



*Ministry of Health, Community Development, Gender, Elderly, and
Children*

The United Republic of Tanzania

**The Accelerated Quality Improvement Tracking (AcQuIT)
*for Star Rating in Primary Health Care Facilities***


January 2018

FOREWORD

The Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC), through the Quality Assurance Department, is leading the provision of guidelines, tools, training, and continuous coaching toward attaining high-quality health care services in all facilities in Tanzania. In 1993, the MoHCDGEC initiated health sector reforms to improve the quality of services at health facilities across the country. In 2004, the Tanzania Quality Improvement Framework outlined a road map for quality improvement (QI) in health service provision. This was borne from the need to have systematic and harmonized approaches to the design, planning, and implementation of QI activities across the health care system, and, in particular, to tackle the HIV/AIDS crisis. Building on the Quality Improvement Framework, the MoHCDGEC launched more specific QI guidelines in 2009. The guidelines were in line with the Health Sector Strategic Plan (HSSP) III—July 2009 to June 2015—and were accompanied by training manuals and various national QI tools. The guidelines were designed to assist coaches, managers, and health care workers in providing a continuum of quality services within the health care system.

Building on the star rating system and also previous national QI experience, the MoHCDGEC has developed a Quality Improvement Plan Follow-up System (ACQUIT) to enable coaches, managers, and implementing partners to guide health workers in using continuous QI to enhance key aspects of health service delivery at their facility. The QIP follow-up tools and improvement guide support the defining, measuring, and improvement of health services and infrastructure across facilities. The monitoring system's usefulness depends on the extent to which managers and clinical leaders adapt it to local structures, environments, and needs. Part of the process is using the improvement guide to support health workers as they acquire the necessary knowledge, skills, and abilities to identify and define gaps and develop specific interventions to improve on a continuous basis. The improvement guide is built on national standards, including the Big Results Now (BRN) Star Rating criteria, and will be a useful aid for QI Focal Persons when providing coaching and monitoring at facilities. Depending on the rating of a health facility, the Follow-Up tools and Improvement Guide may be applied as a model, a reference, a plan, a source of ideas, or a benchmark to review progress made by health facilities and identify any new gaps to address. As each health facility is different, the tools should be considered in terms of context, relevance, and

practicality at the individual facilities. If well utilized, the ACQUIT will support the rapid improvement of health facility services and infrastructure as well as attainment of accreditation and certification by those same facilities.



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ACKNOWLEDGMENTS

Development of the Star Rating (Big Results Now) Quality Improvement Plan Follow-up System (ACQUIT) is a critical step in enabling the rapid improvement of health facility services and infrastructure to provide the highest-quality health care services to the Tanzanian population. The Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC) appreciates the Quality Assurance Directorate and especially the leadership of Dr. Talhiya Yahya (Star Rating Coordinator) and the team for initiating and leading the successful implementation of the Star Rating Initiative and development of the AcQuIT to monitor and guide improvement work at health facilities. The AcQuIT provides a uniform approach to addressing quality improvement activities related to Star Rating across Tanzania. The development of the QIP monitoring (follow-up) system/tools for the MoHCDGEC was done in collaboration with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) through Centers for Disease Control (CDC) funding. The MoHCDGEC would like to thank the CDC and EGPAF for their technical and financial support. The MoHCDGEC also acknowledges the University of Dar es Salaam for providing consultancy services to integrate the system with the national District Health Information System 2 (DHIS 2) platform. Special thanks go to Elizabeth Glasier Pediatric AIDS Foundation through CDC funding who worked tirelessly to ensure the development and finalization of this system.

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Finally, we wish to acknowledge other stakeholders who contributed in one way or another to this process and other partner organizations that participated in the system's development and rollout.



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LIST OF ACRONYMS

ANC	Antenatal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
BP	Blood Pressure
BRN	Big Results Now
CCHP	Comprehensive Council Health Plan
CEmOMC	Comprehensive Emergency Obstetric and Newborn Care
CHF	Community Health Fund
HFGC	Council Health Governing Committee
CHMT	Council Health Management Team
CME	Continuous Medical Education
CTC	Care and Treatment Clinic
DMO	District Medical Officer
DTC	Diarrhea Treatment Corner
HF	Health facility
HFGC	Health Facility Governing Committee
HMIS	Health Management Information System
HMT	Health Facility Management Team
HR	Human Resources
HRHIS	Human Resources for Health Information System
IMCI	integrated management of child illness
IPC	Infection Prevention and Control
IPD	Inpatient Department
IMPAC	Integrated Management of Pregnancy and Childbirth
MNCH	Maternal, Newborn, and Child Health

OJT	On-the-Job Training
OPD	Outpatient Department
OPRAS	Open Performance Review and Appraisal System
ORS	Oral Rehydration Salt
PEP	Post-exposure Prophylaxis
PPE	Personal Protective Equipment
PPM	Planned Preventive Maintenance
QI	Quality Improvement
QIP	Quality Improvement Plan
QIT	Quality Improvement Team
RCH	Reproductive And Child Health
SOP	Standard Operating Procedure
STGs	Standard Treatment Guidelines
VCT	Voluntary Counseling and Testing
WIT	Work Improvement Team

Chapter 1

1.1 Introduction

The Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC) has developed a quality improvement (QI) follow-up/monitoring system to facilitate and fast-track implementation of quality improvement plans (QIPs) developed after assessing health facilities through the national Star Rating Initiative. The ministry has set a target of 80% of the country's health facilities attaining a rating of three stars or above (out of five possible stars) by the year 2018. The initial phase of implementation began by assessing and rating primary health care facilities and developing QIPs to address the gaps.

1.2 Rationale for Developing an Accelerated Quality Improvement Tracking (AcQuIT) System for the Star Rating Initiative

As the MoHCDGEC strives to improve health through the Star Rating Initiative, this necessitates a robust, continuous, and effective monitoring system for tracking the implementation of QIPs and results. Also, as the MoHCDGEC aims to contribute to the National Strategy for Growth and Poverty Reduction (MKUKUTA) and the Health Sector Strategic Plan (HSSP IV), this requirement becomes more relevant and imperative for success. It is important to note that the initial star rating assessment, as well as recommended interventions to reach the targets have already been implemented across the entire country. The emerging challenge is how to accelerate the implementation of these interventions to improve the quality of health care and achieve star rating targets as part of the HSSP IV. To that end, the Ministry has developed the **Accelerated Quality Improvement Tracking** system to facilitate rapid and timely implementation of QIPs developed after the star rating assessment, determine implementation progress, and provide required technical support.

With the star rating QIP tracking system, we hope to achieve the following objectives:

- Create a transparent mechanism for tracking implementation of QIPs informing all levels of the health system, including district, regional, national, and key stakeholders.

- Rapidly assess primary health care facility QIP implementation progress, determine challenges, and create timely strategies to address the challenges and gaps. The system should track implementation and improvement in performance of star rating priority indicators from their baseline status on a quarterly basis

1.3 Implementation of the Accelerated Quality Improvement Tracking (AcQuIT) System for the Star Rating Initiative

The AcQuIT system and tools are intended for use by Council Health Management Teams (CHMTs) and health facility in-charges in conjunction with implementing partners. The system is designed to assess progress in implementation and quality of services, monitor improvements/results, propose feasible QI activities to be used at the facilities, and act as an accountability measure/management check.

The star rating AcQuIT system will be implemented using a project management approach as follows:

- Ultimately, the health facility staff and leadership are responsible for the implementation of activities, as per national guidelines, to address gaps identified during the star rating assessments.
- To ensure accountability and transparency, the data regarding progress of indicators of star rating QIP interventions are to be integrated into the national reporting system (District Health Information System [DHIS]), which can be seen at all levels.
- For the smooth implementation of the system, assessors at the national and regional levels are to be trained while supervisors and implementers at the district and facility levels should be oriented on how to use the tools.
- A district QI focal person/coordinator is responsible in leading CHMTs to ensure that the activities planned for each intervention are implemented and that progress is updated in the DHIS 2 database. The coordinators will also plan for monthly supportive supervision of health facilities for provision of onsite technical assistance.
- All districts will organize quarterly QIP review meetings (experience-sharing meetings) with their respective health facility in-charges. At the regional level, there will be regional biannual star rating QIP review meetings through which respective districts will share the progress of QIP implementation from their facilities. Where applicable,

the star rating QIP implementation progress will also be included in the national level Quality Assurance Technical Working Group meetings to discuss the implementation of the interventions, successes, and challenges.

