THE REPUBLIC OF UGANDA
Ministry of Health

Self-Regulatory Quality Improvement System (SQIS):

Tool for Quality Improvement in the private sector, Uganda

3rd Edition

February 2017

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Foreword

The Health Sector Strategic and Investment Plan (2010/11 – 2014/15) focuses on achieving universal coverage with quality health, and health related services through one of the strategic objectives; "To accelerate quality and safety improvements for health and health services through implementation of identified interventions." Further, the National Quality Improvement Framework and Strategic Plan for the Ministry of Health (MoH) provides a common framework for all public and private health institutions, partners and stakeholders to coordinate, plan, mobilize resources, implement, monitor and evaluate quality improvement initiatives in Uganda in order to "ensure provision of high quality health services and contribute to the attainment of good quality of life and well-being at all levels of health care."

The MoH has developed standards and guidelines and the mechanisms for technical supervision and monitoring of health care provided by public and private-not-for-profit health facilities. Although these standards cut across the public and private sector, enforcement in the private-for-profit facilities is still lagging behind. A number of professional regulatory bodies set up by the Government of Uganda (GoU) are mandated to ensure the enforcement, observance and adherence to professional standards, codes of conduct and ethics in privately run health facilities. They include a) Uganda Medical and Dental Practitioners Council (UMDPC), b) Uganda Nurses and Midwives Council (UNMC), c) Uganda Allied Health Professional Council (AHPC), and d) Uganda Pharmacy Council.

This tool has been developed to support the MoH and these professional councils in their quest to improve the quality of health care services.

I wish to express my appreciation to all those that have participated in the development of this tool, specifically the USAID/Uganda Private Health Support Program, Uganda Healthcare Federation (UHF) and the professional councils mentioned above. I look forward to the operationalization of this quality improvement initiative towards attainment of our national and international health goals.

For God and My Country.

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MINISTER OF STATE FOR HEALTH (GENERAL DUTIES)

Acknowledgments

List of Acronyms

ANC	Antenatal Care
CPD	Continuing Professional Development
DHMT	District Health Management Team
DHO	District Health Officer
FEFO	First Expiry First Out
FIFO	First In First Out
HIV/AIDS	Human Immune Virus/ Acquired Immuno-Deficiency Syndrome
HC	Health Centre
HMIS	Health Management Information System
HRM	Human Resources Manual
IFC	International Finance Corporation (of the World Bank)
IMCI	Integrated Management of Childhood Illnesses
IPC	Infection Prevention and Control
IR	Imaging and Radiology
KCCA	Kampala City Council Authority
KHF	Kenya Healthcare Federation
LG	Local Government
MDG	Millennium Development Goals
MOH	Ministry of Health
MTSL	Managing Third Stage of Labour
NCD	Non- Communicable Diseases
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
OHS	Occupational Health and Safety
OJT	On-the Job-Training
QIT	Quality Improvement Team
PEP	Post Exposure Prophylaxis
PFP	Private-For-Profit
PNC	Post-Natal Care
PNFP	Private-Not-For-Profit
PPE	Personal Protective Equipment
PPPP	Public Private Partnership Policy
RTIP	Recommendation Tracking Implementation Plan
SOP	Standard Operating Procedures
SQIS	Self-Regulatory Quality Improvement System
STD	Sexually Transmitted Diseases
TB	Tuberculosis
UMDPC	Uganda Medical and Dental Practitioners Council
USAID	United States Agency for International Development
UHF	Uganda Healthcare Federation

1. Background

In Uganda, as is the case in most Sub-Saharan countries, the private health sector has and continues to be a key player in the provision of health care. According to a World Bank report, Uganda's per capita health expenditure in 2010 amounted to US $27.80 of which the private sector accounted for almost 70%. It is therefore important to ensure that this sector offers quality health care.

In the past, the Ministry of Health (MoH) did not fully recognize the role of private sector but this has now been addressed by the development of the National Policy on Public Private Partnership in Health PPPH, 2012. This document provides guidance to mainstreaming, establishing, implementing, coordinating, monitoring and evaluating partnerships between the Government of Uganda (GOU) and the private health sector within the existing laws, policies and plans.

The national health system in Uganda is comprised of both the public and private health sectors. Both sectors operate within the National Health Policy and Strategic Plans. The private sector is quite diverse in nature with respect to facility size/level of care, ownership, type and range of services offered for both the private not-for-profit (PNFP) and private for-profit (PFP) or private health providers (PHP) categories (see Figure 1).

Irrespective of these differences, they are required to comply with the minimum standard of care as spelt out by the MoH, whose mission statement is: "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".

Figure 1: Landscape of Key Actors in Uganda National Health System
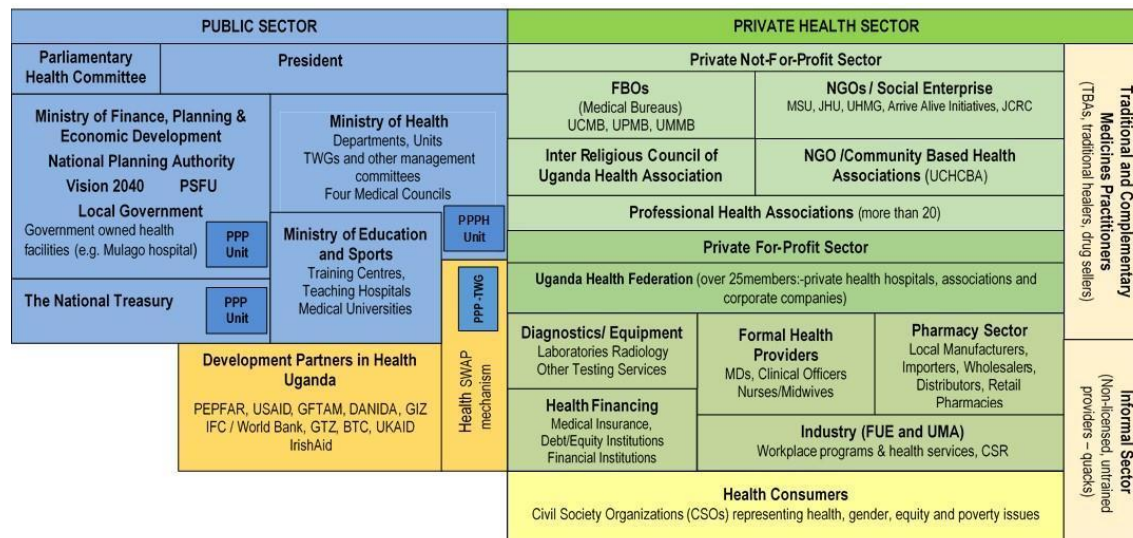
1.1. Policy Framework Supporting Quality in Uganda

The overall goal of the health sector is "the attainment of good standard of health by all people in Uganda in order to promote a healthy and productive life". Further, the 2nd National Health Policy 2010, whose theme is; "Promoting people's health to enhance socio- economic development", lists several components supporting quality of care" aims to:

a) Strengthen relevant institutions including National Drug Authority (NDA) and Professional Councils to develop and enforce health and related regulations;

b) Support and implement an effective regulatory environment that will enforce existing legislation and policies including inspection by regulatory bodies and ensure that high quality services are provided; and

c) Support development of an effective regulatory environment and mechanisms for clients who seek redress for poor services.

The MoH has developed a number of standards and guidelines that if implemented, can ensure delivery of quality health services at all levels. These cover several broad areas such as infrastructure, human resources, planning, supervision, clinical care, infection control, governance and client-provider interaction. Others are specific for the kind of services offered e.g. Malaria, TB, HIV/AIDS, Reproductive Health, laboratory and other diagnostics services, and other components of the Minimum Health Care Package. These standards apply to all service providers – both public and private alike.

1.2. Quality Institutional Framework

The MoH, through its Quality Assurance Department and technical programs, as well as Local Governments (LGs) and District Health Offices (DHOs) are all mandated to carry out integrated and technical supportive supervision and monitoring of the public and private sectors to ensure adherence to the standards and guidelines.

In addition to this there are professional regulatory bodies set up by GOU with the purpose of ensuring quality among health professionals. These bodies include:

1. Uganda Medical and Dental Practitioners Council
2. Uganda Nurses and Midwives Council
3. Uganda Allied Health Professional Council
4. Uganda Pharmacy Council

Figure 2: Quality Institutional Framework
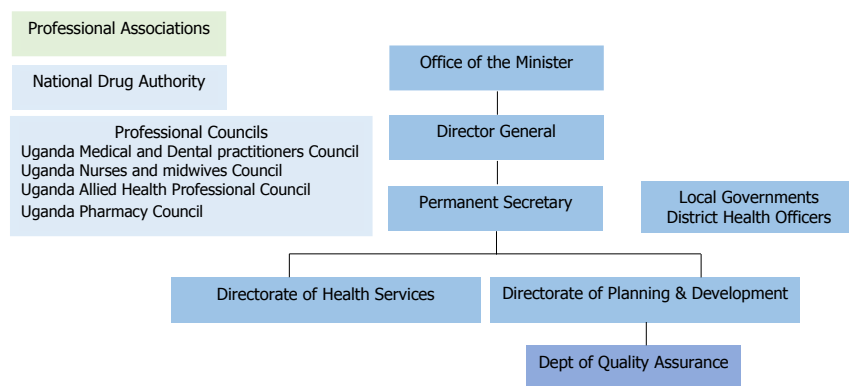
The professional regulatory bodies mandate includes: setting professional standards, establishing codes of conduct and ethics and ensuring adherence and enforcement to these standards and codes. As an example, the statute of the UMDPC states its roles as:

a) To monitor and exercise general supervision and control over and maintenance of professional and dental educational standards, including continuing professional development.
b) To promote the maintenance of professional medical and dental ethics.
c) To exercise disciplinary control over medical and dental practitioners
d) To exercise general supervision of medical and dental practice at all levels.
e) To protect society from abuse of medical and dental care and research on human beings.
f) To advise and make recommendations to government on matters relating to the medical and dental profession.
g) To exercise any power and perform any duty authorized or required by this act or any other laws.

The councils have instituted a Joint Inspection Body that works to ensure compliance with the set standards across all health care providers. They have developed a set of guidelines that helps in this exercise. They are assisted in this by input from various professional associations and the DHOs.

1.3. Challenges in Quality

Despite these efforts, there are still weaknesses in enforcing the standards of care by the MoH and LGs, and the professional standards, codes of conduct and ethics by the regulatory bodies. The MoH and LGs (DHOs) tend to focus on periodic supervision of public and PNFP health facilities, leaving out the PFP facilities. The current supervision mechanism is ineffective as a result of the growing number of districts and clinics, inadequate human resources to keep pace, resulting in irregular and superficial supervision visits and limited follow-up on findings and recommendations.

The regulatory bodies, which tend to focus mostly on the private health facilities, are equally constrained by a small work force, inadequate funding, large number of health facilities, and limitations imposed by the statutes. The statutes in their current form do not give regulatory councils sufficient muscle to enforce sanctions on those who do not meet the standards. In addition, licensing at the point-of-entry into the health market does not provide adequate guarantee to continued maintenance of standards over the period of operation.

The constraints sited have resulted in the deterioration of the quality of services throughout the health system. To address these challenges, there are government plans underway to develop a comprehensive supervision mechanism for the MoH as well as a review of the statues governing the professional bodies to bring them up-to-date with the prevailing circumstances.

However, these initiatives are protracted processes and may take years to complete. Moreover, they focus primarily on public health facilities. Yet improving the quality of care in the private sector is urgent. In an effort to address these inadequacies in the health system, some private medical businesses have instituted accreditation and other quality improvement interventions in their facilities. Though a good first step,

these interventions are not standardized for the entire private health sector, leaving large segments unregulated and unsupervised.

