



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

**SERVICE STANDARDS AND
SERVICE DELIVERY STANDARDS
FOR THE HEALTH SECTOR**

JULY 2016

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ABBREVIATIONS & ACRONYMS

ANC	Antenatal Care
ARV	Anti-Retro Viral
ART	Anti-retroviral Therapy
CBO	Community based organization
CPD	Continuing Professional Development
CSO	Civil Society Organization
DHMT	District Health Management Team
DOTS	Directly Observed Treatment Short course
EDPR	Epidemic and Disaster Preparedness and Response
EMTCT	Elimination of Mother-To-Child Transmission of HIV
EMHS	Essential Medicines and Health Supplies
GBV	Gender Based Violence
FP	Family Planning
HMB	Hospital Management Board
HC	Health Centre
HCT	HIV Counseling and Testing
HCWM	Health Care Waste Management
HDP	Health Development Partner
HIV	Human Immuno-Deficiency Virus
HMC	Hospital Management Committee
HMIS	Health Management Information System
HR	Human Resource
HSD	Health Sub-District
HUMC	Health Unit Management Committee
ICCM	Integrated Community Case Management
ICT	Information, Communication, Technology
IDSR	Integrated Disease Surveillance and Response
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IP	Implementing Partner
IPC	Infection Prevention and Control
JMS	Joint Medical Stores
LG	Local Government
LLIN	Long Lasting Insecticide-treated Net
MDAs	Ministries, Departments and Agencies
MoH	Ministry of Health

MPDR	Maternal Perinatal Death Reviews
MRI	Magnetic Resonance Imaging
NACME	National Advisory Committee on Medical Equipment
NCDs	Non-Communicable Diseases
NDA	National Drug Authority
NHP	National Health Policy
NMS	National Medical Stores
NPA	National Planning Authority
NRH	National referral Hospital
OPD	Out Patients Department
ORT	Oral Rehydration Therapy
PAC	Post Abortal Care
PHC	Primary Health Care
PPE	Personal Protective Equipment
PWD	People With Disabilities
QI	Quality Improvement
RRH	Regional referral Hospital
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SDS	Service Delivery Standards
SMC	Safe Male Circumcision
SOP	Standard Operating Procedure
SS	Service Standard
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNBS	Uganda National Bureau of Standards
UNMHCP	Uganda National Minimum Health Care Package
VHT	Village Health Team
WEI	Work Environment Improvement

OPERATIONAL DEFINITIONS

Standard: Is a document that provides rules or guidelines to achieve order in a given context. All standards help to define what a client or user can expect to receive from a service.

Service Standard: The specification of the nationally agreed services to be provided by level of care.

Service Delivery Standard: The specification of the nationally agreed inputs and processes to deliver the key outputs of the health sector. They describe the manner on which the service will be delivered.

FOREWORD

All clients have the right to receive good quality health care including access to friendly and respectful treatment, medicines, medical equipment and supplies, competent health workers and a clean service environment. Clients should feel comfortable visiting health facilities and should not be afraid or intimidated to seek services. To this effect the Ministry of Health with support from Partners has continuously developed standards, guidelines and Standard Operating Procedures for specific program / technical areas without focus on the quality perspectives of the clients.

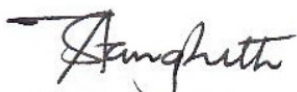
The Ministry of Health has developed the first version of the Service Standards and Service Delivery Standards for the health sector in Uganda. The main objective is to provide a common understanding of what is expected by the public, service users and service providers in ensuring provision of consistently high quality service delivery. These standards also provide a roadmap for improving the quality, safety and reliability of healthcare in Uganda.

The application of these standards is expected to improve transparency and accountability in service delivery; fairness and equity in service provision; building a culture of quality management; regulation, management and control of public and private providers; and management of expectations of service recipients.

I want to emphasize that these standards apply to all public and private health facilities in Uganda with focus on delivery of the Uganda National Minimum Health Care Package. These standards do not describe the detail of specific hospital or clinical practice which is best addressed in the technical standards, Standard Operating Procedures, protocols and clinical guidelines.

I therefore urge all policy makers at national and Local Government level, Health Development Partners, Health Managers, Public and Private Health Providers, Civil Society Organizations and Health Consumers to make use of these standards to improve the quality, safety and reliability of health care in Uganda.

For God and My Country



HON. DR. JANE RUTH ACENG
MINISTER OF HEALTH

ACKNOWLEDGEMENTS

The Service Standards and Service Delivery Standards Manual was developed through a consultative process spearheaded by the Quality Assurance Department.

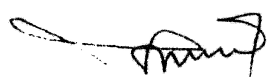
Appreciation goes to the National Planning Authority for guiding the MoH in terms of aspirations of the country in line with Vision 2040 and thus the need to have a benchmark in terms of the health sector development towards a Middle-Income Country. These standards shall serve the purpose of ensuring that the sector grows in terms of infrastructure, range of services, competences and quality of care.

Special acknowledgement goes to the Task Force members below who provided a lot of technical input in this manual.

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Last but not least, I would like to acknowledge USAID-ASSIST and Intra-Health – Uganda for the financial support towards the final consultative stakeholders’ meeting.



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1 INTRODUCTION

In accordance with the Constitution of Uganda, all citizens are entitled to access high quality and cost effective public services. Efficiency, effectiveness, transparency and accountability in service delivery require that sectors and institutions develop, document, disseminate and apply standards. This will enable the sectors to be responsive to service recipients and to attain the national development objectives. A standard is defined as an established, accepted and evidence-based technical specification or basis for comparison.

The Ministry of Health (MoH) is mandated to set standards to guide health service delivery, as well as the quality of health care. Every practice or procedure in health service delivery shall be governed by a standard from leadership and governance, infrastructure development, human resource management, Health information management, equipment, medicines and health supplies management, preventive and essential clinical care, client/patient responsiveness up to support services.

1.1 Legislative Framework

Under the Local Government (LG) Act (1997) the MoH has the function of national policy formulation and the setting of national standards, guidelines and regulations for the health sector. For purposes of ensuring implementation of national policies and adherence to standards the MoH is responsible for inspection, monitoring and where necessary, offering technical advice, support supervision, and training within the sector.

1.2 Vision, Mission and Quality Objectives

The second National Health Policy (NHP II) puts the client and community at the forefront and adopts a client-centered approach with consideration of both the supply and demand side of healthcare.

1.2.1 Vision

Our vision is a healthy and productive population that contributes to socio-economic growth and national development.

1.2.2 Mission statement

To provide the highest possible level of health services to all people in Uganda through delivery of promotive, preventive, curative, palliative and rehabilitative health services at all levels.

1.2.3 Quality Objectives

The quality objectives of the MoH in Uganda are;

1. Improve outcomes of care
2. Improve the client/patient perception of the health services
3. Improve patient safety
4. Reduce cost of health care through waste
5. Improve compliance with the health sector service delivery standards

6. Provide logical, effective and efficient documentation for the QI processes and activities

1.3 Development Process

The development of the Service Standards (SS) and Service Delivery Standards (SDS) for the Health sector was a result of a consultative process spearheaded by a Task Force established in November 2013, with support from the National Planning Authority (NPA). The Task Force was composed of representatives from MoH, Medical Bureaus, Private sector (Private Not-For Profit & Private Health Providers), NPA, Mulago National Referral Hospital, Kampala City Council Authority, National Drug Authority (NDA) and Uganda National Bureau of Standards (UNBS).

The revision and update of the standards was based on the Basic Care Package of Uganda (1997), existing UNMHCP (2000), the draft report of the Minimum Service in Uganda's Health Sector Standards (2009), the sector clinical and non-clinical guidelines and program specific standards including the MoH quality of care standards. The updates are in line with the current developments in service delivery as stated in the program strategic documents and guidelines.

The SS and SDS Manual is divided into 3 main sections;

1. Introduction
2. The Service Standards for the Health Sector in Uganda
3. The Service Delivery Standard for the Health Sector in Uganda

1.4 Scope

The SS & SDS shall apply to all public and private health facilities in Uganda with focus on delivery of the UNMHCP. These standards do not describe the detail of specific hospital or clinical practice which is best addressed in the Standard Operating Procedures (SOPs), protocols and clinical guidelines.

1.5 Target

The target audience for this manual includes but not limited to:

- Policy makers at national and sub-national level
- District Leadership (political and administrative)
- Health managers at national, district and facility levels
- Health Development Partners (HDPs)
- Ministries, Departments and Agencies (MDAs) related to the health sector
- Public and Private Health Institutions and Providers
- Health Professional Councils and Associations
- Health Training Academic institutions
- Civil Society Organizations (CSOs)
- Community based organizations (CBOs)
- Health service users

1.6 Benefits of applying Standards

Application of the standards shall result into:

1. Transparency and accountability in service delivery.
2. Appropriate information for the planning and decision making process.
3. Fairness and equity in service provision.
4. Harmonization of SDS and citizen expectations across LGs.
5. Building a culture of quality management.
6. Management of expectations of the clients.
7. Regulation, management and control of public and private service providers.
8. Can be used in day-to-day practice to encourage a consistent level of quality and safety across the country and across all services.

1.7 Principles and core values for implementation of standards

The principles and core values for the health sector standards are as follows:

1. **Client focus:** focusing on needs that reflect priorities of service recipients.
2. **Professionalism:** adherence to the professional codes of conduct and ethics, exhibiting a high degree of competence and best practices as prescribed for in a given profession in the Public Service.
3. **Transparency:** openness about all the decisions and actions taken.
4. **Accountability:** public trust and responsibility for actions or inactions.
5. **Efficiency:** optimal use of resources including time in the attainment of service delivery objectives. Should include user charges where applicable.
6. **Effectiveness:** achieving the intended results in terms of quality and quantity in accordance with set targets and performance standards set for service delivery.
7. **Participation:** engaging partners (e.g. MDAs, LGs, Civil Society, the Private Sector and service recipients) in designing, implementing, monitoring and evaluating service delivery.
8. **Equity:** fair treatment to all customers irrespective of gender, race, religion, health status and ability, ethnic background and political affiliation.

1.8 Key Assumptions for Compliance to the Standards

1. Political buy in from the highest office to commit to engagement with the enabling factors until these are addressed.
2. Persons in leadership positions have strong management capabilities.
3. Uganda has the right density of qualified health workers ((World Bank, 2014, 22.8 per 10,000 by 2023).
4. Health workers are remunerated according to the market value e.g. average of 36,000 USD per annum.
5. Mechanisms and institutions to curb and eliminate fraud are firmly established.
6. Strong regulatory and licensing mechanisms for health facilities and pharmaceutical human resource.
7. Competent pharmaceutical human resource is deployed widely in both public and private health facilities and drug stores/pharmacies.
8. Decentralized “National Medical Stores” and “Joint Medical Stores”.

1.9 Dissemination and communication of the Standards

The MoH will initially commence an awareness and education campaign which will involve communicating and engaging with key stakeholders, developing and disseminating key messages, developing and publishing guidance and working with other agencies to build capacity within the healthcare system.

The standards shall be communicated through appropriate channels such as;

1. Policy documents: Policy statements, Client charters
2. Print- booklets, flyers and posters
3. Media – television, radio and newspapers.
4. Meetings and other fora.
5. Notice boards – at service delivery points.
6. MoH, district and institutional websites.

1.10 Utilization of the Standards Manual

The standards manual shall be used for;

1. Institutional planning and baseline information collection.
2. Institutional improvement goal setting.
3. Monitoring, reviewing and progress reporting and sharing (Facility Assessments).
4. Development of inspection and supervision guidelines.

1.10.1 Institutional planning and baseline information collection

The standards are not intended to layer additional requirements on health workers, rather to provide the framework for how services are organized, managed and delivered on a day-to-day basis. However, it is recognized that delivering services according to the standards requires a significant change in how services are planned, funded and delivered. Health facilities shall carry out a self-assessment of where they are currently in relation to compliance with all the SDS and then put in place progressive implementation plans to address any gaps.

1.10.2 Institutional improvement goal setting

In their self-assessment, health facilities must identify and prioritize areas that need greater emphasis or a faster rate of progression towards full and sustainable compliance – particularly when identifying areas of risk.

Every health facility manager has the overall executive accountability for the delivery of quality services, including ensuring adherence to standards for safer better healthcare. However, this can be further delegated to the Facility Quality Improvement (QI) Focal Person with support from the leadership. Where a health facility has a governing board, the board has ultimate accountability for the quality and safety of the services provided.

1.10.3 Monitoring and evaluation of compliance to the SDS

The principles of improvement and effectiveness, including self-review, improvement planning, intervention and support, and performance reporting are all important elements of the process. The MoH and partners will develop the specific processes, tools and reporting frameworks to assist districts and institutions in monitoring and reviewing their performance against these standards.

Some of the methods that shall be used include;

1. Individual performance assessment
2. Inspections and support supervision both at the sub-national and national levels
3. Facility Quality of Care Assessments
4. Community, citizen/client scorecards
5. Client satisfaction surveys
6. Provider satisfaction surveys
7. National service delivery surveys

1.11 Reviewing and Setting New Standards

The standards shall be reviewed every three to five years, and shall be linked to the reviews of the strategic plans and client charters, to take into account new priorities and the changes in the environment. Earlier reviews or new standards can be set in line with advancements in medicine and technology.

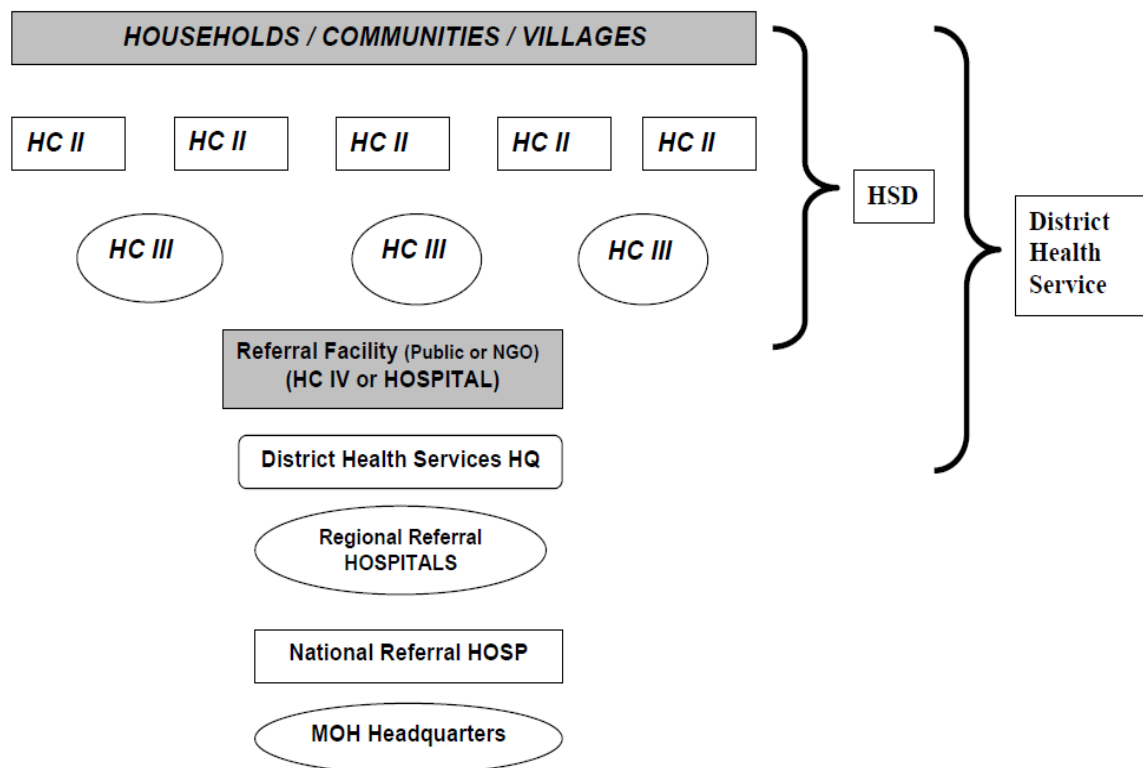
2 SERVICE STANDARD FOR THE HEALTH SECTOR IN UGANDA

2.1 Background

The first publication by the MoH defining the basic range of services expected to be provided at the various levels of the health system was the called the Basic Package of Health Services for Uganda published in 1997. It described the services at Community level, Health Centre (HC) III, IV and general hospitals because they were the most active points of health service delivery. Currently all levels of the health structure (Figure 1) are providing various components of the UNMHCP.

Service delivery in Uganda is through tiered hierarchical levels of care with increasing scope and complexity from the Village Health Teams (VHTs) at community level to the national referral hospitals. In between these levels are Regional Referral Hospitals (RRHs) and general hospitals, and Health Centres (HC) IV, III, and II. Other centrally supporting services are through private or semi-autonomous institutions such as National Medical Stores (NMS), Joint Medical Stores (JMS), the National Blood Bank, Uganda Virus Research Institute and the NDA, among others.

Figure 1: The National Health Structure



2.2 Components of the UNMHCP

The first NHP (2000/01 – 2009/10) defined the UNMHCP to be delivered at all levels of health service delivery, and this has remained the major focus in the national strategies of the health sector. The components of the UNMHCP are grouped under the four clusters of the health sector interventions listed below;

Cluster 1: Health Promotion, Disease Prevention and Community Health Initiatives Elements

1. Health Promotion and Education
2. Environmental Health
3. Control of Diarrhoeal Diseases
4. School Health
5. Epidemics and Disaster Preparedness and Response
6. Occupational Health

Cluster 2: Maternal and Child Health Elements

1. Sexual and Reproductive Health and Rights
2. Newborn Health and Child Survival
3. Management of Common Childhood Illnesses
4. Expanded Program on Immunization
5. Nutrition

Cluster 3: Prevention and Control of Communicable Diseases

1. STIs/ HIV/AIDS
2. Tuberculosis
3. Malaria
4. Diseases targeted for eradication/ elimination (Leprosy, Guinea Worm, Sleeping Sickness, Onchocerciasis, Schistosomiasis, Trachoma, Lymphatic Filariasis and Poliomyelitis)

Cluster 4: Prevention and Control of Non Communicable Diseases

1. Non-communicable Diseases (NCDs)
2. Injuries, disabilities and rehabilitative health
3. Gender Based Violence (GBV)
4. Mental health & control of substance abuse
5. Integrated Essential Clinical Care
6. Oral health
7. Palliative care

The SS are the technical specifications for range of services to be delivered by level of care based on the Uganda National Minimum Health Care Package (UNMHCP). The specific standards for staffing, infrastructure design, equipment, medicines and health supplies, laboratory supplies, service delivery are elaborated for each level of care in the respective standard guidelines and lists e.g. Staffing norms, Infrastructure designs, Standard Equipment List, Essential Medicines and Health Supplies List, Essential Laboratory List, among others.

2.3 Objectives of the Service Standards

2.3.1 Main Objective

To define the established, acceptable and evidence-based technical specifications for the basic health care package in Uganda.

2.3.2 Specific Objectives

1. To elaborate the standardized package of services delivered at each level of health care service delivery in Uganda.
2. To promote a health referral system that integrates the Primary Health Care (PHC) Services with referral hospitals.
3. To promote compliance of all service providers (public and private) to the national Service Standards.

2.4 Range of Services to be provided by Level of Care

The range of services (promotive, preventive, curative, rehabilitative and palliative) to be provided by level of care determines the SS to be defined for each level of care. Table 1 shows the facility level, administrative level, target population, number of beds, number of staff and range of services. The number of staff is based on the Ministry of Public Service staffing norms. The staff establishment includes the health professionals, other professional staff and support staff.

The following considerations shall be taken into consideration in the implementation of the SS.

1. The package of basic health services will be evidence- based¹.
2. The Health Sub-District (HSD) concept will be maintained².
3. All levels should provide graded promotive, preventive, curative, rehabilitative and palliative care services³.
4. Standards for each level of services will be adhered to⁴.
5. Details of staffing per level will be according to the Approved Staffing Norms⁵.
6. Equipment per level will be according to the National Standard Equipment Lists.⁶
7. Infrastructure will be according to the MoH infrastructure designs or specifications.

¹ Ministry of Health, **Package of Basic Health Services for Uganda**, 1997.

² Ministry of Health, **The Health Sub-District Concept**, 1998

³ Ministry of Health, **The Second National Health Policy** (2010)

⁴ Uganda Medical and Dental Practitioners Council, **Minimum Requirements for Setting and Operation of Medical and Dental Health Units**, March 2002.

⁵ Ministry of Public Service, **Approved Staffing Norms**, 2002

⁶ Ministry of Health, **National Advisory Committee on Medical Equipment, Standard Equipment Lists**, 2009

Table 1: Levels of Health Service Delivery and Basic Package of Health Services for Uganda

Level	Administrative Level	Target Population	No. of beds	Staffing	Health Care Services Provided
HC I (VHT)	Village	1,000	0	2	Community based preventive and promotive health services.
HC II	Parish	5,000	2 (for emergency delivery)	9 + 2 CHEWs	Preventive, promotive, outpatient, curative health services and emergency delivery.
HC III	Subcounty	20,000	14 (4 maternity, 4 children, 4 Female, 2 Male)	19	Preventive, promotive, outpatient, curative, maternity, inpatient, laboratory services.
HC IV	County	100,000	24 (8 Maternity, 6 Children, 6 Female, 4 Male)	50	Preventive, promotive, outpatient, curative, maternity, inpatient, laboratory, ultrasound examinations (for obstetric cases), emergency / simple surgery (including caesarean sections and life saving surgical operations), blood transfusion services and mortuary.
General Hospital	District	500,000	100 - 250 (25 Obs&Gyn, 25 Paediatrics, 25 Medical, 25 Surgery)	185	In addition to the services offered at the Community Hospital provides services for general medical and surgical conditions ⁷ , specialist services in Medicine, Surgery, Paediatrics, Community Medicine; and Obstetrics & Gynaecology. It also provides in-service training and basic research.
Regional Referral Hospital (RRH)	Region	2,000,000	500	349	In addition to services provided at the General Hospital, specialist services are provided including; psychiatry, ear, nose and throat, ophthalmology, dentistry, intensive care, radiology, pathology, higher level surgical and medical services. It also provides in-service and pre-service training and internship.

⁷ World Health Organization, The Hospital in Rural and Urban Districts, WHO TRS 819, Geneva, 1992.

Level	Administrative Level	Target Population	No. of beds	Staffing	Health Care Services Provided
National Referral Hospital (NRH)	National	10,000,000	Minimum 600	1,500	In addition to services provided at the RRHs, provides Super specialist services e.g. Nephrology, Neurology, Endocrinology and Metabolic Diseases, Gastroenterology, Respiratory Medicine, Neonatal care, Intensive care, Nuclear medicines, Neurosurgery and Cardiothoracic surgery. Diagnostic services e.g. MRI and CT Scan, Advanced clinical laboratory services in Microbiology, Haematology, etc. In addition, provides postgraduate and undergraduate training, internship and advanced research.

Table 2 shows the basic building requirements per facility level. Details of the infrastructure requirements are available in the MoH Health Infrastructure designs.