The Tanzania Quality Improvement plan' follow up system for Star Rating Initiative in Primary Health Care Facilities is intended to guide health facility staff, CHMT members, national assessors, and any stakeholder providing support to facilities under the Star Rating Initiative on how to address gaps identified during the assessments. The manual has been developed in line with national standards and should therefore be used alongside relevant national guidelines and standards. The QIP improvement operation manual is organized around the 12 areas/indicators of the star rating, which are as follows:

- Area 1: Licensing and Certification
- Area 2: Health Facility Management
- Area 3: Use of Facility Data for Planning and Service Improvement
- Area 4: Performance Assessment
- Area 5: Organization of Services
- Area 6: Handling of Emergency Cases and Referral System
- Area 7: Client Focus
- Area 8: Social Accountability
- Area 9: Health Infrastructure
- Area 10: Infection Prevention and Control
- Area 11: Clinical Services
- Area 12: Clinical Support Services

Chapter 2

Standard Operating Procedures

2.0 Steps to conduct QIP follow up visit at a health facility:

1. Generate Star rating QIP Gap Report from DHIS2
2. Print two copies of the report, one for yourself, the other copy for staff member you will be talking to.
3. Once at the facility, inform the facility management team of your visit, the purpose, share some of the selected/prioritized areas you will be focusing on
4. Ask the management team to allocate 1 staff that you will work with to follow up on actions taken to implement QIP as well as staff who will benefit from your mentorship in those areas
5. Using the star rating QIP Gap Report, move from area to area talking to relevant staff and making necessary observations of progress made on improving the existing gaps
6. Note some areas implemented that were not part of the areas you prioritized in the gap report
7. Select the relevant area and read out the gap and the activities that were to be implemented to address the gap.
8. Ascertain if the activities were carried out. Ask to see evidence of any change made. Fill out the 'Progress' column (Y –Yes, P – Partial, N - No).
9. If no or partial progress has been made, go through the improvements guide asking the health care provider to apply the guide
10. Use the comment box to document reasons for progress or lack
11. Probe to hear from the health care providers if there are other improvement ideas that could work better. These could be actions the site took to already fix a gap or could be an idea that is formulated during this discussion.
12. For each gap, ask the staff member who at the facility will be best placed to address this gap
13. For each gap, ask the staff how long they think it should take to address the gap
14. Ascertain whether this area will need a budget or not

2.1 Quality Improvement Plan Follow up User Manual

2.1.1 Features of Star rating QIP in Brief

The BRN-QIP module is meant to help Quality Improvement officers as well as other relevant stakeholders in making right decisions based on health facilities quality improvement information collected. Its features can be summarized using the classical definition of the system which comprises of *input*, *process* and *output*.

- **Input: Star rating-QIP** module provides user-friendly interface for users to enter data. The screens for data entry mimic the paper forms used to collect data from health facilities.
- **Processes: Star rating-QIP** module automatically computes what was improved in health facilities quality wise and checks the validity of the data to make sure the data entered reflects the reality on the ground.
- **Output: Star rating-QIP** module provides different tools for reporting – both for automated routine reports and analysis standard reports, and in addition provides the user with functionality and flexibility to make their user defined reports.

More BRN-QIP module features and their details will be found in the subsequent sections of this Standard Operating Procedure (SOP).

2. 1. 2 How to use the Star rating-QIP in DHIS2

This section provides instructions and guidance on how to use the BRN-QIP in DHIS2 environment and how to navigate to its various features.

Opening Star rating-QIP

This system is a web-based application and is available in an Internet browser (an application you use to access internet e.g. Internet Explorer, Mozilla Firefox, Google Chrome, Opera, etc) when you have Internet Connection. To access the application, we recommend Mozilla Firefox and Google chrome (Internet Explorer is not advised to be used, but if it is necessary use the latest version of the browser).

To access the services, open your browser and in the address field you type in this URL <http://41.217.202.50:9002/dhis/> then you will see the system login screen.

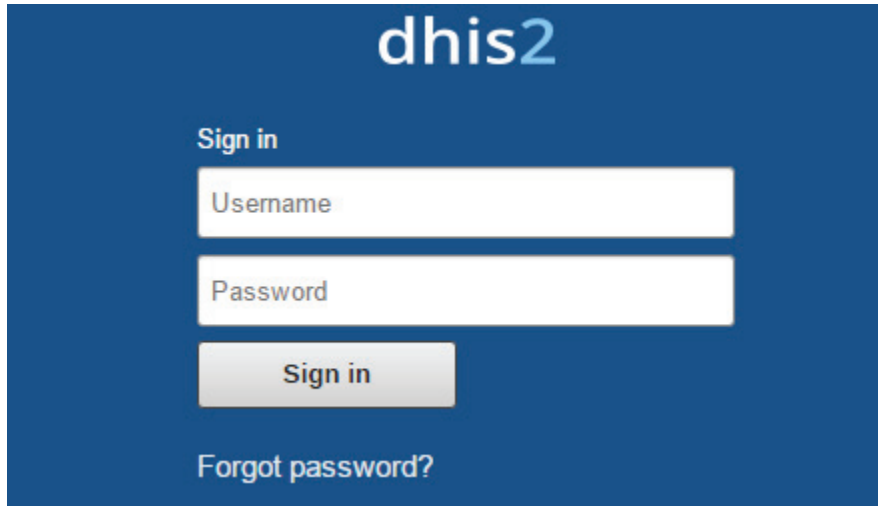


Figure 1: Login Screen

Logging on to the DHIS2

Once you see the login screen of the system, you must enter your username and password to login into the application. In case the login is not successful, you will be notified immediately that username or password provided is incorrect and will be asked to re-enter the credentials.

Once you have successfully logged in you will see the System Dashboard where you can immediately monitor the latest data in your selected charts and access your favorite system sites (reports, maps etc).

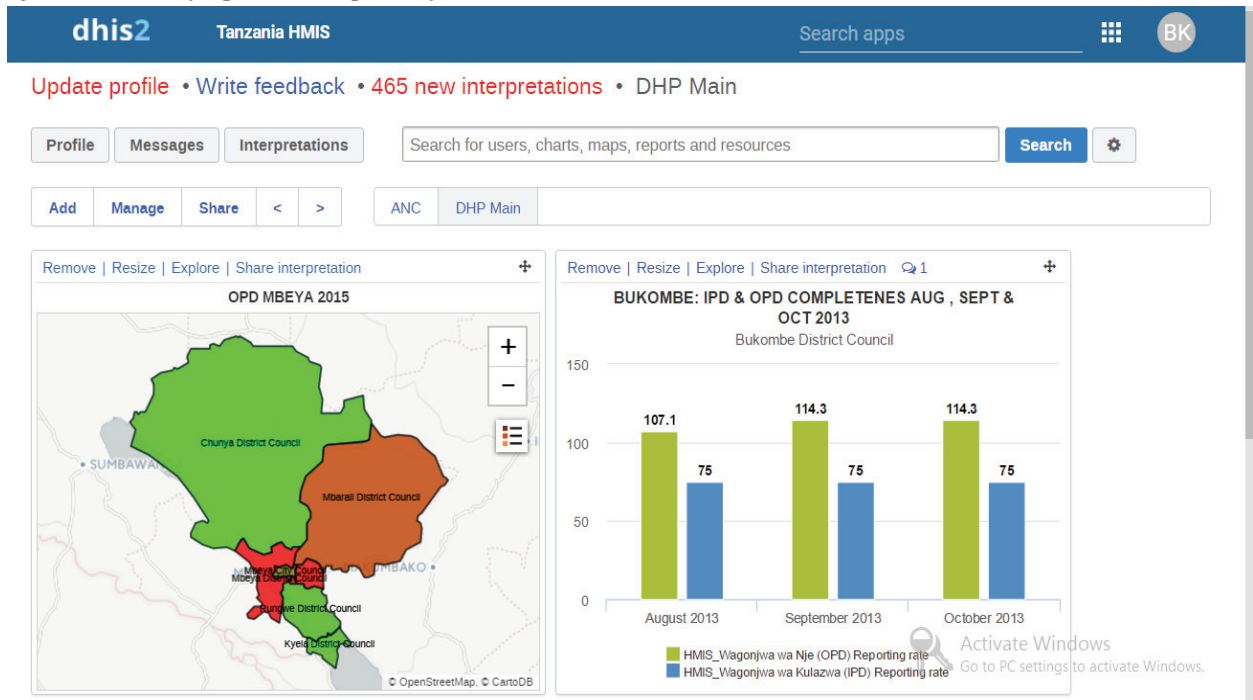


Figure 2: DHIS2 Dashboard

When you finish your system use session, we recommend that you log out before closing the browser. Use the **Log out** sub menu under **Profile** menu in the upper right corner and you will be returned to the login screen.

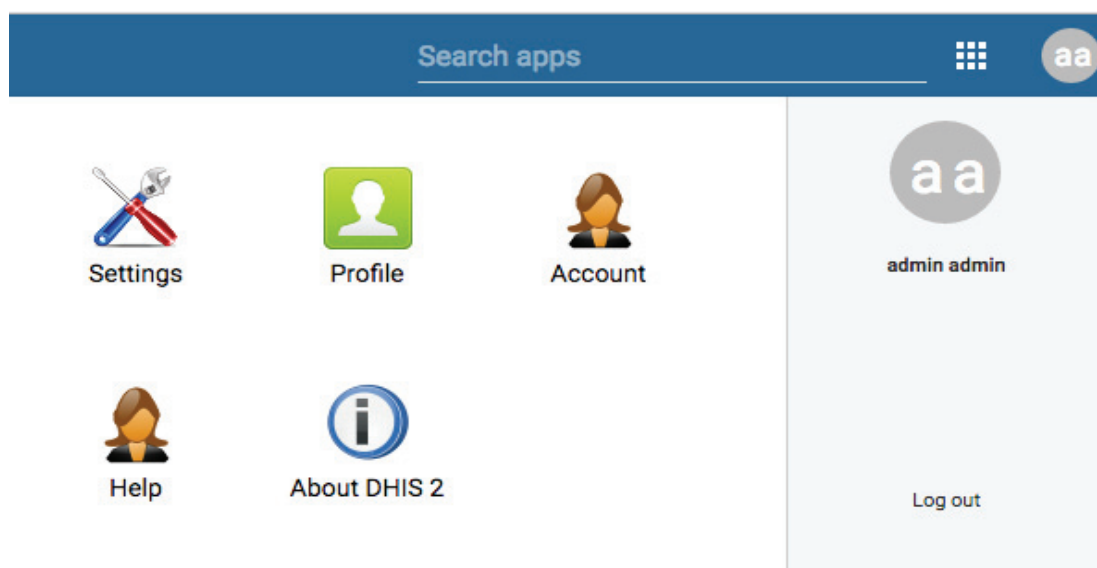


Figure 3: Log out screen

Menus and Navigation

Menus

The DHIS2 has two menu systems: The top menu which leads to the various modules, which includes Data Entry, Reports, Data Quality, Pivot Table, Data Visualizer, and GIS of the BRN QIP.