1.4. Way Forward

The private sector needs support to urgently address the current gaps in quality. The Organization of Economic Cooperation and Development (OECD) countries with well-functioning systems monitoring quality rely on self-regulation to address quality in the private health sector. Similar arrangements are already operational in other African countries such as Zimbabwe and Kenya.

Public and private health sector groups have come together to develop a Self-Regulatory Quality Improvement System (SQIS) for the Uganda health context. This system is complementary to the current regulatory and supervision system and builds on available institutions with a view to make it more efficient and effective.

The document is arranged in 6 (six) sections. Section 1 of this document offers an introduction to the SQIS. The SQIS is a simple, easy-to-use tool that users can quickly see the benefits it offers to their facility as well as to their clients. Section 2 presents the methodology used to develop the SQIS. Important to note is that the SQIS has been designed and is owned by all key stakeholders in the Ugandan health system, which should facilitate its implementation. Section 3 describes the SQIS tool: how it is organized, how to apply it, and how it calculates the scores. Section 4 presents how to use the tool to address quality gaps, monitor progress in closing these gaps and continue to keep an eye to ensure that quality is maintained.

Section 5 is the tool itself, and Section 6 is the list of appendices.

2. Methodology

The process to develop the SQIS standards and system was carried out in three phases. **Phase One** brought together key stakeholders to form a Technical Working Group (TWG) composed of key persons from the MoH, Regulatory Councils, Professional Health Associations and Association representing private health providers (see Appendix A). The TWG held discussions to build consensus on and obtain input into the conceptual framework and design approach.

In this phase, the TWG reviewed several relevant documents that included policies, statutes, strategies, guidelines/standards, checklists and Standard Operating Procedures (see Appendix B) in order to develop the harmonized standards for the SQIS. The systematic review identified each document's contribution to a quality input, process and outcome in a specific health area. Table 1 is an example of the documentary analysis developed for the standards for emergency care.

During this consultative phase, the TWG observed that the MoH and other relevant authorities have a wealth of documents related to standards and quality. The problem is not a lack of documents but their utilization. Deliberate attempts were made therefore to develop guidelines and tools that are easy to use.

Phase Two involved piloting the draft SQIS tools in thirty six (36) clinics within Kampala Capital City Authority (KCCA).

After the pilot of the SQIS in KCCA, the TWG presented the draft standards to a large group of stakeholders. The stakeholders made comments, offered their input and recommended piloting the SQIS standards and tool outside of Kampala. Sixteen (16) districts were chosen to represent the 8 regions of Uganda (see map).

Table 1: Systems Analysis Approach

Input	Process	Output/outcome	Means of verification
Equipment for handling emergencies	Staff know and demonstrates use of various equipment	Well maintained and functioning equipment	Check list and observation
Guidelines for handling emergencies	Guidelines are being used to handle different emergencies	Emergencies handled and where facility inadequate, referred to next level	Check list and observation

Competent personnel to handle emergencies	Staff demonstrates or describes how to handle various emergencies	Emergencies competently handled or referred	Check list and observation

In each of the districts, four clinics applied the SQIS, making a total of 64 clinics. This brings the total number to about one hundred (100) facilities that were involved in testing the SQIS. (See full list of participating clinics in Appendix A).

In Phase Three, a small group from the TWG Working Group travelled to Kenya to conduct a benchmark analysis. They visited and interacted with private clinics applying similar tools, they held discussions with officials from regulatory bodies (medical, dental, nursing, Atomic Agency), Kenya Healthcare Federation, World Bank and PharmAccess International. They also reviewed the other international examples of self- assessment tools, such as SafeCare and the Kenyan Joint Inspection tool. The findings were incorporated to produce the final document.

3. Self-Regulatory Quality Improvement System

3.1. Introduction to SQIS

The SQIS allows private providers to easily assess quality of their facility and services offered and to develop action plans to address the gaps identified. The SQIS standards are not meant as a tool for fault finding but as a mirror that will help identify gaps in service provision. One assumes that improved quality, on the supply side, will increase efficiency and effectiveness of care. On the demand side, quality services lead to greater client satisfaction, increased use of services, and better adherence to recommended treatment.

The SQIS has the following attributes:

- ✓ Robust
- ✓ Valid
- ✓ Comprehensive
- ✓ Measurable
- ✓ Acceptable
- ✓ Sustainable

Private providers and facilities were consulted extensively to ensure the SQIS is easy-to-use and understandable by this target group. The SQIS is flexible enough to be applied to a wide spectrum of service delivery areas and in different facility settings. When applied correctly and persistently, the SQIS is designed to help private providers address gaps and improve quality of care. The SQIS answers, amongst others, the following questions:

- What standards and guidelines are available?
- How frequently are they applied?
- How is their use monitored and documented?
- What avenues are available for providing feedback?
- What bottlenecks affect their applications?

3.2. Quality Defined

Perception of quality varies from person to person or whether it is from the provider's or the client's perspective. The SQIS defines the provision of quality care as "doing the right thing, right, at the right time all the time". Or simply put, performance according to standards. One has to address all aspects of quality (see Text Box 1) to bring about quality improvement in a facility.

Text Box 1. Ten Dimensions of Quality

- **Client- centered care** - ensuring that the client has access care at all times. The question to ask frequently is "How does this benefit the client?"
- **Access** - when needed, the services are available and reachable as determined by location, time and health care providers
- **Continuity** - having initiated a program of care this shall be followed un-interrupted through to completion
- **Safety** - the services that are delivered is done in a manner that minimizes risk and harm to the client, relatives and service providers.
- **Competence** - the persons providing care should have the required knowledge, skills and competence to do so. Non-adherence to this will lead to poor work done and present a risk to the users of services provided
- **Effectiveness** - the service provided, while adhering to the recommended guidelines, will achieve the required outcomes
- **Efficiency** - the service delivered will maximize the use of available resources while minimizing waste
- **Equity** - delivering care which does not vary in quality because of sex, age, status, or geographical location
- **Interpersonal relationship** - this defines how the health care provider interacts with patients, relatives, community and fellow workers
- **Choice** - this is to ensure that the client can exercise choice as to what services to take and who will provide that service, unhindered by external influences

3.3. Organization of the SQIS

The SQIS sets the basic quality standards that each facility has to meet whatever the size and type of services provided. Please note that not all the standards may apply to one's facility and depends on the size and complexity of services offered. Although generic in nature, the SQIS is deliberately detailed to allow the user an in-depth check of the prevailing standards of care.

The tool is organized in sixteen (16) service areas as illustrated in Text Box 2. The TWG identified these areas from the reports generated during supervisory visits, because they have the greatest bearing on provision of quality services.

Text Box 2. SQIS Tool's Service Areas

1. Facility Governance, Leadership and Management
2. Human Resource Management and Development
3. Occupational Health and Safety
4. Infrastructure and Amenities
5. Health Promotion and Education
6. Essential Care
7. Maternity services
8. Theatre
9. Infection Prevention and Control
10. Client-Provider Interactions
11. Equipment
12. Laboratory Services
13. Medicines and health supplies
14. Records
15. Imaging and Radiology (IR) Unit
16. Mortuary

Figure 3 offers a snap shot of one of the standards for the service area on Infrastructure.

- The first column is standard for a service area or domain. The standards are stated in the form of **Questions**. For example, in the Infrastructure area, there are ten questions listed (4.1 to 4.10). The first question is (4.1) "Is the physical structure, design and layout of the facility in line with the approved standards?"
- The second column is the **Operational**

Definition which details the criteria one needs to satisfy in order to meet the standard. In this example, there are four criteria (a, b, c, d).
- The third column focuses on **Means of Verification** to determine that the criteria have been met. These Infrastructure standards have three means of verification: inspection and observation to be carried out during supportive supervision.
- The fourth column is the **Frequency** needed to verify adherence. Continuing with the infrastructure example, (4.1) observing the physical design and layout should be conducted bi-annually.
- The fifth column is used to input one's **Score.** The response to the standard questions is either a **"yes"** or **"no"**. The user scores **"1"** for **"yes"** and **"0"** for **"no."**
- The last column is left for any comments that one wants to make, for example stating why the standard has not been met.

3.4. SQIS Use

The SQIS is designed for individuals to make self- assessments of their performance and work environment. Only take the assessment for the number of areas that are relevant to one's scope of practice and facility level. One does not have to complete the self-assessment in one sitting; it can be completed over several days. Based on the findings during the pilot, it takes approximately 3 hours to complete all 16 service areas.

To take full advantage of the SQIS tool, it is recommended that one conducts self-assessment on a regular basis. At a minimum, conduct the exercise twice a year, but preferably it should be done four times a year. Set a specific timetable with a clear schedule to carry out the exercise.

Figure 3. Picture of SQIS Tool's Domain for Infrastructure

4.	INFRASTRUCTURE						Score Yes=1 No = 0	
	Standard			Operational Definition	Means of Verification	Frequency		Comments
4.1	Is the physical structure, design and layout of the facility in line with the approved standards?		a	The physical structure, design and layout of the facility is in line with the approved standards for the level of care	Observation	Bi-annually	1	
			b	Space available is sufficient for the range of services offered			1	
			c	The facility is located in a safe and quiet environment for proper healing			1	
			d	There is provision for access for the disabled			1	
4.2	Is the health facility external environment clean and protected?		a	The health facility is fenced off	Inspection	Annually	1	
			b	Paving or growing of grass to avoid bare ground			1	
			c	Grass is cut short / paving well maintained with clear pathways.		Weekly	1	
			d	Compound is clean and free of litter.			1	
			e	There are dust bins in appropriate places.			1	

Once the self-assessment is completed and scored, ideally one should share the information collected with the entire team at the facility. At this meeting, everyone can discuss what they learned from their self-assessment, brainstorm on possible strategies to improve the scores, and design interventions that will significantly improve quality of care.

Suggested frequency of use and scoring:

1. For health facility staff: as often as indicated in the tool. Scores to be shared at team meetings, not submitted online.

2. Health facility leadership: as often as possible but at least once every quarter. Scores to be submitted into online database.

3. External supervision: at least twice a year, once in February and once in August. Scores to be submitted into online database.

Quality improvement is not an event but a continuous process. It is therefore expected that these standards will be incorporated into a system of regular self-evaluation and an overall continuous quality improvement process using other quality improvement tools e.g. those described in Section 4.

Table 2. Weightings for Each Domain	
Domain	**%**
1. Facility Governance, Management	5
2. Human Resource Management and	4
3. Occupational Health and Safety	3
4. Infrastructure and Amenities	6
5. Health Promotion and Education	3
6. Essential Care	20
7. Maternity services	6
8. Theatre	4
9. Infection Prevention and Control	18
10. Client-Provider Interactions	4
11. Equipment	4
12. Laboratory Services	4
13. Medicines and health supplies	9
14. Records	5
15. Imaging and Radiology (IR) Unit	3
16. Mortuary	2
Total	**100**

3.5. Scoring System

The self–assessment exercise is meant to help identify areas of weakness that one can address. To be effective, it is important to be honest when assigning scores.

Table 2 shows the weighting for each of the domains. The criteria used in assigning weight are: contribution to care of the patients and potential risk to the clients and its impact on quality of health care. The weight is expressed as a percentage of the total. This weighting was determined through a process of Nominal Group Technique (NGT). For example, the area of Essential Care is given 20% followed by Infection Prevention and control at 18%. The SQIS tool automatically assigns a value for each response. For a "yes" response, the tool assigns a score of (1), for a "no" response the score is zero (0). Each domain is given an individual score. For example, the Essential Care domain has 51 criteria. This domain represents 20% of the total score for the SQIS tool. If the total score obtained for this domain is 25, then the percentage score for Essential care will be 7.8 i.e. (20/51 x 20).

The SQIS tool calculates a score for each domain upon its completion. At the end of the assessment, different domain scores are summed up to produce an overall score.