Table 2: Basic building requirements per level of health facility

Level	Basic Buildings' Requirements
Referral Hospital	<p><u>Medical Buildings</u></p> <ul style="list-style-type: none"> ○ Administration offices ○ Outpatient Department with laboratory, pharmacy, accident and emergency ○ Intensive Care Unit ○ Radiology ○ Operation theatre (2 rooms) ○ Female ward (at least 15 beds) ○ Male ward (at least 15 beds) ○ Paediatric ward (at least 15 beds) ○ Maternity ward (at least 15 beds) ○ Mortuary ○ Placenta pit and medical waste pit ○ Incinerator <p><u>Support Services</u></p> <ul style="list-style-type: none"> ○ Stores ○ Kitchen ○ Laundry ○ Central Sterile Supply Department ○ Maintenance workshop <p><u>Staff houses</u></p> <ul style="list-style-type: none"> ○ 200 housing units and ancillary structures

Level	Basic Buildings' Requirements
General Hospital	<p><u>Medical Buildings</u></p> <ul style="list-style-type: none"> ○ Outpatient Department with laboratory, pharmacy, accident and emergency ○ Administration offices ○ Operation theatre (2 rooms) ○ Female ward (at least 15 beds) ○ Male ward (at least 15 beds) ○ Paediatric ward (at least 15 beds) ○ Maternity ward (at least 15 beds) ○ Mortuary ○ Placenta pit and medical waste pit ○ Incinerator <p><u>Support Services</u></p> <ul style="list-style-type: none"> ○ Stores ○ Kitchen ○ Laundry ○ Central Sterile Supply Department <p><u>Staff houses</u></p> <ul style="list-style-type: none"> ○ 80 housing units and ancillary structures
HC IV	<p><u>Medical Buildings</u></p> <ul style="list-style-type: none"> ○ Outpatient Department ○ Drug store with HSD offices ○ Operation theatre ○ Maternity ○ General ward (well partitioned for male, female and paediatrics) ○ Mortuary ○ Placenta pit and medical waste pit ○ Incinerator <p><u>Staff houses</u></p> <p>18 housing units and ancillary structures</p>
HC III	<p><u>Medical Building</u></p> <ul style="list-style-type: none"> ○ Outpatient Department ○ Maternity ward / General ward ○ Placenta pit and medical waste pit <p><u>Staff houses</u></p> <ul style="list-style-type: none"> ○ 10 housing units and ancillary structures
HC II	<p><u>Medical Building</u></p> <ul style="list-style-type: none"> ○ Outpatient Department ○ Emergency delivery room ○ Placenta pit and medical waste pit <p><u>Staff houses</u></p> <p>4 housing units and ancillary structures</p>

2.5 Minimum Service Standards by Levels of the Health Care System

The service standards for the various levels of the health care system are elaborated based on the elements of the UNMHCP expected to be delivered by the level of health care. These include;

1. Minimum Standards for VHTs
2. Minimum Standards for HC II
3. Minimum Standards for HC III
4. Minimum Standards for HC IV
5. Minimum Standards for General Hospital
6. Minimum Standards for RRH
7. Minimum Standards for NRH

The Service Standards at household / individual level are defined in the MoH Uganda Public Health Service Protocols.

The standards are coded as per the Uganda National Bureau of Standards (UNBS) requirements as follows;

1. Clause
 - 1.1. Subclause (level 1)
 - 1.1.1. Subclause (level2).

These codes will be used for reference to the specific standards.

2.5.1 Minimum Standards for VHTs

The Village Health Team (VHT) is a community based structure whose members are selected by the people themselves to promote health and wellbeing of the people in their areas of residence / jurisdiction. It is the lowest health delivery structure and serves as a HC I.

VHTs shall provide the following services;

1. Health Promotion, Disease Prevention and Community Health Initiatives Elements for VHTs

1.1. Health Promotion and Education Services for VHTs

- 1.1.1. Conduct health promotion and education in the community on;
 - Early antenatal care attendance and obstetric risk factors.
 - ORT preparation and administration.
 - Immunization.
 - STI /HIV/AIDS prevention (Abstinence, Behaviour Change, Condom Use).
 - TB prevention and early seeking of care.
 - Malaria prevention and control.
 - Appropriate nutrition.
 - Prevention of home injuries and accidents.

- Prevention of zoonotic diseases and other disease outbreaks or epidemics.

1.2. Environmental Health and Sanitation Services for VHTs

- 1.2.1. Home visiting and educate the community to have latrines/sanitary facilities, adequate housing, separate animal houses and safe refuse disposal facilities.
- 1.2.2. Promote personal hygiene and environmental sanitation.
- 1.2.3. Organize community sanitation days.
- 1.2.4. Promote the establishment of “Model homes”.

2. Sexual and Reproductive Health Services and Rights Services for VHTs

- 2.1. Follow up mothers during pregnancy and after birth and newborns for provision of advice, recognition of danger signs and referral.
- 2.2. Distribute RH supplies e.g. condoms, oral contraceptives.

3. Management of Common Childhood Illnesses Services for VHTs

- 3.1. Community based management for common ill health conditions e.g. malaria, diarrhoea, pneumonia.
- 3.2. Appropriate referral

4. Immunization Services for VHTs

- 4.1. Community mobilization for integrated outreach services.
- 4.2. Participate in outreach services.

5. Nutrition Services for VHTs

- 5.1. Infant and young child feeding counselling services including;
 - 5.1.1. The Baby Friendly Community Initiative to support and promote breastfeeding.
 - 5.1.2. Growth monitoring and Promotion services for all children below 5 years.
- 5.2. Participate in Child Days Plus during the outposts established by the health units.
- 5.3. Case management
 - 5.3.1. Screening for malnutrition using the MUAC tape
 - 5.3.2. Monitoring the use of RUTF
 - 5.3.3. Referral of malnourished cases
 - 5.3.4. Management of underweight using the PD Hearth approach
- 5.4. Follow up on Micronutrient supplementation - iron /Folic acid, vitamin A,
- 5.5. Food Nutrition and health education/promotion for improved health and behavioural change
- 5.6. Establish community support groups to promote and advocate for improved nutrition services
- 5.7. Establish food demonstration gardens at village/sub-county.

6. Prevention and Control of Communicable Diseases Services by VHTs

- 6.1. Participate in Home Based Care for AIDS patients.
- 6.2. Support for Community Based Directly Observed Treatment Short course.
- 6.3. Identify and refer persons with chronic cough.
- 6.4. Promote malaria preventive measures like environmental sanitation, Indoor Residual Spraying and use of Long Lasting Insecticide Treated Nets, especially for under 5s and pregnant mothers.
- 6.5. Integrated Community Case Management (ICCM) of malaria, diarrhoea and pneumonia.

7. Prevention and Control of Non Communicable Diseases Services by VHTs

- 7.1. Health Education on prevention of Non Communicable Disease (NCDs).
- 7.2. Identify and refer persons with NCDs.
- 7.3. Community sensitization on disability, injury, eye and ear care.
- 7.4. Identify and refer individuals with rehabilitation needs.

- 7.5. Support persons with mental illness to receive appropriate treatment at an early stage.
- 7.6. Public education on Mental Illness.
- 7.7. Psychosocial support to patients with mental illness.

8. Integrated Essential Clinical care Services for VHTs

- 8.1. Identify patients with severe/danger signs in the community and refer them to nearby healthy facilities.
- 8.2. First Aid services.
- 8.3. Follow up patients who have been discharged from the health facility and those on long term treatment.
- 8.4. Manage patient referral arrangements (e.g. Bicycle Ambulance).

9. Community Based Management Information System for VHTs

- 9.1. Manage village registers and village maps.
- 9.2. Record and report births, deaths and disabilities in the community
- 9.3. Promote household sanitation facilities (latrine and hand washing facilities).

2.5.2 Minimum Standards for HC II

The HC II is the first level health facility, which offers a range of basic curative and preventive services. It is normally open eight or more hours a day based on the need of the community to be served. It has a target population of 5,000.

HC II shall provide the following services;

10. Health Promotion and Education Services for HC II

- 10.1. Health promotion and education services to raise public awareness of personal and community responsibility for better health (Raise Health Literacy levels).
- 10.2. Community education on early detection and prevention of communicable diseases (malaria, Tuberculosis, HIV/AIDS and NTDs) and non-communicable diseases.
- 10.3. Training model homes.
- 10.4. Advocacy for identified health issues.
- 10.5. Community mobilization for the utilization of health services.
- 10.6. Participate in health campaigns.
- 10.7. Dissemination of Information Education and Communication materials to the VHTs.
- 10.8. Supervision of VHTs

11. Environmental Health and Sanitation Services for HC II

- 11.1. Education on environmental sanitation (excreta disposal, solid and liquid waste disposal, water supply safety measures, food hygiene and safety measures, healthy home environment, control of insects and rodents) in households, institutions and public places.
- 11.2. Promotion of personal hygiene practices in households, institutions and public places.
- 11.3. Establish and demonstrate community-appropriate sanitation technologies.

12. School Health Services for HC II

- 12.1. Participate in the joint planning for school health programs.
- 12.2. Participate in the implementation framework of the School Health policy.
- 12.3. School Health outreaches.

13. Epidemics and Disaster Preparedness and Response for HC II

- 13.1. Disease surveillance
- 13.2. Reporting of all notifiable conditions, events and diseases according to the IDSR protocols.

14. Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Services for HC II

- 14.1. Antenatal care;
 - 14.1.1. Registration, examination and Blood Pressure recording.
 - 14.1.2. Identification of high risk cases.
 - 14.1.3. Nutrition Assessment and Counselling.
 - 14.1.4. Provision of iron, folic acid and Tetanus Toxoid immunization.
 - 14.1.5. Treatment of common illnesses in pregnancy.
 - 14.1.6. Intermittent Presumptive Treatment for malaria.
 - 14.1.7. Routine distribution of Long Lasting Insecticide-treated Nets (LLINs) for pregnant mothers.
 - 14.1.8. HIV Counselling and Testing for eMTCT.

- 14.2. Emergency basic obstetric care services;
 - 14.2.1. Normal deliveries (emergencies only).
 - 14.2.2. HIV Counselling and Testing for eMTCT.
 - 14.2.3. ARVs for eMTCT.
 - 14.2.4. Management of minor obstetric complications according to Life Saving Skills guidelines.
 - 14.2.5. Refer obstetric cases / emergencies (Radio call / Village Ambulance).

- 14.3. Newborn Care;
 - 14.3.1. Health education talks to clients at Antenatal clinics, Maternity, postnatal ward and family planning clinics.
 - 14.3.2. Resuscitation and management of the newborn.
 - 14.3.3. Referral of sick newborns and prematures.

- 14.4. Postnatal care;
 - 14.4.1. Implementation of the 12 steps to successful breastfeeding.
 - 14.4.2. HIV Counselling and Testing for eMTCT.
 - 14.4.3. ART for eMTCT
 - 14.4.4. Examination of mother at 6 hours, 6 days, 6 weeks and 6 months.
 - 14.4.5. Refer of complicated Post-natal cases to the next level.

- 14.5. Child Health Services.
 - 14.5.1. Growth Promotion and Monitoring.
 - 14.5.2. Treatment of childhood illnesses following IMNCI guidelines.
 - 14.5.3. Counselling caretakers and follow up of malnourished children.
 - 14.5.4. Health Education on control of diarrhoeal diseases, exclusive breast feeding for 6 months, nutrition assessment and counselling.
 - 14.5.5. Referral of severe cases.

- 14.6. Family Planning Services;
 - 14.6.1. Family Planning counselling.
 - 14.6.2. Family Planning methods (short term, oral and emergency).
 - 14.6.3. Identification and management of minor gynaecological problems.
 - 14.6.4. Referral of Gynaecological problems where indicated.

- 14.7. Adolescents Reproductive Health Care Services;
 - 14.7.1. Family Planning (short term, oral and emergency).
 - 14.7.2. Condom distribution
 - 14.7.3. Health education on RMNCAH
 - 14.7.4. STI/HIV/AIDS counselling, prevention and treatment.
 - 14.7.5. Tetanus Toxoid immunization and Human Papilloma Virus.
 - 14.7.6. Adolescent friendly corners.

15. Immunization Services for HC II

- 15.1. Vaccination (BCG, DPT/Pentavalent, OPV, Measles, Hepatitis, Haemophilus influenza, pneumococcal, rotavirus, Human Papilloma Virus. and any other vaccines as recommended by UNEPI) daily as per UNEPI schedule.
- 15.2. Immunization outreaches and campaigns.
- 15.3. Health education on the benefits of immunization.

16. Nutrition Services for HC II

- 16.1. Infant and young child feeding counselling services including;
 - 16.1.1. The 16 requirements of Baby Friendly Hospital Initiative

- 16.2. Growth monitoring and Promotion using the child health card
- 16.3. Nutrition Assessment using both clinical and anthropometric methods like MUAC, weighing, height measurement.
- 16.4. Micronutrient supplementation for mothers and their children.
- 16.5. Food Nutrition and health education/promotion
- 16.6. Distribution of nutrition IEC materials.
- 16.7. Community nutrition support and follow up - establish community support groups
- 16.8. Continuous professional development (CPD) on nutrition
- 16.9. Establish food demonstration gardens
- 16.10. Refer complicated malnutrition cases for treatment.
- 16.11. Follow up of malnourished children through home visiting.

17. Prevention and Control of Communicable Diseases for HC II

- 17.1. STIs/HIV/AIDS services;
 - 17.1.1. Health Education on STIs/HIV/AIDS.
 - 17.1.2. HIV Counselling and Testing (HCT).
 - 17.1.3. Syndromic diagnosis and treatment of STIs
 - 17.1.4. Promote and provide condoms to prevent STIs/HIV/AIDS.
 - 17.1.5. Home Based Care for HIV/AIDS patients.
 - 17.1.6. Appropriate referral for STI/HIV/AIDS care

- 17.2. TB prevention and control services;
 - 17.2.1. Health Education for TB prevention and control services.
 - 17.2.2. TB screening.
 - 17.2.3. Referral of all TB suspects for appropriate care.

- 17.3. Malaria control and prevention services;
 - 17.3.1. Diagnosis of malaria cases.
 - 17.3.2. Treatment following the Uganda Treatment Guidelines.
 - 17.3.3. Provide pre-referral treatment
 - 17.3.4. Refer all complicated cases of malaria
 - 17.3.5. Case follow up where indicated.

- 17.4. Malaria vector control services;
 - 17.4.1. Distribution of LLINs to the vulnerable.
 - 17.4.2. Education on Indoor Residual Spraying.
 - 17.4.3. Education on environmental management.

- 17.5. Diseases targeted for eradication / elimination;
 - 17.5.1. Health education for prevention and control
 - 17.5.2. Support to community programmes in the catchment area (Leprosy, Guinea Worm, Sleeping Sickness, Onchocerciasis, Poliomyelitis, Schistosomiasis, Trachoma, Lymphatic Filariasis, Maternal & Neonatal Tetanus and poliomyelitis Elimination).
 - 17.5.3. Active malaria surveillance activities.

18. Prevention and Control of Non Communicable Diseases for HC II

- 18.1. Educate the community on healthy life style and early detection of diseases.
- 18.2. Screening for NCDs
- 18.3. First aid services and referral of clients requiring further care.
- 18.4. Follow up cases and promote community based rehabilitation

19. Injuries, Disabilities and Rehabilitative Health services for HC II

- 19.1. Health Education on injuries and disability.
- 19.2. Identification and referral of People With Disabilities (PWDs).
- 19.3. Provision of First Aid.
- 19.4. Prompt and urgent treatment of injuries (including IV fluids if possible).
- 19.5. Review and follow up of PWDs.

20. Gender Based Violence (GBV) and Human rights Services for HC II

- 20.1. Counselling and treatment of minor physical and psychological trauma.
- 20.2. Community sensitization on GBV and human rights.
- 20.3. Appropriate referral.

21. Mental Health and Control of Substance Abuse Services for HC II

- 21.1. Health education and awareness raising on mental health, neurological and substance abuse issues in the community.
- 21.2. Case detection, provision of first line treatment and referral of cases.
- 21.3. Review and follow up patients with epilepsy.
- 21.4. Follow up of patients with identified mental health problems in the community.
- 21.5. Appropriate referral.

22. Prevention and care of other common conditions for HC II

- 22.1. Assess, identify client's condition and provide first aid services.
- 22.2. Treatment of other common diseases (communicable and non-communicable)
- 22.3. Health education on other common diseases in the community.
- 22.4. Appropriate referral.

23. Oral Health Services for HC II

- 23.1. Promotion of public oral health care through health education
- 23.2. Pain relief for dental / oral problems
- 23.3. Appropriate referral.

24. Palliative Care Services for HC II

- 24.1. Early identification and effective assessment.
- 24.2. Symptomatic care for pain relief.
- 24.3. Supportive care for other problems, physical, psychosocial and spiritual.

2.5.3 Minimum Standards for HC III

In addition to the basic curative and preventive services offered at HC II, the HC III provides 24 hour maternity, accident and emergency services and beds where health care users can be observed for a maximum of 48 hours and has a laboratory. It has a target population of 20,000.

HC IIIs shall provide the following services;

25. Health Promotion and Education Services for HC III

- 25.1. Health promotion and education services to raise public awareness of personal and community responsibility for better health (Raise Health Literacy levels).
- 25.2. Educate the community on early detection and prevention of communicable diseases (malaria, Tuberculosis, HIV/AIDS and NTDs) and non-communicable diseases.
- 25.3. Advocacy for identified health issues.
- 25.4. Community mobilization for the utilization of health services.
- 25.5. Participate in health campaigns.

26. Environmental Health and Sanitation Services for HC III

- 26.1. Education on environmental sanitation (excreta disposal, solid and liquid waste disposal, water supply safety measures, food hygiene and safety measures, healthy home environment, control of insects and rodents) households, institutions and public places.
- 26.2. Promote personal hygiene practices in households, institutions and public places.
- 26.3. Establish and demonstrate community-appropriate sanitation technologies.

27. School Health Services for HC III

- 27.1. Participate in the implementation framework of the School Health Policy.
- 27.2. Participate in joint planning for school health programs.
- 27.3. School Health outreaches.

28. Epidemics and Disaster Preparedness and Response for HC III

- 28.1. Disease surveillance
- 28.2. Report all notifiable conditions, events and diseases according to the IDSR protocols.

29. Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Services for HC III

- 29.1. Antenatal care;
 - 29.1.1. Registration, examination and Blood Pressure recording
 - 29.1.2. Routine lab tests for pregnant mothers
 - 29.1.3. Identification of high risk cases

- 29.1.4. Nutrition Assessment and Counselling
 - 29.1.5. Iron, folic acid and Tetanus Toxoid immunization
 - 29.1.6. Treatment of common illnesses in pregnancy
 - 29.1.7. Intermittent Presumptive Treatment for malaria
 - 29.1.8. Routine distribution of LLINs for pregnant mothers
 - 29.1.9. HIV Counselling and Testing for eMTCT.
 - 29.1.10. ARVs for eMTCT
- 29.2. Basic and emergency obstetric care services;
- 29.2.1. Normal deliveries
 - 29.2.2. Manual Vacuum Extraction
 - 29.2.3. HIV Counselling and Testing for eMTCT.
 - 29.2.4. ARVs for eMTCT
 - 29.2.5. Provide post abortion care including Manual Vacuum Aspiration for incomplete abortions and expanded Post Abortion Care with sharp curettage.
 - 29.2.6. Refer complicated obstetric cases to higher levels.
- 29.3. Newborn Care;
- 29.3.1. Health education talks given to clients at Antenatal clinics, Maternity, postnatal ward and family planning clinics.
 - 29.3.2. Resuscitation and management of the newborn.
 - 29.3.3. Referral of sick newborns and prematures.
- 29.4. Postnatal care;
- 29.4.1. Implementation of the 12 steps to successful breastfeeding
 - 29.4.2. HIV Counselling and Testing for eMTCT.
 - 29.4.3. ART for eMTCT
 - 29.4.4. Examination of mother at 6 hours, 6 days, 6 weeks and 6 months
 - 29.4.5. Refer of complicated Post-natal cases to the next level.
- 29.5. Child Health Services;
- 29.5.1. Growth Promotion and Monitoring.
 - 29.5.2. Treatment of childhood illnesses following IMNCI guidelines.
 - 29.5.3. Counselling caretakers and follow up of malnourished children
 - 29.5.4. Health Education on control of diarrhoeal diseases, exclusive breast feeding for 6 months, nutrition assessment and counselling.
 - 29.5.5. Referral of severe cases.

- 29.6. Family Planning Services;
 - 29.6.1. Family Planning counselling.
 - 29.6.2. FP methods (short term, oral and emergency).
 - 29.6.3. Identification and management of minor gynaecological problems
 - 29.6.4. Referral of Gynaecological problems where indicated.

- 29.7. Adolescents Reproductive Health Services;
 - 29.7.1. Family Planning (short term, oral and emergency).
 - 29.7.2. Condoms distribution
 - 29.7.3. Health education on RMNCAH
 - 29.7.4. STI/HIV/AIDS counselling, prevention and treatment.
 - 29.7.5. Tetanus Toxoid immunization and Human Papilloma Virus.
 - 29.7.6. Adolescent friendly corners.

- 29.8. Immunization Services for HC III
 - 29.8.1. Vaccination (BCG, DPT/Pentavalent, OPV, Measles, Hepatitis, Haemophilus influenza, pneumococcal, rotavirus, Human Papilloma Virus. and any other vaccines as recommended by UNEPI) daily as per UNEPI schedule.
 - 29.8.2. Immunization outreaches and campaigns
 - 29.8.3. Health education on the benefits of immunization.

- 29.9. Nutrition Services for HC III
 - 29.9.1. Infant and young child feeding counselling services including;
 - 29.9.1.1. The 16 requirements of Baby Friendly Hospital Initiative
 - 29.9.2. Growth monitoring and Promotion using the child health card
 - 29.9.3. Regulation of marketing of breast milk substitutes through Code monitoring
 - 29.9.4. Participate in commemoration of the World breastfeeding week
 - 29.9.5. Participate in Child Days Plus by scaling up the static and outreach posts.
 - 29.9.6. Therapeutic feeding services on outpatient basis using the IMAM guidelines specifically the OTC
 - 29.9.7. Nutrition Assessment for every client using mainly the anthropometric measures like MUAC, weighing, height measurements
 - 29.9.8. Micronutrient supplementation for both children and pregnant women
 - 29.9.9. Food Nutrition and health education/promotion – distribute nutrition IEC materials.
 - 29.9.10. Community nutrition support and follow up through establishment of community support groups.
 - 29.9.11. Continuous professional development (CPD) on nutrition.
 - 29.9.12. Establish food demonstration gardens.
 - 29.9.13. Refer complicated malnutrition cases for treatment.
 - 29.9.14. Follow up of malnourished children through home visiting.

30. Prevention and Control of Communicable Diseases for HC III

- 30.1. STIs/HIV/AIDS services;
 - 30.1.1. Health Education on STIs/HIV/AIDS.
 - 30.1.2. HIV Counselling and Testing.
 - 30.1.3. Diagnosis and treatment of STIs
 - 30.1.4. Treatment of HIV/AIDS
 - 30.1.5. Condom distribution
 - 30.1.6. Home Based Care for HIV/AIDS patients.