- Navigating the “top” menu

The DHIS2 consists of various modules (major components) which each have specific features. Such features include **Data Entry, Data Quality, Report, Dashboard, Pivot Table, Data Visualizer and GIS**. You can access these modules from the top menu shown in figure 4.

- **DHIS2 (Home icon)**

Left click on this menu takes you to the home page (the dashboard) shown in figure 2. The dashboard module enables you to create, manage and view dashboards of favorite's charts, graphs, tables, maps and etc.

- **Apps**

Left click on this menu take you to the list of all DHIS 2 applications as shown in figure 6.

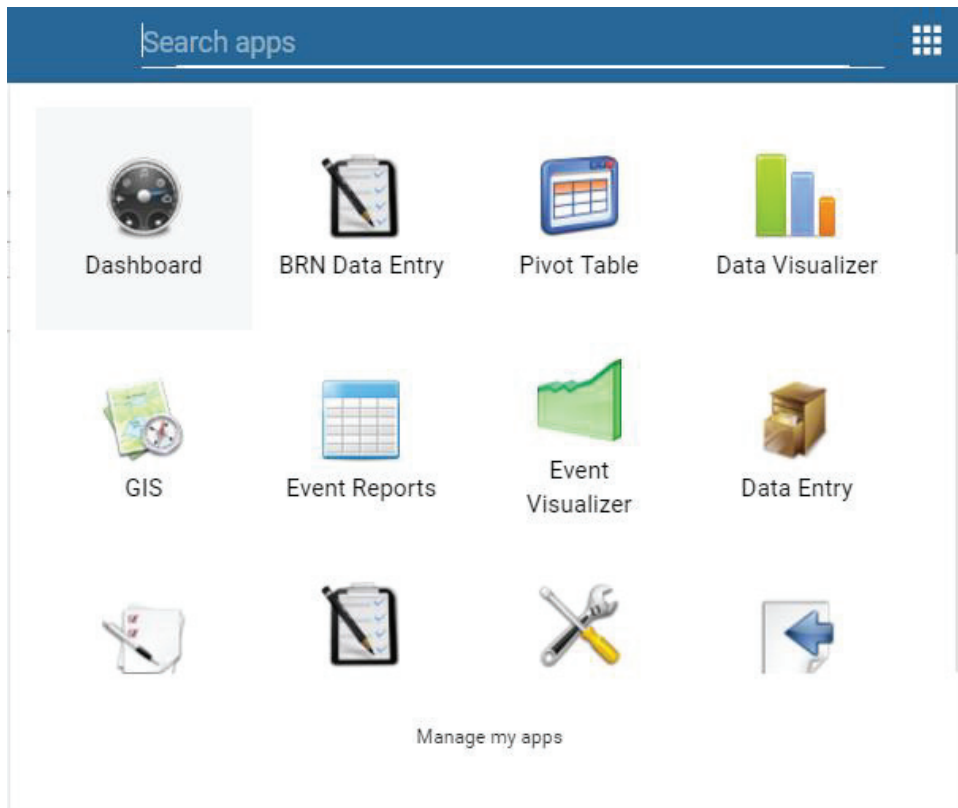


Figure 6: Apps Menu

If few Apps are listed on the menu, click on “More apps” or up and down arrow at the bottom of the list to view the rest of the Apps or you can start typing the name of the app in the search apps text box so as to search for the specific App.

Here is where you can find **BRN Data Entry App**. More detail about the functionalities of each App will be explained in the later sections.

- **Profile**

Left click on this menu if you want to update account information (profile), change password (account), log out, read about DHIS 2, and get help (Help) as shown in figure 3.

Navigating inside modules

When you open most of the modules you will see the module main page which lists the major sub-modules or features in the middle of the screen with a short description. Simply click on the feature you would like to open. When inside a module you will always see the left side menu with links to its features. Use this menu to switch between features.



Figure 7: Sample features displayed under Reports module in the Apps main menu

Note: The BRN Data Entry, dashboard, and other analysis and visualization applications do not have this menu system as they only contain one feature; everything is in one page, so there is no need for such a menu there.

How to perform data entry in BRN QIP

To open the BRN Data Entry application, follow these steps:

1. Hover/click on the Apps menu displayed in the main menus. A drop-down menu will appear listing the applications provided by the system.

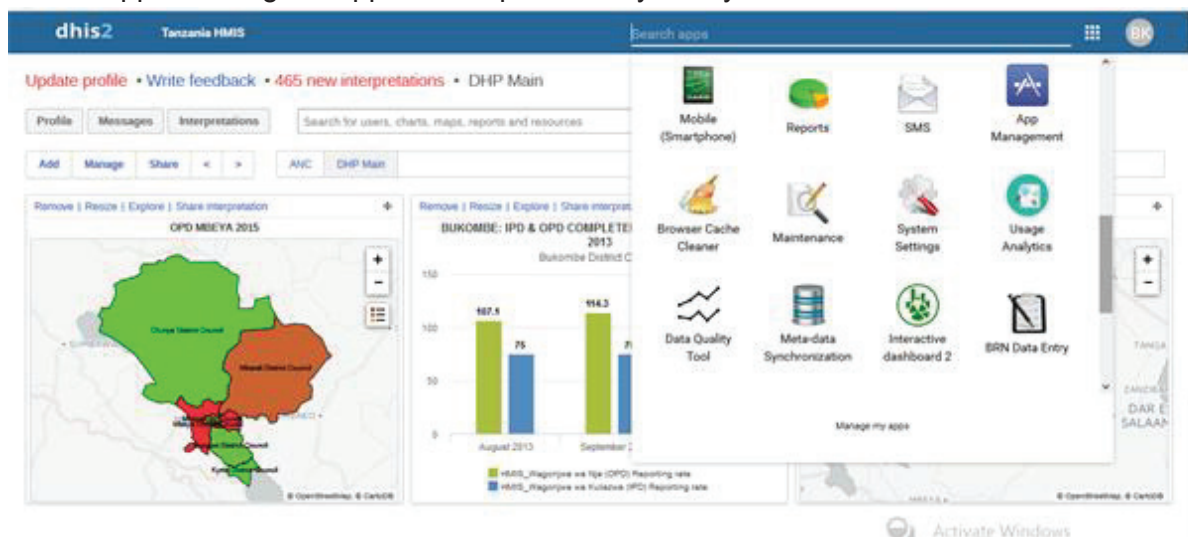


Figure 8: Accessing the BRN Data Entry App in DHIS

2. Click on the BRN Data Entry App option.
3. If BRN Data Entry does not appear in the list after step 1 above, type "BRN Data Entry" on the search app text box or use scroll up and down to locate BRN Data Entry then continue with step
4. BRN Data Entry Registration and Data Entry window will open as shown in figure 9.

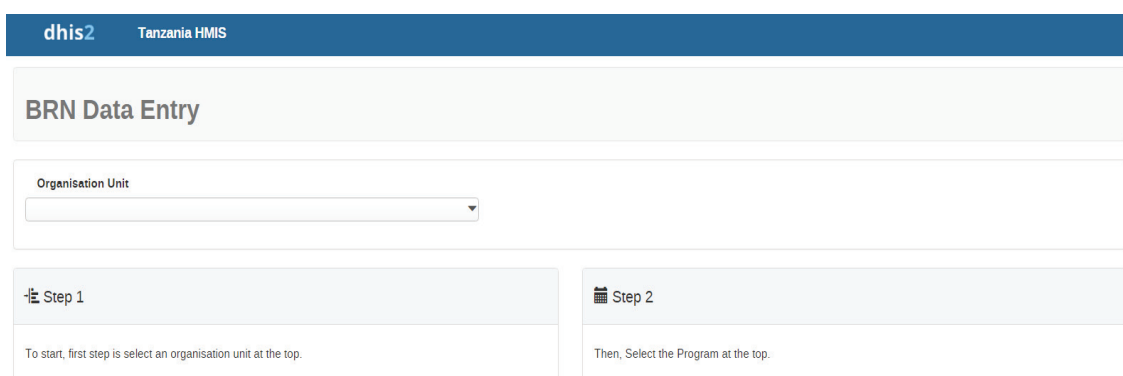


Figure 9: BRN Registration and Data Entry Window

Data entry with BRN Data Entry App

After selecting the BRN Data Entry app as indicated in Step 2 above new interface will appear that have two panes the left pane with organization unit and the right with list of programs. To enter data for BRN Assessment you will be required to select the facility that is

to be assessed and fill in the details in each area as highlighted in the steps that follows below.