3.6. Interpretation of Score

While the total score is important in indicating the overall level of strength/weakness, the SQIS places greater emphasis on the individual scores for each domain. There is no "pass" or "fail" score but a score of zero indicates a quality gap and requires attention. The purpose of scoring is to identify gaps across the spectrum of domains and to design strategies to address these gaps. However, the overall score helps facilities to track progress on quality improvement and also provides basis for comparison with other facilities. Regulatory authorities can use the SQIS total score to benchmark quality and to compare and rank facilities.

4. Quality Improvement

4.1 QI Process

Now that the self-assessment is completed and scored, the next step is to embark on a process to close the gap(s).

Experience has shown that no matter the size of the facility, forming a "quality team" is an important first step. The team is responsible for setting the schedule for applying the SQIS tool, ensuring that all staff adhere to the schedule, and convening meetings to discuss the SQIS scores and identify interventions. Most importantly, the quality team is responsible for monitoring the facilities' progress in improving quality both in specific domains as well as overall.

The application of the SQIS will reveal a number of gaps that require attention. Some of these gaps are easy and quick to fix. For example if the facility does not have an operational license, which is a major gap, this can quickly and effectively be addressed by applying for and getting the license. Or if certain guidelines are missing, one can acquire them from a known source such as the DHO.

On the other hand, some gaps require more effort and resources, in which case team work is required. In this case, the quality team has to prioritize which gap to close first.

A literature review of the various QI methodologies indicates that although the presentation of various modern QI methodologies seems different, the content and basic principles are very similar and in most cases complement each other.

The MoH's Quality Improvement Framework and Strategic Plan 2010/11-2014/15 recommends that districts and partners

involved in QI shall implement evidence based targeted QI models and interventions which apply the principle of iterative cycle of improvement – Plan, Do, Study, Act (PDSA cycles) - see Figure 1.

Figure 1: Continuous Cycle of Quality Improvement using PDSA
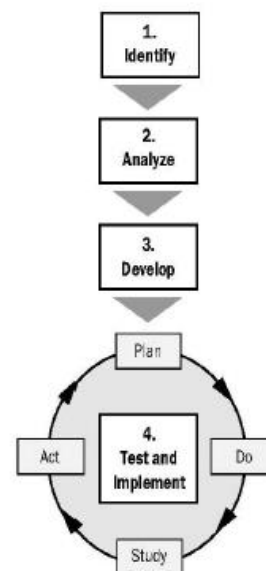
Source: Massoud, R., et al. 2001. A Modern Paradigm for Improving Healthcare Quality.

The MoH also recommends that initiation of QI interventions in health facilities should start with the 5S (Sort, Set, Shine, Standardize, and Sustain), Continuous Quality Improvement (CQI)/Total Quality Management (TQM) methodology, which will set the best stage for health personnel to make maximal use of their skills and knowledge. MoH recommends the 5S method as the foundation for all QI initiatives in the country. Any other QI methodology can then be applied. The QI imitative should however have the following

attributes:

- apply the principle of an iterative cycle of improvements; apply systematic assessment of service delivery processes;
- use data measurement and statistics in daily work;
- recognize the organizational dimension of improvement;
- recognize the need for commitment from leadership as well as active engagement of frontline clinical staff; and
- mobilize the resources and staff to implement the intervention(s).

One such QI methodology uses the Performance Improvement (PI) Framework which is described below.
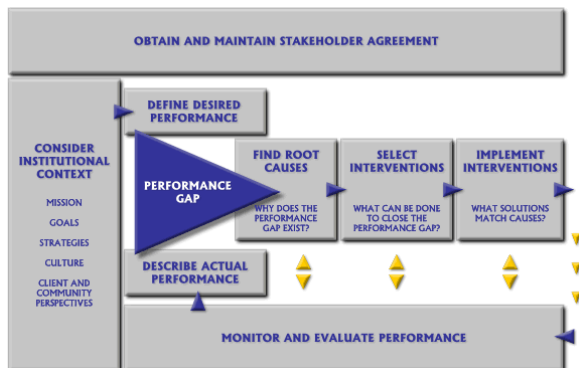
- **Step 1:** Defining the gaps areas. This will be defined stating its impact on provision of quality service, magnitude and frequency of occurrence.
- **Step 2:** Conducting a root cause analysis. This will be done using the fish-bone method or the Why-Why technique (see Appendix F).
- **Step 3:** Brainstorming to identify possible interventions to address the root cause of the quality gap. The

team will use a prioritization matrix to identify which interventions to be carried out (see Appendix D).
- **Step 4:** Designing the appropriate intervention to address the gap (see Appendix E for a worksheet).
- **Step 5:** Mobilizing the resources and staff to implement the intervention(s).
- **Step 6:** Continuous monitoring and evaluation of the process and the improvements in quality of care. This involves monitoring and evaluating every step mentioned above.

The key to any quality improvement is a) a vigilant monitoring progress in closing the gap and b) institutionalizing these changes so that the root cause for the quality gap does not return.

4.2. Expected Outcomes

Expected outcomes in using the SQIS include:

- Improved understanding of quality of care.
- Improved quality of services offered.
- Reduced risk to those accessing care.
- Increased client satisfaction.
- Increased use of the facility.
- Improved work environment for the care-givers.
- Reduced wastage of resources.
- Increased income to the facility.
- Improved individual health outcome.
- Improved health status of the community   served

5. SQIS Standards for Quality Improvement

SERVICE STANDARDS FOR THE SELF-REGULATORY QUALITY IMPROVEMENT SYSTEM (SQIS)

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
1.	**GOVERNANCE, LEADERSHIP & MANAGEMENT**						
1.1	Does the health facility have the mission and vision statements which are displayed where all clients can see them?	a	A poster with the mission and vision statements, in a language understood by clients is displayed area where the clients can see it.	Observation	Annually		
1.2	Does the health unit management committee or facility management team meet once every quarter	a	Minutes of meetings conducted during the last quarter are available at the facility. (For NGO facilities, available minutes should match the established frequency of Board meetings, for instance twice a year).	Review minutes	Quarterly		
1.3	Does the health facility have a functional Quality Improvement Team (QIT)?	a	A QIT exists in the facility	Review QIT meeting minutes	Quarterly		
		b	Minutes of QIT meetings conducted during the last quarter are available at the facility.				
		c	Self-assessment on the quality of care in the health facility has been conducted at least once in the past quarter				
1.4	Does the facility have a comprehensive work plan and budget,	a	A current and comprehensive work plan and budget (with expected sources of funds) is	Observation of work plan	Annually		

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
	drawn according to organizational guidelines and addressing the priority health interventions in line with MOH policy? (The plan should indicate all sources of revenue e.g. conditional grant, delegated funds, local district revenue, user fees, donor contributions etc.).		available at the facility.				
		b	The work plan and budget includes the following; outreach activities, repair of health infrastructure, procurement of medicines and health supplies, purchase of simple / basic equipment, repair of faulty equipment, Continuing Professional Development				
1.5	Does the health facility have and use the financial guidelines, e.g. guidelines on use of delegated funds for hospitals (where applicable); MOU, financial management guidelines?	a	Appropriate financial management guidelines are available	Observation	Annually		
		b	All cash books are posted up to date		Monthly		
		c	Monthly returns are compiled on time				
1.6	Does the health facility have alternative financing mechanisms e.g. health tax, grants, user fees or health insurance?	a	Alternative financing mechanism in place	Observation	Annually		
		b	Guidelines for the mechanism are available				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
1.7	Does the facility have a manager with the education and experience to carry out his or her responsibilities?	a	The facility manager position has been filled for the past year with a clear job description	Review HR / Personnel Files	Annually		
		b	The facility manager has the education and experience to carry out his or her responsibilities				
1.8	Is there a designated personnel member responsible for compiling and indexing policies and procedures, and ensuring their circulation, recall and review?	a	A designated personnel member is responsible for compiling and indexing policies and procedures, and ensuring their circulation, recall and review	Review of Documents / Document Lists	Quarterly		
		b	There is evidence of indexed policies				
1.9	Does the facility have an asset register, which is routinely updated?	a	There is an asset register, which is routinely maintained	Observation of register	Annually		
		b	The assets register is updated annually				
1.10	Is there is an effective system for invoicing and billing patients for healthcare services rendered, which includes checks and balances?	a	There is a system for invoicing and billing patients for healthcare services rendered	Observation	Quarterly		
		b	There is evidence of checks and balances e.g. separation of financial responsibilities				
1.11	Are the charges for services rendered displayed on public notice boards?	a	Charges are displayed on public notice boards	Observation	Quarterly		
		b	Criteria for exemption is communicated				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
1.12	Is there a system for ensuring that goods and supplies are ordered, available, correctly stored and distributed?	a	A procurement system is in place indicating what to order, how much and when to order	Inspection	Quarterly		
		b	There is a system for monitoring the quality of goods delivered				
		c	Secure adequate storage facilities for general goods are available				
		d	There is a requisition and issue system for goods				
1.13	Is technical supervision carried out within the facility?	a	Technical supervision (internal) is carried out	Review supervision book	Monthly		
		b	Supervision findings and recommendations are recorded				
		c	Feedback is given during and after supervision				
		d	There is evidence of follow up and actions on supervision recommendations				
1.14	Does the facility have a system for obtaining feedback from the clients?	a	There is a suggestion box with stationary or other system/method of obtaining feedback from the users of the facility e.g. client satisfaction surveys, community	Inspection of complaint / compliment record book Observation of exit interview reports	Quarterly		
		b	Feedback is analyzed and action taken communicated to clients				
	Actual Score						
	Total					32	
	% Score						

		STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
2.		**HUMAN RESOURCE MANAGEMENT**						
2.1		Do all professional staff have up to date professional certificates at the facility?	a	All professional staff have up to date professional certificates	Inspection	Annually		
			b	All professional staff have up to date practicing licenses				
			c	Copies of professional certificates for all staff are available at the facility				
2.2		Does the health facility have qualified staff?	a	Qualified staff exist for the services offered	Observation of staff list	Annually		
			b	Staffing level is up to at least 75% of the recommended minimum staffing norms for the facility				
2.3		Does the health facility have policies/guidelines on HR Management (HR Manual)?	a	The health facility has policies/guidelines HR Management (HR Manual)	Inspection	Annually		
2.4		Do staffs register arrival and departure times?	a	An arrival and departure register is available	Inspection of arrival register	Weekly		
			b	All staff register arrival and departure times				
			c	The register is reviewed during weekly staff meetings				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
2.5	Does the facility have plans and schedules for Continuing Professional Development (CPD) e.g. refresher courses, clinical meetings, reading materials, and On Job Training (OJT)?	a	A CPD plan exists and is followed.	Inspection	Quarterly		
		b	A training data base exists and is up to date				
		c	All clinical providers have an up-to-date CME booklet				
2.6	Do all members of staff have appointment letters with written job descriptions?	a	All staff have appointment letters	Record review	Annually		
		b	All staff have written job descriptions, which defines their responsibilities				
2.7	Does the facility provide staff welfare e.g. resting rooms, meals, meetings, leave, etc?	a	There is a resting room for staff on duty	Observation	Observation/ Review meeting minutes		
		b	Health facility provides meals for staff on duty				
		c	There are regular monthly staff meetings that address staff welfare				
		d	Staff report they have been given a leave periods in the past year				
2.8	Is there a system for staff appraisal?	a	There is a record of staff appraisal for the previous year	Review of records Interview staff	Annually		
		b	Staff understand the appraisal process				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
2.9	Is the facility registered by appropriate Regulatory Council?	a	The facility is registered by appropriate Council	Inspection	Annually		
		b	A copy of the relevant registration certificate (s) is displayed				
2.10	Does the facility have a copy of the document spelling out the Code of conduct by health professionals?	a	A copy of the Code of professional ethics and conduct is available	Inspection	Quarterly		
2.11	Does the facility have a functional Rewards and Sanctions (Disciplinary) Committee?	a	The facility has a Reward and Sanctions Committee	Review minutes	Quarterly		
		b	There is evidence (meeting notes) of committee meetings				
2.12	Do the members of staff know what constitutes professional misconduct?	a	Staff provide evidence of knowledge of professional conduct and misconduct	Interviews	Quarterly		
		b	Staff give examples of professional misconduct				
2.13	Does staff understand the consequences of professional misconduct?	a	Staff can give examples of sanctions applied to professional misconduct	Interviews	Quarterly		
	Actual Score						
	Total					28	
	% Score						