- 30.2. TB prevention and control services.
 - 30.2.1. Health Education for TB prevention and control services.
 - 30.2.2. TB screening
 - 30.2.3. Sputum examination
 - 30.2.4. TB treatment
 - 30.2.5. Health education and contact tracing
 - 30.2.6. Facility based and community based DOTS.
 - 30.2.7. Tracing irregular attendees and defaulters
 - 30.2.8. IPT for TB
 - 30.2.9. Appropriate referral

- 30.3. Malaria control and prevention services;
 - 30.3.1. Diagnosis of malaria cases
 - 30.3.2. Treatment of malaria
 - 30.3.3. Appropriate referral
 - 30.3.4. Health education
 - 30.3.5. Case follow up where indicated

- 30.4. Malaria vector control services;
 - 30.4.1. Distribution of LLINs to the vulnerable.
 - 30.4.2. Education on Indoor Residual Spraying.
 - 30.4.3. Education on environmental management.

- 30.5. Management of diseases targeted for eradication / elimination;
 - 30.5.1. Health education for prevention and control of the targeted diseases.
 - 30.5.2. Support to community programmes in the catchment area (Leprosy, Guinea Worm, Sleeping Sickness, Onchocerciasis, Schistosomiasis, Trachoma, Lymphatic Filariasis, Maternal & Neonatal Tetanus and poliomyelitis Elimination).
 - 30.5.3. Conduct active surveillance activities.

31. Prevention and Control of Non Communicable Diseases for HC III

- 31.1. Educate the community on healthy life style and early detection of diseases.
- 31.2. Screening for NCDs
- 31.3. Follow up cases and promote community based rehabilitation.
- 31.4. Appropriate referral

32. Injuries, Disabilities and Rehabilitative Health services for HC III

- 32.1. Identification and referral of People With Disabilities (PWDs)
- 32.2. Education on disabilities and injuries.
- 32.3. Provision of First Aid
- 32.4. Prompt and urgent treatment of injuries (including IV fluids if possible).
- 32.5. Review and follow up of PWDs

33. Gender Based Violence (GBV) and Human Rights Services for HC III

- 33.1. Counselling and treatment of minor physical and psychological trauma
- 33.2. Health education on GBV and human rights.
- 33.3. Refer appropriately.

34. Mental Health and Control of Substance Abuse Services for HC III

- 34.1. Health education and awareness raising on mental health, neurological and substance abuse issues in the community.
- 34.2. Case detection, provision of first line treatment and referral of cases.
- 34.3. Review and follow up patients with epilepsy.
- 34.4. Follow up of patients with identified mental health problems in the community.
- 34.5. Refer appropriately.

35. Prevention and care of other common conditions for HC III

- 35.1. Treatment of other common diseases (communicable and non-communicable) following the Uganda Clinical Guidelines
- 35.2. Health education on other common diseases in the community
- 35.3. Refer appropriately.

36. Oral Health Services for HC III

- 36.1. Promotion of public oral health care through health education
- 36.2. Pain relief for dental / oral problems
- 36.3. Refer appropriately.

37. Palliative Care Services for HC III

- 37.1. Early identification and effective assessment.
- 37.2. Symptomatic care for pain relief.
- 37.3. Supportive care for other problems, physical, psychosocial and spiritual.

38. Laboratory and Diagnostic Services for HC III

- 38.1. Laboratory services based on the laboratory menu for HC IIIs.
- 38.2. Basic imaging services (Portable ultrasound for obstetric investigations).

2.5.4 Minimum Standards for HC IV

The HC IV is mainly a Primary Health Care referral facility where patients are assessed, diagnosed, stabilized, and either treated or referred back to a lower level or referred to a higher level of health facility. The HC IV OPD functions as the entry point to the health system where there are no Lower Level Health Units (LLHUs) within 5kms. It is the first point of entry for referrals from the LLHUs and for self-referrals in case of an emergency. The HC IV brings inpatient and emergency services including emergency obstetric care closer to the population in rural areas. Provision of 24-hour comprehensive emergency obstetric care service is a crucial aspect of a HC IV. It has a target population of 100,000.

HC IVs shall provide the following services;

39. Health Promotion and Education Services for HC IV

- 39.1. Health promotion and education services to raise public awareness of personal and community responsibility for better health (Raise Health Literacy levels).
- 39.2. Educate the community on early detection and prevention of communicable diseases (malaria, Tuberculosis, HIV/AIDS and NTDs) and non-communicable diseases.
- 39.3. Advocacy for identified health issues.
- 39.4. Community for the utilization of health services.
- 39.5. Participate in health campaigns.

40. Environmental Health and Sanitation Services for HC IV

- 40.1. Education on environmental sanitation (excreta disposal, solid and liquid waste disposal, water supply safety measures, food hygiene and safety measures, healthy home environment, control of insects and rodents) households, institutions and public places.
- 40.2. Promote personal hygiene practices in households, institutions and public places.
- 40.3. Establish and demonstrate community-appropriate sanitation technologies.

41. School Health Services for HC IV

- 41.1. Participate in the implementation framework of the School Health Policy.
- 41.2. Participate in joint planning for school health programs.
- 41.3. School Health outreaches.

42. Epidemics and Disaster Preparedness and Response for HC IV

- 42.1. Disease surveillance
- 42.2. Report all notifiable conditions, events and diseases according to the IDSR protocols.

43. Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)

Services for HC IV

43.1. Antenatal care;

- 43.1.1. Registration, examination and Blood Pressure recording
- 43.1.2. Routine lab tests for pregnant mothers
- 43.1.3. Identification of high risk cases
- 43.1.4. Nutrition Assessment and Counselling
- 43.1.5. Iron, folic acid and Tetanus Toxoid immunization
- 43.1.6. Treatment of common illnesses in pregnancy
- 43.1.7. Intermittent Presumptive Treatment for malaria
- 43.1.8. Routine distribution of LLINs for pregnant mothers
- 43.1.9. HIV Counselling and Testing for eMTCT.
- 43.1.10. ARVs for eMTCT

43.2. Basic obstetric care services;

- 43.2.1. Normal deliveries
- 43.2.2. HIV Counselling and Testing for eMTCT.
- 43.2.3. ARVs for eMTCT
- 43.2.4. Management of minor obstetric complications according to Life Saving Skills guidelines.

43.3. Comprehensive obstetric care services;

- 43.3.1. Emergency surgical obstetric services (Caesarian Section and Blood transfusion)
- 43.3.2. Assisted deliveries (Breech, Vacuum extraction etc.)
- 43.3.3. Refer complicated obstetric cases to higher levels.
- 43.3.4. Provide post abortion care including Manual Vacuum Aspiration for incomplete abortions and expanded Post Abortion Care with sharp curettage.

43.4. Newborn Care;

- 43.4.1. Health education at Antenatal clinics, Maternity, postnatal ward and Family Planning clinics.
- 43.4.2. Resuscitation and management of the newborn.
- 43.4.3. Appropriate referral of sick newborns and prematures.

43.5. Postnatal care;

- 43.5.1. Implementation of the 12 steps to successful breastfeeding.
- 43.5.2. HIV Counseling and Testing for eMTCT.
- 43.5.3. ART for eMTCT
- 43.5.4. Examination of mother at 6 hours, 6 days, 6 weeks and 6 months.
- 43.5.5. Refer of complicated Post-natal cases to the next level.

- 43.6. Family Planning Services;
 - 43.6.1. Family Planning counselling.
 - 43.6.2. Family Planning methods (emergency, short term and long term).
 - 43.6.3. Identification and management of minor gynaecological problems
 - 43.6.4. Referral of Gynaecological problems where indicated.

- 43.7. Adolescents Reproductive Health Services;
 - 43.7.1. Family Planning (short term, oral and emergency).
 - 43.7.2. Condom distribution
 - 43.7.3. Health education on RMNCAH
 - 43.7.4. STI/HIV/AIDS counselling, prevention and treatment.
 - 43.7.5. Tetanus Toxoid immunization and Human Papilloma Virus.
 - 43.7.6. Adolescent friendly corners.

44. Immunization Services for HC IV

- 44.1. Vaccination (BCG, DPT/Pentavalent, OPV, Measles, Hepatitis, Haemophilus influenza, pneumococcal, rotavirus, Human Papilloma Virus and any other vaccines as recommended by UNEPI).
- 44.2. Immunization outreaches and campaigns
- 44.3. Health education on the benefits of immunization.

45. Nutrition Services for HC IV

- 45.1. Infant and young child feeding counselling services including;
 - 45.1.1. The 16 requirements of Baby Friendly Hospital Initiative
 - 45.1.2. Lactation management and counselling for all mothers to support and promote breastfeeding
 - 45.1.3. Regulation of marketing of breast milk substitutes through Code monitoring.

- 45.2. Growth monitoring and Promotion for all children below 5 years
- 45.3. Outreach services during Child Days Plus

- 45.4. Case Management
 - 45.4.1. Therapeutic feeding services specifically the - OTC
 - 45.4.2. Supplementary feeding services
 - 45.4.3. Food and medicine dietary management – (HIV, cancer)

- 45.5. Nutrition Assessment - MUAC, weighing, height measurement
- 45.6. Micronutrient supplementation – iron /Folic acid, vitamin A
- 45.7. Food Nutrition and health education/promotion – distribute nutrition IEC materials
- 45.8. Community nutrition support and follow up - establish community support groups, do food demonstrations
- 45.9. Continuous professional development (CPD) on nutrition
- 45.10. Establish food demonstration gardens.
- 45.11. Refer complicated malnutrition cases for treatment.
- 45.12. Follow up of malnourished children through home visiting.

46. Prevention and Control of Communicable Diseases for HC IV

- 46.1. STIs/HIV/AIDS services;
 - 46.1.1. Health Education on STIs/HIV/AIDS
 - 46.1.2. HIV Counselling and Testing.
 - 46.1.3. Diagnosis and treatment of STIs
 - 46.1.4. Diagnosis and treatment of HIV/AIDS
 - 46.1.5. Condom distribution.
 - 46.1.6. Home Based Care for HIV/AIDS patients.
 - 46.1.7. Appropriate referral

- 46.2. TB prevention and control services.
 - 46.2.1. Health Education for TB prevention and control services.
 - 46.2.2. TB screening.
 - 46.2.3. Sputum examination
 - 46.2.4. TB treatment.
 - 46.2.5. Health education and contact tracing.
 - 46.2.6. Facility based and community based DOTS.
 - 46.2.7. Tracing irregular attendees and defaulters.
 - 46.2.8. IPT for TB according to guidelines.
 - 46.2.9. Appropriate referral.

- 46.3. Malaria control and prevention services.
 - 46.3.1. Diagnosis of malaria cases
 - 46.3.2. Treatment of simple and severe malaria
 - 46.3.3. Appropriate referral
 - 46.3.4. Health education
 - 46.3.5. Case follow up where indicated

- 46.4. Malaria vector control services;
 - 46.4.1. Distribution of LLINs to the vulnerable.
 - 46.4.2. Education on Indoor Residual Spraying.
 - 46.4.3. Education on environmental management.

- 46.5. Diseases targeted for eradication / elimination.
 - 46.5.1. Health education for prevention and control
 - 46.5.2. Support to community programmes in the catchment area (Leprosy, Guinea Worm, Sleeping Sickness, Onchocerciasis, Schistosomiasis, Trachoma, Lymphatic Filariasis, Maternal & Neonatal Tetanus and poliomyelitis Elimination).
 - 46.5.3. Active surveillance activities.

47. Prevention and Control of Non Communicable Diseases for HC IV

- 47.1. Educate the community on healthy life style and early detection of diseases.
- 47.2. Screening for NCDs
- 47.3. Follow up cases and promote community based rehabilitation.
- 47.4. Appropriate referral

48. Injuries, Disabilities and Rehabilitative Health services for HC IV

- 48.1. Identification and referral of People With Disabilities (PWDs)
- 48.2. Education on disabilities and injuries.
- 48.3. First Aid
- 48.4. Prompt and urgent treatment of injuries.
- 48.5. Review and follow up of PWDs

49. Gender Based Violence (GBV) and Human Rights Services for HC IV

- 49.1. Counselling and treatment of minor physical and psychological trauma
- 49.2. Health education on GBV and human rights.
- 49.3. Refer appropriately.
- 49.4. Medico-legal services, examination, documentation and expert opinion.

50. Mental Health and Control of Substance Abuse Services for HC IV

- 50.1. Health education and awareness raising on mental health, neurological and substance abuse issues in the community.
- 50.2. Case detection, provision of first line treatment.
- 50.3. Follow up of patients with identified mental health problems in the community.
- 50.4. Outreach services to HC III, II and the communities
- 50.5. Formation of Support Groups for Epilepsy and other disorders.
- 50.6. Appropriate referral.

51. Prevention and care of other common conditions for HC IV

- 51.1. Treatment of other common diseases (communicable and non-communicable)
- 51.2. Health education on other common diseases in the community
- 51.3. Appropriate referral.

52. Surgical Services for HC IV

- 52.1. Minor surgical procedures including acute traumatic emergencies (injuries), Male circumcision, reducible hernias, Incision and Drainage, surgical toilet and suture.
- 52.2. Long term Family Planning methods – Implants insertion & removal, Tubal Ligation and Vasectomy.
- 52.3. Caesarean section.

53. Oral Health Services for HC IV

- 53.1. Health education of public on oral health care
- 53.2. Treatment including simple tooth extraction
- 53.3. Pain relief for dental / oral problems
- 53.4. Appropriate referral.

54. Palliative Care Services for HC IV

- 54.1. Early identification and effective assessment of patients in need.
- 54.2. Symptomatic care for pain relief.
- 54.3. Supportive care for other problems, physical, psychosocial and spiritual.

55. Laboratory and Diagnostic Services for HC IV

- 55.1. Laboratory services according to the laboratory menu for HC IVs.
- 55.2. Basic imaging services (ultrasound for obstetric investigations).

56. Mortuary Services for HC IV

- 56.1. Autopsy services limited to external examination.

2.5.5 Minimum Standards for General Hospitals

The General Hospital (GH) provides a broader range of clinical care and emergency services to the general population. This is primarily a referral hospital for the Primary Health Care facilities in its catchment area. The General Hospital OPD functions as the entry point to the health system where there are no LLHUs within 5kms. It is the first point of entry for referrals from the HC IVs and for self-referrals in case of an emergency. It has a target population of 500,000.

General Hospitals shall provide the following services;

57. Health Promotion and Education Services for a General Hospital

- 57.1. Health promotion and education services to raise public awareness of personal and community responsibility for better health (Raise Health Literacy levels).
- 57.2. Community education on early detection and prevention of communicable diseases (malaria, Tuberculosis, HIV/AIDS and NTDs) and non-communicable diseases.
- 57.3. Advocacy for identified health issues.
- 57.4. Community mobilization for the utilization of health services.
- 57.5. Participate in health campaigns.

58. Environmental Health and Sanitation Services for a General Hospital

- 58.1. Education on environmental sanitation (excreta disposal, solid and liquid waste disposal, water supply safety measures, food hygiene and safety measures, healthy home environment, control of insects and rodents) to households, institutions and public places.
- 58.2. Promote personal hygiene practices in households, institutions and public places.
- 58.3. Establish and demonstrate community-appropriate sanitation technologies.

59. School Health Services for a General Hospital

- 59.1. Participate in the implementation framework of the School Health Policy.
- 59.2. Participate in joint planning for school health programs.
- 59.3. School Health outreaches.

60. Epidemics and Disaster Preparedness and Response for a General Hospital

- 60.1. Disease surveillance.
- 60.2. Report all notifiable conditions, events and diseases according to the IDSR protocols.
- 60.3. Investigations of epidemics.

61. Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)

Services for a General Hospital

61.1. Antenatal care;

- 61.1.1. Registration, examination and Blood Pressure recording
- 61.1.2. Routine lab tests for pregnant mothers
- 61.1.3. Identification of high risk cases
- 61.1.4. Nutrition Assessment and Counselling
- 61.1.5. Iron, folic acid and Tetanus Toxoid immunization
- 61.1.6. Treatment of common illnesses in pregnancy
- 61.1.7. Intermittent Presumptive Treatment for malaria
- 61.1.8. Routine distribution of LLINs for pregnant mothers
- 61.1.9. HIV Counselling and Testing for eMTCT.
- 61.1.10. ARVs for eMTCT

61.2. Obstetric care services;

- 61.2.1. Normal deliveries
- 61.2.2. HIV Counselling and Testing for eMTCT.
- 61.2.3. ARVs for eMTCT
- 61.2.4. Management of minor obstetric complications according to Life Saving Skills guidelines.
- 61.2.5. Emergency surgical obstetric services (Caesarian Section and Blood transfusion)
- 61.2.6. Assisted deliveries (Breech, Vacuum extraction etc.)
- 61.2.7. Refer complicated obstetric cases to higher levels.
- 61.2.8. Post abortion care including Manual Vacuum Aspiration for incomplete abortions and expanded Post Abortion Care with sharp curettage.

61.3. Newborn Care;

- 61.3.1. Health education at Antenatal clinics, Maternity, postnatal ward and family planning clinics.
- 61.3.2. Resuscitation and management of the newborn.
- 61.3.3. Management of prematures.
- 61.3.4. Appropriate referral of newborns and prematures.

61.4. Postnatal care;

- 61.4.1. Implementation of the 12 steps to successful breastfeeding.
- 61.4.2. HIV Counselling and Testing for eMTCT.
- 61.4.3. ART for eMTCT
- 61.4.4. Examination of mother at 6 hours, 6 days, 6 weeks and 6 months.
- 61.4.5. Refer of complicated Post-natal cases to the next level.

- 61.5. Family Planning Services;
 - 61.5.1. Family Planning counselling.
 - 61.5.2. Family Planning methods (emergency, short term and long term).
 - 61.5.3. Identification and management of minor gynaecological problems
 - 61.5.4. Referral of Gynaecological problems where indicated.

- 61.6. Adolescents Reproductive Health Services;
 - 61.6.1. Family Planning counselling and methods
 - 61.6.2. Condom distribution
 - 61.6.3. Health education on RMNCAH
 - 61.6.4. STI/HIV/AIDS counselling, prevention and treatment.
 - 61.6.5. Tetanus Toxoid immunization and Human Papilloma Virus.
 - 61.6.6. Adolescent friendly corners.

62. Immunization Services for a General Hospital

- 62.1.1. Vaccination (BCG, DPT/Pentavalent, OPV, Measles, Hepatitis, Haemophilus influenza, pneumococcal, rotavirus, Human Papilloma Virus and any other vaccines as recommended by UNEPI).
- 62.1.2. Immunization outreaches and campaigns
- 62.1.3. Health education on the benefits of immunization awareness.

63. Nutrition Services for a General Hospital

- 63.1.1. Infant and young child feeding counselling services including;
 - 63.1.1.1. Mother/baby friendly health services based on the 16 requirements for the BFHI approach.
 - 63.1.1.2. Lactation management and counselling for all mothers from the time of birth, at postnatal and during immunization visits
 - 63.1.1.3. Regulation of marketing of breast milk substitutes through Code monitoring

- 63.1.2. Growth monitoring and Promotion services using the child health cards for all mothers and their children visiting the facilities
- 63.1.3. Outreaches and static sites for increased coverage.

- 63.1.4. Case Management
 - 63.1.4.1. Therapeutic feeding – ITC and OTC services (OPD, Paediatric ward, e.t.c)
 - 63.1.4.2. Nutrition and Dietetic counselling and management in the different specialized clinics like the renal, diabetic, and others.
 - 63.1.4.3. Supplementary feeding
 - 63.1.4.4. Food and medicine dietary management – (HIV, cancer)

- 63.1.5. Nutrition Assessment - MUAC, weighing, height measurement
- 63.1.6. Micronutrient supplementation – iron /Folic acid, vitamin A.
- 63.1.7. Food Nutrition and health education/promotion – distribute nutrition IEC materials.
- 63.1.8. Community nutrition support and follow up - establish community support groups.
- 63.1.9. Continuous professional development (CPD) on nutrition;
- 63.1.10. Establish food demonstration gardens;
- 63.1.11. Refer complicated malnutrition cases for treatment.
- 63.1.12. Follow up of malnourished children through home visiting.

64. Prevention and Control of Communicable Diseases for a General Hospital

- 64.1.1. STIs/HIV/AIDS services;
 - 64.1.1.1. Health Education on STIs/HIV/AIDS.
 - 64.1.1.2. HIV Counselling and Testing.
 - 64.1.1.3. Diagnosis and treatment of STIs.
 - 64.1.1.4. Diagnosis and treatment of HIV/AIDS.
 - 64.1.1.5. Condom distribution.
 - 64.1.1.6. Home Based Care for HIV/AIDS patients.
 - 64.1.1.7. Appropriate referral

- 64.1.2. TB prevention and control services.
 - 64.1.2.1. Health Education for TB prevention and control services.
 - 64.1.2.2. TB screening.
 - 64.1.2.3. Sputum examination
 - 64.1.2.4. TB treatment.
 - 64.1.2.5. Health education and contact tracing.
 - 64.1.2.6. Conduct facility based and community based DOTS.
 - 64.1.2.7. Tracing irregular attendees and defaulters.
 - 64.1.2.8. IPT for TB according to guidelines.
 - 64.1.2.9. Appropriate referral.

- 64.1.3. Malaria control and prevention services.
 - 64.1.3.1. Diagnosis of malaria cases
 - 64.1.3.2. Treatment of simple, severe and complicated malaria
 - 64.1.3.3. Appropriate referral
 - 64.1.3.4. Health education
 - 64.1.3.5. Case follow up where indicated

- 64.1.4. Malaria vector control services;
 - 64.1.4.1. Distribution of LLINs to the vulnerable.
 - 64.1.4.2. Education on Indoor Residual Spraying.
 - 64.1.4.3. Education on environmental management.

- 64.1.5. Management of diseases targeted for eradication / elimination.
 - 64.1.5.1. Health education for prevention and control of the targeted diseases.
 - 64.1.5.2. Support to community programmes in the catchment area (Leprosy, Guinea Worm, Sleeping Sickness, Onchocerciasis, Schistosomiasis, Trachoma, Lymphatic Filariasis, Maternal & Neonatal Tetanus and poliomyelitis Elimination).
 - 64.1.5.3. Active surveillance activities.

65. Prevention and Control of Non Communicable Diseases for a General Hospital

- 65.1. Educate the community on healthy life style and early detection of diseases.
- 65.2. Screening for NCDs
- 65.3. Follow up cases and promote community based rehabilitation.
- 65.4. Appropriate referral

66. Injuries, Disabilities and Rehabilitative Health services for a General Hospital

- 66.1. Identification and referral of People With Disabilities (PWDs)
- 66.2. Education on disabilities and injuries.
- 66.3. First Aid
- 66.4. Prompt and urgent treatment of injuries (including IV fluids if possible).
- 66.5. Review and follow up of PWDs

67. Gender Based Violence (GBV) and Human Rights Services for a General Hospital

- 67.1. Counselling and treatment of physical and psychological trauma
- 67.2. Health education on GBV and human rights.
- 67.3. Refer appropriately.
- 67.4. Medico-legal services, examination, documentation and expert opinion.