1. Select name of the facility from the organization unit tree in the left panel (eg. 511 KJ Gongo la Mboto Dispensary).
2. Basing on the facility you have selected as either Dispensary, Health Centre or Hospital, **BRN Facility Assessment form** will be displayed at the right of the selected facility.

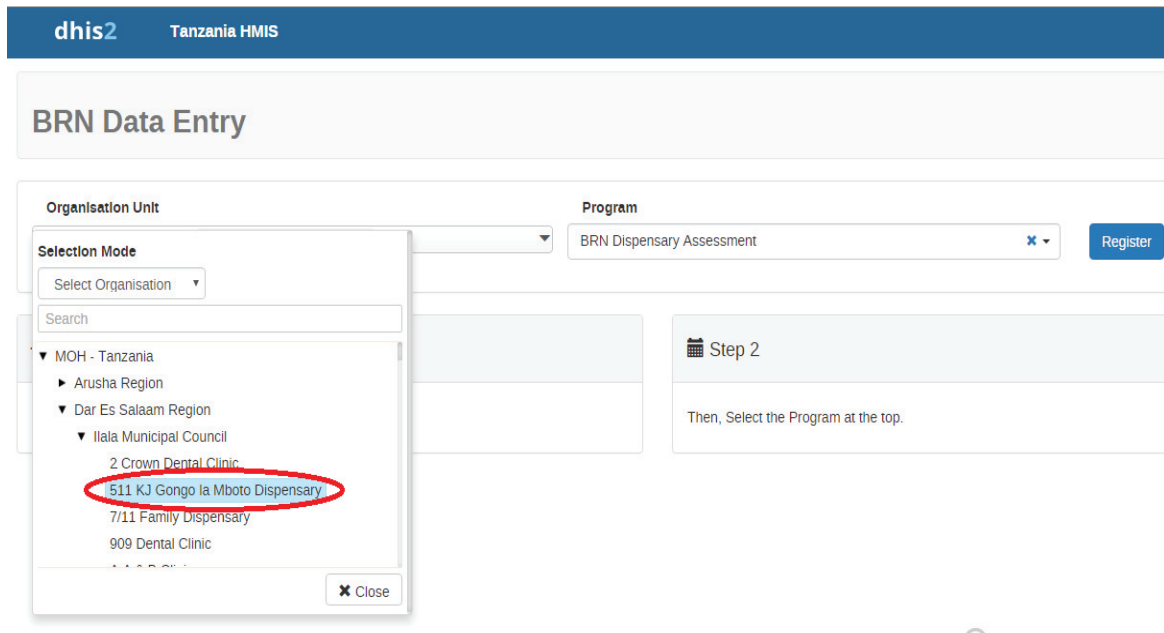


Figure 10: Selection of Facility for Assessment

3. Click on the **Register** button to fill in facility's Assessment primary details then click **Create**. This will lead you to the screen with stages where you will be entering assessment results as highlighted in section 3.1.1 below.

NOTE

There are two types of data set in BRN-QIP data entry which are;

- i. Facility Baseline Assessment
- ii. Follow up Assessment

Baseline assessment data entry starts at first followed by Follow up. Follow up data cannot be entered unless Baseline data was entered before. In other words Follow up depends on Baseline assessment.

Conducting Facility's Baseline Assessment Data Entry

Facility Baseline Assessment is the assessment which is conducted for the first time to identify the gaps existing in the specific facility so as to develop the Quality improvement plan that can be used for progress follow up. Also facility baseline assessment contributes in star rating facility according to the gaps that they will have, the star rate range from one to five star (the lesser the gaps the higher the star rate). To conduct Baseline Assessment data entry follow the steps outlined below:

1. Proceed from the above BRN Data entry step, from there Baseline Assessment tab will appear by default.
2. On the Facility's Baseline Assessment tab the **report period** date will be picked up as the date of the day you are doing the data entry.
3. Enter facility's Baseline assessment results for each area starting from Area 2 to Area 12. Each time data is entered in a text fields data will be saved instantly.
4. Click **Complete** button when the baseline assessment is completed.

The screenshot shows a web interface for 'Dispensary Baseline Assessment'. At the top, there are two tabs: 'Dispensary Baseline Assessment' (selected) and 'Dispensary QIP Followup'. Below the tabs, there is a 'Report date' field with the value '05-02-2016' highlighted in yellow. A list of 12 assessment areas follows, each with a right-pointing arrow: AREA 2: HEALTH FACILITY MANAGEMENT, AREA 3: USE OF FACILITY DATA FOR PLANNING AND SERVICE IMPROVEMENT, AREA 4: STAFF PERFORMANCE ASSESSMENT, AREA 5: ORGANISATION OF SERVICES, AREA 6: HANDLING EMERGENCIES AND REFERRAL, AREA 7: CLIENT FOCUS, AREA 8: SOCIAL ACCOUNTABILITY, AREA 9: FACILITY INFRASTRUCTURE, AREA 10: INFECTION PREVENTION AND CONTROL, AREA 11: CLINICAL SERVICES, and AREA 12: CLINICAL SUPPORT SERVICES. At the bottom left of the list is a green 'Complete' button.

Figure 12: Baseline Assessment of various areas

Conducting Facility's Follow up Assessment

Follow up assessment is conducted to monitor the implementation of the quality improvement plan so as to assess the progress of implementing the processes involved in handling the gaps that were identified during the Baseline assessment. To conduct Baseline Assessment follow the steps outlined below:

1. Click on the Facility QIP Follow up tab.
2. Select the **report period** in which the follow up data is entered (they are in quarterly).
3. Click **Create** on the right side to enter facility's follow up information.

The screenshot shows the DHIS2 interface for a Tanzania HMIS. At the top, the 'Organisation Unit' is '511 K.J Gongo la Mboto Dispensary' and the 'Program' is 'BRN Dispensary Assessment'. Below this, there are tabs for 'Dispensary Baseline Assessment' and 'Dispensary QIP Followup'. The 'Report date' is set to '01-02-2017'. A 'Period' dropdown menu is open, showing options: 'No Period Selected', 'January - March 2017', 'April - June 2017', 'July - September 2017', and 'October - December 2017'. A 'Create' button is visible next to the dropdown. Below the dropdown, there is a list of areas for assessment, including 'AREA 4: STAFF PERFORMANCE ASSESSMENT'.

Figure 13: Selection Follow up of Reporting period

- Once you have created the QIP follow up form, you will now be able to fill in various followed up areas. The interface as the one displayed below will come up for you to fill in the details.

The screenshot shows the DHIS2 interface for a Tanzania HMIS. At the top, the 'Organisation Unit' is '511 K.J Gongo la Mboto Dispensary' and the 'Program' is 'BRN Dispensary Assessment'. Below this, there are tabs for 'Dispensary Baseline Assessment' and 'Dispensary QIP Followup'. The 'Report date' is set to '01-02-2017'. Below the dropdown, there is a list of areas for assessment, including 'AREA 2: HEALTH FACILITY MANAGEMENT', 'AREA 3: USE OF FACILITY DATA FOR PLANNING AND SERVICE IMPROVEMENT', 'AREA 4: STAFF PERFORMANCE ASSESSMENT', 'AREA 5: ORGANISATION OF SERVICES', 'AREA 6: HANDLING EMERGENCIES AND REFERRAL', 'AREA 7: CLIENT FOCUS', 'AREA 8: SOCIAL ACCOUNTABILITY', 'AREA 9: FACILITY INFRASTRUCTURE', 'AREA 10: INFECTION PREVENTION AND CONTROL', 'AREA 11: CLINICAL SERVICES', and 'AREA 12: CLINICAL SUPPORT SERVICES'. A 'Complete' button is visible at the bottom.

Figure 14: Assessment of various followed up areas

To fill in followed up areas:

- Enter the follow up results in each area starting from **Area2** to **Area12**. Fill in all areas as per follow up conducted.
- Click **Complete** to save when the follow up is completed.

The Scorecard

The Scorecard app offers a useful and standardized method for combining related indicators into one table. A scorecard gives an overall view of the performance of a health facility by highlighting successes, weaknesses, and areas for improvement.

Creating Scorecard

To view a scorecard we use the Score Card app found at the app menu at the upper right.