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
3.	**OCCUPATIONAL HEALTH AND SAFETY**						
3.1	Does the facility have occupational health and safety policy and guideline?	a	Availability of Occupation Health and Safety (OHS) policy and guidelines	Inspection

Interview | Annually | | |
		b	Staff are aware and knowledgeable about the occupational safety policy and guidelines				
		c	A post exposure protocol for health workers is available e.g. for HIV/AIDS, haemorrhagic fever				
3.2	Are providers compliant with OHS guidelines regarding accidents and occupational illnesses?	a	There is a record of work accidents	Review records	Quarterly		
		b	There is a record of occupational illnesses including accidents and injuries among health workers (e.g. needle/sharp injuries)				
		c	Health worker are observed to comply with OHS guidelines in all the departments of the facility				
3.3	Does the facility have Personal Protection Equipment (PPE) and supplies?	a	PPE and supplies are available and provided in the facility	Inspection Review stock cards	Quarterly		
		b	There has been no stock outs of PPE equipment in the previous 3 months				
		c	First aid kits / materials for health workers are available				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
3.4	Does the facility provide for internal and external security of health workers?	a	There is an internal security system within the facility	Inspection	Monthly		
		b	There is an external security system within the facility				
		c	A mechanism, known to the personnel, is available for summoning the assistance of security/police/protection service in the case of an emergency				
		d	There are structured systems and processes in place to ensure that all occupants of the organization's facilities are safe from fire or smoke and from external attack				
	Actual Score						
	Total					13	
	% Score						
4.	INFRASTRUCTURE						
4.1	Is the physical structure, design and layout of the facility in line with the approved standards?	a	The physical structure, design and layout of the facility is in line with the approved standards for the level of care	Observation	Bi-annually		
		b	Space available is sufficient for the range of services offered				
		c	The facility is located in a safe and quiet environment for proper healing				
		d	There is provision for access for the disabled				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
4.2	Is the health facility external environment clean and protected?	a	The health facility is fenced off	Observation	Annually		
		b	Paving or growing of grass to avoid bare ground				
		c	Grass is cut short / paving well maintained with clear pathways.		Weekly		
		d	Compound is clean and free of litter				
		e	There are dust bins in appropriate places				
4.3	Is the facility's waiting area clean and protected?	a	The waiting area is well ventilated protects clients from the sun and rain and injury	Inspection	Daily		
		b	The waiting area is clean of debris/trash				
		c	The walls and ceiling are reasonably clean, free of cobweb and in good state of repair				
4.4	Does the facility have signage (directions) to ensure easy accessibility to services?	a	The health facility is well labeled with signs to direct patients, visitors and clients.	Observation	Annually		
		b	Signage is in the appropriate and relevant languages of the communities served or uses icons to aid in comprehension				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
4.5	Does the facility have a private area for physical examinations and/or deliveries or other services offered?	a	Examination areas are either: private rooms with doors that close or areas sectioned off by curtains/screens	Observation	Daily		
		b	Privacy (visual and auditory) is maintained during procedures, consultation and examination				
4.6	Does the facility have a reliable and clean supply of water?	a	Regular and/or emergency water supplies, including drinkable water, are available 24 hours a day, seven days a week in all essential areas	Inspection, Support supervision, Observation	Daily		
4.7	Does the facility have a reliable power supply?	a	Electrical power is available 24 hours a day, seven days a week, from regular or emergency sources	Inspection	Daily		
		b	Provision has been made for an emergency electrical supply e.g. Fuel operated generator, Battery operated generator, Solar system				
		c	All rooms are well lit				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
4.8	Does the facility have clean latrines or toilets for staff and patients / clients?	a	Latrines or toilets exist within the facility or facility compound	Observation	Daily		
		b	Staff and clients have adequate access to at least one latrine or toilet at any given time		Daily		
		c	Toilets separated for males and females	Inspection	Biannually		
		d	Toilet bowl is clean and empty/latrine slab is clean		Daily		
		e	Soap and water are available at the washing point near the toilet(s) / latrine(s).		Daily		
4.9	Does this facility have telecommunication equipment for fast communication that is supported by the facility?	a	There is a functioning land line telephone that is available to call outside at all times client services are offered	Inspection	Monthly		
			OR a functioning cellular telephone or a private cellular phone				
			OR a functioning short-wave radio for radio calls				
			OR a functioning computer/iPad/smart phone with access to email or internet within the facility				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
4.10	Does the facility provide comfort (ambience) for the clients?	a	The waiting area, both inside and outside the facility has adequate furnishing, spacious and well lit and ventilated	Inspection	Quarterly		
		b	The waiting area has enter-educative materials for the clients				
	Actual Score						
	Total					**27**	
	% Score						
5.	**HEALTH PROMOTION AND EDUCATION**						
5.1	Does the facility have a functioning program for Health Education?	a	There is a time table for health education showing days, time, topics, place and the persons responsible	Observation	Monthly		
		b	There is a record of patients' health education	Observe posted schedules.	Monthly		
		c	Health facility conducts group health education sessions at least 4 times per month	Records of health education sessions	Monthly		
5.2	Does the health facility have and use appropriate teaching aides?	a	Availability of the following materials during client counseling/education sessions: posters, sample foods or family planning methods, anatomical models, brochures, leaflets, flipcharts or cue cards.	Observation	Quarterly		
		b	Service providers are using the appropriate teaching materials and methods				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
5.3	Are posters on the following topics available and clearly posted	a	The following posters (Family Planning, STD/HIV/AIDS/TB, Breast feeding, Infant nutrition, Reproductive, Maternal, Neonatal, Child and Adolescent Health, Immunization, Water and sanitation, Non-Communicable Diseases) are clearly posted	Observation	Quarterly		
		b	Posters are clearly posted for clients to see				
	Actual Score						
	Total					7	
	% Score						
6.	**ESSENTIAL CARE**						
6.1	Does the facility display a list of available services where the clients can see them?	a	A poster with listed services, in a language understood by clients is displaced outside where the clients can see it.	Observation	Annually		
		b	The poster is updated according to the services available				
		c	The poster has the facility name as licensed by appropriate Authority				
6.2	Does the facility display opening and closing times for the different services where the clients can see them?	a	A poster with facility opening and closing times for the different services, in language understood by clients is displayed where the clients can see it.	Observation	Annually		

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
6.3	Is the range of services offered addressing the community needs?	a	The facility provides a range of services expected for the level of care / specialty	Inspection Interviews	Quarterly		
		b	The services provided address the common community needs				
6.4	Does the facility have at least one staff member trained in the services provided e.g. Emergency Care, IMCI, FP, STD/HIV/AIDS management, ANC/PNC, TB and Malaria management?	a	The facility has at least one provider offering services who has received in-service training specific to the services provided e.g. Emergency Care, IMCI, Family Planning, and STD/HIVA/AIDS management, TB, Malaria Management and ANC/PNC	Inspection of staff list, Review of CPD records, Review of staff's professional files	Annually		
6.5	Is there a qualified health provider available at all times that the facility is open?	a	A qualified health provider is available 24 hours a day, 7 days a week (A qualified provider = nurse, midwife, CO or MO) for HC IV and above OR during all indicated times of operation	Duty roster, Observation	Daily		
		b	There is staff housing near the health facility OR in the unit a duty room is available for staff with sleeping accommodation				
6.6	Does the facility have the guidelines and standards required for management of common ailments	a	Uganda Clinical Guidelines and IMCI Treatment Guidelines (chart-booklet or wall chart) are available at respective service areas	Inspection	Annually		

			STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
		b	Each service offered has guidelines and Standard Operating procedures developed by the MoH						
6.7	Do the providers use the available guidelines?	a	Staffs demonstrate knowledge of use of the guidelines		Observation Interviews	Quarterly		
6.8	Are providers giving technically appropriate services?	a	Health workers are providing technically correct services, according to current guidelines and standards in the following areas: IMCI, ANC, FP, STD, HIV/AIDS, Malaria, TB, Injury management, Dental care		According to technical checklists	Quarterly		
		b	Investigations on patients are carried out as requested.						
		c	Health workers are prescribing appropriate treatment for the stated diagnosis, according to Uganda Clinical Guidelines.						
		d	Patients are receiving treatment as prescribed.						
6.9	Do providers provide professional clinical review, investigations, and documentation of clients and patients?	a	Patient assessment (history taking, examination and investigations) is conducted to identify the patient's medical, nursing or other health care needs.		Observation	Quarterly		
		b	Providers conduct regular review of patients						

		STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
			c	Providers undertake at least basic investigations for the patient's condition				
			d	Providers document sufficient clinical information to guide staff in the management of patients				
6.10		Does the facility provide sufficient management oversight to patient/client management?	a	Ward rounds (for facilities with in-patient care) are conducted to review patients daily	Review of documents	Weekly		
			b	Clinical meetings / or clinical audits are conducted weekly		Monthly		
6.11		Do the providers / dispensers provide appropriate information to clients regarding treatment compliance?	a	Provider/dispenser instructs clients about the medication, the amount of medication to take, what time of the day it should be taken and for how long it should be taken and possible side effects	Observation	Monthly		
			b	Provider/Dispenser checks the client's understanding of the instructions				
			c	The provider asks about allergies to medication.				
6.12		Does the unit have a dedicated room for handling emergencies?	a	There is an emergency room or unit	Inspection	Annually		
6.13		Does the facility have guidelines for	a	There are guidelines for handling various emergencies	Observation	Annually		

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
	handling various emergencies?	b	Guidelines /SOPs are clearly displayed for health providers to see				
6.14	Does the facility provide coverage for emergencies (causality units) and patients arriving at the facility after 5.00 p.m.	a	The facility provides 24-hour coverage for emergencies in units that are open 24 hrs.	Duty roster	Daily		
6.15	Does the unit have qualified personnel to handle emergencies?	a	The facility has qualified personnel to handle emergencies	Review of personnel files	Quarterly		
		b	The staff are licensed by the appropriate councils	Inspection			
6.16	Does the facility have an emergency cupboard/tray with the emergency medicines?	a	There is an emergency cupboard/tray	Observation	Daily		
		b	Adrenaline available				
		c	Prednisone available				
		d	Aminophylline available				
		e	Inj. / Rectal diazepam available				
		f	50% dextrose available				
		g	I/V Normal saline available				
6.17	Does the facility have basic equipment and supplies	a	Oxygen available	Inspection	Daily		
		b	Gauze available				
		c	Bandage available				
		d	IV sets available				
		e	Sucker available				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
6.18	Does the facility have a system for documenting the referral of clients it cannot handle?	a	A referral system is in place indicating who to refer, to where/whom, and for what conditions	Inspection, Review of records	Quarterly		
		b	There is a written guideline for referral				
		c	Appropriate forms for referral are present				
		d	All patients are referred to the next level of care when their needs are beyond the competence of service providers				
		e	Copy of referral is kept in patients file or at the facility				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
6.19	Does the facility have a plan for transporting emergency cases to a referral facility?	a	There is a functional ambulance or other vehicle for emergency transportation for clients that is stationed at the facility or operates from the facility **OR** The facility has access to an ambulance or other vehicle for emergency transport for clients that is stationed at another facility or that operates from another facility **OR** The facility provides some assistance for moving a sick patient to a referral facility, such as: communication to the next level, ambulance, arranging community transport, or funds for fuel or public transport	Observation Review of records	Quarterly		
6.20	Does the facility have a follow up / feedback mechanism for referrals	a	A follow up / Feedback mechanism for referrals is in place	Observation	Quarterly		
		b	Patients are given follow-up instructions	Client exit interview			
	Actual Score						
	Total					51	
	% Score						

		STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
7		**MATERNITY SERVICES**						
7.1		All women and their babies receive treatment and care from competent health care professionals	a	The maternity is staffed with qualified and licensed midwives	Inspection of personnel files and training database or CPD booklets	Bi-annually		
			b	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				
7.2		Is there a qualified health provider available at all times at the maternity?	a	A qualified health worker (midwife, CO or MO) is available 24 hours a day, 7 days a week	Review duty roster	Quarterly		
			b	There is staff housing near the health facility OR in the unit a duty room is available for staff with resting accommodation.	Observation	Annually		
7.3		Does the maternity ensure an appropriate environment for delivery?	a	The maternity unit ensures privacy during delivery	Inspection	Daily		
			b	There is sufficient lighting in the delivery room		Daily		
			c	The floor in the maternity unit is appropriately covered to allow for easy cleaning (e.g. cement, ceramic tiles or terrazzo)		Quarterly		
			d	The drainage system allows for easy cleaning and waste disposal		Weekly		

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
		e	A sluice room with running water is available		Daily		
		f	A sink is present with running water from a tap or modified storage container		Daily		
		g	There is a cleaning roster for the maternity unit		Weekly		
7.4	Does the maternity have appropriate functional equipment and tools for handling normal delivery?	a	A proper delivery bed is available in the delivery room	Inspection	Quarterly		
		b	A complete sterile delivery set is available in the delivery room		Daily		
		c	A partograph is available in the delivery room		Monthly		
		d	A suction machine is available		Daily		
		e	An ambu bag and mask is available		Daily		
		f	Cord ligature is available		Daily		
7.5	Does the facility have the current guidelines and standards for management of labour and delivery?	a	Uganda Clinical Guidelines are available	Observation	Bi-annually		
		b	Standard Operating procedures for managing obstructed labour are available				
		c	Standard Operating procedures for managing APH/PPH are available				
		d	Standard Operating procedures for managing eclampsia are available				

			STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
		e		Standard Operating procedures for managing foetal distress (Helping Babies Breathe) are available				
		f		Standard Operating procedures for managing babies exposed to HIV are available				
7.6	Are providers giving technically appropriate (according to current guidelines and standards) maternity and newborn care services?	a		Health workers are providing technically correct services in monitoring of labor using the partograph	Observation of service delivery against checklist	Quarterly		
		b		Health workers are providing technically correct services in managing third stage of labor (MTSL)				
		c		Health workers are providing technically correct services in postnatal care				
		d		Health workers are providing technically correct services in management of newborns				
7.7	Is the maternity unit able to handle common complications of pregnancy?	a		Oxygen is available in the delivery room	Inspection	Monthly		
		b		A functional incubator is available in or near the delivery room				
		c		An emergency tray is available containing at least the following: magnesium sulfate, pitocin, IV fluids, vacuum extractor				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
		d	There is a fully equipped theatre near the labour ward or there is an ambulance for transferring emergencies to a higher level health facility				
7.8	Is the safety of newborn children ensured by the maternity unit?	a	Policies and/or procedures guide the identification of newborn babies	Inspection	Monthly		
		b	There are established security systems for protecting newborn babies				
	Actual Score						
	Total					**33**	
	% Score						
8.	**THEATRE**						
8.1	Does the theatre design meet the MoH guidelines	a	The theatre meets MoH guidelines for constructing a theatre	Inspection	Bi-annually		
8.2	Does the theatre have the basic equipment recommended by MoH guidelines	a	Operating table	Inspection	Bi-annually		
		b	Light source				
		c	Suction machine				
		d	Anaesthetic equipment				
		e	The list of equipment is available				
8.3	Does the theatre have SOPs for the following theatre processes?	a	Identification of patients	Inspection	Bi-annually		
		b	Preparation of patients				
		c	Anesthesia management				
		d	Equipment preparation				
		e	Emergency resuscitation during operation				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
		f	Post operative monitoring				
8.4	Does the facility have adequately trained staff to handle operations?	a	Surgical provider	Review personnel files	Quarterly		
		b	Theatre nurses				
		c	Anesthetist				
8.5	Does the facility keep proper theatre records?	a	A current posted theatre list	Review theatre records	Weekly		
		b	A theatre register with operation details				
	Actual Score						
	Total					17	
	% Score						
9.	**INFECTION PREVENTION AND CONTROL**						
9.1	Does the facility have a system for Infection Prevention and Control (IPC)?	a	There is a written plan and guidelines for IPC in all areas of service provision	Review plan	Annually		
		b	Providers have regular training on IPC				
		c	There is a dedicated person responsible for IPC				
		d	There is a plan for IPC audit				
9.2	Are health workers practicing proper hand washing?	a	Hand washing facilities (soap and water or sanitizer) are available	Observation	Weekly		
		b	Health workers are performing proper hand washing according to guidelines				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
9.3	Are the staff following correct aseptic techniques?	a	Health workers are performing according to guidelines the following aseptic procedures: wound dressing, suturing, catheterization, intravenous infusion and dental extraction	Observation of ongoing aseptic procedures	Weekly		
9.4	Does the facility have Standard Operating Procedures on safe injection practice and are they being properly used?	a	Standard Operation Procedures on safe injection practices are available	Observation	Annually		
		b	Staffs demonstrate safe injection practices		Monthly		
9.5	Do service providers use clean protective clothing e.g. boots, gloves, masks, coats, mackintosh, uniforms?	a	Personal protective equipment are available	Observation	Daily		
		b	Service providers use clean protective clothing e.g. boots, gloves, masks, mackintosh, uniforms in all service delivery areas				
9.6	Does the facility provide adequate infection prevention / control in the area of disposal of sharps and needles?	a	Labeled containers for sharp object disposal are available in the examination, injection and dressing rooms, maternity and laboratory if applicable.	Observation	Quarterly		
		b	Staffs safely dispose of sharp objects and needles in the container provided according to guidelines				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
9.7	Does the facility have a health care waste management system for safe handling, storage and disposal of different wastes?	a	There are colour coded bins for waste disposal in all service areas as applicable	Inspection	Quarterly		
		b	There is a rubbish pit within the compound (possibly a garbage bin in urban settings).				
		c	The pit (bin) is not overflowing and is properly used.				
		d	There is a functional incinerator at the facility **OR** a Contract with a medical waste collector who disposes off the waste regularly				
9.8	Do service providers carry out proper High Level Disinfection?	a	Buckets, chlorine solution (e.g. JIK) or other disinfectants are available in all these areas: OPD, MCH, Maternity, In-patient Ward and theatre.	Observation	Weekly		
		b	Providers carry out HLD by soaking instruments in chemical Glutaraldehyde 2% Or Formaldehyde 8% Or Chlorine 0.1% for 20 minutes				
		c	HLD instruments stored in HLD or sterile container				
9.9	Does the health facility carry out proper sterilization?	a	Autoclave, oven or chemical sterilants are available	Observation	Quarterly		
		b	SOPs on sterilization are available				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
		c	Autoclave, oven or chemical sterilants are used according to guidelines.				
		d	Sterile instruments and supplies are labeled and stored in a sterile designated area				
	Actual Score						
	Total					24	
	% Score						
10.	**CLIENT - PROVIDER INTERACTIONS**						
10.1	Are patients and their attendants received in friendly and respectful manner?	a	Health workers greet clients	Exit Interview	Quarterly		
		b	Health workers direct clients where to go				
		c	health workers treat clients respectfully				
10.2	Do providers see clients on first-come, first-serve basis?	a	There is a system in place to serve clients in the order in which they arrive. Only extremely sick individuals are given priority over others who are waiting (triage).	Observe clients' flow, Interview clients	Quarterly		
10.3	Do clients wait one hour or less after arrival at the health facility before being seen by a provider?	a	Clients state that they were seen in one hour or less from the time they entered the facility for non-emergency cases.	Exit interviews	Quarterly		
10.4	Do staff ensure effective interaction between the provider and the client?	a	The provider communicates to patients effectively (asks appropriate questions, and client is allowed to ask questions)	Observation	Quarterly		

		STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
			b	There is adequate service (contact) time for the services offered (at least 20 minutes)	Client exit interview			
10.5		Do the providers know and understand the provider and clients' rights and responsibilities? REF: MoH Patient Charter	a	The provider is able to identify at least five of the patients' rights	Observation Interviews	Quarterly		
			b	The providers are trained in the rights and obligations of the clients.				
10.6		Are clients aware of their rights and responsibilities?	a	The clients are able to identify at least five of the clients / patients' rights and responsibilities	Interviews	Quarterly		
			b	Clients rights and responsibilities in the local language are clearly displayed for clients to see				
10.7		Do providers respect the client's rights?	a	Providers observe and respect clients rights (at least 5)	Observation, Interviews	Quarterly		
10.8		Are service providers encouraging clients to actively discuss any problem or concern about their health and treatment during the visit?	a	Providers ask clients about their history and problems	Observation	Quarterly		
			b	Providers invite clients to ask questions about their illness and the management plan				
			c	There is a mechanism for involvement of members of the family in care of the patients				
			d	There is a mechanism for ensuring continuity of care e.g. follow up visits				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
10.9	Does the facility have measures to ensure patients' privacy and confidentiality	a	There are guidelines in place spelling out procedures to ensure patients' privacy and confidentiality	Review of guidelines, Observation	Quarterly		
		b	Providers observe procedures to ensure patients' privacy and confidentiality				
10.10	Does the facility have a process for obtaining consent throughout care?	a	There is a well defined process for obtaining consent from all clients	Inspection, Interview, Observation	Quarterly		
		b	Consent forms are available				
		c	The patients are informed of their right to refuse or discontinue treatment and the implication of that decision				
	Actual Score						
	Total					21	
	% Score						
11.	**EQUIPMENT**						
11.1	Does the facility have basic examination and emergency equipment?	a	All the following pieces of equipment are available, functional and registered in the inventory: **HC II** · Thermometer · Weighing scale · Clock · Fetoscope · BP machine and Stethoscope	Review of inventory record, Observation of items Inspection to verify functionality	Monthly		

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
			HC III and above				
			· Thermometer				
			· Weighing scale				
			· Clock				
			· Fetoscope				
			· BP machine and Stethoscope				
			· Speculum				
			· Delivery kit				
			· Microscope				
11.2	Does the facility have equipment for specialized services? (This depends on the range of services provided)	a	Appropriate specialized pieces of equipment for the services offered are available	Review of equipment inventory	Annually		
		b	Available equipment is functional	Inspection	Quarterly		
11.3	Does the facility have an up to date inventory of all medical equipment?	a	There is an inventory of all medical equipment	Inspection	Bi-annually		
		b	The medical equipment inventory is updated at least twice a year				
11.4	Does the facility have an equipment maintenance protocol?	a	Guidelines for management of medical equipment available	Review of guideline and records	Bi-annually		
		b	There is a planned maintenance schedule for all equipment				
	Actual Score						
	Total					**7**	
	% Score						