68. Mental Health and Control of Substance Abuse Services for a General Hospital

- 68.1. Health education and awareness raising on mental health, neurological and substance abuse issues in the community.
- 68.2. Case detection, provision of first line treatment.
- 68.3. Follow up of patients with identified mental health problems in the community
- 68.4. Outreach services to HC IV
- 68.5. Refer appropriately.

69. Prevention and care of other common conditions for a General Hospital

- 69.1. Treatment of other common diseases (communicable and non-communicable).
- 69.2. Health education on other common diseases in the community.
- 69.3. Refer appropriately.

70. Surgical Services for a General Hospital

- 70.1. Minor and major general surgical operations including, but not limited to: Caesarean Sections, Acute traumatic emergencies (injuries), acute abdominal surgery, elective abdominal surgery, Burr holes, acute urinary emergencies, etc.
- 70.2. Gynaecological operations e.g. abdominal hysterectomy.

71. Mental Health and Control of Substance Abuse Services for a General Hospital

- 71.1. Case detection, provision of first and second line treatment.
- 71.2. Mental Health outreach services to General Hospitals.
- 71.3. Refer appropriately.

72. Oral Health Services for a General Hospital

- 72.1. Health education on public oral health care
- 72.2. Management of dental / oral problems including tooth extractions.
- 72.3. Refer appropriately.

73. Palliative Care Services for a General Hospital

- 73.1. Early identification and effective assessment of patients in need.
- 73.2. Symptomatic care for pain relief.
- 73.3. Supportive care for other problems, physical, psychosocial and spiritual.

74. Laboratory and Diagnostic Services for a General Hospital

- 74.1. Laboratory services according to the laboratory menu for a General Hospital.
- 74.2. Radiological investigations: Plain radiographs, Barium swallow.
- 74.3. Imaging services for obstetric and other abdominal investigations.

75. Mortuary Services for a General Hospital

- 75.1. Autopsy limited to external examination, and/or other investigations such as post mortem imaging and percutaneous needle sampling.
- 75.2. Embalming

76. Training Services for a General Hospital

- 76.1. Training attachment for medical students.
- 76.2. Specialist training / mentorship outreaches to HC IVs.
- 76.3. Supervise medical interns and all trainees in the hospital.

2.5.6 Minimum Standards for Regional Referral Hospitals

The Regional Referral Hospital (RRH) provides a number of specialties for assessing, diagnosing, stabilizing and treating, or referring back to lower-level health units. The RRH provides secondary health care services at a higher level than is available at general hospitals. The RRH OPD functions as the entry point to the health system where there are no LLHUs within 5kms. It is the first point of entry for referrals from the General Hospitals in their catchment area and for self-referrals in case of an emergency. A RRH has a target population of 1,000,000 to 2,000,000.

In addition the RRH has a significant role to play in training health professionals, supervision and mentoring of health workers, collecting HMIS and medical research information, and conducting medical and health system research.

Regional Referral Hospitals shall provide the following services;

77. Health Promotion and Education Services for a RRH

- 77.1. Health promotion and education services to raise public awareness of personal and community responsibility for better health (Raise Health Literacy levels).
- 77.2. Educate the community on early detection and prevention of communicable diseases (malaria, Tuberculosis, HIV/AIDS and NTDs) and non-communicable diseases.
- 77.3. Advocacy for identified health issues.
- 77.4. Community mobilization for the utilization of health services.
- 77.5. Participate in health campaigns.

78. Epidemics and Disaster Preparedness and Response for a RRH

- 78.1. Disease surveillance.
- 78.2. Report all notifiable conditions, events and diseases according to the IDSR protocols.
- 78.3. Investigate disease outbreaks

79. Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Services for a RRH

- 79.1. Antenatal care;
 - 79.1.1. Registration, examination and Blood Pressure recording
 - 79.1.2. Routine lab tests for pregnant mothers
 - 79.1.3. Identification of high risk cases
 - 79.1.4. Nutrition Assessment and Counselling
 - 79.1.5. Iron, folic acid and Tetanus Toxoid immunization
 - 79.1.6. Treatment of common illnesses in pregnancy
 - 79.1.7. Intermittent Presumptive Treatment for malaria
 - 79.1.8. Routine distribution of LLINs for pregnant mothers

- 79.1.9. HIV Counselling and Testing for eMTCT.
- 79.1.10. ARVs for eMTCT

- 79.2. Obstetric care services;
 - 79.2.1. Normal deliveries
 - 79.2.2. HIV Counselling and Testing for eMTCT.
 - 79.2.3. ARVs for eMTCT
 - 79.2.4. Management of minor obstetric complications according to Life Saving Skills guidelines.
 - 79.2.5. Emergency surgical obstetric services (Caesarian Section and Blood transfusion)
 - 79.2.6. Assisted deliveries (Breech, Vacuum extraction etc.)
 - 79.2.7. Refer complicated obstetric cases to tertiary level.
 - 79.2.8. Post abortion care including Manual Vacuum Aspiration for incomplete abortions and expanded Post Abortion Care with sharp curettage.

- 79.3. Newborn Care;
 - 79.3.1. Health education at Antenatal clinics, Maternity, postnatal ward and family planning clinics.
 - 79.3.2. Resuscitation and management of the newborn.
 - 79.3.3. Management of prematures.
 - 79.3.4. Appropriate referral of newborns and prematures with severe complications.

- 79.4. Postnatal care;
 - 79.4.1. Implementation of the 12 steps to successful breastfeeding.
 - 79.4.2. HIV Counselling and Testing for eMTCT.
 - 79.4.3. ART for eMTCT
 - 79.4.4. Examination of mother at 6 hours, 6 days, 6 weeks and 6 months.
 - 79.4.5. Refer of complicated Post-natal cases to the next level.

- 79.5. Family Planning Services;
 - 79.5.1. Family Planning counselling.
 - 79.5.2. Family Planning methods (emergency, short term and long term).
 - 79.5.3. Identification and management of minor gynaecological problems
 - 79.5.4. Referral of Gynaecological problems where indicated.

- 79.6. Adolescent Reproductive Health Services;
 - 79.6.1. Family Planning counselling and contraceptives.
 - 79.6.2. Condom distribution
 - 79.6.3. Health education on RMNCAH
 - 79.6.4. STI/HIV/AIDS counselling, prevention and treatment.
 - 79.6.5. Tetanus Toxoid immunization and Human Papilloma Virus.

80. Immunization Services for a RRH

- 80.1. Vaccination (BCG, DPT/Pentavalent, OPV, Measles, Hepatitis, Haemophilus influenza, pneumococcal, rotavirus, Human Papilloma Virus and any other vaccines as recommended by UNEPI.
- 80.2. Immunization outreaches and campaigns.
- 80.3. Health education on the benefits of immunization awareness.

81. Nutrition Services for a RRH

- 81.1. Infant and young child feeding counselling services including;
 - 81.1.1. Implementing the 16 requirements to being mother/baby friendly using the BFHI approach
 - 81.1.2. Lactation management and counselling for all mothers from the time of birth, at postnatal and during immunization visits.
 - 81.1.3. Regulation of marketing of breast milk substitutes through Code monitoring
 - 81.1.4. Growth monitoring and Promotion using the Child Health Card.
- 81.2. Case management
 - 81.2.1. Parenteral and enteral nutritional services for cases that require them.
 - 81.2.2. Therapeutic feeding – ITC and OTC services (OPD, Paediatric ward, e.t.c)
 - 81.2.3. Dietetic counselling and management in the different specialized wards/clinics like the renal, diabetic, and others
 - 81.2.4. Supplementary feeding where applicable
 - 81.2.5. Food and medicine dietary management – (HIV, cancer)
- 81.3. Nutrition Assessment - MUAC, weighing, height measurement for all cases
- 81.4. Micronutrient supplementation – iron/Folic acid, vitamin A
- 81.5. Food, Nutrition and health education/promotion – disseminate nutrition IEC materials
- 81.6. Establishment and maintenance of a demonstration garden.
- 81.7. Refer complicated malnutrition cases for treatment.
- 81.8. Follow up of malnourished children through home visiting.

82. Integrated Clinical Care Services for a RRH

- 82.1. Essential clinical (Paediatric & medical) care for the population within 5 km and referred patients.
- 82.2. Secondary care services for the population within the catchment area.
- 82.3. Education on healthy life style and early detection of diseases.
- 82.4. Screening for NCDs
- 82.5. Outreach services to HC IVs and General Hospitals.
- 82.6. Appropriate referral.

83. Surgical Services for a RRH

- 83.1. Minor and major surgical operations including: Caesarean Sections, traumatic emergencies (injuries), acute and elective abdominal surgery, Burr holes, etc.
- 83.2. Gynaecological operations e.g. abdominal hysterectomy.
- 83.3. Manage fractures
- 83.4. Surgical procedures for ENT, ophthalmological, orthopaedic,

84. Injuries, Disabilities and Rehabilitative Health services for a RRH

- 84.1. Education on disabilities and injuries.
- 84.2. Prompt and urgent treatment of injuries.
- 84.3. Rehabilitation of people with injuries and disabilities.
- 84.4. Review and follow up of PWDs

85. Gender Based Violence (GBV) and Human Rights Services for a RRH

- 85.1. Counselling and treatment of physical and psychological trauma
- 85.2. Health education on GBV and human rights.
- 85.3. Refer appropriately.
- 85.4. Medico-legal services, examination, documentation and expert opinion.

86. Oral Health Services for a RRH

- 86.1. Health education on oral health care
- 86.2. Management of dental / oral problems including tooth extractions and surgical procedures.
- 86.3. Refer appropriately.

87. Palliative Care Services for a RRH

- 87.1. Early identification and effective assessment of patients in need.
- 87.2. Symptomatic care for pain relief.
- 87.3. Supportive care for other problems, physical, psychosocial and spiritual.

88. Laboratory and Diagnostic Services for a RRH

- 88.1. Laboratory services according to the laboratory menu for a RRH.
- 88.2. Radiological services.
- 88.3. Imaging services.
- 88.4. Cytological and histological specimen handling.

89. Mortuary Services for a RRH

- 89.1. Autopsy limited to external examination, and/or other investigations such as post mortem imaging and percutaneous needle sampling.
- 89.2. Embalming
- 89.3. Refrigerated storage

90. Training Services for a RRH

- 90.1. Training attachment for medical students.
- 90.2. Specialist training / mentorship outreaches to General Hospitals and HC IVs.
- 90.3. Supervise medical interns and all trainees in the hospital.

91. Research for a RRH

- 91.1. Operational research for evidence-based decision making.
- 91.2. Dissemination of research findings

2.5.7 Minimum Standards for National Referral Hospitals

A National Referral Hospital (NRH) provides tertiary health care services at a higher level than is available at Regional Referral Hospitals. A target population of 10,000,000.

Like the RRH the NRH has a significant role to play in training health professionals, support supervision, mentoring of health workers, collecting HMIS and medical research information, and conducting medical and health system research.

National Referral Hospitals shall provide the following services;

92. Health Promotion and Education Services for a NRH

- 92.1. Health promotion and education services to raise public awareness of personal and community responsibility for better health (Raise Health Literacy levels).
- 92.2. Educate the community on early detection and prevention of communicable diseases (malaria, Tuberculosis, HIV/AIDS and NTDs) and non-communicable diseases.
- 92.3. Advocacy for identified health issues.
- 92.4. Community mobilization for the utilization of health services.
- 92.5. Participate in health campaigns.

93. Epidemics and Disaster Preparedness and Response for a NRH

- 93.1. Disease surveillance according to MoH guidelines
- 93.2. Report all notifiable conditions, events and diseases according to the IDSR protocols.
- 93.3. Investigate disease outbreaks.

94. Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Services for a NRH

- 94.1. Antenatal care;
 - 94.1.1. Registration, examination and Blood Pressure recording
 - 94.1.2. Routine lab tests for pregnant mothers
 - 94.1.3. Identification of high risk cases
 - 94.1.4. Nutrition Assessment and Counselling
 - 94.1.5. Iron, folic acid and Tetanus Toxoid immunization
 - 94.1.6. Treatment of common illnesses in pregnancy
 - 94.1.7. Intermittent Presumptive Treatment for malaria
 - 94.1.8. Routine distribution of LLINs for pregnant mothers
 - 94.1.9. HIV Counselling and Testing for eMTCT.
 - 94.1.10. ARVs for eMTCT

- 94.2. Obstetric care services;
 - 94.2.1. Normal deliveries
 - 94.2.2. HIV Counselling and Testing for eMTCT.
 - 94.2.3. ARVs for eMTCT
 - 94.2.4. Management of minor obstetric complications according to Life Saving Skills guidelines.
 - 94.2.5. Emergency surgical obstetric services
 - 94.2.6. Assisted deliveries (Breech, Vacuum extraction etc.)
 - 94.2.7. Refer complicated obstetric cases to tertiary level.
 - 94.2.8. Post abortion care including Manual Vacuum Aspiration for incomplete abortions and expanded Post Abortion Care with sharp curettage.

- 94.3. Newborn Care;
 - 94.3.1. Health education at Antenatal clinics, Maternity, postnatal ward and family planning clinics.
 - 94.3.2. Resuscitation and management of the newborn.
 - 94.3.3. Management of prematures.
 - 94.3.4. Appropriate referral of newborns and prematures with severe complications.

- 94.4. Postnatal care;
 - 94.4.1. Implementation of the 12 steps to successful breastfeeding.
 - 94.4.2. HIV Counselling and Testing for eMTCT.
 - 94.4.3. ART for eMTCT
 - 94.4.4. Examination of mother at 6 hours, 6 days, 6 weeks and 6 months.
 - 94.4.5. Refer of complicated Post-natal cases to the next level.

- 94.5. Family Planning Services;
 - 94.5.1. Family Planning counselling.
 - 94.5.2. Family Planning methods (emergency, short term and long term).
 - 94.5.3. Identification and management of minor gynaecological problems
 - 94.5.4. Referral of Gynaecological problems where indicated.

- 94.6. Adolescent Reproductive Health Services;
 - 94.6.1. Family Planning counselling and contraceptives.
 - 94.6.2. Condom distribution
 - 94.6.3. Health education on RMNCAH
 - 94.6.4. STI/HIV/AIDS counselling, prevention and treatment.
 - 94.6.5. Tetanus Toxoid immunization and Human Papilloma Virus.

95. Immunization Services for a NRH

- 95.1. Vaccination (BCG, DPT/Pentavalent, OPV, Measles, Hepatitis, Haemophilus influenza, pneumococcal, rotavirus, Human Papilloma Virus and any other vaccines as recommended by UNEPI).
- 95.2. Health education on the benefits of immunization awareness.

96. Nutrition Services for a NRH

- 96.1. Infant and young child feeding counselling services including;
 - 96.1.1. Implementing the 16 requirements to being mother/baby friendly using the BFHI approach
 - 96.1.2. Lactation management and counselling for all mothers from the time of birth, at postnatal and during immunization visits
 - 96.1.3. Regulation of marketing of breastmilk substitutes through Code monitoring.
- 96.2. Growth monitoring and Promotion using the Child Health Card.
- 96.3. Case management
 - 96.3.1. Parenteral and enteral nutritional services for cases that require them.
 - 96.3.2. Therapeutic feeding – ITC and OTC services (OPD, Paediatric ward, e.t.c)
 - 96.3.3. Dietetic counselling and management in the different specialized wards/clinics like the renal, diabetic, and others
 - 96.3.4. Supplementary feeding where applicable
 - 96.3.5. Food and medicine dietary management – (HIV, cancer)
- 96.4. Nutrition Assessment - MUAC, weighing, height measurement for all cases
- 96.5. Micronutrient supplementation – iron/Folic acid, vitamin A
- 96.6. Food, Nutrition and health education/promotion – disseminate nutrition IEC materials

97. Integrated Clinical Care Services for NRH

- 97.1. Essential clinical (Paediatric & medical) care for the population within 5 km and referred patients.
- 97.2. Secondary care services for the population within the catchment area.
- 97.3. Educate the community on healthy life style and early detection of diseases.
- 97.4. Screening for NCDs
- 97.5. Counselling and treatment of minor physical and psychological trauma.
- 97.6. Health education on GBV and human rights.
- 97.7. Medico-legal services, examination, documentation and expert opinion.
- 97.8. Outreach services to HC IVs and General Hospitals.
- 97.9. Appropriate referral.

98. Surgical Services for a NRH

- 98.1. Minor and major surgical operations including: Caesarean Sections, traumatic emergencies (injuries), acute and elective abdominal surgery, Burr holes, etc.
- 98.2. Gynaecological operations e.g. abdominal hysterectomy.
- 98.3. Manage fractures
- 98.4. Surgical procedures for ENT, ophthalmological

99. Injuries, Disabilities and Rehabilitative Health services for a NRH

- 99.1. Education on disabilities and injuries.
- 99.2. Prompt and urgent treatment of injuries.
- 99.3. Rehabilitation of people with injuries and disabilities.
- 99.4. Review and follow up of PWDs

100. Gender Based Violence (GBV) and Human Rights Services for a NRH

- 100.1. Counselling and treatment of physical and psychological trauma
- 100.2. Health education on GBV and human rights.
- 100.3. Refer appropriately.
- 100.4. Medico-legal services, examination, documentation and expert opinion.

101. Oral Health Services for a NRH

- 101.1. Health education on oral health care
- 101.2. Management of complicated dental / oral problems.
- 101.3. Refer appropriately.

102. Cancer and Palliative Care Services for a NRH

- 102.1. Early identification and effective assessment.
- 102.2. Treatment of cancer patients according to guidelines.
- 102.3. Symptomatic care for pain relief.
- 102.4. Supportive care for other problems, physical, psychosocial and spiritual.

103. Laboratory and Diagnostic Services for a NRH

- 103.1. Laboratory services according to the laboratory menu for a NRH.
- 103.2. Basic and advanced radiological services.
- 103.3. Basic and advanced imaging services.
- 103.4. Cytological and histological specimen handling.

104. Mortuary Services for a NRH

- 104.1. Autopsy limited to external examination, and/or other investigations such as post mortem imaging and percutaneous needle sampling.
- 104.2. Embalming
- 104.3. Refrigerated storage

105. Training Services for a NRH

- 105.1. Training attachment for medical students including post graduates.
- 105.2. Specialist training / mentorship outreaches to RRHs and General Hospitals.
- 105.3. Supervise medical interns and all trainees in the hospital.

106. Research for a NRH

- 106.1. Biomedical and operational research for evidence-based decision making.
- 106.2. Dissemination of research findings

3 SERVICE DELIVERY STANDARDS

Chapter 3 defines the SDS in Uganda. The SDS are the minimum level of outputs in terms of quality, quantity, processes, time and cost that a sector, an institution or individual commits to deliver to their clients or those that the clients should expect to receive. They are set at a level that can be achieved within the available resources and with clear, targeted and measurable improvement goals.

Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources. The fundamental principle of effective health care is that it consistently delivers the best achievable outcomes for people using a service within the context of that service, and the resources (skilled human resource, equipment, medicines, infrastructure, and funds) available to it.

3.1 Key Health Sector Outputs

The key health sector outputs defined in the NHP II are;

1. Organization and management
 - Governance
 - Planning
 - Partnership with community
 - Health Management Information System (HMIS)
 - Supervision and performance reviews
2. Health resources
 - Human Resource (HR)
 - Health Infrastructure
 - Health Financing
 - Essential Medicines and Health Supplies (EMHS)
 - Medical equipments and furniture
3. Health Care delivery with focus on the Uganda National Minimum Health Care Package (UNMHCP)
 - Health promotion, environmental health, disease prevention and community health initiatives, including Epidemic and Disaster Preparedness and Response (EDPR)
 - Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)
 - Prevention, management and control of communicable diseases
 - Prevention, management and control of Non-Communicable Diseases (NCDs).
 - Referral System and emergency services
 - Diagnostics
4. Access to quality and safe health care services

3.2 Enabling Environment

These standards require that a number of factors be addressed prior to successful implementation. Some of these activities require immediate attention and can be incorporated in the annual work plans while others need to be incorporated in the health sector development plans over the medium to long term. These enabling factors are outlined under each section of standards and include the policy / strategic direction, research and investments needs.

3.3 Objectives of the SDS

3.3.1 Main Objective

To provide a common understanding of what is expected from the health service organizations to ensure provision of consistently high quality services in Uganda.

3.3.2 Specific Objectives

1. To offer a common understanding of what high quality, safe and reliable healthcare services in Uganda look like.
2. To standardize up to date evidence based practice among all health care providers in Uganda.
3. To enable health care providers to be accountable to service users, the public and funding agencies for the quality and safety of services by setting out how they should organize, deliver and improve services.
4. To create a foundation for improving the quality and safety of healthcare services by identifying strengths and highlighting areas for improvement.
5. To empower clients to demand for services that are due to them and provide a basis upon which feedback on level of satisfaction against the standards is evaluated.
6. To enforce quality assurance and compliance mechanisms for service delivery against local, national and international standards and best practices.

3.4 Service Delivery Standards by Key Sector Output

The SDS have been elaborated in line with the key sector outputs under organization and management, health resources and access to quality and safe health care services, excluding the for health care delivery (range of services) which are elaborated by level in the SS.

There are 9 key output areas namely;

- 1) Leadership and governance
- 2) Finance and Assets Management
- 3) Human Resources for Health
- 4) Health Information and Research
- 5) Health Infrastructure
- 6) Supply Chain Management System
- 7) Essential Care Service delivery (Community Based Care, Outpatient and Inpatient Care, Surgical Care, Referrals, Emergencies and Diagnostics)
- 8) Client / Patient Centered Care and Safety

9) Support Services

The standards per output area are coded as per the Uganda National Bureau of Standards (UNBS) requirements as follows;

1. Clause
- 1.2. Subclause (level 1)
 - 1.2.1. Subclause (level2).

These codes will be used for reference to the specific standards.

3.4.1 Leadership and Governance

Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, the provision of appropriate regulations and incentives, attention to system-design, and accountability.

Effective leadership, governance and management are fundamental requirements for the sustainable delivery of safe, effective client-centered care and support. Good governance arrangements acknowledge the inter-dependencies between organizational arrangements and clinical practice and integrate these to deliver high quality, safe and reliable care and support.

The management arrangements ensure that an organization / facility fulfils its statement of purpose by planning, controlling and organizing the service to achieve its goals in the short-, medium- and long-term. Leaders and organizational arrangements support all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services they are delivering. This provides an environment in which the workforce can do the right thing or make the right decision at the right time.

A well-governed and managed organization / facility monitors its performance to ensure reliability so that it provides care, treatment and support that is of consistently high quality with minimal variation in provision across the system.

The enabling environment requires;

1. Policy and strategy direction

- a) **Determine** the best fit for hierarchies of authorities to manage resources, services and be accountable for population outcomes.
- b) **Introduce** performance based score cards and remuneration for all leadership positions.
- c) **Separation** of roles and functions between implementation and enforcement of standards.