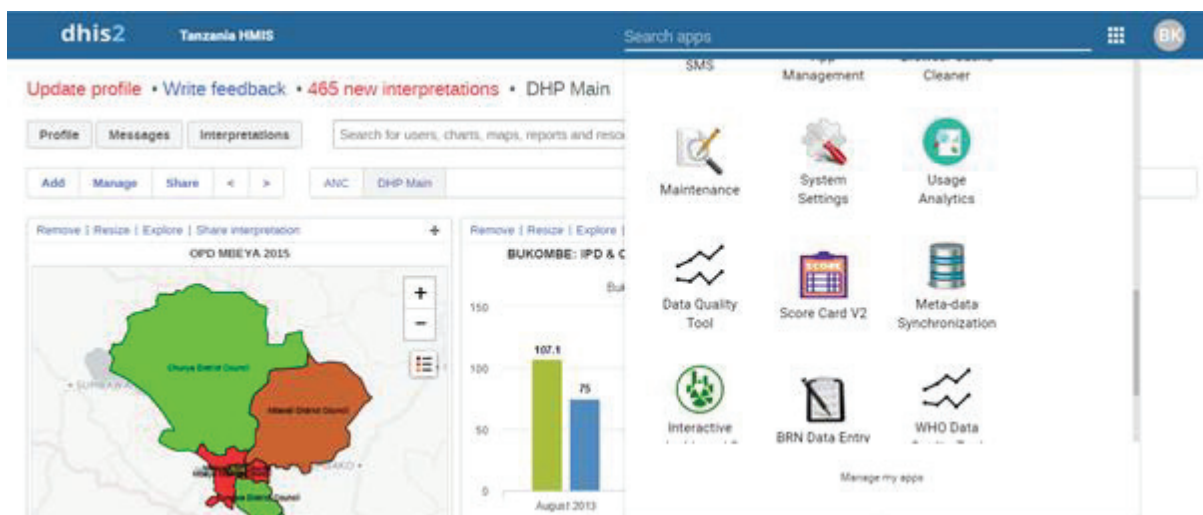


Figure 15: Score card app

- Select the **Score card** app, a list of scorecards that were created will appear as in Figure 16

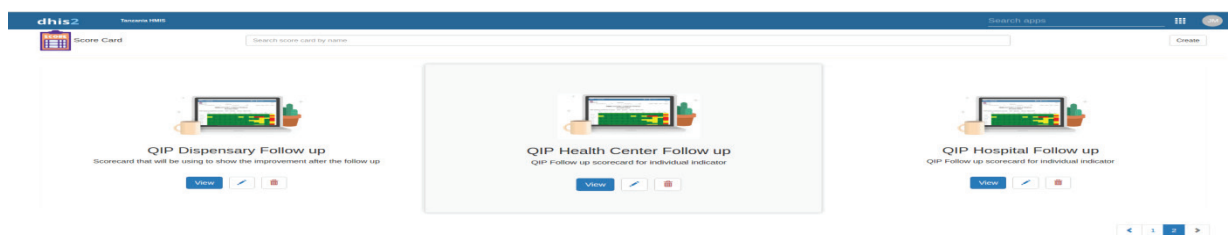


Figure 16: Score card app interface

To create a scorecard click **create** button at the upper right. Then follow the steps highlighted below:

1. Enter title, description and select starting period type for your score card.
2. Select the indicators, data elements or dataset involved in your score card.
3. Click **Create** at the bottom right corner to save your score card.
4. After saving a scorecard you can be able to view it as indicated in section 4.2

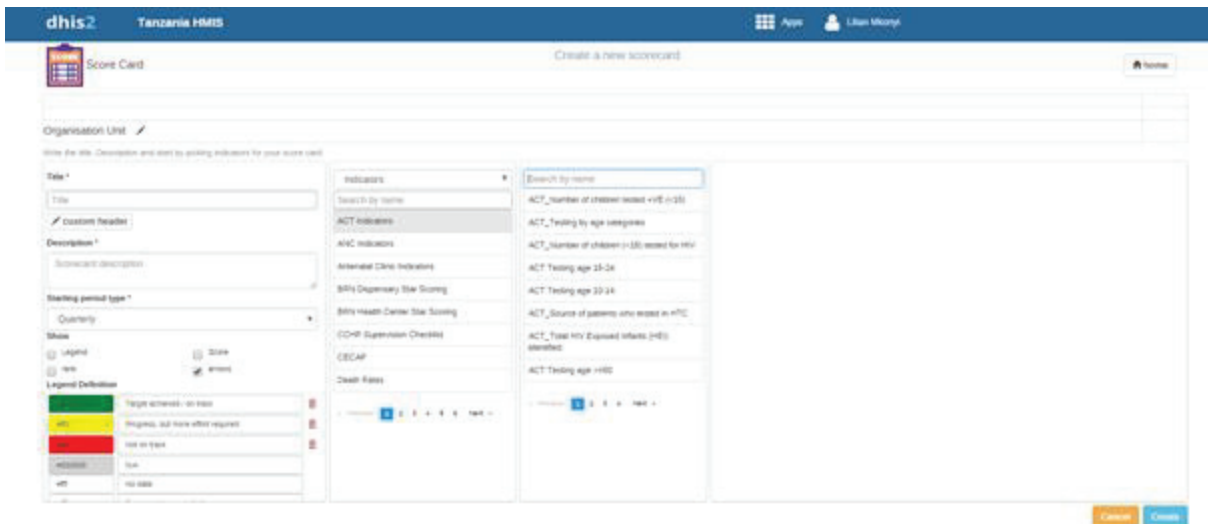


Figure 17: Creation of scorecard

Viewing a Scorecard

Once scorecard is created then it will be displayed in an interface as shown in Figure 16. To view a particular scorecard do the following:

1. Select a **scorecard** that you want to view
2. Click **view** button to open a scorecard.



Figure 18: QIP Dispensary Follow up - 511 KJ Gongo la Mboti Dispensary for January - March 2016

3. Click any area of your interest to view scores of their specific indicators.

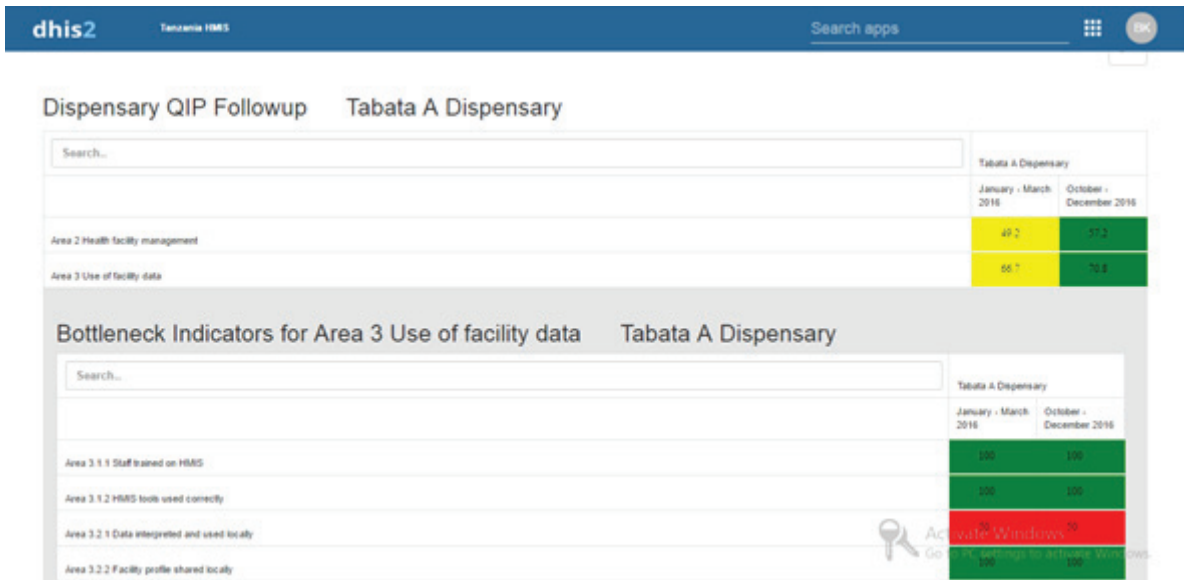


Figure 18: Scores for indicators of area 3.

4. To edit the scorecard click the edit (✎) symbol.
5. You can also delete a scorecard using delete (bin symbol) on the scorecard.

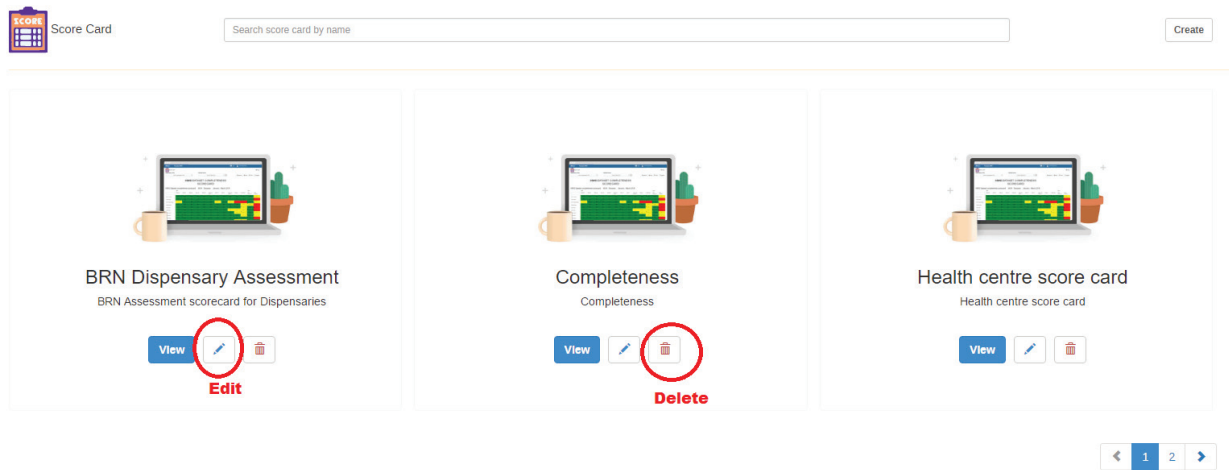


Figure 19: Editing or deleting a scorecard

QIP Standard Report

Standard reports gives you the details of identified gaps during assessment and gaps that were identified not improved after follow up.

