDE HEALTH CENTRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of service</td>
<td>Need for a BP machine and weighing scale</td>
</tr>
<tr>
<td></td>
<td>Need for a water sterilizer and centrifuge</td>
</tr>
<tr>
<td></td>
<td>Sensitize people about the availability of a ultra-scan</td>
</tr>
<tr>
<td></td>
<td>Need for a water supply for washing hands</td>
</tr>
<tr>
<td>Complaint system</td>
<td>Routine sensitization of people about the complaint systems</td>
</tr>
<tr>
<td>Environment and</td>
<td>Labeling of toilets for both male and Female</td>
</tr>
<tr>
<td>Physical Facilities</td>
<td>Follow up the chairs and tents to be given by Nkozi Hospital so that the waiting</td>
</tr>
<tr>
<td></td>
<td>shelter can be better for HIV patient seeking care and treatment</td>
</tr>
<tr>
<td></td>
<td>Need for a hand washing facility</td>
</tr>
</tbody>
</table>

HUMC Members, Facility Staff, DHC Coordinator and UCMB at St. Monica Katende Health Centre III
5.4 LWEZA ST MAGDALENE HEALTH CENTRE III

The results were disseminated in to the staff and health unity management committee. During the meeting, we learnt of the progress, the gaps and challenges as presented in the table below.

<table>
<thead>
<tr>
<th>Area of attention</th>
<th>LWEZA ST MAGDALENE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility /Availability of Service</td>
<td>Improve the road by putting Marram to easy accessibility</td>
</tr>
<tr>
<td>Quality of service</td>
<td>To provide immunization services within the specified time (8am - 12 noon) as per the national service provision policy</td>
</tr>
<tr>
<td>Complaint system</td>
<td>Provision of papers and pens for clients to write their suggestions or complains.</td>
</tr>
<tr>
<td>Humanity of care</td>
<td>Inform the clients about the availability of suggestion boxes and how to use them.</td>
</tr>
<tr>
<td>Environment and Physical Facilities</td>
<td>Need for a water dispenser.</td>
</tr>
<tr>
<td></td>
<td>Continuous sensitization about the waste disposal</td>
</tr>
<tr>
<td></td>
<td>Need to expand the waiting area for immunization (Tent and chairs)</td>
</tr>
</tbody>
</table>

HUMC Members, Facility Staff, DHC Coordinator and UCMB at Lweza St Magdalene Health Centre III
The results were disseminated to the staff and health unity management committee. During the meeting, we learnt of the progress, the gaps and challenges as presented in the table below.

<table>
<thead>
<tr>
<th>Area of attention</th>
<th>NADDANGIRA ST FRANCIS HC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility and Availability of Service</td>
<td>Planning to get an ambulance</td>
</tr>
<tr>
<td></td>
<td>Need for more beds and mattresses</td>
</tr>
<tr>
<td></td>
<td>Plan to Provide mother kits &amp; more ANC materials</td>
</tr>
<tr>
<td>Quality of service</td>
<td>Need for a wheel chair</td>
</tr>
<tr>
<td></td>
<td>Need for stretcher</td>
</tr>
<tr>
<td></td>
<td>Train staff for TB services</td>
</tr>
<tr>
<td></td>
<td>Introduce a men’s club and provide materials like balls and T-shirts for men’s club</td>
</tr>
<tr>
<td>Financial access</td>
<td>Procure mama kits</td>
</tr>
<tr>
<td>Complaint system</td>
<td>Purchased of HU office phone</td>
</tr>
<tr>
<td>Humanity of care</td>
<td>Write a project to provide food support to patients with HIV services</td>
</tr>
<tr>
<td>Environment and Physical Facilities</td>
<td>The facility will dig a rubbish pits a bit far away the clinic buildings</td>
</tr>
<tr>
<td></td>
<td>Plan to put up a small Canteen for patients</td>
</tr>
</tbody>
</table>

HUMC Members, Facility Staff, DHC Coordinator and UCMB at Naddangira St Francis Health Centre III
5.6 NSWANJERE ST JOSEPH HEALTH CENTRE III

The results were disseminated in to the staff and health unity management committee. During the meeting, we learnt of the progress, the gaps and challenges as presented in the table below.

<table>
<thead>
<tr>
<th>Area of attention</th>
<th>NSWAJERE HEALTH CENTRE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of service</td>
<td>Need for a microscope</td>
</tr>
<tr>
<td></td>
<td>Need for a centrifuge</td>
</tr>
<tr>
<td></td>
<td>Need for an electric sterilizer</td>
</tr>
<tr>
<td>Humanity of care</td>
<td>Need for a water dispenser</td>
</tr>
<tr>
<td>Environment and Physical Facilities</td>
<td>Improve the waiting area for HIV patients - Waiting area</td>
</tr>
</tbody>
</table>

HUMC Members, Facility Staff, DHC Coordinator and UCMB at Nswajere Health Centre III

6.0 LESSON LEARNED

**Nswanjere St Joseph**

- Without team, from the top to the bottom nothing is possible
- Immediate action of the gap identified was very helpful and more so with the involvement of HUMC.
## 7.0 SUPPORTING THE HEALTH FACILITY TO PROVIDE BETTER SERVICES

After a round of visit, UCMB decided once again to support facilities by procuring some of the items as shown in the table below:

<table>
<thead>
<tr>
<th>Accessibility and Availability of Service</th>
<th>Mama kits</th>
<th>BENEDICT MED</th>
<th>KATENDE HEALTH</th>
<th>LWEZA ST MAGDALEN</th>
<th>NADJAVA NDA RA ST FRANCIS HOSP.</th>
<th>NSWAJERA HEALTH</th>
<th>ZIA ANGELIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of services</td>
<td></td>
<td></td>
<td></td>
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