2. Capital Investments

- a) **Enhance leadership** skills in management positions through training, redeployment and recruitment.
- b) **Political Economy** diagnostic.

1. Leadership and Governance Standards

1.1. Where applicable, the facility is legally licensed to operate.

- 1.1.1. There is a valid license, issued by acknowledged recognized licensing authority, to operate the facility.
- 1.1.2. The license covers all services offered by the facility.
- 1.1.3. The pharmacy is licensed by the National Drug Authority.
- 1.1.4. The laboratory is licensed by the Allied Health Professionals Council.
- 1.1.5. The radiology and imaging service is licensed by the National Atomic Energy Council.

1.2. Roles and responsibilities of the governing and management bodies are documented and known to the health facility managers.

- 1.2.1. There is an organizational chart.
- 1.2.2. Guidelines for governance and management structures are in place.
- 1.2.3. Roles and responsibilities are stated in the guidelines
- 1.2.4. Guidelines are disseminated to health facility managers

1.3. The health facility's clinical and managerial leaders are identified.

- 1.3.1. A Facility Management Team is in place.
- 1.3.2. A senior management team is responsible for operating the facility.
- 1.3.3. The facility clinical leaders (Head of Departments) are in place and are collectively responsible for developing the facility plans.

1.4. The organizational (health sector) vision, mission statement and core values in the common languages are displayed.

- 1.4.1. The facility has a poster with the organizational vision, mission statement and core values.
- 1.4.2. The Poster is displayed on a public notice board or banner where they are easily seen by the clients.
- 1.4.3. The poster is in the most commonly used language by the clients.

1.5. The Facility commitments are displayed for the clients.

- 1.5.1. The facility has a client charter.
- 1.5.2. The facility commitments are translated in commonly used languages.
- 1.5.3. The facility commitments displayed on a public notice board or banner where the clients they are easily seen by the clients.

1.6. A facility manager is responsible for operating the health facility within applicable laws and regulations.

- 1.6.1. The facility manager position is filled substantively.
- 1.6.2. The facility manager has the education, competence and experience to carry out his/her responsibilities.
- 1.6.3. The facility manager manages the day-to-day operations of the service.
- 1.6.4. The facility manager ensures compliance with applicable laws and regulations.
- 1.6.5. The facility manager implements processes to manage human, financial and other resources.

1.7. Policies, standards, guidelines and standard operating procedures are available to support the activities of the health facility and guide the personnel, patients and visitors.

- 1.7.1. Designated person is responsible for compiling and indexing policies, standards, guidelines and Standard Operating Procedures, and ensuring their dissemination and review.
- 1.7.2. Policies and procedures are signed / endorsed by persons authorized to do so.
- 1.7.3. Policies, standards, guidelines and standard operating procedures are compiled into an inventory, which is indexed and easily accessible to all in need.
- 1.7.4. All policies, standards, guidelines and standard operating procedures are reviewed at appropriate intervals.
- 1.7.5. There is a mechanism for ensuring that policies, standards, guidelines and standard operating procedures are disseminated and implemented.

1.8. Monthly general, departmental and technical staff meetings are held.

- 1.8.1. Monthly facility staff meetings held
- 1.8.2. Monthly department meetings held (HC IV and above)
- 1.8.3. Monthly facility technical management meetings held (HC IV and above)
- 1.8.4. Minutes of meetings are signed and filed.
- 1.8.5. Indication of progress on the action points of all the above previous meetings.

1.9. The current catchment map, disaggregated population, information on disease burden and health providers in the catchment area is used for planning.

- 1.9.1. Current catchment map is available and displayed.
- 1.9.2. Current catchment population is disaggregated by special groups (Infants, under 5yrs, adolescents, women expected to become pregnant, etc).

- 1.9.3. Information on the burden of disease is available.
- 1.9.4. Information of health service providers in the catchment population is available.
- 1.9.5. The health facility uses this information to inform planning and delivery of services to the catchment population.

1.10. Facility plans are made in consultation with community members and/or stakeholders.

- 1.10.1. The Facility has a copy of the MoH Planning Guidelines.
- 1.10.2. Planning meetings held as scheduled in the planning guidelines.
- 1.10.3. There is evidence of meetings with representatives of the community e.g. Health Unit Management Committees, VHTs. (Minutes)
- 1.10.4. There is evidence of meeting with other stakeholders e.g. Implementing Partners, CSOs, CBOs, Traditional and Complementary Medicine Practitioners, Private sector involved in health service delivery in the catchment area (Minutes / Reports).

1.11. Comprehensive work plans and budget compiled and communicated (Annual and quarterly) to relevant stakeholders.

- 1.11.1. Facility has the current annual workplan and budget including activities supported by partners.
- 1.11.2. Annual workplan and budget is displayed.
- 1.11.3. Quarterly workplan and budget is extracted from the annual workplan.
- 1.11.4. Quarterly workplan and budget is displayed.

1.12. Support supervision is carried out as planned following the MoH Supervision guidelines and checklists/tools.

- 1.12.1. The facility has a copy of the MoH Support supervision guidelines and tools.
- 1.12.2. The facility has a support supervision schedule for both internal and external supervision.
- 1.12.3. Support supervision is carried out as planned.
- 1.12.4. Supervision findings and recommendations are recorded in the supervision book/file.
- 1.12.5. There is evidence of follow up and actions on the recommendations and action plans (Report / Minutes).

1.13. The organization promotes the Public Private Partnership in health

- 1.13.1. The facility has a copy of the Public Private Partnership for Health Policy.
- 1.13.2. Guidelines for Public Private Partnership in health are available.
- 1.13.3. Private sector represented in health sector governance structures (Technical Working Groups, Hospital Boards and Management Committees).
- 1.13.4. Private sector involved in health sector reviews and evaluation.

1.13.5. Private sector workplans integrated in the comprehensive sector workplans.

1.14. The organization promotes the health partnerships.

1.14.1. The organization has a Memorandum of Understanding with partners in health.

1.14.2. Health Partners are represented in health governance structures.

1.14.3. Health Partners are involved in health sector reviews and evaluation.

1.14.4. Health partner workplans integrated in the comprehensive sector workplans.

1.15. The organization promotes partnership with community.

1.15.1. The facility has guidelines for the Hospital Boards / Hospital Management Committees (HMCs) /Health Unit Management Committees (HUMCs).

1.15.2. Facility has a Hospital Board / HMCs / HUMCs.

1.15.3. The list of members of the Hospital Board / HMCs / HUMCs is available and displayed.

1.15.4. Hospital Board / HMCs / HUMC meetings are held quarterly.

1.15.5. Hospital Board / HMCs / HUMC annual reports are submitted to the appointing authorities.

1.15.6. Health facility participates in community dialogues e.g. radio talk shows, VHT meetings, Focus Group Discussions, community meetings.

1.16. A Quality Improvement (QI) system is in place.

1.16.1. The QI Framework / Strategic Plan is available.

1.16.2. There is a qualified person to coordinate the QI activities in the facility.

1.16.3. There is a Facility QI Team

1.16.4. There is a facility QI plan.

1.16.5. There is a training program e.g. Continuous Medical Education to equip personnel with the necessary competences for quality improvement.

1.16.6. The facility has defined QI indicators which are monitored regularly.

1.16.7. The QI programme reflects the scope of services delivery in relation to managerial, clinical and service delivery.

1.16.8. There is a process for monitoring patient satisfaction with care process, the care environment and the facility personnel (Client feedback mechanism).

1.16.9. The facility documents and shares the improvements achieved and sustained.

3.4.2 Finance and Assets Management

A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them.

How a service uses the resources available to it impacts on the quality and safety of the care and support it provides, both now and in the future. The demand for resources to provide care and support is increasing, driven by changes such as ageing populations and advances in medical science and technology.

Safe, high quality care and support is intrinsically linked to how resources are used including how they are planned, managed and delivered. Whether services are publicly or privately funded, their resources are limited. Therefore, the effective, responsible stewardship of resources, including decisions on how they are allocated, is a fundamental factor in delivering high quality, safe and reliable care and support.

A well-run service knows how it is using resources, and, as new evidence and technologies emerge, continuously seeks opportunities to provide better care with equal or fewer resources. For publicly-funded services, the way resources are used must be transparent and understandable to service users, the public and the workforce.

2. Finance and Assets Management Standards

2.1. There are written policies and procedures for accounting functions.

- 2.1.1. Current Local Government Finance and Accounting Regulations OR Financial Management policy and procedures (Private Sector) are available.
- 2.1.2. Guidelines for use of Primary Health Care (PHC) funds are available.
- 2.1.3. Other applicable guidelines and SOPs are available.

2.2. Budgeting and procurement processes are consistent with statutory requirements and accepted standards.

- 2.2.1. The accounting function is performed by an individual with appropriate training.
- 2.2.2. There is a documented budgeting process.
- 2.2.3. The budget is prepared in a timely manner and is used for expenditure tracking.
- 2.2.4. Quarterly releases are displayed on the public notice board.
- 2.2.5. Expenditures made in line with approved current/up to date workplans and budgets.

2.3. Procurement processes are consistent with statutory requirements and accepted standards.

- 2.3.1. Procurement and disposal of assets regulations are available.
- 2.3.2. There is a procurement plan.
- 2.3.3. Prescribed procedures for procurement implemented.
- 2.3.4. A list of approved suppliers is available.
- 2.3.5. There is a system for monitoring the quality of goods delivered.

2.4. Reporting and auditing processes are consistent with statutory requirements and accepted standards.

- 2.4.1. Cash advances properly accounted for and paid back.
- 2.4.2. All cash books posted up to date.
- 2.4.3. Monthly returns compiled in time.
- 2.4.4. Quarterly returns submitted in time.
- 2.4.5. Monitor interruptions of service delivery due to cash flow problems and address and report these to the relevant authority without delay.
- 2.4.6. Financial audits are done according to statutory requirements.
- 2.4.7. There is an assets register, which is routinely maintained.

2.5. There are alternative financing mechanisms e.g. health tax or health insurance, user fee, income generating projects for the health facility.

- 2.5.1. Alternative financing mechanism is in place.
- 2.5.2. Guidelines for the alternative financing mechanism are available.
- 2.5.3. Charges/service fees are displayed on the public notice board
- 2.5.4. Criteria for exemption are displayed, communicated and accessible.
- 2.5.5. There is an effective system for invoicing and billing patients for healthcare services rendered, which includes data quality checks.

2.6. Supplies and provisions are ordered, received, safely stored and provided to departments in time to meet their needs.

- 2.6.1. A suitably qualified person is designated to manage storage, distribution and control of equipment and supplies.
- 2.6.2. There is a system for ensuring that equipment and supplies are orders, available, correctly stored and distributed.
- 2.6.3. Secure adequate storage facilities are available.
- 2.6.4. Records are kept of goods received and goods issued.
- 2.6.5. Equipment and goods are well labelled before issue.
- 2.6.6. The first expired first out principle is applied to avoid out of dated stock.
- 2.6.7. There is a system for disposing of expired stock.

3.4.3 Human Resources for Health

The workforce providing services consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, client-centered and safe service. The individual members of a workforce must be skilled and competent and the workforce as a whole must be planned, configured and managed to achieve these objectives. There should be sufficient numbers and mix of staff, fairly distributed; and they should be competent, responsive and productive.

The health workers have a key role in delivering a high quality safe service and they should be supported in doing this. Effective recruitment and human resource planning ensures that the health workers have the necessary competencies to undertake their role and other requirements. The health workers need supervision and feedback to ensure they are doing a good job and that they are getting the right training and support to deliver a high quality, safe and reliable service.

Supporting the health workers includes providing a safe physical environment, protecting them from the risk of bullying and harassment and listening and responding to their views. As aspects of healthcare provision change and develop over time, they need to be supported to continuously update and maintain their knowledge and skills, whether they are directly employed or in a contractual arrangement.

The enabling environment for HR management, development and employee wellness requires;

1. **Fund and commission baseline research** to concurrently:
 - a) **Analyze** current workforce profile and skills mix to match labor market conditions (competitiveness to address brain drain) as well as service requirements.
 - b) **Design** epidemiological modeling to project disease profile.
 - c) **Rethink** and **revise** training approach for the required cadres e.g. shorter time frames.
 - d) **Undertake systematic reviews** on **evidence based approaches** for staff retention in Uganda and middle income countries to address **inequity** in geographic distribution as well as public/ private sector.

2. **Deliberately and strategically increase the production of qualified health workers by:**
 - a) **Progressively and deliberately skewing** skills mix towards: 1) public health promotion/prevention; 2) nutrition skills 3) Family/Preventive Medicine.
 - b) **Increasing** the production of qualified health workers (doctors, nurses and midwives) to meet density of 22.8 per 10,000 population by 2035 (World Bank, 2014) E.g. For medical doctors, this density would need to be increased from 16

per 10,000 (Africa Health Workforce Observatory, 2009) representing an increase of about 1,000 qualified doctors.

- c) Strategically **broadening** the recruitment pool for qualified health workers (e.g. including retirees for the private sector).
- d) **Set up** and **maintain** current qualified health worker electronic data base.
- e) **Use Workload Indicator Staffing Norms (WISN) methodology** to match population with inputs.

3. Enhance health worker performance by:

- a) **Improving** terms and conditions of service by offering flexible working times, career paths and opportunities.
- b) **Increasing** remuneration to match market values (from average of 3000 to 48,000 per annum).
- c) **Reviewing** and **revising** the public service standing orders from an investment to rights' perspective/approach.
- d) **Implementing evidence based** recommendations for retention of health workers.
- e) **Enhancing performance regulation** by expanding the capacity of Professional Councils.
- f) **Institute** accountability mechanisms – systematic and objective performance monitoring and appraisal.

3. Human Resources for Health Standards

3.1. There is a plan for the provision of adequate numbers of suitably qualified personnel.

- 3.1.1. There is a documented recruitment process.
- 3.1.2. The desired education, qualifications, skills and knowledge are defined for all health workers.
- 3.1.3. Details of the establishment (available posts, filled and vacant posts) are recorded and analyzed to allow for informed decision-making.

3.2. The facility has current guidelines on human resource management.

- 3.2.1. Copy of the facility staffing norms is available.
- 3.2.2. Current guidelines on Public service workers' code of conduct are available.
- 3.2.3. Current policies/guidelines OR Standing orders on HR Management including recruitment, grievance and discipline are available.

3.3. All health workers have up-to-date written job descriptions.

- 3.3.1. All health workers have written job descriptions / performance agreements, which define their responsibilities.

- 3.3.2. All health workers sign their job descriptions / performance agreements to show that they accept them.

3.4. Personnel files are maintained for all health workers.

- 3.4.1. Personal files are kept for all health workers.
- 3.4.2. Personal files contain copies of professional certificates and licenses for relevant health workers.
- 3.4.3. Personal files contain copies of annual practicing licenses for relevant health workers.
- 3.4.4. Personal files contain the current job description.
- 3.4.5. Personal files contain copies of records of in-service training (workshops, seminars, short courses, etc) received.
- 3.4.6. Personal files contain copies of performance appraisals.

3.5. The facility has qualified health workers at all times for the services that are appropriate for the category / level of care.

- 3.5.1. An up to date (electronic / manual) Human Resource Information data base is in place.
- 3.5.2. Staffing level up to 95% of the recommended minimum staffing norms.
- 3.5.3. A qualified health worker is available 24 hours a day, 7 days a week (A qualified health worker = nurse, midwife, Clinical Officer or Medical Officer).
- 3.5.4. Staff dress professionally, display name tags at all times.
- 3.5.5. There is provision for temporary accommodation near the health facility AND/OR a duty room is available for health workers with comfortable resting and changing areas.

3.6. Details of duty attendance are recorded and analysed to allow informed decision making.

- 3.6.1. An arrival and departure register is available.
- 3.6.2. All health workers on duty register arrival and departure times (check attendance for the last 2 weeks).
- 3.6.3. The attendance register is analysed and findings utilized to manage absenteeism and turn over.

3.7. All health workers are oriented and inducted to the health facility and to their specific job responsibilities at the time of appointment.

- 3.7.1. There are written programmes for orienting and inducting personnel to the health facility.
- 3.7.2. Health workers are oriented to the health facility, their job responsibilities and their specific assignments.

- 3.8. The facility follows a systematic appraisal of staff.
- 3.8.1. Staff Performance planning is conducted at least once a year.
 - 3.8.2. There is documented appraisal of each health worker annually or more frequently as defined by the regulations.
 - 3.8.3. There is record of filled staff appraisal forms at the health facility.
- 3.9. On-going in-service training is conducted to maintain and advance skills and knowledge of all health workers based on identified needs.**
- 3.9.1. The health facility identifies training needs for the health workers.
 - 3.9.2. Facility has a coordinated plan for in-service training.
 - 3.9.3. Health workers are informed of opportunities to participate and advance education, training, research and other experiences.
 - 3.9.4. In-service training is conducted as planned / scheduled.
 - 3.9.5. Facility training data base exists and is up to date.
 - 3.9.6. CPD accreditation points are monitored and used to certify staff for annual practice.
- 3.10. The facility has a functional library or cupboard for storage of health / medical reference materials.**
- 3.10.1. The health facility has a designated space (room) or cupboard for storage of health/medical reference materials.
 - 3.10.2. Supplies of appropriate up-to-date health learning materials are available including access to electronic health resources.
 - 3.10.3. There is a system for tracking use of the reference materials / books.
- 3.11. The facility provides health workers' welfare e.g. break teas/refreshment, space to decompress between patients, stress reduction, etc.**
- 3.11.1. Health facility provides break teas for health workers on duty.
 - 3.11.2. Health facility provides staff tea room(s).
 - 3.11.3. Staff's stress-reduction and wellness needs are addressed. (e.g. reflective practice, retreats, bereavement support, and counselling).
 - 3.11.4. Support is provided to staff involved in an adverse event.
- 3.12. The facility has a system to publically acknowledge performance and sanction poor performance.**
- 3.12.1. The facility has a reward and sanctions committee (all levels of care).
 - 3.12.2. The reward and sanctions committee meets to handle issues presented as planned.
 - 3.12.3. Staff is routinely acknowledged for their good work by leadership, by peers and by patients and families.

3.4.4 Health Information and Research

A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status.

Quality information is an important resource for health workers in planning, managing, delivering and monitoring high quality safe services. Quality information is accurate, valid, reliable, timely, relevant, legible and complete. To effectively use information health workers should have systems, including ICT, to ensure the collection and reporting of high quality information within the context of effective arrangements for information governance.

A service user's personal healthcare information informs all aspects of their care including assessment, diagnosis, treatment options and prognosis. It is essential that personal health information is treated in a confidential manner and that health workers put in place arrangements to ensure this. There should be effective arrangements to ensure that healthcare information, both in paper and electronic formats, is of a high quality, collected regularly, analyzed, used and shared with the relevant stakeholders.

"Research" is defined as "a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge." It can provide important information about disease trends and risk factors, outcomes of treatment or public health interventions, functional abilities, patterns of care, and health care costs and use. Thus all forms of research including biomedical research, epidemiological studies, and health services research, as well as studies of behavioral, social, and economic factors that affect health are important in our health care setting. Research should be conducted within the national research standards to ensure protection of the subjects and both positive and negative findings disseminated for use.

4. Health Information and Research Standards

- 4.1. A system for accurate health data collection is used.
 - 4.1.1. At least one staff trained in the current HMIS and managing the health data.
 - 4.1.2. HMIS manual is available.
 - 4.1.3. HMIS registers for the services delivered are available at all times.
 - 4.1.4. Up to date HMIS forms (Medical forms, partographs, Child Health Cards / Mother's passport, tally sheets, report forms, etc) for the services delivered are available at all times.
 - 4.1.5. Up to date database is available (manual or computerized).
 - 4.1.6. Classification of diseases and birth outcomes, including death, is aligned with the International Coding of Diseases.
 - 4.1.7. A birth and death registration system in place that is linked to the national vital registration system at all times.

4.2. An established health record storage system that ensures confidentiality and safety.

- 4.2.1. There is a system which allows for rapid retrieval and distribution of health records.
- 4.2.2. Policy on retention of patient record and other data and information available.
- 4.2.3. Policy / procedure for health record destruction, specifying the criteria for selection and method of destruction is available.
- 4.2.4. There is provision for authorized access to patient records at all times.
- 4.2.5. Storage space for health records is sufficient and secure against unauthorized entry.

4.3. Type and content of patient records defined.

- 4.3.1. Patient records e.g. Medical Form 5, Laboratory request forms, X-ray request forms, admission forms, etc are available at all times.
- 4.3.2. Each patient has a record which is provided with a unique number.
- 4.3.3. Standardized diagnostic and procedure codes are used, if required.

4.4. Patient records contain the required information

- 4.4.1. A standardized format is used for recording patient assessment and treatment.
- 4.4.2. Patient records are up to date and contain notes by medical, nursing and other health professionals.
- 4.4.3. The health worker's signature and designation can be identified for each patient record.
- 4.4.4. The date of each patient record is recorded.
- 4.4.5. The plan of care for each patient is noted in the patient record.
- 4.4.6. Nursing care plans are updated after each shift.
- 4.4.7. All procedures and diagnostic tests requested are noted in the patient's record.
- 4.4.8. There is evidence of review of the results of procedures and diagnostic tests performed.
- 4.4.9. Patient re-assessments (reviews) are documented on the patient's record.
- 4.4.10. Medications prescribed and administered are recorded for each patient.
- 4.4.11. Patient and family education provided is noted in the patient's record.
- 4.4.12. Follow up instructions are recorded.
- 4.4.13. Patient's records are reviewed regularly and results analyzed as part of the quality improvement process (Clinical Audits conducted).

4.5. The HMIS reports are accurate, compiled on time and filed / sent to the next level according to the reporting timelines.

- 4.5.1. Information in the registers is correctly filled and up to date.
- 4.5.2. Summary reports are correctly and accurately filled.
- 4.5.3. The reports are verified / checked by the Facility In-charge for completeness, correctness and consistency before submission.
- 4.5.4. The forms are completed and submitted by the 7th of each month.
- 4.5.5. Copies of the filled HMIS forms (105, 108, 106a...) for the last three months are present in the unit OR the information is registered in the unit's database (manual or computerized).

4.6. The facility data is validated by the HSD / District / MoH on a quarterly basis.

- 4.6.1. The District / Health Sub-District (HSD) has a data validation manual.
- 4.6.2. The health facility has standard operating procedures in place at all times for checking, validating and reporting data.
- 4.6.3. Health facility data is validated by the HSD/District/MoH on a quarterly basis.
- 4.6.4. There is evidence of action on the validation findings.

4.7. Performance indicators are defined; targets are set, agreed upon and displayed

- 4.7.1. The health facility has well defined performance indicators.
- 4.7.2. Indicator targets sets.
- 4.7.3. Performance indicators and set targets displayed.

4.8. HMIS data is analyzed and used for planning and monitoring health services.

- 4.8.1. Key performance indicators (e.g. OPD utilization, DPT3, Measles Vaccination, BCG, Antenatal Care (ANC) coverage, IPT3, Deliveries, Malaria, etc) are graphed and displayed in the health facility.
- 4.8.2. Monthly performance against the set targets is discussed during the monthly staff meetings.
- 4.8.3. Quarterly performance against the set targets is discussed during the HUMC / Hospital Board.
- 4.8.4. Quarterly performance review meetings are held.
- 4.8.5. Annual performance review meetings are held.