Generating Standard Report

1. Go to the right upper corner click search **Apps** to show the App menu.
2. Select **Reports** as shown in Figure 20 below

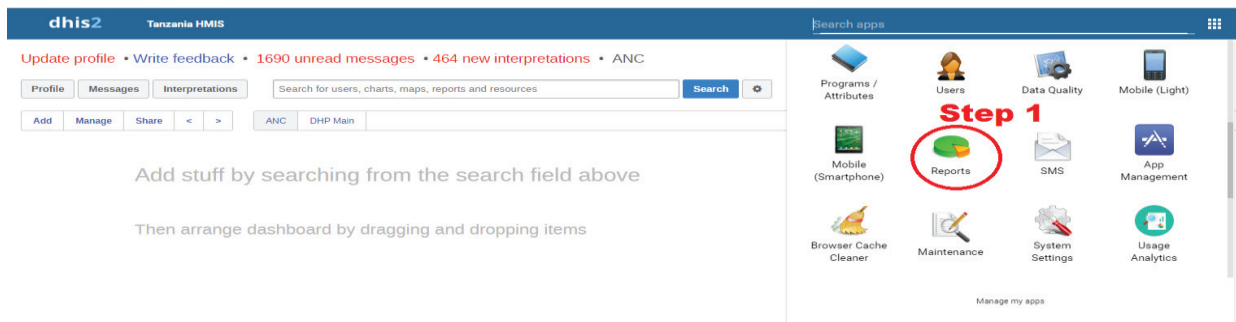


Figure 20: Report App

3. Select **Standard Report** as in Figure 21

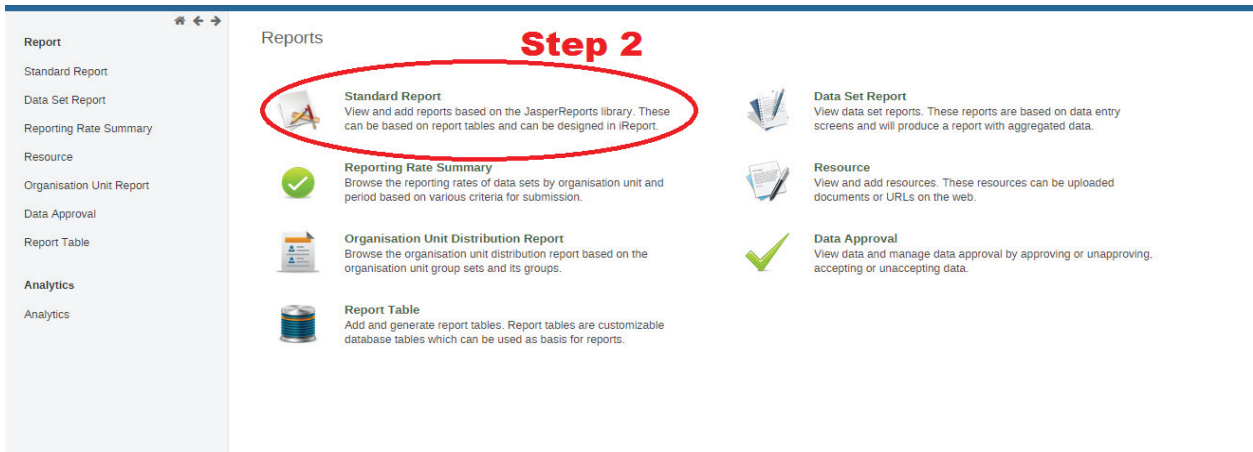


Figure 21: Standard Report

4. Click on **Quality Improvement Plan (QIP) Facility Specific** report then select **Create**

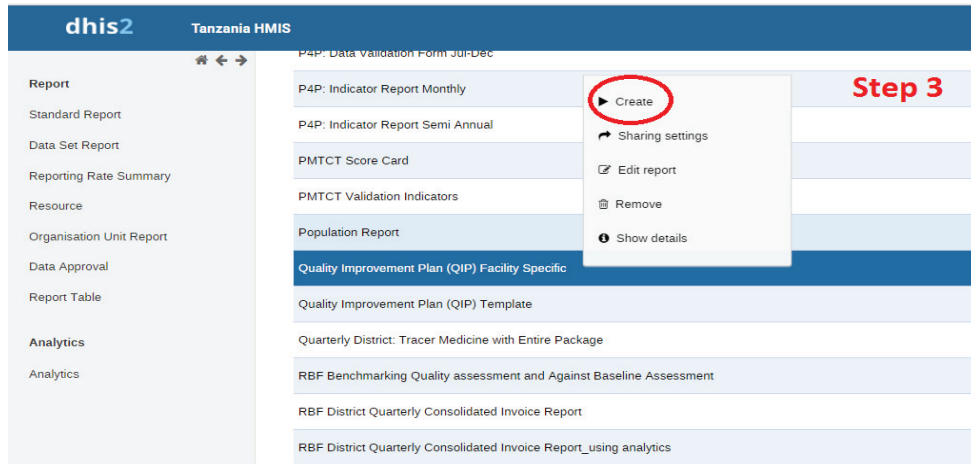


Figure 21: Creation of QIP Report

5. Select **Reporting period** and **Organization unit**

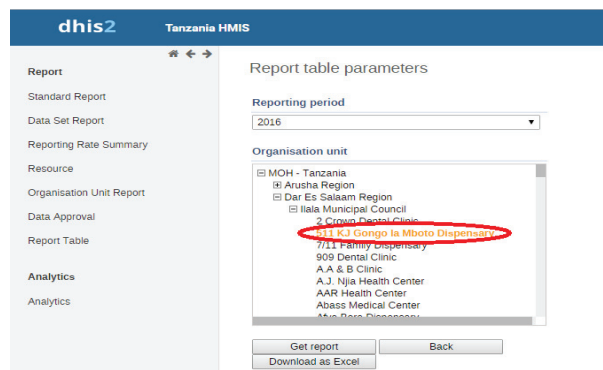


Figure 22: Selection of Facility and period for generating report

6. Click **Get report** to create report.

Generating Baseline Assessment report

1. Choose Baseline Assessment date

The screenshot shows the top navigation bar with the 'dhis2' logo and 'Tanzania HMIS' text. Below the navigation bar are two buttons: 'Print' and 'Back'. Underneath these buttons is a label 'Base Line Assessment On:' followed by a dropdown menu currently displaying 'Choose Date'.

Figure 23: Selection of Baseline date

2. The QIP Baseline Assessment Report will be generated as appearing in figure 23 below. It will be containing the baseline assessment results for each area assessed.

The screenshot displays the 'Quality Improvement Baseline Assessment for 511 KJ Gongo la Mboto Dispensary on 05-02-2016' report. At the top, there are 'Print' and 'Back' buttons, and a search bar. Below the title, there are two dropdown menus for 'Base Line Assessment On:' (set to '05-02-2016') and 'Follow Up On:' (set to 'Choose Date'). A key indicates 'Y = Yes, P = Partial, N = No'. The main content is a table titled 'AREA 2: HEALTH FACILITY MANAGEMENT' with the following columns: 'Hide On Print', '#', 'Gap', 'Improvement Guide', 'Activities to be implemented (QIPs)', 'Responsible person', 'Timeframe', 'Budget Involved', 'Progress Y/P/N', and 'Comments'.


Hide On Print	#	Gap	Improvement Guide	Activities to be implemented (QIPs)	Responsible person	Timeframe	Budget Involved	Progress Y/P/N	Comments
<input type="checkbox"/>	2.1.1	No displayed facility organizational structure.	<ol style="list-style-type: none"> 1. Appoint a responsible person for updating and developing and accountability structure 2. Agree on timeline with responsible Person for developing facility organizational structure. 3. Responsible Person to develop template for org chart as per national standard 4. Responsible Person to develop/update the facility organizational structure using developed template. 5. Responsible person to display facility organizational structure 6. Responsible Person to provide feedback to the facility team and update the status about facility organizational structure Suggestive Time Frame :.....	1. Document/Update and display facility organizational structure.	Facility in charge		NO		
<input type="checkbox"/>	2.1.2	6. Limited number of allocated health workers compared with establishment by each cadre	<ol style="list-style-type: none"> 1. Identify responsible person to address the human resource issues at the facility 2. Agree on timeline for responsible person to make follow up on issue human resource challenges in the facility 3. Responsible person to establish/update list of position filled and vacant as per national staffing level 4. Ensure the list of vacant position are submitted to responsible authority for further action 5. Agree with the responsible authority on timeline to address submitted human resource request 6. Responsible person to make quarterly follow up on the status 7. Responsible person to share feedback with facility team regarding filling of the vacant position and update the status 	1. Employ LSocial welfare	Facility in charge		YES		

Figure 23: Baseline Assessment Report for 511 KJ Gongo la Mboto Dispensary on 05-02-2016

Generating QIP Follow up report

The follow up report is generated so as to assess the progress in implementing the quality improvement plan that was set during Baseline Assessment.