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
12.	**LABORATORY SERVICES**						
12.1	Does the facility have a qualified laboratory staff?	a	The facility has a laboratory technician/technologist	Staff list and Personnel files	Bi-annually		
		b	The staff are licensed by the appropriate councils				
12.2	Does the facility have a well equipped laboratory to undertake laboratory investigations?	a	Laboratory guidelines and SOPs available	Health Facility Inventory, Observation	Quarterly		
		b	A list of all the tests that can be carried out at the facility is posted (Laboratory Test Menu)				
		c	Equipment to provide services as per Test Menu available and functional				
		d	Laboratory register is available and up to date				
12.3	Do the staff know how to use the laboratory equipment?	a	Staff demonstrates correct use of all the equipment	Observation, Interview	Quarterly		
12.4	Does the facility have adequate stocks of reagents and supplies?	a	The laboratory has adequate stocks of reagents and supplies	Review stock cards	Quarterly		
		b	All reagents and solutions are accurately labeled.	Inspection	Quarterly		
12.5	Does the facility have a quality control system for the laboratory?	a	A laboratory quality control system exists	Review of quality control records	Quarterly		
		b	External quality control checks are carried out quarterly				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
12.6	Is there a laboratory that the patients / samples can be referred to?	a	There is documentation on the referral laboratory that the facility uses	Review of records Interview staff	Quarterly		
	Actual Score						
	Total					**12**	
	% Score						
13.	**MEDICINES AND HEALTH SUPPLIES**						
13.1	Were all the following Drugs / contraceptives / supplies available during the past 3 months at the facility as per service provided:	a	All the following drugs/supplies were available in the past 3 months as per services provided:	Review of stock cards	Quarterly		
			First line antimalarial				
			Sulphadoxine / Pyrimethamine				
			Cotrimoxazole				
			ORS+Zinc				
			Measles vaccine				
			DPTHib+HepB vaccine				
			Depo-Provera®				
13.2	Are there updated stock cards/register books at the facility store for at least five randomly selected products?	a	Stock cards/register books for the five selected products are present in the store	Inspection	Weekly		
		b	Stock cards are up to date and correspond to physical stock	Physical count			
13.3	Is there adequate space and proper storage of medicines and vaccines?	a	Room available that is well lit and with cross ventilation	Inspection	Quarterly		
		b	Store provides protection from sunlight, humidity and heat				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
		c	The store is tidy; shelves are dusted, floor and walls are clean.				
		d	Shelves and boxes are raised off the floor, on pallets or on boards and bricks				
13.4	Is there a proper system for control and storage of medicines?	a	There is a stock card for each item in the store	Inspection			
		b	Store has a thermometer and temperature chart filled	Observation of temperature charts			
		c	FEFO (first expiry, first out) and FIFO (First in, First Out) are followed				
		d	Expired medicines and health supplies are identified, not used and correctly destroyed or disposed of				
13.5	Is there a system for forecasting medicines and supplies	a	There is a functional system for forecasting medicines and supplies (minimum/maximum levels; average monthly consumption)	Review of records	Quarterly		
	Actual Score						
	Total					12	
	% Score						

			STANDARD	OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
14.			**RECORDS**					
14.1	Does the facility have a system for data collection, filing, storage and retrieval?	a	Facility has a system for data collection	Review the system	Monthly		
		b	System allows for data segregation in terms of gender and age	Demonstration in use of system			
		c	Facility has a system for record filing that ensures confidentiality				
		d	The filing system allows for rapid retrieval of records				
		e	The storage space for records is adequate and well organised				
		f	There is a guideline on access to records				
14.2	Does the facility have a computer for data management	a	Computer exists in the facility	Inspection	Quarterly		
		b	Computer is used for data management				
14.3	Do client registers exist and are they well-kept and up-to-date?	a	Registers exist in all service areas.	Inspection	Quarterly		
		b	Information on dates, patient characteristics (names, sex, age and address -parish/village), diagnosis and treatment (dosage, times/day, # of days) are written in the registers, as per the HMIS Manual.				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
14.4	Does the facility have a clearly defined system of capturing patients' records	a	Each patient has a file/card that contains information on the patient and care given	Inspection	Quarterly		
		b	Each record has a unique number				
		c	Record contains all required information (history, assessment, investigation, treatment, nursing care and outcome)				
		d	Patients records are up to date				
		e	All entries on the records are signed and dated by the person entering the information (in some critical cases time need to be indicated)				
		f	For patients discharged, there is a discharge summary				
14.5	Does the facility have HMIS forms and a database and are they well-kept and up to date?	a	HMIS forms exist in the facility (Medical forms, tally sheets, report forms)	Data Verification/Audit	Monthly		
		b	Information from registers are correctly and accurately filled in the reporting forms or database				
		c	The number of reported malaria visits for all ages for one month in the last quarter corresponds to the number of cases in the OPD register(s) for the same month (plus or minus 5%).				

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
14.6	Were monthly HMIS 105 forms completed appropriately and sent in time over the last 3 months?	a	Copies of the HMIS 105 forms for the last three months are present in the unit OR the information is registered in the unit's database.	Review copies of HMIS 105 or unit database	Monthly		
		b	Date of submission of summary report is within accepted MoH deadline (7th of the following month)				
14.7	Is the information collected analyzed and used routinely for planning and monitoring services in the facility?	a	Monitoring graphs are up-to-date and displayed on public notice boards	Observation

Review of workplan; meeting minutes | Monthly | | |
		b	HMIS results are used routinely for decision making and planning				
14.8	Is the analyzed information disseminated to relevant stakeholders?	a	Quarterly and annual performance monitoring reports are available	Review Documents and Meeting Minutes	Quarterly		
		b	There is evidence that quarterly performance reports are disseminated to relevant stakeholders				
14.9	Does the facility conduct performance review meetings and document recommendations?	a	Quarterly performance review meetings held	Review of minutes and the RTIP	Quarterly		
		b	Recommendation Tracking Implementation Plan (RTIP) is in place				
	Actual Score						
	Total					27	
	% Score						

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
15.	**IMAGING AND RADIOLOGY**						
15.1	Is the IR unit registered with the appropriate council?	a	There is documentation to show that the IR unit is registered with the appropriate council	Review of relevant documents	Annually		
15.2	Does the IR unit design meet the MoH guidelines (infrastructure, labeling, switches etc.)	a	The IR unit design meets MoH guidelines	Inspection	Annually		
15.3	Does the IR unit have the basic equipment recommended by MoH guidelines?	a	The IR unit equipment meets MoH guidelines	Inspection	Annually		
15.4	Does the IR unit have updated Standard Operating Procedures (SOPs) for radiation safety?	a	Warning sign with staff limitations clearly marked outside the main entrance to the unit is available	Inspection Review of SOP	Quarterly		
		b	SOP for Wearing of personal protection is available				
		c	SOP for Personal monitoring is available				
		d	SOP for Quality monitoring of equipment is available				
		e	SOP for Radiation waste disposal is available				

		STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
15.5		Is a code of practice displayed next to each respective device?	a	A code of practice is displayed next to each respective device	Inspection	Annually		
15.6		Is radiation monitoring done regularly for health worker safety?	a	There is at least one health worker with the responsibility of monitoring radiation safety	Inspection	Annually		
			b	There is evidence of monthly radiation monitoring among health workers in the IR Unit (e.g. register of irradiation activities and a monthly dose report for workers)	Records review	Quarterly		
15.7		Are there adequate numbers of Lead aprons, i.e. a minimum of three: one each for the patient, patient-guardian and radiographer?	a	There are at least a minimum of three lead aprons in the IR Unit: one each for the patient, patient-guardian and radiographer	Observation	Quarterly		
15.8		Is a code of practice for pregnant women available?	a	A code of practice for pregnant women is available	Inspection	Annually		
15.9		Does the facility have a system for routine reporting, testing and calibrating of IR equipment?	a	System for reporting, testing and calibrating of IR equipment is documented	Inspection of system Review of documentation	Annually		
			b	Reporting, testing and calibrating of IR equipment is up to date and displayed				

			STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
15.10		Is there a quality assurance program that addresses safety of the patient, worker and environment, and film processing and storage?	a	Updated quality assurance procedures are available	Review of documents, Interviews	Quarterly		
			b	There are designated or appointed quality assurance staff member in the facility				
			c	There is evidence of quality assurance of staff safety				
			d	There is evidence of quality assurance of the image processing system (it may be digital, automatic or manual)				
			e	Radioactive waste management systems are in place				
15.11		Does the facility have designated personnel to oversee radioactive waste management programs?	a	The facility has designated personnel to oversee radioactive waste management programs	Interviews Review competencies	Annually		
15.12		Are all reagents and solutions accurately labeled?	a	All reagents and solutions are accurately labeled	Inspection	Quarterly		
15.13		Are all X-rays/imagings done only upon a signed request from a qualified medical practitioner?	a	X-rays/imagings are done only upon a signed request from a qualified medical practitioner	Review of X-ray/Imaging requests	Quarterly		

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
15.14	Are X-rays/imaging carried out, interpreted and reported on by appropriately trained and experienced personnel?	a	X-rays/imagings are carried out, interpreted and reported on by appropriately trained and experienced personnel	Inspect imaging reports and personnel files	Quarterly		
	Actual Score						
	Total					**24**	
	% Score						
16.	**MORTUARY**						
16.1	Are standard operating procedures (SOPs) for managing mortuary services available?	a	SOPs including registers for receiving bodies are available	Inspection of SOPs	Bi-annually		
		b	SOPs for identifying bodies are available				
		c	SOPs for embalming and storage of bodies are available				
		d	SOPs release of bodies and solid disposal are available				
		e	SOPs for disposal of bodies and body parts are available				
16.2	Are there trained workers managing the mortuary?		There are trained workers working with bodies in the safe storage, handling, transportation and release of bodies and a practicing pathologist visits the mortuary at least quarterly	Inspection	Quarterly		

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
16.3	Is the system for preservation of bodies functional?	a	The system for preservation of bodies is functional (e.g. coolers or formalin technology)	Inspection	Quarterly		
16.4	Are body trolleys available?	a	There are at least 2 body trolleys with covers available?	Inspection	Quarterly		
16.5	There is a process for requesting for post-mortems and a post-mortem kit is available	a	There is a post-mortem kit available	Inspection	Quarterly		
16.6	Does the mortuary have a working drainage system?	a	The mortuary has a working drainage system	Inspection	Annually		
16.7	Is the odor from the mortuary NOT reaching patient areas and the public?	a	The odor from the mortuary does NOT reach patient areas and the public	Inspection	Annually		
16.8	Is the mortuary accessible by vehicle for the public?	a	The mortuary is accessible to vehicles	Inspection	Annually		
16.9	Are there adequate security measures to prevent unauthorized access to the mortuary?	a	There are adequate security measures to prevent unauthorized access to the mortuary (e.g. locking mechanism, guards, a fence)	Inspection	Quarterly		

	STANDARD		OPERATIONAL DEFINITION	MEANS OF VERIFICATION	FREQUENCY	SCORE: Yes=1 No=0	COMMENTS
16.10	Is there a hygiene protocol with a dedicated staff roster available?	a	There is a hygiene protocol with a dedicated staff roster available	Inspection	Quarterly		
	Actual Score						
	Total					14	
	% Score						

6. Appendices

Appendix A: List of Contributors

1. Dr. Joel Okullo – Consultant, Quality Health International Consultants
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7. Dr. Katumba Gubala Ssentongo – Uganda Medical and Dental Practitioners' Council
8. Mrs. Neville Oteba – Pharmacy Council
9. De. Celestine Barigye – Ministry of Health
10. Mr. Mpiima Kibirango – Allied Health Professional Council
11. Mr. Lawrence Ssebuufu – Allied Health Professional Council
12. Dr. Bernard Kiwanua – Private Practitioner
13. Mr. Gaspard Guma– Central Public Health Laboratories
14. Dr. Henry Luzze – Ministry of Health
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33. Dr. Peter Dyogo Nantamu – DHO Jinja
34. Dr. Imaam Mutyaba – DHO Kiryandongo
35. Dr. Julius Simon Otim - DHO Kumi
36. Dr. Peter Kusolo – DHO Lira
37. Dr. Oboo Okoth – DHO Lyantonde
38. Dr. Stuart Musisi – DHO Masaka
39. Dr. John Turyagaruka – DHO Masindi