4.9. Research is conducted for generating evidence-based data.

- 4.9.1. Research ethics guidelines are available.
- 4.9.2. Annual research agenda is developed.
- 4.9.3. Institutional Review Committee constituted according to the guidelines.
- 4.9.4. Institutional Review Committee meetings held.
- 4.9.5. Research findings disseminated whether positive or negative.

4.10. The health facility has a functional Integrated Disease Surveillance and Response System (IDRS).

- 4.10.1. Current guidelines on IDSR available.
- 4.10.2. IDSR Focal Person appointed.
- 4.10.3. At least one health worker received in-service training on EDPR in the last 2 years.
- 4.10.4. Case definitions for diseases available.
- 4.10.5. Treatment protocols for epidemic prone diseases (e.g. haemorrhagic fevers, cholera) available.
- 4.10.6. A system for reporting and tracking suspected outbreaks, events and rumours to the district is in place (HMIS Form 033b, HMIS reports 033b are submitted every Monday of the week Case notification forms).
- 4.10.7. System for collection, handling and transportation of laboratory specimens in place.
- 4.10.8. Isolation room or facility for suspected or confirmed cases of disease of Public Health importance.

3.4.5 Health Infrastructure

The physical infrastructure of health facilities refers to the state of the buildings, the water, electricity and communications technology available, the quality of access roads, and the availability of equipment (both medical and non-medical) in working condition. Delivering health care above a certain level of complexity is difficult in the absence of good infrastructure.

Shelter for patients and staff, drinkable water and a source of electricity for, among other things, refrigeration for vaccines, are fundamental for the safe provision of health care. A working communications mechanism is necessary for the functioning of a referral system, as well as to enable the provision of support services (such as laboratory services) to the facility. A traversable access road is necessary to enable patients to attend the facility in the first place.

The physical infrastructure can have a significant impact on the performance, efficiency and reliability of the health care services. The physical work environment often influences (positively or negatively) the mind-set of the service providers and their efficiency and ability to innovate in delivering expanded services. A good work environment can facilitate better services and reduce workload. A disorganized work environment impairs the health facility team.

Work Environment Improvement (WEI) is an important foundation for delivering quality health services. It also provides a basis for higher productivity. The 5 Ss (which stand for sort, set, shine, standardize, sustain) are a simple, standardized and universal managerial tool that can help your health facility team conduct WEI as a part of their routine schedules during working hours.

Medical equipment is used for the specific purposes of diagnosis and treatment of disease or rehabilitation following disease or injury; it can be used either alone or in combination with any accessory, consumable, or other piece of medical equipment.

A management program (manuals, inventory, service contract, calibration) of health-care technology helps ensure that these equipments are available, functional and services are provided in a safe and effective way. A medical equipment inventory provides a technical assessment of the technology on hand, giving details of the type and quantity of equipment and the current operating status.

The enabling environment requires;

1. **Policy and strategy direction**

- a) **Rationalize** the need for infrastructure investment (rehabilitation, construction, re-design and equipment) based on the projected magnitude of health conditions that need institutional care and the pace of investment in HR, medical technologies and supplies.

- b) **Design** health infrastructure plan that takes into account the projected magnitude of health conditions that need institutional care.
- c) **Cost** the health infrastructure development plan.

2. Capital Investments

- a) **Rehabilitate, construct, re-design and equip** the health infrastructure in line with the health infrastructure development plan.
- b) **Scale up** funding and procurement of equipment, transport and Information, Communication and Technology to meet minimum population needs.

5. Health Infrastructure Standards

5.1. The physical structure, design and layout of the facility is in line with the approved standards.

- 5.1.1. Space available is sufficient for the range of services offered.
- 5.1.2. Sufficient office / administrative space is available.
- 5.1.3. The facility is located in a safe and quiet environment for proper health service delivery.
- 5.1.4. There is provision for access for persons with disabilities.
- 5.1.5. There is a wheel chair access to and within the building.
- 5.1.6. There are isolation units or cubicles where patients with highly infectious diseases can be accommodated.
- 5.1.7. There is a separate area for the personnel, with adequate secure storage facilities for outdoor clothing, handbags and personal possessions.
- 5.1.8. There is a baby friendly / breast feeding space for service providers and clients.

5.2. There is provision for the safety and security system of health workers, patients, visitors and building.

- 5.2.1. The health facility is fenced off and has a gate.
- 5.2.2. System (CCTV, Security personnel) in place for internal and external security at all times.
- 5.2.3. Security staffs are trained.
- 5.2.4. Security staffs are armed appropriately to manage security threats.
- 5.2.5. Effective control of access to restricted areas in the facility e.g. laboratory, pharmacy, radiation area, etc.
- 5.2.6. A mechanism known to health workers is available for calling for assistance from security / police / protection services in case of an emergency e.g. fire, collapse of building.
- 5.2.7. Alarm systems and signals tested according to the recommended schedule.
- 5.2.8. Safety and security awareness amongst health care personnel and users is conducted annually.

5.3. A structured system to ensure fire safety and response to emergencies.

- 5.3.1. Written plan to deal with emergencies (including bomb threats, fire, flooding, natural disasters, failure of water and electricity supplies) is available.
- 5.3.2. Fire Clearance certificate available from the Police or relevant authority to show that the facility complies with applicable laws and regulations in relation to fire safety (fire clearance certificate).
- 5.3.3. Fire extinguishers are available in all buildings.
- 5.3.4. Firefighting equipment is regularly inspected and serviced at least annually; the date of the service is recorded on the apparatus.
- 5.3.5. Flammable materials are clearly labeled and safely stored.
- 5.3.6. Easily recognized and understood signs prohibiting smoking are displayed in areas where flammable materials and combustible gases are stored.
- 5.3.7. Public alert system that can communicate any emergency instructions to users.
- 5.3.8. Evacuation routes and emergency exits clearly marked.
- 5.3.9. Designated and clearly marked assembly point in case of security / fire alarm.
- 5.3.10. Annual personnel training in fire prevention and evacuation procedures documented.

5.4. The external environment is clean.

- 5.4.1. Growing of grass or paving is done to avoid bare ground.
- 5.4.2. Grass is cut short / paving well maintained with clear pathways.
- 5.4.3. Compound is clean and free of litter.
- 5.4.4. There are easily accessible, labeled dust (Trash) bins in the premises.
- 5.4.5. Well maintained hand washing facilities in designated places.

5.5. Service delivery areas are clean, well sheltered and well ventilated.

- 5.5.1. The waiting area is clean of debris/trash and floor is mopped.
- 5.5.2. The waiting area is well ventilated and protects clients from the sun shine and rain.
- 5.5.3. The walls and ceiling are reasonably clean, free of cobweb and in good state of repair.
- 5.5.4. All rooms are adequately ventilated.
- 5.5.5. Where required, air-conditioning is installed in laboratories, pharmacies, operating theatre and sterilizing departments and is tested and maintained.

5.6. There is an environmental policy and procedures.

- 5.6.1. The health facility has an environmental health policy and related procedures.
- 5.6.2. The health facility ensures that it is licensed as a hazardous waste producer by the relevant authority.
- 5.6.3. Implements procedures and policies to ensure that all by-products created by equipment and chemical waste, are managed in accordance with the relevant environmental legislation.
- 5.6.4. Enforces and monitors anti-smoking policy within the facility premises.

5.7. There is provision for comfort (ambience) for the clients.

- 5.7.1. The waiting area, both inside and outside the facility has adequate furnishing.
- 5.7.2. The waiting area and wards have enter-educative materials and/or equipment for the clients (TV or radio).

5.8. There is a private area for physical examinations, deliveries and other services offered.

- 5.8.1. Examination areas are either private rooms with doors that close or areas sectioned off by curtains/screens.
- 5.8.2. Privacy is maintained during procedures, consultation, deliveries, treatment procedures and examination.
- 5.8.3. Examination / treatment rooms allow for family presence and participation, according to the patient's preference.

5.9. There is reliable and clean water supply.

- 5.9.1. The health facility has a functioning source of safe water located on the premises that is adequate to meet all demands for drinking, personal hygiene, medical interventions, cleaning, laundry and cooking.

5.10. There is a reliable power supply.

- 5.10.1. Electrical power is available 24 hours a day and seven days a week, from regular or sources.
- 5.10.2. Provision has been made for an emergency electrical supply.
- 5.10.3. Sufficient light sources are available to provide adequate light (no dark areas) in all areas such as entrance, waiting rooms, halls, offices, wards).
- 5.10.4. Sufficient electrical socket outlets are provided in all areas to avoid overloading of individual outlets and to minimize fire risks.
- 5.10.5. Servicing and testing of the uninterrupted power supplies (UPS) and/or battery backup system is documented.

- 5.10.6. Emergency generators are tested on full load in accordance with manufacturers' specifications and such tests are documented.
- 5.10.7. Sufficient fuel, e.g. diesel, is available 24 hours to provide power when necessary.
- 5.10.8. A trained personnel is available to operate the emergency power source any time of regular power supply

5.11. Clean sanitary facilities for staff and patients / clients.

- 5.11.1. Toilets or latrines exist within the facility (at least 1 latrine per 20 users for inpatient settings).
- 5.11.2. Clean, safe, secure and accessible toilet facilities for all including people with limited mobility (with a ramp).
- 5.11.3. Separate toilet / latrine labelled for males and females for staff and patients.
- 5.11.4. Toilets for females meet the needs for menstrual hygiene management (sanitary towel bin).
- 5.11.5. Accessible hand washing facilities (soap and water) near the toilets / latrines to maintain personal hygiene.
- 5.11.6. Clean, safe and accessible bathrooms for all in-patients including those with disabilities, to maintain their personal hygiene.
- 5.11.7. Sufficient trained, competent staff on site when needed, with clear descriptions of their responsibilities for cleaning, operating and maintaining water, sanitation, hygiene and health care waste facilities.

5.12. There is an appropriate and effective sewerage system.

- 5.12.1. There is a functional sewerage system
- 5.12.2. All drains are appropriately covered.
- 5.12.3. The sewerage system is regularly inspected, tested and maintained, and when appropriate, improved and this is documented.

5.13. Buildings, plants, installations and machinery are maintained to ensure provision of a safe and effective service.

- 5.13.1. A designated competent individual is responsible for supervising the maintenance of buildings, plant and installations.
- 5.13.2. Where these services are outsourced, the facility personnel have access at all times to a list of these private contractors with their contact numbers.
- 5.13.3. Written agreements ensure 24-hour technical backup services.
- 5.13.4. There is a dedicated work area for maintenance activities.
- 5.13.5. Basic maintenance equipment and tools are available.
- 5.13.6. Basic technical spare parts are available.

5.14. The facility has a documented preventative planned maintenance program for buildings, plant, installation and machinery.

5.14.1. There is a plan and budget for upgrading or replacing of systems, buildings or components needed for the continued operation of a safe and effective facility.

5.14.2. There are site floor plans that depict the locations and layout of the main services (e.g. water, sanitation, electricity supply).

5.14.3. An up to date documented preventative maintenance management plan.

5.14.4. Regular inspections of all buildings, plant, installations and machinery are documented.

5.14.5. A documented procedure for reporting defects in maintenance installations during and after normal working hours is known to the personnel.

5.15. The facility has a functional medical gas system.

5.15.1. Medical gas (oxygen, nitrous oxide and medical air) supplies are available according to the operational requirements of the facility.

5.15.2. Medical gas supply systems comply with safety standards.

5.15.3. Where there is piped gas, the enclosure, gas bank, pressure regulators, related control/alarm systems and all outlet points are clean and in good operating condition.

5.15.4. Where there is piped gas, the main oxygen supply system is fitted with an alarm, which operates automatically in the event of low pressure in the gas supplies

5.15.5. Where there is piped gas, medical gas alarm systems are regularly tested, and these tests are documented.

5.15.6. Alternative supplies of medical gas are available and strategically located to ensure timely deployment on emergencies.

5.16. Medical vacuum systems are well maintained.

5.16.1. Where there is a piped vacuum system it is externally ventilated and able to provide sufficient suction to all piped vacuum points in the hospital.

5.16.2. Piped vacuum systems are regularly tested, and these tests are documented.

5.16.3. Alternative vacuum/suction units are available and strategically located to ensure timely deployment in emergencies.

5.17. Medical equipment is available and properly maintained to meet the needs of the patient population.

- 5.17.1. Appropriate medical equipment is available for services delivery and level of care.
- 5.17.2. A designated person supervises the management of medical equipment in the health facility.
- 5.17.3. Policies and guidelines for management of medical equipment are available.
- 5.17.4. There is an inventory of all medical equipment updated according to the policy / guidelines.
- 5.17.5. There is a documented procedure known to all health workers for reporting defects in medical equipment during and after normal working hours.
- 5.17.6. There is a planned maintenance schedule for all equipment.
- 5.17.7. Records are kept of the checking and maintenance of medical equipment.
- 5.17.8. There is a disposal plan for medical equipment in accordance with legislation.

5.18. Information and Communication (ICT) equipment is available to meet the needs of the services.

- 5.18.1. There are policies and guidelines for management of ICT equipment.
- 5.18.2. The supply of ICT equipment is adequate to meet the needs of the services.
- 5.18.3. There is an inventory of all ICT equipment.
- 5.18.4. All desktop/laptop and server computers are attached to a UPS with surge protection.
- 5.18.5. There is a data back-up system.
- 5.18.6. All desktop/laptop and server computers are password protected.

5.19. ICT equipment is properly maintained to meet the needs of the services.

- 5.19.1. A designated person supervises the management of ICT equipment.
- 5.19.2. Records are kept of the checking and maintenance of ICT equipment.
- 5.19.3. Where technical ICT support is not available at the facility level, an arrangement is in place to obtain such support from outside.
- 5.19.4. There is documented evidence that relevant health workers are regularly trained to use/operate ICT equipment.
- 5.19.5. There is a documented procedure known to personnel for reporting defects in ICT equipment during and after normal working hours.
- 5.19.6. Computers are equipped with officially licensed software only.
- 5.19.7. Operating system patches/updates are installed as they become available.
- 5.19.8. Each computer is equipped with an up-to-date virus scanner (anti-virus).

5.20. Telecommunication system is functional.

- 5.20.1. A functioning means of telecommunication (Landline, cellular phone, smart phone, fixed desk phone or Microwave Radio Call system) that is available to call outside at all times client services are offered.
- 5.20.2. Access to email or internet within the facility 24 hours a day and seven days a week.

5.21. Facility transport system is functional.

- 5.21.1. The facility has a functional motorized means of transport to cater for emergency transport of patients and clients.
- 5.21.2. A functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility or operates from this facility OR Have access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility.
- 5.21.3. The facility has safe, regular transport for health care personnel for outreach services or transportation of goods.
- 5.21.4. All vehicles, owned or used, are licensed and maintained.
- 5.21.5. All employed or contracted drivers have valid licenses.
- 5.21.6. Transport usage is monitored to prevent misuse of vehicles.

3.4.6 Supply Chain Management System

Supply Chain Management (SCM) is the oversight of materials, information, and finances as they move in a process from supplier to manufacturer to wholesaler to retailer to consumer. SCM involves coordinating and integrating these flows both within and among companies. It is the planning, administration, coordination and control of activities, resources and information involved in the flow of materials and products from source to final customer.

The supply chain of a company consists of different departments, ranging from procurement of materials to customer service. It includes activities associated with inventory (materials) acquisition, storing, and use in production, transit, and delivery to customers. A well-functioning SCM system in the health sector ensures equitable access to EMHS vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.

EMHS must be available and affordable, of assured quality and properly stored and used both by health workers and patients. They should be available at all times, in adequate amounts, in the appropriate dosages and at a price that individuals and systems can afford.

The enabling environment requires;

1. Policy and strategy direction

a) *Create* “JMS”, MAUL and “NMS” outlets as centres of excellence in areas close to the community to compete with the formal and informal private sector.

2. Research

a) *Strengthen post-market surveillance* of essential medicines and health supplies.

3. Investment

a) *Scale up capacity* of regulatory and licensing authorities.

b) *Scale up* training, recruitment and deployment of HR with pharmaceutical competencies for both the public and private sectors.

6. Supply Chain Management Standards

6.1. There are qualified personnel for medicines management.

6.1.1. A qualified person (Pharmacist or Pharmacy Technician) manages the pharmaceutical service.

6.1.2. The name of the responsible pharmacist is clearly displayed.

6.1.3. Personnel are licensed to practice.

6.1.4. Medicine is dispensed according to the Pharmacy practice and medical and nursing guidelines.

6.2. There is a functional supply-chain management system.

- 6.2.1. An annual medicines and health supplies procurement plan in place.
- 6.2.2. Medicines and supplies order and delivery schedule is available and displayed.
- 6.2.3. Health facility places bi-monthly medicine and health supplies orders timely.
- 6.2.4. Medications are transported to the facility in accordance with manufacturer's guidelines, with emphasis on maintaining cold chain requirements.
- 6.2.5. Expired medicines and health supplies are identified and correctly destroyed or disposed off.
- 6.2.6. There is a system for recalling medicines when required.

6.3. There are current medicines and health supplies management tools.

- 6.3.1. Essential Medicines and Health Supplies List is available.
- 6.3.2. Laboratory Reagents and supplies list available.
- 6.3.3. Ordering forms are available.
- 6.3.4. Requisition and issue forms are available.
- 6.3.5. Dispensing logs are available.
- 6.3.6. Stock cards are available.

6.4. An inventory management system, manual (stock cards) or automated, is in place and functioning properly to monitor and control stock losses.

- 6.4.1. There is a stock card for each item in the store.
- 6.4.2. All information on the stock card is current and correct
- 6.4.3. The stock card is kept with the item on the shelf.
- 6.4.4. Information is recorded on the stock card at the time of movement.
- 6.4.5. There is an accurate running tally kept in the BALANCE IN STOCK column.
- 6.4.6. A physical count is made at regular intervals, such as once a month.
- 6.4.7. Vaccine control book up to date and corresponds to physical stock.

6.5. There is proper space for storage of medicines and health supplies.

- 6.5.1. The store is separate from the dispensary; medicines are not dispensed to patients from the store.
- 6.5.2. The door to the store has 2 locks; each lock has a separate key.
- 6.5.3. There is a ceiling in the store; the ceiling is in good condition.
- 6.5.4. Store is well ventilated - Air moves freely in the store.
- 6.5.5. The windows are painted white or have curtains; windows are secured and have grills (burglar proof).
- 6.5.6. The store is free of vermin (bats, termites) and pests; there are no signs of pest infestations.
- 6.5.7. The store is tidy; shelves are dusted, floor is swept, and walls are clean.
- 6.5.8. Shelves and boxes are raised off the floor, on pallets or on boards and bricks.

- 6.5.9. Store has a thermometer and temperature chart filled.
- 6.5.10. Medicines stored on shelves or in boxes according to types and date of manufacture
- 6.5.11. Separate designated storage areas are provided for materials under quarantine e.g. expired stock, compounded products.

6.6. There is a proper cold chain for medicines and vaccines.

- 6.6.1. A dedicated refrigerator is available for those medications requiring storage at low temperatures.
- 6.6.2. A dedicated refrigerator is available for vaccines.
- 6.6.3. A monitoring log is kept of the temperature within the refrigerator and/or cold chain monitors; any remedial action is recorded.
- 6.6.4. Standby gas cylinder or alternate source of power back up is available.
- 6.6.5. Temperature monitoring chart/fridge tag is fixed on the refrigerator.
- 6.6.6. Temperatures are monitored twice daily, seven days per week.
- 6.6.7. Temperatures maintained between +2 and +8°C.
- 6.6.8. Thermometer is in the refrigerator.
- 6.6.9. Vaccine carriers and ice packs available and are in good condition.

6.7. There is proper control and storage of medication at the dispensary / pharmacy.

- 6.7.1. Medicines are stored in a locked storage cabinet, accessible only to authorized personnel.
- 6.7.2. There is a system for ensuring that maximum and minimum stock levels are maintained.
- 6.7.3. Medications are legibly marked and securely labelled.
- 6.7.4. Controlled substances e.g. morphine (Tab/Inj.), pethidine and other narcotic drugs are kept separate in a double locked storage space.
- 6.7.5. Controlled substances are accurately accounted for in a specific register.
- 6.7.6. Hazardous and flammable materials are stored in accordance with guidelines.
- 6.7.7. All pharmaceuticals, vaccines or medical consumables are regularly checked for expiry dates and checks are recorded.
- 6.7.8. FEFO (first expiry, first out) and FIFO (First in, First Out) are followed
- 6.7.9. Tablets, capsules and other dry medicines (such as ORS packets) are stored in airtight containers on the upper shelves.
- 6.7.10. Liquids, ointments and injectables are stored on the middle shelves.
- 6.7.11. Supplies, such as surgical items, condoms and gloves, are stored on the bottom shelves.
- 6.7.12. Supplies are arranged on the shelves in alphabetical order by generic name.

6.8. The facility has essential medicines in accordance with the essential medicines list for the level of care.

- 6.8.1. There is a list of the medications stocked or readily available from other sources.
- 6.8.2. Priority essential medicines and commodities are available.
- 6.8.3. There is a list of medications available in the emergency cupboard.

6.9. There is a process to ensure the safe and legal prescribing of medication.

- 6.9.1. Only those permitted by the health facility and relevant laws and regulations prescribe medication.
- 6.9.2. Prescriptions conform to the national guidelines.
- 6.9.3. Medical / prescription forms are accessible to authorised personnel only.
- 6.9.4. There is a list of names and signatures of prescribers at the dispensing window.
- 6.9.5. The use of verbal / telephonic medication orders is documented.

6.10. Medications are dispensed according to laws, regulations and professional standards of practice.

- 6.10.1. The work bench for preparing medicines for dispensing should be clean, tidy and well organized.
- 6.10.2. The area where medicines are dispensed is easily accessible, adequately furnished and allows for reasonable privacy when advice is given.
- 6.10.3. Medications are securely and legibly labelled with relevant information.
- 6.10.4. Medicines are dispensed on written instructions / prescriptions of a qualified health worker.
- 6.10.5. A register is maintained of all medicines dispensed.
- 6.10.6. The person prescribing and dispensing the medicine has access to patient information that would contraindicate particular medicines.
- 6.10.7. The person dispensing the medicine informs the patient of available generic equivalents.
- 6.10.8. There is a mechanism for facilitating communication between the clinician and the pharmacy regarding drug reactions.
- 6.10.9. Prescriptions are securely stored in accordance with the regulations.

6.11. Medications are administered in a manner that ensures safety and effectiveness.

- 6.11.1. Only those permitted by the health facility administer medications.
- 6.11.2. Medicines are verified against the prescription or order, including the dosage and route of administration.
- 6.11.3. Patients are identified before medications are administered.
- 6.11.4. The health workers ask about allergies to medication.
- 6.11.5. Medications are administered as prescribed.
- 6.11.6. The therapeutic results of medications are monitored.
- 6.11.7. Adverse drug reactions are observed, monitored and reported.
- 6.11.8. Medication errors are reported in accordance with policy / guidelines.