1. Select the **follow up** date.
2. The follow up report will be generated as shown in figure 24 below with new columns indicating the progress done towards accomplishment of the Quality Improvement Plan set during baseline assessment.

dhis2 Tanzania HMIS Search apps 

Print Back

Quality Improvement Follow Up for 511 KJ Gongo la Mboto Dispensary on 01-02-2017

Base Line Assessment On: Follow Up On: Key: Y = Yes, P = Partial, N = No

AREA 2: HEALTH FACILITY MANAGEMENT											
Hide On Print	#	Gap	Improvement Guide	Activities to be implemented (QIPs)	Responsible person	Timeframe	Budget Involved	Progress 01-02-2017	Progress 01-02-2017	Progress Y/P/N	Comments
<input type="checkbox"/>	2.1.1	No displayed facility organizational structure.	<ol style="list-style-type: none"> 1. Appoint a responsible person for updating and developing and accountability structure 2. Agree on timeline with responsible Person for developing facility organizational structure 3. Responsible Person to develop template for org chart as per national standard 4. Responsible Person to develop/update the facility organizational structure using developed template 5. Responsible person to display facility organizational structure 6. Responsible Person to provide feedback to the facility team and update the status about facility organizational structure Suggestive Time Frame :	1. Document/Update and display facility organizational structure.	Facility in charge		NO				
<input type="checkbox"/>	2.1.2	6. Limited number of allocated health workers compared with establishment by each cadre	<ol style="list-style-type: none"> 1. Identify responsible person to address the human resource issues at the facility 2. Agree on timeline for responsible person to make follow up on issue human resource challenges in the facility 3. Responsible person to establish/update list of position filled and vacant as per national staffing level 4. Ensure the list of vacant position are submitted to responsible authority for further action 5. Agree with the responsible authority on timeline to address submitted human resource request 6. Responsible person to make quarterly follow up on the status 7. Responsible person to share feedback with facility team regarding filling of the vacant position and update the status 	1. Employ LSocial welfare	Facility in charge		YES				

Figure 24: QIP Follow up Report for 511 KJ Gongo la Mboto Dispensary on 01-02-2017

Chapter 3

QUALITY IMPROVEMENT PLAN WITH FOLLOW UP GUIDE

AREA 1: LICENSING AND CERTIFICATION				
Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
1.1 Valid license		Private health facility does not have up-to-date license as per Private Hospital Advisory Board, <i>or</i> public facility has no Msimbo (Health Management Information System) number.	Update the facility license in accordance with the requirements of the Private Hospital Advisory Board. Request Msimbo (Health Management Information System) number from the District Medical Officer's (DMO's) office.	<ul style="list-style-type: none"> • Conduct follow-up at the DMO's office to obtain facility licensing and service agreements. • Update the facility team and the quality improvement team on status of facility licensing.
1.2 Service agreement in place		Facility is providing services as per service agreement with the government but updated service agreement not available	Request or apply for updated service agreement with the government.	<ul style="list-style-type: none"> • Follow up with the DMO's office to be informed on procedures having an updated service agreement.

AREA 2: HEALTH FACILITY MANAGEMENT				
Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
2.1.1 Organisational structure displayed	1	The facility's organizational structure is not displayed.	Document/update and display the facility's organizational structure.	<p>Appoint a responsible person to:</p> <ul style="list-style-type: none"> Request a guide/template for developing an organizational structure chart from the District Health Secretary. Set a timeline for developing the facility's organizational structure. Develop the organizational structure of the facility in accordance with national standards. Provide feedback to the facility team and the Health Facility Governing Committee (HFGC) on the status and availability of the organizational structure. Display the facility's organizational structure at the facility notice board.
2.1.2 Human resource allocated to the facility	1	There is a limited number of allocated health workers compared with establishment by each cadre.	<p>Employ the following:</p> <ul style="list-style-type: none"> - Medical officers - Assistant medical officers - Clinical officers - Clinical assistants - Nursing officers - Nurses - Assistant nursing officers - Medical attendants - Pharmacists - Pharmaceutical technologists - Pharmaceutical technicians - Radiology scientists - Radiographer technologists - Laboratory scientists 	<ul style="list-style-type: none"> Establish and update a list of available and vacant staff positions as per staffing level guide. Send a request note with the list of vacant positions to the District Medical Officer's (DMO's) office for further action. Follow up quarterly to get feedback on the Human Resources (HR) status and share feedback on that status with the facility team and the HFGC/board. Document the status of the current employed staff at the facility and update the facility QIP.

AREA 2: HEALTH FACILITY MANAGEMENT

Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
			<ul style="list-style-type: none"> - Laboratory technologists - Assistant laboratory technologists - Laboratory attendants - Assistant environmental health officers - Biomedical technologists - Social welfare workers - Medical records technicians 	
<p>2.1.3 Human resource availability at duty station</p>	1	<p>Not all of the health staff or workers are available at the facility (list missing by cadre).</p>	<p>Prepare an attendance register with date, names, time in, time out, and signatures documented by cadres.</p>	<ul style="list-style-type: none"> • Review the attendance register daily to identify missing staff. • Meet with facility staff to share the workplace rules and regulations as per government standards.
<p>2.1.4 Human resource management</p>	1	<p>Health workers' attendance and absenteeism is not monitored.</p>	<p>Prepare and update an attendance register with date, names, time in, time out, and signatures documented by staff cadres. Install biometric attendance register.</p>	<p>Appoint an HR focal person to:</p> <ul style="list-style-type: none"> • Keep a record of staff attendance. • Share the record with the facility management team. • Conduct an analysis to identify the root causes of staff absenteeism. • Identify the root causes. • List countermeasures for the causes and implement those measures. • Follow up and document the progress/improvement.

AREA 2: HEALTH FACILITY MANAGEMENT			
Indicator	#	Gap	Activities to Be Implemented
			<p>Improvement Guide</p> <ul style="list-style-type: none"> Standardize effective measures and revise less effective measures. Review the attendance register to identify latecomers and absenteeism.
	2	The health facility has no updated skills profile (for past 12 months) for each cadre.	<p>Update health worker skills profiles for each cadre and keep a record. Include on-the-job training (OJT) undergone by each cadre.</p> <p>Appoint a focal person to:</p> <ul style="list-style-type: none"> Review and update health worker profiles either in files or a database. The reviewer has to liaise with staff to get their updated records, including certificates and certified documents. Agree with the facility in-charge on a timeline to update the staff skills profiles. Develop a simple checklist with elements of a health worker skills profile to guide in updating the profiles.
	3	The facility has no training needs assessment reports.	<p>Prepare training needs assessment reports and keep on record.</p> <ul style="list-style-type: none"> Develop a simple, user-friendly training needs assessment checklist. Liaise with the District Health Secretary to get the prepared/existing tool for conducting staff training needs assessment. Pretest the training needs assessment checklist and finalize ready for use. Share feedback with the facility team and update status in the Big Results Now quality improvement plan (BRN QIP).

AREA 2: HEALTH FACILITY MANAGEMENT				
Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
	4	The facility has no staff orientation practices.	Assess and document the orientation of staff upon recruitment and induction.	<p>Appoint an HR focal person to:</p> <ul style="list-style-type: none"> • Develop an orientation guide for new recruits that includes roles of key staff. • Obtain approval from the facility in-charge. • Share feedback with the facility team and update status in the QIP.
2.1.5 Health Facility Management Team functional	1	The facility has no Health Facility Management Team (HMT).	Appoint an HMT.	<p>Identify a responsible person to:</p> <ul style="list-style-type: none"> • Address health management issues within the facility and lead the process of appointing members of an HMT based on set criteria. • Organize the orientation of HMT members vis-à-vis their roles and responsibilities. • Prepare and disseminate roles and responsibilities to all HMT members. • Share feedback with the facility team and update status in the QIP.
	2	The facility has no appointment letters with terms of reference.	Prepare appointment letters with terms of reference for the HMT members.	<p>The chair of the HMT shall:</p> <ul style="list-style-type: none"> • Prepare the terms of reference and distribute to each appointed member, keeping a copy in the records. • Share feedback with the facility team and update status in the QIP.
	3	HMT has no schedule of meetings.	Prepare and display the schedule for the facility management team meetings and share with relevant stakeholders (DMO, Ward	<p>Identify a responsible person within the HMT to:</p> <ul style="list-style-type: none"> • Prepare a schedule of meetings and share that schedule with all HMT members. • Share the meeting agenda with the HMT.