40. Dr. Charles Nabangi – DHO Mayuge
41. Dr. John Baptist Waniaye – DHO Mbale
42. Dr. Amooti Kaguna – DHO Mbarara
43. Dr. Jakor Oryema – DHO Nebbi
44. Dr. Okadhi Charles – DHO Soroti
45. Dr. Okumu D.C. – DHO Tororo

Appendix B: Regional Pilot Clinics

Region	District	Facility
East Central	Jinja, Kamuli, Mayuge	Alshafa Hospital Islamic Medical Center Kakira Sugar Works Hospital Nile Clinic Buluba Hospital Victoria Medical Centre Kasagama Medical Centre Family Care
East	Mbale, Soroti, Tororo, Kumi, Busia	Mt. Elgon Hospital St Martin Health Centre EloiEloi Clinic Destiny Clinic Soroti Medical Associates Klinics of St. Francis Tororo Crusader Clinic Kumi University Clinic Kumi Hospital Midas Touch Medical SXS Owen Medical Centre
West Central	Masaka, Lyantonde,	Fitzman Medical Clinic Byansi Medical Clinic Africa with Love Kisa Clinic New Hope Clinic Born Medical Centre Goodwill Medical Centre
West	Masindi, Mbarara, Bushenyi, Kiryandongo	Truevine Medical Centre Nabulola Community Health Centre Medicare Health Centre J.K Pancrass Medical Hospital Buwaya FLEP Medical Clinic
North	Arua, Lira, Gulu, Nebbi	Charis Health Centre Ayira Health Services Moroto Nursing Home Montana Bay Health Centre IMC Gulu Kaluba H/C II Memorial and Diagnostic Laboratory Mola Medical Clinic Victory Health Centre Goodwill Poly Safeka Nursing Home

Appendix C: List of Documents Reviewed

LITERATURE

1. Approaches to Regulation of Health Care – QAP
2. A Modern Paradigm for improving Health Care Quality
3. Monitoring Quality of Hospital Care – QAP
4. Using Accreditation to improve Quality – QAP
5. Private for Profit HIV/AIDS Care in Uganda
6. Role of Private Sector in Health Care Delivery
7. Client Perspective. What is Quality Health Care Service?
8. Program for Private Health Consumers' Rights Protection

POLICY / STRATEGIES

1. The second National Health Policy, July 2010
2. Health Sector Strategic and Investment Plan. 2010/11 – 2014/15
3. National HIV/AIDS Prevention Strategy 2011 – 2015
4. National Quality Improvement Framework and Strategic Plan
5. Public Private Partnership for Health Policy, 2011

STATUTES

1. Pharmacy and Drug Act Cap 280, 2000
2. Uganda Nurses and Midwives ACT, 1996

STANDARDS

1. Code of Professional Ethics, UMDP, 2008
2. Professional Code of Conduct and Practice for Nurses and Midwives
3. Patients' Charter, 2010
4. Package of Basic Health Services for Uganda, 1997
5. Minimum Standards for Service Providers in Uganda, 2011
6. Service provided by level of Health Facility
7. Bed Capacity for Hospitals in Uganda
8. Minimum Staffing Norms, 2008

GUIDELINES

1. Guidelines for Regional Hospital Management Boards, 2012
2. Guidelines for General Hospital Management Committees, 2012
3. Guidelines for HC IV Management Committees, 2012
4. Guidelines for HC III Management Committees, 2012
5. Guidelines for HC II Management Committees, 2012
6. Integrated Management of Childhood Illness
7. Maternal Health Death Notification Guiding Notes
8. Results Oriented Management – Individual Implementation Manual
9. Uganda STI Guidelines Manual for Operational level Health Care Providers, 2011
10. Uganda National Policy Guidelines, Standards for Reproductive Health Services, 2001
11. Draft National Health Lab Services Manual
12. Stepwise Lab Improvement towards Accreditation – WHO Afro
13. Roadmap for Accelerating Reduction of Maternal and Neonatal Morbidity and Mortality, 2007
14. Infection Prevention and Control Guidelines, 2011
15. Hospital Manual, 2000
16. Occupational Health and Safety Guidelines
17. HMIS Manual and Database, 2010
18. Uganda Clinical Guidelines, 2010
19. EPI Manual for Health Workers (2000)

CHECKLISTS

1. Checklist for Joint Inspection of Private Health Units
2. Checklist for Health Unity Inspection
3. Yellow Star Program
4. Laboratory Support Supervision Checklist

STANDARD OPERATING PROCEDURES

1. National Treatment Algorithms for Sexually Transmitted Diseases 2010
2. Management of Uncomplicated Malaria

Appendix D: Checklists for Assessing Technical Competence

1.   Checklist for Growth Monitoring and Nutrition

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed" the condition

Does the health worker:		Y/N/NA
1.	Welcome the mother?	
2.	Check when the child's weight was last measured?	
3.	Calibrate the scale prior to using it to weigh the child?	
4.	Assist the mother to remove all clothing from the child prior to weighing?	
5.	Determine that the child is not moving or holding to any object before measuring the child's weight?	
6.	Weigh the child properly ensuring that the scale is accurately balanced before reading the weight?	
7.	Say the weight aloud in a tone audible to the mother?	
8.	Record the weight of the child on a health card?	
9.	Measure the child's length correctly by making sure the child is lying flat in the center of the board and the foot piece is placed firmly against the	
10.	Plot the weight and/or height measurements on the growth monitoring chart?	
11.	Connect the current weight and height lines with the most recent plots?	
12.	Explain to the mother the significance of the weight and height measurements?	
13.	Give the child Vitamin A supplementation?	
14.	Explain above procedures and feeds back to the care giver how the child is growing? The feedback contains information about growth status, and about how to improve the child's nutrition status.	
15.	Nutrition counseling: Respond to the caregiver questions and provides information about the proper feeding practices (exclusive and complementary feeding) and the importance of compliance with Vitamin A	
16.	Tell the caregiver when to come for the next visit. The appointment is recorded on the card.	

Comments

2. Checklist for Immunization Session Procedures

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Does the health worker	Y/N/NA
1. Explain to the mothers what immunization is all about?	
2. Use the education materials during H/E talks?	
3. Review the child's health card / TT cards (Mother-baby Health passport) and determine whether the child / mother needs immunization or not?	
4. Confirm age of the child?	
5. Describe the nature and purpose of the vaccine(s)?	
6. Instruct proper positioning either by showing parent to position and hold child appropriately or by instructing adult to sit and relax site of injection?	
7. Demonstrate accurate injection technique and site location?	
• Intramuscular	
• Subcutaneous	
• Intradermal	
8. Describes the common and expected reactions following immunization?	
9. Record the immunization data, date of the next immunization visit and other comments in the health record?	
10. Provides immunization record to client?	
11. Observe injection safety techniques? i.e. Does the H/worker:	
• Wash her hands with soap and clean water before immunizing the children?	
• Keep the immunization materials clean?	
• Clean the work area where the vaccine carrier and injection materials are to be placed?	
• Clean the injection site with clean cool water?	
• Dispose of used materials according to MOH Health Care Waste Management guidelines?	
• Introduce the needle in the appropriate body site?	
• Aspirate and inject the vaccine slowly? (Intramuscular - DPT, TT)	
• Withdraw the needle and apply pressure using clean dry cotton swab?	
12. Take a vaccine vial antigen from the vaccine carrier only when a client is ready to receive immunization?	
13. Are the opened vaccine vials being used placed in a sponge in the vaccine carrier?	
14. Discard reconstituted BCG and Measles vaccine after six hours of reconstitution	
15. Use precooled not frozen diluent of same consignment of vaccine?	
16. Tell the mothers/clients the date of next visit?	
17. Remind client to report possible serious or adverse events?	

Comments

3. Checklist for Antenatal Care

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Does the health worker	Y/N/NA
1. Review and update ANC card or Mother-baby passport?	
2. Ask at least two questions about reproductive history risk factors?	
3. Ask at least two questions about risk factors associated with this pregnancy?	
4. Perform at least one physical exam activity?	
5. Ask about TT immunization	
6. Immunize or arrange for immunization against tetanus if eligible.	
7. Counsel and offer HIV testing if not done in the last 3 months?	
8. Do a blood test (glucose, Hb and malaria) if medically indicated?	
9. Discuss the importance of having the delivery attended by a trained health worker?	
10. Explain danger signs, which require immediate attention?	
11. Tell pregnant women when and where to go for the next prenatal visit?	

Comments

4. Checklist for Active Management of Third Stage of Labour (AMSTEL)

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

	Does the health worker	Y/N/NA
1.	Explain to the woman and her family what will happen?	
2.	Provide emotional support and reassurance, and keeps the woman and her family informed throughout birth and during the immediate postpartum?	
3.	Prepare uterotonic drug (oxytocin is the uterotonic of choice) and other essential equipment for the birth before onset of second stage of labor?	
4.	Wear a clean plastic or rubber apron, rubber boots, and eye goggles?	
5.	Wash hands thoroughly with soap and water and dries them with a clean, dry cloth (or air-dries hands)?	
6.	Wear sterile surgical or HLD gloves on both hands?	
7.	Ask the woman to empty her bladder when second stage is near (catheterizes only if the woman cannot urinate and bladder is full)?	
8.	Assist the woman to assume the position of her choice (squatting, semi-sitting)?	
9.	After delivery palpate the uterus to make sure no other baby is present?	
10.	If no other baby is present, administer uterotonic drug (oxytocin 10 IU IM is the uterotonic of choice) within one minute of delivery (if a woman has an IV infusion, an option is giving oxytocin 5 IU IV bolus slowly)?	
11.	Clamp and cut the cord approximately 2–3 minutes after the birth?	
12.	Immediately massages the fundus of the uterus through the woman's abdomen until the uterus is contracted (firm)?	
13.	Inspect and repair lacerations or tears (if necessary) of the lower vagina and perineum?	
14.	Repair episiotomy (if performed)?	
15.	Examine the maternal surface of the placenta and membranes for completeness and abnormalities?	
16.	Dispose of the placenta?	
17.	If breastfeeding is the woman's choice for infant feeding, assist the woman and baby to begin breastfeeding within the first hour after birth?	
18.	Before removing gloves, dispose of gauze swabs and other waste materials in a leak-proof container or plastic bag?	
19.	Dispose of needles and sharps in a sharps disposal container?	
20.	Clean apron with decontamination solution?	
21.	Place instruments in 0.5 percent chlorine solution?	
22.	Decontaminate and dispose of gloves?	
23.	Wash hands thoroughly with soap and water and dries them?	
24.	Document all care provided?	

Comments

5. Checklist for Postnatal Care

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Does the health worker		Y/N/NA
1.	Ask the mother at least two medical history questions including history of HIV testing?	
2.	Examine the mother?	
3.	Examine the infant child?	
4.	Record findings of history and physical examination on the health record?	
5.	Refer the mother for special treatment if necessary?	
6.	Refer the infant for all physical conditions which need medical attention?	
7.	Give BCG and OPV0 or verify that child received vaccination at birth?	
8.	Give first DPT and OPV?	
9.	Tell the mother to feed the infant with breast milk only, for the first 6 months?	
10.	Discuss family planning with the mother and tell her how she can obtain FP services?	
11.	Encourage the mother to enroll child in well- child clinic?	

Comments

6. Checklist for Family Planning

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Does the health worker		Y/N/NA
1.	Ask at least three medical and reproductive history questions?	
2.	Take blood pressure of the client?	
3.	Examine breast for lumps?	
4.	Examine the client for signs of anemia?	
5.	Counsel client about the range of FP methods to get informed choice?	
6.	Discuss side effects?	
7.	Ask the client to explain how to you use the contraceptive received?	
8.	Ask the client to repeat the possible side effects?	

Comments

7. Checklist for Integrated Management of Child Illnesses (IMCI)

(Based on observation of outpatient care for children under 5 years).