3.4.7 Essential Care Service Delivery (Community Based Care, Referrals, Emergencies, Outpatient and Inpatient Care, Surgical care, Intensive Care, Maternal and Neonatal Care, and Diagnostics)

With the development of new technologies, treatment and management plans, availability of new evidence and the changing needs of service users, an approach that worked in the past may not necessarily be as effective in the future. An effective, responsive service is agile and needs to be able to adapt to these changes in a managed way. Up to date guidelines and Standard Operating Procedures must be available and easily accessible.

Effective care is also about ensuring that each service user receives well-coordinated care and support at the right time and in the right place. Continuity of care and support is important for each service user to ensure that no one, and no part of their treatment, falls through gaps in the provision of services. This requires that each service user knows who is responsible and accountable for their care at all times and that the right information is available at the point where clinical decisions are made.

The enabling environment requires;

1. Policy and strategy direction

- a) **Re-define** and **obtain consensus** on the most efficient level for organizing health service delivery.
- b) **Build** consensus among key stakeholders around a paradigm shift from a biomedical to a health promotion and prevention approach.
- c) **Revise** the clinical guidelines to reflect graded evidence for treatment protocols as well as patient information leaflets.
- d) **Develop and disseminate** electronic version of all guidelines, management protocols and SOPs.
- e) **Through legislation empower** and **enable** the health facilities to provide holistic care to individuals and families.

2. Research

- a) **Undertake research** to establish the actual demographic based epidemiological profile to guide investments in essential clinical care, public health promotion and prevention.
- b) **Model** different concepts of health care organization to demonstrate a 'best fit'.

3. Investment

- a) **Scale up** funding to support minimum population needs for holistic health care that includes promotion, prevention and essential clinical health care.

7. Essential Care Service Delivery Standards

7.1. The facility provides community based services.

- 7.1.1. The facility has the current outreach schedule displayed.
- 7.1.2. Outreaches conducted according to schedule.
- 7.1.3. Outreach reports for the last 3 months were compiled.
- 7.1.4. The health facility co-ordinates, monitors and evaluates the impact of the outreach services it provides to other health facilities and / or users in the catchment area.
- 7.1.5. The health facility monitors and evaluates the impact of outreach services it receives from other health facilities or institutions.

7.2. The facility has a functional referral system.

- 7.2.1. All patients are referred to the next level of care or for additional social services when their needs fall beyond the scope of health facility staff competence.
- 7.2.2. The health facility has written, up-to-date clinical protocols and guidelines for the identification, management (including pre-referral care) and referral patients.
- 7.2.3. The health facility is equipped with appropriate medicines and medical supplies for stabilization and pre-referral treatment for referred.
- 7.2.4. The health facility has a standardized referral form to document relevant demographic and clinical information, which includes clinical findings, diagnosis, pre-referral interventions or treatment given and reason for referral.
- 7.2.5. Users are referred to a named health care provider or department.
- 7.2.6. The facility communicates the referral to the referral unit.
- 7.2.7. Referrals within and outside the health facility are recorded appropriately in the registers.
- 7.2.8. The facility has a functional mechanism for follow up / feedback mechanism for referrals.
- 7.2.9. The facility has an established referral network specifying the type of services in the network and are documented at the health facility.
- 7.2.10. Health care staff receive in-service training and regular refresher sessions in referral protocols and guidelines at least once every 2 years.

7.3. The facility has a functional emergency unit / service.

- 7.3.1. There is an emergency room or unit.
- 7.3.2. There are trained / competent health workers to handle emergencies.
- 7.3.3. There are guidelines /SOP clearly displayed for handling various surgical and medical emergencies.
- 7.3.4. Equipment and supplies for managing surgical and medical emergencies are available and functional.
- 7.3.5. There is a secure cupboard with the relevant medicines e.g. adrenaline, prednisone, aminophylline, diazepam, 50% dextrose for managing medical and surgical emergency conditions in the room/unit.
- 7.3.6. The facility provides 24 hour seven days a week (24/7) coverage for managing emergencies.

7.4. The health facility has a functional health education program.

- 7.4.1. Availability of the following materials for client counselling/education sessions: (posters, sample foods or demonstration garden, family planning methods, anatomical models, brochures/leaflets, flipcharts or cue cards).
- 7.4.2. Poster clearly displayed for clients to see.
- 7.4.3. Availability of time table for health education showing days, time, topics, place and the persons responsible.
- 7.4.4. Health facility conducts group health education sessions as scheduled.
- 7.4.5. There is a process for recording patient education information after the sessions.
- 7.4.6. Health workers use one of the following materials during client counselling / education sessions: posters, sample foods or FP methods, anatomical models, brochures, leaflets, flipcharts or cue cards.
- 7.4.7. Health education conducted in a language and format that patients can understand.

INPATIENT/SURGICAL CARE

7.5. The facility has qualified health workers responsible for inpatient care.

- 7.5.1. Qualified health workers are available for all phases of care (24/7).
- 7.5.2. There is a duty roster.
- 7.5.3. Individuals responsible for the patient's care are identified and made known to the patient and other staff members.

7.6. Delivery of inpatient care services is integrated and coordinated amongst care providers.

- 7.6.1. There is a regular schedule of ward rounds with medical personnel.
- 7.6.2. Procedures for registration, consultation and admission of patients are available.
- 7.6.3. Defined and established procedures for clinical assessment and reassessment of the patients are available.
- 7.6.4. Patients' records include a summary of the care provided.
- 7.6.5. Patients' records include the patient's response to treatment (progress).

7.7. The facility has adequate facilities and basic equipment for providing safe inpatient care.

- 7.7.1. Adequate number of beds with mattresses is available and functional.
- 7.7.2. Bedside facilities (table/locker) are available.
- 7.7.3. There is access to a nurse call system (bell) at all times.
- 7.7.4. Ward screens available to ensure privacy.
- 7.7.5. Oxygen supplies (oxygen cylinders or oxygen concentrators) are available and adequate.
- 7.7.6. Resuscitation equipment is available.
- 7.7.7. Equipment and materials for monitoring patients' vital signs are available (thermometers, BP machine, Stethoscope, pulse-oximeter).
- 7.7.8. Room for staff to hand over between shifts, write reports, hold meetings, etc is available.

7.8. The facility has the guidelines and SOPs required for management of inpatients.

- 7.8.1. Relevant and up to date clinical guidelines are available.
- 7.8.2. Clinical guidelines are used to guide patient care.
- 7.8.3. Defined guidelines and SOPs for nursing care are available and are followed.
- 7.8.4. Procedure to identify high risk and vulnerable patients is available.
- 7.8.5. Nurses use performance checklists / protocols / guidelines for complex skilled e.g. IV infusions, catheterization, nasogastric intubation.

7.9. The patient needs are addressed according to the care plan.

- 7.9.1. Patient assessment (history taking, examination and investigations) is conducted to identify the patient's medical, nursing or other health care needs.
- 7.9.2. Patient's vital signs are monitored, registered and interpreted according to a regular daily schedule.
- 7.9.3. Pressure relieving techniques (care of skin, turning in bed on schedule, observing and preventing potential bed sores) are implemented and documented.
- 7.9.4. Professional physiotherapy care and assistance with rehabilitation done if required.

7.10. Patient and family education is provided.

- 7.10.1. Each patient's educational needs are assessed and written in his/her record.
- 7.10.2. Patients are educated about relevant high health risk e.g. the safe use of medication and medical equipment, or medicine and food interactions.
- 7.10.3. The patient and family are taught in a language and format that they can understand.
- 7.10.4. Information given to the patient and family is noted in the patient's record.

7.11. The facility provides palliative care to patients in pain and to the terminally ill.

- 7.11.1. Palliative care policy and guidelines are available.
- 7.11.2. Health workers are trained in assessing and managing pain.
- 7.11.3. Patients are given supportive care for other problems, physical, psychosocial and spiritual.

7.12. Each patient's surgical care is planned and documented.

- 7.12.1. Medical assessments (history taking, examination and investigations) are carried out and documented before patients go to surgery.
- 7.12.2. The results of surgical patients' diagnostic tests are recorded before surgery.
- 7.12.3. Anaesthetic assessment is conducted to identify any drug sensitivities.
- 7.12.4. An intra-operative report and a post-operative diagnosis are documented.
- 7.12.5. The names of the surgeon and other personnel are documented.
- 7.12.6. The patient's clinical status is monitored during the immediate post-surgery period.
- 7.12.7. There is evidence in the patient's health record that he/she gave informed consent.

7.13. The facility has an organized process for appropriately discharging patients.

- 7.13.1. There is a documented process for discharging patients.
- 7.13.2. Discharge forms are available.
- 7.13.3. The facility ensures timely and appropriate discharge.
- 7.13.4. The health workers give patients (and their families or caretakers where appropriate) understandable follow-up instructions in the discharge note.

OPERATING THEATRE

7.14. The facility has qualified health workers in the operating theatre.

- 7.14.1. Qualified health workers are available.
- 7.14.2. There is a theatre duty roster for all shifts.
- 7.14.3. Anaesthesia is administered only by qualified personnel.
- 7.14.4. Nurses trained in recovery room care are available until the patient has fully recovered.
- 7.14.5. Anaesthetist supervises the recovery period and authorizes the patient's discharge from the recovery room.

7.15. The facility has adequate facilities, equipment, supplies and medications for safe surgical and anaesthetic care.

- 7.15.1. The design of the theatre provides space for reception, anaesthesia, surgery, recovery and observation of patients.
- 7.15.2. Access to theatre room is controlled.
- 7.15.3. There is either an uninterrupted power supply (UPS) or a battery backup system for the theatre lamp.
- 7.15.4. There is a functional and safe operating theatre table.
- 7.15.5. All equipment is included in the health facility equipment maintenance programme.

7.16. Emergency and protective equipment and supplies are provided in the operating theatre.

- 7.16.1. Emergency resuscitation equipment and supplies are available.
- 7.16.2. Emergency resuscitation equipment and supplies have clearly defined instructions for use.
- 7.16.3. There is a mechanism for summoning assistance in the operating theatre.
- 7.16.4. Hazard or warning notices are displayed.

7.17. The facility has the guidelines and SOPs required for management of safe surgery and anaesthesia.

- 7.17.1. Up to date surgical guidelines and SOPs are available.
- 7.17.2. Anaesthesia guidelines and SOPs are available.
- 7.17.3. An anaesthesia trolley is available.
- 7.17.4. A tracheotomy tray is available.

7.18. Provision of anaesthesia is in line with the guidelines.

- 7.18.1. A pre-anaesthetic assessment of the patient is performed before anaesthesia is administered.
- 7.18.2. The medical assessment is documented before the start of anaesthesia.
- 7.18.3. The patient's psychological status is continuously monitored and recorded during anaesthesia and surgery.
- 7.18.4. Anaesthesia used is documented in the patient's anaesthetic record.

7.19. Surgical procedures conducted in line with the guidelines.

- 7.19.1. The surgical team performs all procedures according to the guidelines.
- 7.19.2. The surgical procedures are documented in the patient's file.

7.20. Patient's post anaesthetic status is monitored and patients discharged from recovery area according to guidelines.

- 7.20.1. Each patient's post-anaesthetic status is monitored.
- 7.20.2. Monitoring findings are documented in the patient's record.
- 7.20.3. Recovery area arrival and discharge times are recorded.
- 7.20.4. Each patient is discharged from the recovery areas according to the guidelines.
- 7.20.5. The signatures of those handing over and those receiving the patient are recorded.

7.21. The facility has a functional Sterilizing Unit to ensure effective sterilizing and disinfection.

- 7.21.1. The design of the sterilizing and disinfecting unit, and lay out of equipment, ensures flow of work from the soiled to the clean side of the unit.
- 7.21.2. There is a washing and decontamination area, with sinks and running water.
- 7.21.3. There is a pre-packaging area with storage facilities for clean materials.
- 7.21.4. There is a storage area for sterile packs with racks that allow for an adequate circulation of air.
- 7.21.5. There is an autoclave(s).
- 7.21.6. Autoclave sterility is tested daily and the test results recorded.
- 7.21.7. The sterility of each pack is shown on indicator tapes that are suited to the process used.

INTENSIVE CARE

7.22. The facility has a functional intensive care unit

- 7.22.1. A clear ICU operational policy
- 7.22.2. A minimum nurse : patient ratio of 1:1
- 7.22.3. An identifiable consultant as director, supported by consultants with allocated intensive care sessions sufficient to provide continuous immediate non-resident availability.
- 7.22.4. 24-hour dedicated on-site cover by medical staff.
- 7.22.5. Nurses have received in-service training or CPD within the last 2 years
- 7.22.6. Equipment to support common organ system failures, in particular, ventilatory, circulatory and renal failure e.g. ventilators, dialysis and haemofiltration machines, traction equipment, monitoring apparatus, infusion pumps and syringe drivers, drip stands, trolleys, blood warmers, portable suction apparatus).
- 7.22.7. Cardiac arrest / emergency trolley / defibrillator
- 7.22.8. Emergency medical equipment airway equipment for tracheostomy, bronchoscopy and thoracotomy, high power torches and spare cylinder spanners.
- 7.22.9. Alarm calls for patients
- 7.22.10. An in-house bleep, a long-distance radiopager for the Consultant on call or a cellphone.
- 7.22.11. ICU procedures such as tracheal suction, care of vascular catheters and extracorporeal circuits, changing of oxygen masks, humidifiers and ventilator circuits, should be agreed and documented.
- 7.22.12. Individual patient records
- 7.22.13. There should be regular, preferably weekly, meetings and discussions amongst the medical, nursing and other professional staff associated with the unit to deal with: management problems and policy in the day-to-day running of the unit, a review of cases and patient management, both within the unit and in conjunction with other departments teaching sessions for nurses, doctors and studies.

MATERNAL AND NEWBORN CARE SERVICES

7.23. All women and their babies receive treatment and care from competent health care professionals.

- 7.23.1. The maternity is staffed with qualified midwives.
- 7.23.2. The midwives have received in-service training or CPD within the last 2 years on any of the following: resuscitation for both mother and infant, newborn examination, providing breastfeeding support and post-natal care.

7.24. There is a qualified health provider available at all times at the maternity.

- 7.24.1. A qualified health worker (midwife, CO or MO) is available 24 hours a day, 7 days a week.
- 7.24.2. There is staff housing near the health facility OR in the unit a duty room is available for staff with sleeping accommodation.

7.25. The maternity ensures an appropriate environment for delivery.

- 7.25.1. Clean, appropriately illuminated, well-ventilated labour, childbirth and neonatal areas and surroundings.
- 7.25.2. The physical environment of the health facility during labour, delivery and immediate postnatal period, allows privacy and the provision of respectful, confidential care, including the availability of curtains, screens, partitions and sufficient bed per client.
- 7.25.3. Up-to-date protocols to ensure privacy and confidentiality for all women and newborns in all aspects of care are available.
- 7.25.4. Adequate number of delivery rooms or areas for the estimated number of births in the service area.
- 7.25.5. The health facility has a dedicated area in the labour and childbirth area for resuscitation of newborns.
- 7.25.6. There is sufficient lighting in the delivery room.
- 7.25.7. The floor in the maternity unit is appropriately covered to allow for easy cleaning (e.g. cement, ceramic tiles or terrazzo).
- 7.25.8. The drainage system allows for easy cleaning and waste disposal.
- 7.25.9. A sluice room with running water is available.
- 7.25.10. A sink is present with running water from a tap or modified storage container.
- 7.25.11. There is a cleaning roster for the maternity unit.

7.26. The maternity has appropriate functional equipment and tools for handling normal delivery.

- 7.26.1. A proper delivery bed is available in the delivery room.
- 7.26.2. A complete sterile delivery set is available in the delivery room.
- 7.26.3. Basic equipment e.g. thermometers, sphygmomanometers, foetal stethoscopes, urine dipsticks, pulse oximeter, vacuum, forceps, incubators, weighing scale, sterile gloves.
- 7.26.4. Diagnostic ultrasound machine and trained health staff who can conduct a basic obstetric ultrasound examination to determine the number of fetuses present, gestational age, prenatal diagnosis of foetal anomalies or early diagnosis of placental insufficiency.
- 7.26.5. Partographs are available in the delivery room.
- 7.26.6. A delivery register is available in the delivery room.
- 7.26.7. Cord ligature is available.

7.27. The maternity has appropriate functional equipment and tools for resuscitation of newborns.

- 7.27.1. A resuscitation table, well-stocked neonatal resuscitation trolley, warmer, suction device, pulse oximeter, laryngoscope) available all times.

7.28. The health facility has supplies and functioning equipment for the emergency care and resuscitation of women.

- 7.28.1. Well-stocked resuscitation trolley, with suction device, pulse oximeter, airways, laryngoscope, endotracheal tubes, adult bag valve masks, infusion sets, intravenous fluids) available in sufficient quantities and ready for use all times.

7.29. The maternity has adequate supplies of medicines and supplies for management of labour and delivery.

- 7.29.1. Antihypertensive agents and magnesium sulfate available in sufficient quantities at all times for the management of women with pre-eclampsia.
- 7.29.2. Uterotonic drugs and supplies for intravenous infusion (syringes, needles, infusion sets, intravenous fluid solutions and blood) available in sufficient quantities at all times for the management of women with postpartum haemorrhage.
- 7.29.3. Antenatal corticosteroids (dexamethasone or betamethasone), antibiotics and magnesium sulfate available in sufficient quantities at all times.
- 7.29.4. First- and second-line injectable antibiotics and other essential medicines available at all times for the management of women and newborns with, or at risk for, infections during labour, childbirth and the early postnatal period.

7.30. The facility has adequate laboratory supplies and tests to support the management of women and newborns.

7.30.1. Essential laboratory supplies and tests (blood glucose, haemoglobin or packed cell volume, blood group and cross-matching, bilirubin, urine protein, full blood count, blood culture, electrolytes, renal and liver function tests, syphilis, HIV, Hepatitis B and malaria rapid diagnostic tests) available in sufficient quantities at all times.

7.31. The facility has the guidelines and standards for management of labour and delivery.

- 7.31.1. Up-to-date guidelines and a standard informed consent form for obtaining informed consent from women before examinations and procedures.
- 7.31.2. SOPs for management of labour and delivery are available.
- 7.31.3. SOPs for managing obstructed labour are available.
- 7.31.4. SOPs for managing PPH are available.
- 7.31.5. SOPs for managing eclampsia are available.
- 7.31.6. SOPs for managing foetal distress (Helping Babies Breathe) are available.
- 7.31.7. SOPs for managing babies exposed to HIV are available.

7.32. Providers give technically appropriate (according to current guidelines and standards) maternity and newborn care services.

- 7.32.1. Health workers are providing technically correct services in monitoring of labor using the partograph.
- 7.32.2. Health workers are providing technically correct services in active management of third stage of labor (AMTSL).
- 7.32.3. Health workers are providing technically correct services in postnatal care.
- 7.32.4. Health workers are providing technically correct services in management of newborns.

7.33. The maternity unit is able to handle common complications of pregnancy and newborns.

- 7.33.1. Oxygen is available in the delivery room.
- 7.33.2. A functional incubator is available in or near the delivery room.
- 7.33.3. A vacuum extractor is available.
- 7.33.4. There is a fully equipped theatre near the labour ward or there is an ambulance for transferring emergencies to a higher level health facility.
- 7.33.5. There is a dedicated recovery room or area for care of women with complications.
- 7.33.6. There is a dedicated ward for admitting sick and unstable small babies.

7.34. The safety of newborn children is ensured by the maternity unit.

7.34.1. Policies and procedures guide the identification of newborn babies.

7.34.2. There are established security systems for protecting newborn babies.

LABORATORY SERVICES

7.35. The facility has qualified health workers in the laboratory.

7.35.1. Laboratory is under management of a qualified health worker according to the staffing norms.

7.35.2. The recommended number of laboratory staffs is in post to meet the service needs.

7.35.3. Continuous in-service training is provided to all staff members.

7.35.4. Records of the training provided are kept.

7.36. The facility has the Laboratory guidelines and SOPs.

7.36.1. Laboratory guidelines are available.

7.36.2. All relevant SOPs available are consistent with MoH /WHO standards.

7.36.3. Laboratory test menu adequate for the level of care displayed.

7.37. The facility has a well equipped laboratory to undertake laboratory investigation based on the facility level.

7.37.1. Sufficient laboratory benches are available for projected activities.

7.37.2. There is either an uninterrupted power supply (UPS) or a battery backup system and/or an automated voltage stabilizer (AVS) for critical equipment.

7.37.3. Equipment to provide services as per Test Menu is available.

7.37.4. All equipment is in good working order (functional).

7.37.5. Equipment are regularly inspected, maintained and calibrated.

7.37.6. Functional referral system for laboratory investigations (named referral centre) in case the health facility does not have the capacity.

7.38. The facility has adequate supplies of laboratory supplies and reagents.

7.38.1. Laboratory supplies/reagents available for test menu provided.

7.38.2. All reagents and solutions are accurately labelled.

7.38.3. All reagents are periodically evaluated for accuracy and results.

7.38.4. Dangerous reagents and chemicals are separately and securely stored.

7.38.5. There is a documented stock management system that keeps track of current stock.

7.38.6. Re-order levels are defined.

7.39. Procedures are followed for collecting, identifying, safely transporting and tracking specimens/samples, and reporting results.

- 7.39.1. SOPs for handling specimens are implemented.
- 7.39.2. Request forms are available and contain relevant information.
- 7.39.3. Specimen labels include unique patient identification and adequate supporting information.
- 7.39.4. Specimens are registered (hand written or digital) legibly and in an organized manner.
- 7.39.5. Established norms and ranges are used to interpret and report clinical laboratory results.
- 7.39.6. Results are registered in a log-book.
- 7.39.7. Laboratory results are stored in a lockable cupboard.

7.40. The facility has an established and functional Laboratory Quality Management System.

- 7.40.1. The Laboratory has a designated – Lab Manager, Lab Quality Officer and Bio-Safety Officer reflected in the Laboratory organogram displayed.
- 7.40.2. At least two of the designated officers (Lab Manager, Quality Officer and Bio-Safety officer) have evidence of having attended at least two SLMTA training sessions.
- 7.40.3. The facility has a current/up to date Quality Manual.
- 7.40.4. The laboratory participated in an external quality control program.
- 7.40.5. The facility has a register of quality control results and of the corrective and preventive actions taken.

7.41. The Laboratory implements infection prevention and control processes.

- 7.41.1. Suitable processes are followed for cleaning and decontaminating laboratory surfaces and equipment.
- 7.41.2. Protective clothing is worn correctly.
- 7.41.3. Post Exposure Prophylaxis policy is implemented.
- 7.41.4. Waste handling, storage and disposal are according to the MoH Health Care Waste Management Guidelines.

DIAGNOSTIC AND IMAGING SERVICES

7.42. The facility provides diagnostic imaging services.

- 7.42.1. Diagnostic imaging services provided for the level of care.
- 7.42.2. Emergency diagnostic imaging services are available after normal hours.
- 7.42.3. Functional referral system (named referral centre) in case the health facility does not have the capacity.
- 7.42.4. A patient register is available.

7.43. Diagnostic imaging services meet applicable local and national standards, laws and regulations.

- 7.43.1. Policies and procedures address compliance with Atomic Energy Agency standards, laws and regulations.
- 7.43.2. There is lead protection in door and windows.
- 7.43.3. A copy of the local ionizing and radiation regulations is available and the requirements are met.
- 7.43.4. A copy of the most recent radiation safety report is available.

7.44. A radiation safety programme is in place, followed and documented.

- 7.44.1. There is an established radiation safety programme that addresses potential safety risks and hazards encountered within or outside the department.
- 7.44.2. Guidelines and procedures on handling and disposal of hazardous materials are available.
- 7.44.3. Radiation safety devices available and used (lead aprons, gonad and thyroid shields, glasses, radiation badges, dosimeter, etc).

7.45. Diagnostic imaging equipment and machines are available.

- 7.45.1. Equipment for the level of care is available.
- 7.45.2. There is an inventory of diagnostic imaging equipment and machines.
- 7.45.3. There is documented evidence that equipment is tested and calibrated in accordance with the national policy / guidelines / SOPs.
- 7.45.4. There is documented evidence that equipment is maintained in accordance with the policy / guidelines / SOPs.

7.46. X-ray film and other supplies are available.

- 7.46.1. Adequate quantities of film, reagents and supplies are available.
- 7.46.2. All reagents and solutions are completely and accurately labelled.
- 7.46.3. Films and reagents are periodically evaluated for accuracy and results (Quality control procedures implemented).

7.47. The facility has qualified staff performing X-ray procedures and interpreting results.

- 7.47.1. A qualified health worker manages the diagnostic and imaging service.
- 7.47.2. There is a duty roster for staff in the unit.
- 7.47.3. X-rays are done upon a signed request form from a qualified medical practitioner.
- 7.47.4. X-rays are interpreted and reported on by appropriately trained personnel.
- 7.47.5. Experts in specialized diagnostic areas are contacted, when needed.

7.48. There is proper reporting and recording of procedures to ensure safety and legality.

- 7.48.1. Imaging request forms contain the patient's name, examination requested, relevant previous examinations and clinical information to explain the request.
- 7.48.2. Diagnostic imaging results are reported on by a qualified person within a time frame that meets clinical needs.
- 7.48.3. X-ray reports contain a clear conclusion (including recommendations for future management of appropriate).
- 7.48.4. X-rays are properly labelled.
- 7.48.5. A copy of the report is filed in the patient's record / file.
- 7.48.6. Films taken are available at each visit of the patient.
- 7.48.7. Length and method of storage of X-ray films is in accordance with the guidelines.

7.49. The health facility has qualified staff to perform ultrasound services and interpret results.

- 7.49.1. A qualified health worker manages the ultrasound service.
- 7.49.2. There is a duty roster for staff in the unit.
- 7.49.3. Ultrasound procedures are performed and interpreted by appropriately trained personnel.
- 7.49.4. Experts in specialized diagnostic areas are contacted, when needed.
- 7.49.5. Quality control procedures are implemented.

MORTUARY SERVICES

7.50. The health facility has functional mortuary services.

- 7.50.1. The health facility has policies and procedures guiding all aspects of preparation, storage, release and transportation of bodies according to the relevant national legislation e.g. National Human Tissue Act.
- 7.50.2. There is suitable infrastructure and equipment for the handling, storage and transportation of bodies.
- 7.50.3. There are trained health workers working with deceased bodies in the safe storage, handling, transportation and release of bodies.
- 7.50.4. Health workers working with deceased bodies have personal protective equipment.
- 7.50.5. A control system, which monitors the movement and release of bodies, including death notifications and related documents.

3.4.8 Client / Patient Centered Care & Safety

Client-centered care and support places service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Client-centered care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Being client centered means health providers communicate in a manner that supports the development of a relationship based on trust. Good communication and the provision of adequate information ensures that service users make informed decisions about their care, including informed decision making to give or refuse consent to treatment.

Good service-user experiences are an important outcome for all healthcare services. Having a robust complaints management process provides service users with the opportunity to express their views when their experiences have not been optimal, and allows service providers to identify areas for service improvement. Good communication is central to successful complaints handling and will assist in minimizing the likelihood of complaints occurring in the first place.

Patient safety practice refers to processes or structures which, when applied, reduce the probability of adverse events resulting from exposure to the health-care system across a range of diseases and procedures. It aims at making service center/site safer for both clients and staff. Therefore, all health-care professionals and institutions have obligations to provide safe and quality health care and to avoid unintentional harm to patients. Should an adverse event occur where a service user is harmed, services have formal arrangements in place to respond to this event and support the service user and their family.

Quality and safety improvement in healthcare includes: the provision of optimum and effective care for service users and proactive identification and management of all aspects of the service that may have the potential to cause harm.

8. Client / Patient Centered Care and Safety

8.1. The facility has a poster with the list of available services, days and time services offered displayed where the clients can see it.

- 8.1.1. A poster with the name and level of the health facility is available.
- 8.1.2. Services provided indicated on the poster.
- 8.1.3. Days and time services are offered indicated.
- 8.1.4. Poster is displayed outside or in the waiting area where the clients can see it.

8.2. The facility has signage (directions) to ensure easy accessibility to services.

- 8.2.1. Well labelled signs to direct patients, visitors and clients to different departments.
- 8.2.2.
- 8.2.3. Signage is in the appropriate and relevant languages of the communities served or uses icons to aid in comprehension.

8.3. Patients and their attendants are received in friendly, empathetic and respectful manner.

- 8.3.1. Health worker direct patients and attendants where to go.
- 8.3.2. Patients and attendants are treated respectfully.
- 8.3.3. Cater for clients with hearing and sight deficiencies.

8.4. The facility operates an organized/orderly patient flow system.

- 8.4.1. Health workers see clients on first-come, first-serve basis. Only extremely sick individuals are given priority over others who are waiting (triage).
- 8.4.2. The facility has an appointment system for follow up or return visits.
- 8.4.3. Clients wait one hour or less after arrival at the health facility before being attended to by a health worker.

8.5. Health workers ensure effective interaction with the clients/patients and their family members.

- 8.5.1. There are materials to encourage communication among patients, families and staff (e.g. flip chart, email, notice boards in patient's room, telephone contact).
- 8.5.2. There is adequate service time for the services offered (contact with clinician of at least 10 minutes).

8.6. The health workers know the health workers and client's rights and responsibilities.

- 8.6.1. There is a Patients' Charter.
- 8.6.2. The health worker is able to identify at least five of the patients' rights.
- 8.6.3. Clients are educated about their rights and responsibilities.
- 8.6.4. Clients' rights and responsibilities in the commonly used language are clearly displayed for clients to see.

8.7. Measures are taken to protect patient privacy.

- 8.7.1. Privacy is protected during all examinations, procedures and treatments.
- 8.7.2. Privacy is protected when providing personal information.
- 8.7.3. Right to privacy is protected for all for all forms of counselling.
- 8.7.4. Procedures to prevent loss or misuse of patient information are implemented.

8.8. Health workers encourage clients to actively discuss any problem or concern about their health and treatment during the visit.

- 8.8.1. Health workers ask clients about their history and problems.
- 8.8.2. Health workers invite clients to ask questions about their illness and the management plan.

8.9. A clearly defined process for obtaining consent is in place.

- 8.9.1. Procedures to guide the health workers in the process of gaining informed consent available.
- 8.9.2. Consent forms are available.
- 8.9.3. Consent is obtained for services / procedures where necessary.

8.10. The facility has a functional client feedback mechanism.

- 8.10.1. The health facility uses sound methodology e.g. Focus Groups, suggestion boxes, complaints desk, satisfaction surveys, community dialogues, to gather meaningful information or feedback from the clients.
- 8.10.2. The facility has a designated person for client feedback management.
- 8.10.3. Patients are made aware of how to raise a concern related to patient safety and/or their care.
- 8.10.4. Complaints and compliments are recorded, evaluated and analysed.
- 8.10.5. Feedback from service users is used to continuously improve the experience for all service users.
- 8.10.6. Clients receive feedback on actions taken.

8.11. The facility has a mechanism for ensuring continuity of care.

- 8.11.1. Patients and families are able to participate in ward rounds where applicable.
- 8.11.2. Opportunities exist for patients and families to meet with multiple members of their health care team (including the nurse and physician) at one time.
- 8.11.3. Plans of care are written and explained in language that patients and families can understand.
- 8.11.4. Tools are provided to patients to help them manage their medications, medical appointments and other health care needs.
- 8.11.5. Health workers reinforce and assess comprehension of information and instructions provided at discharge.

8.12. The facility provides patients / clients access to information regarding their health.

- 8.12.1. A process is in place by which patients and family may request additional information on their diagnosis, treatment options, etc.
- 8.12.2. Patients have access to their medical record while they are being treated, and are assisted by a health care professional in understanding the information contained within.
- 8.12.3. A process is in place to disclose unanticipated outcomes to patients (and family as appropriate).

8.13. Mechanism for family involvement in patient care is in place.

- 8.13.1. Flexible patient/client directed visiting hours are in place for immediate family, and children are permitted to visit (exception for psychiatric facilities, Intensive Care Unit and in cases of communicable diseases).
- 8.13.2. When mutually agreed upon and clinically appropriate, staff encourages families to participate in the emotional, spiritual and physical care and support of the patient/client.
- 8.13.3. Formalized training/education is available for a patient's loved one who may be providing routine care following discharge.
- 8.13.4. Family members are able to remain with the patient during procedures and resuscitation.

8.14. Support the spiritual needs of patients / clients, families and health workers.

- 8.14.1. The spiritual needs of patients/clients, families and staff are supported.
- 8.14.2. Space is available for both quiet contemplation and communal worship.

8.15. Offer integrative medicine (combination of alternative medicine with evidence based medicine) - Treating the "whole person," focusing on wellness and health rather than on treating disease, and emphasizes the patient-physician relationship.

- 8.15.1. Complementary and integrative therapies e.g. acupuncture physical therapy and rehabilitation, heat therapy, aroma therapy, sleep therapy, massage and body works therapy, holistic nutrition counselling, mental health counselling, yoga, wellness exercises, etc, are available based on patient interest and community utilization patterns.
- 8.15.2. Guidelines on integrative therapies are available.
- 8.15.3. At least one health worker in at the respective service delivery points (OPD, RMNCAH, Medical and Surgical Wards, Physiotherapy) received in-service training in the relevant integrative therapy discipline in the last two years.

8.16. The facility implements a coordinated Infection Prevention and Control (IPC) program.

- 8.16.1. Guidelines and SOPs on Infection Prevention and Control (IPC) available.
- 8.16.2. IEC materials (posters) on cleaning and disinfection, hand hygiene, operating and maintaining water, sanitation and hygiene facilities and safe waste management; these are posted in the areas in which the activities are conducted.
- 8.16.3. Regular (at least every 2 years) in-service training on IPC given to all health workers.
- 8.16.4. IPC audit conducted.
- 8.16.5. Hand washing and disinfecting facilities (Soap, water, paper towels or hand sanitizers) are available in all relevant areas.
- 8.16.6. At least one functioning hand hygiene station per 10 beds, with soap and water or alcohol-based hand rubs, in all wards.
- 8.16.7. Health workers constantly reminded of importance of hand washing e.g. posters are displayed.
- 8.16.8. Protective clothing (gloves, masks, aprons, goggles, etc) is available and used correctly.
- 8.16.9. System for reporting on nosocomial infections and notifiable diseases in place.

8.17. The facility has supplies and equipment for IPC.

- 8.17.1. Single use (Auto disabled) needles and syringes available, catheters, gloves.
- 8.17.2. Disinfectants – chlorine solution (e.g. JIK) and other disinfectants are available.
- 8.17.3. Buckets for disinfection are available.
- 8.17.4. Autoclave, oven or chemical sterilants are available.

8.18. The health workers follow correct IPC practices.

- 8.18.1. Health workers are performing proper hand washing according to guidelines.
- 8.18.2. Health workers are performing proper disinfection and sterilization according to IPC guidelines.
- 8.18.3. Health workers are performing proper aseptic practices related to patient care.
- 8.18.4. Health workers are performing safe injection practices.
- 8.18.5. Health workers are performing proper disposal of sharps and needles.

8.19. There is a Health Care Waste Management (HCWM) system for safe handling and storing different types of waste (sharps; biohazard; infectious; toxic; chemical; radiation) at all generation points.

- 8.19.1. Guidelines and SOPs on HCWM are available.
- 8.19.2. SOPs on HCWM are displayed in appropriate places.
- 8.19.3. Regular (at least every 2 years) in-service training on HCWM given to all health workers.
- 8.19.4. There are colour coded bins with liners at all waste generation points (Non-infectious waste (plastic, paper), infectious waste, highly infectious waste, pharmaceutical waste and domestic waste).
- 8.19.5. There are sharps boxes at all generation points.

8.20. The facility has proper disposal facilities (rubbish pit, placenta pit, incinerator, offsite service provider) for refuse and medical wastes.

- 8.20.1. There is a rubbish pit within the compound (possibly a garbage bin in urban settings).
- 8.20.2. The pit (bin) is not overflowing and is properly used (i.e. rubbish is not disposed of anywhere else).
- 8.20.3. There is a functional (i.e. concrete slab on top, air tight seal) placenta pit within the compound (HC III+).
- 8.20.4. There is a functional incinerator (HC IV+).
- 8.20.5. There is appropriate temporary storage of waste for facilities with a provider who regularly collects the waste.

8.21. System for monitoring negative incidents / near misses / adverse events (capture errors, injuries, non-harmful errors, equipment malfunctions, process failures or other hazards).

- 8.21.1. Guidelines on adverse events and medical errors are available.
- 8.21.2. The facility has a Patient Safety Committee.
- 8.21.3. Patients or family are informed of the events and actions taken.
- 8.21.4. The health workers report adverse events and medical errors in line with the guidelines.
- 8.21.5. The data collected are analysed, discussed and recommendations are disseminated.
- 8.21.6. The findings / lessons learnt are used for quality improvement.

8.22. The facility has a system for clinical and Maternal, Perinatal Death reviews (MPDR) /audits.

- 8.22.1. Clinical audit guidelines are available.
- 8.22.2. Clinical audit committee is in place.
- 8.22.3. Clinical audits reports made regularly.
- 8.22.4. MPDR guidelines are available.
- 8.22.5. MPDR Committee is in place.
- 8.22.6. Maternal and Perinatal death notification is done within 24 hours and reviews within 72 hours.
- 8.22.7. MPDR reports made and submitted monthly.

8.23. Management makes provision for occupational health services in accordance with the Occupational safety policy.

- 8.23.1. Occupation safety policy and guidelines are available.
- 8.23.2. First aid kits / materials for health workers are available.
- 8.23.3. Post exposure protocol for health workers is available.
- 8.23.4. Personal Protective Equipment (PPE) and supplies (boots, gloves, aprons/gowns, masks, goggles, ARVs) are available.
- 8.23.5. Health workers make proper use of PPE.
- 8.23.6. Health workers register and follow up accidents and injuries among health workers (e.g. needle/sharp injuries)
- 8.23.7. Record of occupational health illnesses is in place.

3.4.9 Support Services

9. Support Services Standards

9.1. Food service is managed to ensure the provision of safe and effective services.

- 9.1.1. A written agreement is available where the service is outsourced.
- 9.1.2. A suitably qualified or experienced person manages/supervises the service.
- 9.1.3. The responsibilities of the manager / supervisor are defined in writing.
- 9.1.4. There are written policies and procedures to guide personnel in the food service-related aspects.

9.2. There are enough and suitably qualified and competent personnel to provide a safe and effective food service management.

- 9.2.1. Personnel are managed in terms of the employer's policies and procedures relating to job descriptions, orientation and induction, in-service training and staff performance appraisals.
- 9.2.2. Contracted personnel are managed as determined on the written service agreement.
- 9.2.3. The contracted personnel are oriented on relevant organizational policies and procedures.
- 9.2.4. Contracted personnel participate in relevant organizational in-service training programmes (e.g. infection control, health and safety).

9.3. Food service department is designed to allow for the effective storage, preparation and serving of food.

- 9.3.1. The kitchen is designed to allow for effective storage, preparation and serving of food.
- 9.3.2. There is section of the kitchen dedicated to the preparation of infant feeds.
- 9.3.3. There are separate hand-washing facilities in the food preparation area, with soap and paper towels.
- 9.3.4. There is a mechanism for preventing unauthorized individuals from entering the food preparation areas.
- 9.3.5. The temperature, ventilation and humidity levels are adequate to provide for satisfactory working conditions and cleanliness.
- 9.3.6. Windows in the preparation area have fly screens or another effective method of fly control is available.
- 9.3.7. There is adequate lighting in the kitchen.
- 9.3.8. There is a fire extinguisher and a fire blanket in the kitchen.

9.4. Basic hygiene measures are implemented in the food service department.

- 9.4.1. The food service area meets with the health and safety regulations.
- 9.4.2. Equipment, floors, walls and ceilings are kept clean.
- 9.4.3. Personnel are constantly reminded of the importance of effective hand washing (i.e. posters).
- 9.4.4. Preparation surfaces are cleaned and dried between being used for different activities.
- 9.4.5. There are adequate, clean and conveniently placed change rooms, toilets and ablution facilities for food handlers.
- 9.4.6. Food handlers have access to lockers for their outer clothing.
- 9.4.7. Enough suitable refuse containers are provided in or near each change room, hand-washing facility and toilet area.

9.5. Menus are planned to meet patient needs.

- 9.5.1. A suitably qualified and/or experienced person advises on meal development.
- 9.5.2. There is a planned weekly menu suitable for different seasons.
- 9.5.3. Wherever possible, patient food preferences are respected and substitutions made available.
- 9.5.4. Cultural preferences are taken into account.

9.6. Food products and meals are hygienically stored, prepared and served.

- 9.6.1. Foods which are of a potential high risk, unprepared food and prepared items are kept separately.
- 9.6.2. Separate cutting boards are kept for raw and cooked food.
- 9.6.3. Food is kept for a minimum amount of time after cooking and before serving.
- 9.6.4. Food waste is put in covered containers and removed without delay from places where food is prepared.
- 9.6.5. There is a mechanism for ensuring that food handlers report if they or their family suffer from diarrhoea or vomiting, throat infections, skin rashes, boils or other skin lesions, or eye or ear infections.
- 9.6.6. Food handlers wear protective clothing.

9.7. There is a mechanism to ensure that nutrition and hygiene are maintained where food is provided by families or others from outside the health facility.

- 9.7.1. Where families or others provide food, they are educated about the patient's diet limitations.
- 9.7.2. Food is provided at regular intervals.
- 9.7.3. The food provided meets the nutritional requirements of the patient.
- 9.7.4. Hygienic food preparation and serving methods are implemented.

LINEN SERVICE MANAGEMENT

9.8. The linen service is managed to ensure the provision of a safe and effective service.

- 9.8.1. A written agreement is available where the service is outsourced.
- 9.8.2. A suitably qualified and/or experienced person manages/supervises the service.
- 9.8.3. The responsibilities of the manager/supervisor are defined in writing.
- 9.8.4. Written policies / guidelines and procedures are available to guide the personnel in all service-related activities.

9.9. There are enough and suitably qualified and competent personnel to provide a safe and effective linen service management.

- 9.9.1. Personnel are managed in terms of the employer's policies and procedures relating to job descriptions, orientation and induction, in-service training and staff performance appraisals.
- 9.9.2. Contracted personnel are managed as determined on the written service agreement.
- 9.9.3. The contracted personnel are oriented on relevant organizational policies and procedures.
- 9.9.4. Contracted personnel participate in relevant organizational in-service training programmes (e.g. infection control, health and safety).

9.10. The laundry is designed to allow safe and effective processing of laundry.

- 9.10.1. Adequate space to deal with the estimated dry weight of articles to be processed and type of washing equipment.
- 9.10.2. Clear flow of laundry from the soiled to the clean side with no crossover of these lines.
- 9.10.3. Size and number of washing machines are adequate to meet the number of loads per hour, considering peak loads.
- 9.10.4. Ironers/laundry presses are adequate to ensure the processing of laundry items without undue delays.
- 9.10.5. Linen is securely stored.

9.11. Where linen is provided by families or from outside the health facility, there are mechanisms to ensure that mechanisms are in place to prevent and control infections.

- 9.11.1. There are processes that support the patient's right to comfort by provision of bed linen.
- 9.11.2. There are processes to ensure the right of the patient to dignity by provision of appropriate bed clothes.
- 9.11.3. The family or others providing linen are guided on the type of linen that is suitable.
- 9.11.4. Hospital personnel ensure that the family or others provide clean linen on a regular basis.
- 9.11.5. There are processes in place for handling of contaminated linen.

HOUSE KEEPING MANAGEMENT

9.12. Housekeeping service is managed to ensure provision of safe and effective service.

- 9.12.1. A written agreement is available where the service is outsourced.
- 9.12.2. A suitably qualified and/or experienced person manages/supervises the service.
- 9.12.3. The responsibilities of the manager/supervisor are defined in writing.
- 9.12.4. Written policies / guidelines and procedures are available to guide the personnel in all service-related activities.

9.13. There are enough and suitably qualified and competent personnel to provide a safe and effective housekeeping management.

- 9.13.1. Personnel are managed in terms of the employer's policies and procedures relating to job descriptions, orientation and induction, in-service training and staff performance appraisals.
- 9.13.2. Contracted personnel are managed as determined on the written service agreement.
- 9.13.3. The contracted personnel are oriented on relevant organizational policies and procedures.
- 9.13.4. Contracted personnel participate in relevant organizational in-service training programmes (e.g. infection control, health and safety).

9.14. Facilities and equipment are adequate to provide a safe and effective cleaning service.

- 9.14.1. Adequate and secure storage areas are available for equipment and chemicals.
- 9.14.2. Chemicals for cleaning are safely stored out of reach of patients, children and visitors.
- 9.14.3. There is adequate storage place for brooms and mops.
- 9.14.4. Mops and brooms are cleaned and dried before being stored.
- 9.14.5. Cleaning cupboards are adequately ventilated.

9.15. Safe waste disposal takes place according to the infection control program.

- 9.15.1. Waste is segregated in accordance with policies, procedures and local authority by-laws.
- 9.15.2. The colour of bag and type of container appropriate to the type of waste generated are available.
- 9.15.3. Waste is protected from theft, vandalism or scavenging by animals.
- 9.15.4. Waste is collected at appropriate times so that hazards are not caused.

4 Reference Documents

- 1) The Second National Health Policy MoH 2010
- 2) Package of Basic Health Services for Uganda, MoH 1997.
- 3) Guidelines for Establishing and Upgrading Health Facilities, MoH 2010
- 4) Quality Improvement Methods – Manual for Health Workers, MoH 2014
- 5) Support Supervision Guidelines, MoH Uganda, 2000
- 6) The Yellow Star Program Manual, MoH Uganda, 2003
- 7) Safe Care Standards – Basic Health Care Standards, PharmAccess Foundation, 2010