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Observe a provider manage a child seeking curative care		Y/N/NA
1.	Does the health worker receive the patient / care taker politely?	
2.	Is the child weighed before or during the consultation?	
3.	Does the health worker check if it is an initial or follow up visit?	
4.	Is the child correctly assessed for all danger signs?	
	• Chest in drawing	
	• Unable to drink or breastfeed	
	• Is vomiting everything	
	• Has had convulsions	
	• Is lethargic or unconscious	
5.	Is the child assessed for all under 3 above?	
6.	Is the care taker's own health assessed?	
7.	Are all illnesses classified correctly? If no, comment below on what mistakes were made.	
8.	Does the health worker ask about treatment prior to presentation?	
9.	Does the health worker prescribe the correct treatment? If no, comment on mistakes made on prescription with respect to antibiotics, antimalarial, ORS, or any other treatment.	
10.	Is the first dose of the drug given in the health facility?	
11.	Is correct immunization recommended? If no, comment below on mistakes made.	
12.	Is the correct dose of Vitamin A recommended according to MoH guidelines?	
13.	Is correct deworming recommended according to guidelines?	
14.	Does the health worker counsel the care taker appropriately? Does this cover:	
	• Description of what is wrong with the child?	
	• Description of how to take any drugs prescribed?	
	• When to return?	
	• Checking that the mother has understood?	
	• Is child < 2 years assessed and counseled for feeding?	
	• Is the IMCI mother's card used / given out?	

Observe a provider manage a child seeking curative care		Y/N/NA
15.	Does the health worker ask if the caretaker has any questions?	
16.	Does the health worker use the Uganda Clinical Guidelines or IMCI chart booklet or laminated patient recording form during the consultation?	
17.	If not covered during the observation, ask the health worker to demonstrate / describe;	
	• Chest in-drawing.	
	• Skin pinch for dehydration	
	• Oedema	
	• Stiff neck	
	• Severe wasting	

Comments

8. Checklist for STD/HIV/AIDS

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Does the health worker		Y/N/NA
1.	Ask about symptoms of infection?	
2.	Ask about previous exposure to STI and any treatments administered?	
3.	Ask about exposure to other potential sources of infection, e.g. Blood, non-sterile instruments etc.,	
4.	Ask about possible risk behaviours associated with STI/HIV/AIDS?	
5.	Examine patient for signs of infection?	
6.	Diagnose and treat STI/HIV/AIDS according to established guidelines?	
7.	Provide health education on the modes of transmission and prevention of STI/HIV/AIDS?	
8.	Instruct the client on the correct and consistent use of condoms?	
9.	Provide appropriate counseling on testing procedures, confidentiality and meaning of test results?	
10.	Provide appropriate counseling to STI/HIV/AIDS cases on available treatments, complications of diseases or any long term effects, and possible risks to partners and/or children?	

Comments

9. Checklist for HIV Counseling and Testing

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

	Does the health worker	Y/N/NA
1.	Welcome the client in a private setting?	
2.	Check client's particulars and previous attendance?	
3.	Explain about the test procedures and reassure about confidentiality?	
4.	Discuss potential implications of a positive and negative test results?	
5.	Explore client's risk behaviour and conduct HIV risk assessment when necessary?	
6.	Provide clients advice and health education to address their concerns?	
7.	Obtain client's consent?	
8.	Perform the test according to the instruction given by the manufacturers?	
9.	Follow biohazard safety precautions during whole process; clean up and dispose of bio-hazardous waste properly?	
10.	Explain the results to client?	
11.	Documentation of the procedure and results?	
12.	Provide help lines or other sources of support?	

Comments

10. Checklist for Management of Common Conditions, Disabilities and Injuries

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Does the health worker		Y/N/NA
1.	Make the patient comfortable?	
2.	Ask important questions?	
3.	Carry out physical examination?	
4.	Record relevant information?	
5.	Request for relevant and appropriate investigations?	
6.	Make a correct diagnosis?	
7.	Explain the findings and treatment plan to the patient?	
8.	Prescribe appropriate drugs in correct doses (or rehabilitation procedures) for the condition diagnosed?	
9.	Give clear instructions to the patient?	
10.	Give appropriate health education messages?	
11.	Refer the patient appropriately?	
12.	Ask if the patient has any questions?	

Comments

11. Checklist for Wound Dressing

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Does the health worker		Y/N/NA
1.	Assemble all the necessary equipment?	
2.	Make the patient comfortable?	
3.	Explain the procedure to the patient first?	
4.	Protect fresh wounds from contamination?	
5.	Use sterile instruments?	
6.	Clean the wound correctly?	
7.	Apply the dressing and bandage correctly?	
8.	Clean the instruments after use?	
9.	Dispose dirty dressings properly?	
10.	Re-sterilize the instruments after use?	

Comments

12. Checklist for Giving Injections

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

	Does the health worker	Y/N/NA
1.	Assemble all the necessary equipment properly?	
2.	Explain the procedure to the patient/client first?	
3.	Counter check the prescription of the patients?	
4.	Counter check the drug to be administered?	
5.	Identify the correct injection site properly?	
6.	Clean the injection properly?	
7.	Administer the injection properly?	
8.	Keep the instruments and injection equipment sterile throughout the procedure?	
9.	Dispose of used injection materials according to the MOH set guidelines and standards?	
10.	Keep a disposal container for the sharps?	
11.	Portray positive attitude towards the clients / patients?	

Comments

13. Checklist for Management of Dental Cases

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

Does the health worker		Y/N/NA
1.	Make the patient comfortable?	
2.	Record past Medical history?	
3.	Record past dental history?	
4.	Record the major complaint?	
5.	Request for other investigations?	
6.	Carry out a full mouth examination?	
7.	Make the correct diagnosis?	
8.	Record his treatment plan and explain to the patient?	
9.	Explain to the patient what is to be done?	
10.	Carry out the correct treatment procedures?	
11.	Observe infection control procedures?	
12.	Give post-treatment instructions and Health Education?	
13.	Prescribe the correct drugs when necessary?	
14.	Keep patient records?	
15.	Refer cases where applicable?	

Comments

14. Checklist for Dispensing

Answer Y for "Yes", N for "No" and NA if the provider has "Not Assessed"

	Does the health worker	Y/N/NA
1.	Make patients feel attended to and comfortable?	
2.	Read and interpret the prescription? Verify whether is written and signed by an authorized prescriber?	
3.	Pack and label the medicines for the patients? Patient name, Generic name, strength and dosage form of the medicine, Dose, Frequency and Duration of use of the medicines, How to take or administer the medicine?	
4.	Provide information and instructions to the patients?	
5.	• How much and how often to take the medicine?	
	• When to take the medicine (e.g., before or after meals?	
	• How long the treatment is to last (e.g., why the entire course of an antibiotic treatment must be taken?	
	• How to take the medicine (e.g., with water, chewing or swallowing?	
	• How to store the medicine (e.g., avoid heat, light and dampness?	
	• Not to share medicines with other persons	
	• Which types of foods and beverages should avoid while taking the medicine?	
	• To keep medicines out of reach of children?	
	• Patients should also be informed not to stop treatment when side effects occur or in the absence of response without consulting the prescriber or dispenser?	
6.	Check whether the patient has understood the information?	
7.	Record the transaction in the dispensing log?	

Comments

Appendix E: Prioritization Matrix

Criteria	Intervention (1)	Intervention (2)	Intervention (3)
Ease of implementation			
Availability of resources			
Effectiveness to bring about lasting change			
Cost of implementation			
Time required to bring about necessary change			
Total Score			

Appendix F: Template for Developing Work Plan

Organization work plan				Gap			
Date				Indicators			
Activity	Person responsible	Start date	End date	Resources	Output	Status	Remarks
1							
2							
3							
4							
Signed:				Witnessed:			

Appendix G: Root Cause Analysis

5 Whys Methodology

A patient failed to respond to therapy and his condition deteriorated

Why?

The patient received the wrong medication

Why?

Because the nurse gave it to him by mistake

Why?

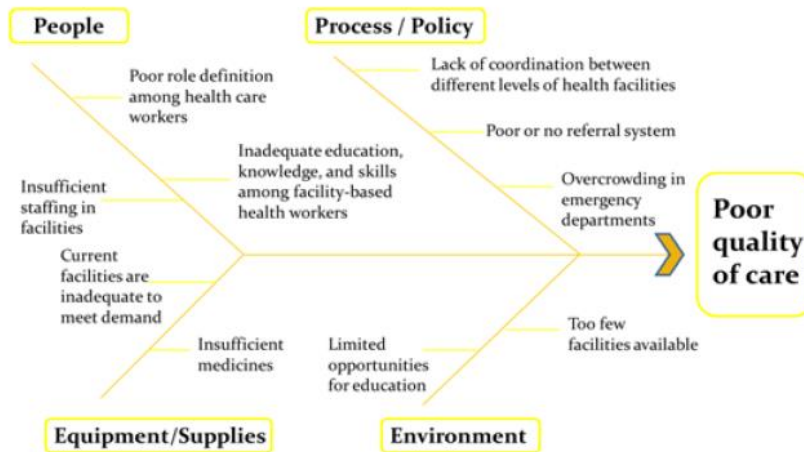Because she misread the drug name

Why?

Because we have two drugs with similar names stored side-by-side

Why?

Because we store them in alphabetical order so we can find them quickly.

Ask "WHY?" to each successive response or reason to a problem five times. Use this technique alone or with any of the root cause analyses

Fish bone methodology

As shown in the diagram, the problem statement is placed at the "head" of the fish. Causes of this problem are grouped into four categories:

1. People: Are there any staff behaviors or characteristics that are contributing to the problem?
2. Process/policy: What procedures or policies contribute to the problem?
3. Equipment: Is there any equipment, including supplies, that contribute to the problem?
4. Environment: Doe the immediate environment (i.e., the building or compound), or broader environment (i.e. the community, town, or nation) contribute to the problem?

As you identify factors that contribute to the problem, place them on the appropriate "fishbone". For each factor that you identify, ask yourself, "What leads to that factor?" For example, in the diagram above, insufficient staffing was identified as an important factor in the poor quality of care. This is a people issue, and "Insufficient staffing in facilities" was placed on the people fishbone. Insufficient staffing can be linked to two other factors: inadequate education and poor role definition among health care workers. Both of these were added to the diagram.

Fishbone diagramming is useful for a number of reasons:

1. Involves everyone in an open session: Using a chalkboard or other display to brainstorm allows everyone to contribute their ideas, no matter how big or small.
2. Generates lots of diverse ideas quickly: Because there are many bones, there is room for many ideas.

3. Helps group members understand and appreciate others' perspectives: Some participants will be more focused on the environmental factors, while others will focus on factors related to people. The diagram makes room for all of these perspectives.
4. Helps generate alternative approaches: Identifying multiple factors will lead to multiple possible solutions.

One drawback to the fishbone diagram is that this tool cannot tell you how important or common a particular issue is. To address this weakness, managers may wish to use a problem ranking matrix.

Problem ranking

Once all of the possible causes are identified using a fishbone diagram, managers must determine which are the most important to address given limited resources. Problem ranking is an objective way to rank problems or root causes rather than simply picking the "favorite" option.

To prioritize root causes according to risk, we consider frequency (on the x-axis) and severity (on the y-axis). The factors that rank highest in terms of frequency and severity ought to be the priority problems.

Appendix H: Action List

ACTION LIST			
Name of Facility:			
Type of Facility:			
Supervising Authority:			
Name of Supervisors:			
District:			
Summary of Strengths, Weaknesses and Recommendation for the Facility			
	Based on the findings of the assessment, please describe the strengths of the facility and at least 4 key challenges to service quality. For each of the challenges, document your recommendations, discuss them with the staff and agree on the timelines for implementing them.		
	Strengths		
1			
2			
3			
	Identified Challenges	**Description of Action Point**	**Responsible Person(s)**	**Timelines**
1			
2			
3			
4			