AREA 2: HEALTH FACILITY MANAGEMENT

Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
			Executive Officer, Village Executive Officer).	<ul style="list-style-type: none"> • Develop a reminder system using a sticker note to be displayed at the facility board. • Open a file for HMT meeting minutes. • Keep record/minutes of each meeting in the facility file.
	4	Minutes of management team meetings for the past three months are not available, and there is no evidence of reports being sent to the Council Health Management Team (CHMT).	Keep records of minutes of HMT meetings, and keep evidence of reports being sent to the CHMT.	Identify a responsible person within the HMT to: <ul style="list-style-type: none"> • Prepare a file for keeping HMT meeting records. • Ensure that for each HMT meeting two copies of minutes/notes are prepared (one to be kept in the facility file and another one to be submitted to the district level). • Share feedback with the facility team and update status in the BRN QIP.
2.1.6 Quality Improvement Team functional	1	The facility has no functional Quality Improvement Team (QIT).	Establish a QIT in the facility.	Identify a QI focal person who will: <ul style="list-style-type: none"> • Receive training on QI where necessary. • Supervise the process of forming a functional QIT. • Use national QI guidelines to identify facility QI members based on a set of standard criteria. • Provide OJT on QI principles to QI team members. • Lead facility QIT members to establish a QI file/folder for QI activities recordkeeping.
	2	There is no regular schedule of QI meetings.	Prepare and display a QI meetings schedule.	Appoint a QI focal person to work with the facility in-charge to: <ul style="list-style-type: none"> • Prepare a schedule for QI meetings. • Share the QI meeting schedule with QI team members and

AREA 2: HEALTH FACILITY MANAGEMENT

Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
				<p>display it on the facility notice board.</p> <ul style="list-style-type: none"> Set reminders for convening QI meetings.
	3	Minutes of QIT meetings for the past three months and not available, and there is no evidence of reports being sent to the CHMT.	Conduct QI meetings at least quarterly and keep a record of minutes. Keep evidence of minutes being sent to CHMT.	<p>A QI focal person shall:</p> <ul style="list-style-type: none"> Organize facility QI meetings according to a set schedule. Keep all meeting minutes and reports in the QI file/folder and share copies of reports with the district QI focal person. Share feedback on QI team progress with the facility team and update status.
	4	The facility has no reports of an internal (self-) assessment on quality of services.	Conduct an internal quality assessment to identify gaps within the facility and establish a QIP.	<p>A QI focal person shall:</p> <ul style="list-style-type: none"> Prepare a checklist for internal quality assessment as per national QI guidelines. Organize and conduct an internal QI assessment. Develop a facility QIP based on national QI guidelines and document findings from the internal QI assessment. Share feedback on QI team progress with the facility team and update status.
	5	The facility has not documented QI activities in the past six months.	Document all QI activities performed in the facility.	<p>A QI focal person shall:</p> <ul style="list-style-type: none"> Prepare a work plan for facility QI activities. Follow up on the implementation of QI activities as per the facility QIP. Document and keep a report of implemented QI activities. Share feedback on QI work plan progress with the facility team and update status in the QIP.

AREA 2: HEALTH FACILITY MANAGEMENT			
Indicator	#	Gap	Improvement Guide
		Activities to Be Implemented	
Facility Autonomy and Fiscal Decentralisation			
2.2.1 Facility level planning and budgeting	1	The facility has not submitted an annual health plan and budget together with approval by the HFGC.	<p>Identify a responsible person to:</p> <ul style="list-style-type: none"> Follow up with the district Comprehensive Council Health Plan (CCHP) focal person on the guideline to prepare the annual facility plan and budget. Follow up with the facility in-charge on the HFGC approval. Prepare the annual facility plan and share with other staff for their input. Work with the health facility team to finalize the plan and budget and involve the HFGC to review before submitting to the district.
	2	The facility does not have the CHMT's written feedback on the health plan and budget.	<p>Identify a responsible person for health planning and budgeting to:</p> <ul style="list-style-type: none"> Follow up with the district CCHP focal person on the guideline to prepare an annual facility plan and budget. Prepare an annual facility plan and share with other staff for their input. Finalize the plan and budget and submit to the district level together with the approval of the HFGC members through the facility in-charge. Follow up on written feedback on the facility plan and budget from the district level. Keep a record of the written feedback and share with other facility staff and update the status in the QIP.

AREA 2: HEALTH FACILITY MANAGEMENT				
Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
2.2.2 Facility operating bank account	1	There is no evidence of an operating bank account in the name of the facility.	Open a facility bank account in the name of the facility.	<p>The facility management team shall:</p> <ul style="list-style-type: none"> Follow up with the district level to get guidance/procedures on owning and operating a facility bank account. Organize a meeting with the HFGC to discuss and agree on a process to open the facility bank account. Open a facility bank account based on agreement made in the HFGC meeting. Make names/signatories known to all members in the facility.
	2	The facility has no competent handling of funds and financial reporting.	Train facility staff on financial management and reporting, including financial risk mitigation, or recruit a competent, dedicated facility accountant.	<p>The facility management team shall:</p> <ul style="list-style-type: none"> Liaise with the district level to arrange for staff OJT on financial management, including health planning and budgeting. Plan to orient the HFGC members on financial management. Liaise with the district to request for a facility accountant.
	3	There is no evidence of deposits of self-generated funds (National Health Insurance Fund, Community Health Fund [CHF], or user fees) in the facility bank account during the past six months.	Deposit all self-generated funds in the facility bank account and keep records of pay-in slips with bank statements.	<p>A planning and budgeting focal person shall:</p> <ul style="list-style-type: none"> Collaborate with the facility in-charge to organize a meeting with the HFGC, the main agenda of which shall be to improve facility self-revenue generation and management. Ensure that all funds generated within the facility are deposited in the facility bank account. Establish/use a facility accounting file/folder to keep all records of pay and deposit slips with bank statements.

AREA 2: HEALTH FACILITY MANAGEMENT				
Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
	4	The facility does not receive any part of budgeted funds for other charges (from block grant, Health Basket funds, CHF matching funds) through its bank account.	Budgeted funds for other charges (from block grant, Health Basket funds, CHF matching funds) should pass through the facility bank account.	<p>A planning and budgeting focal person shall:</p> <ul style="list-style-type: none"> • Follow up with the district level on procedures to handle budgeted funds for other charges. • Ensure that procedures to handle funds budgeted for other charges are handled under procedures in place, including passing through facility bank account. • Share feedback with facility team and update status in the QIP.
2.2.3 Appropriate expenditure on medicines and health products	1	Less than 50% of total expenditure is spent on medicines and health products.	More than 50% of expenditure should be spent on medicines and health products.	<p>A planning and budgeting focal person shall:</p> <ul style="list-style-type: none"> • Collaborate with the facility in-charge to organize a planning meeting with the HFGC, the main agenda of which shall be facility revenues and expenditure analysis. • Make use of the HFGC meeting to ensure that more than 50% of expenditure is allocated for medicines and health products.

AREA 2: HEALTH FACILITY MANAGEMENT

Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
2.3.1 Housing/ Housing allowance for key staff	1	There is no housing or housing allowance for key staff.	Build housing or provide housing allowance for three key staff.	<p>Identify a responsible person for facility infrastructure improvement to:</p> <ul style="list-style-type: none"> • Follow up with the district level on presence of a plan for construction of required buildings. • Where a plan is in place to construct new buildings, follow up on the execution of that plan through completion. • Where no plan is in place for construction of new buildings, organize a meeting with the HFGC, the main agenda of which should be how to mobilize local resources for construction of the new buildings. • Once the plan for internal resource mobilization for building is developed, share it with the district level. • Ensure that the plan to construct new buildings using internal resources is implemented. • Share feedback with the facility team, district management, and the HFGC.
2.3.2 On call amenities	1	No suitable room for on-call staff exists within the facility.	Allocate and equip a suitable room for on-call staff (separate rooms for male and female staff).	<p>Identify a responsible person for facility infrastructure improvement to:</p> <ul style="list-style-type: none"> • Organize a meeting with the facility health management team and discuss allocating rooms for on-call staff. • Draw up a plan at the HMT meeting to allocate and equip rooms for on-call male and female staff. • Follow up on the implementation of the plan. • Share feedback with the facility team and update status in the BRN QIP.

AREA 2: HEALTH FACILITY MANAGEMENT

Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
<p>2.3.3 Extra duty and on call allowances budgeted</p>	<p>1</p>	<p>Extra-duty and on-call allowances are not included in the current financial year.</p>	<p>Include extra-duty and on-call allowances in the next financial year.</p>	<p>The facility in-charge shall:</p> <ul style="list-style-type: none"> • Prepare a list of staff and a budget for on-call and extra-duty allowance projections according to government rates. • Share the list and budget with the District Medical Officer (DMO) for approval. • File the approved budget and share with facility staff for implementation.

AREA 3: USE OF FACILITY DATA FOR PLANNING AND SERVICE IMPROVEMENT

Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
3.1 Function of HMIS				
3.1.1 Staff trained on HMIS	1	No staff are trained on the Health Management Information System (HMIS).	The facility should arrange on-the-job training (OJT) and request assistance from the District HMIS coordinator. Train staff on HMIS.	Identify an HMIS focal person to: <ul style="list-style-type: none"> • Follow up with the district HMIS focal person to arrange for OJT and provision of required materials including HMIS manual books. • Follow up with district management and implementing partners on available HMIS training that he or she can participate in. • Follow up on implementation of OJT and in-house HMIS training if available. Document data, topics, and attendees of OJT.
	2	The HMIS manual/guide (Book 1) is not available.	Make the HMIS manual (Book 1) available.	The HMIS focal person shall: <ul style="list-style-type: none"> • Request an HMIS manual (Book 1) from the district HMIS focal person. • Ensure that the HMIS manual is collected from the district HMIS focal person and that it is available at the facility. • Share feedback with other facility staff.
3.1.2 HMIS tools in place and filled properly	1	The HMIS Summary Book is not in use or is not correctly filled in for the previous month (for services offered at the health	Make HMIS tools available and use them on daily services offered at the facility.	The HMIS focal person shall: <ul style="list-style-type: none"> • Follow up with the district HMIS focal person to arrange for OJT on proper documentation using HMIS tools, including the Summary Book. • Follow up on the implementation of OJT and in-house HMIS training if available. Document data, topics, and

		facility).		<p>attendees of OJT.</p> <ul style="list-style-type: none"> Share feedback with other facility staff and update status in the BRN QIP.
2	Less than 11 HMIS tools are available and in use in the facility (mention missing HIMS tools).	Request and collect HMIS tools and related registers at the District Medical Officer's (DMO's) office (the District Health Information System [DHIS] Coordinator) for use in the health facility.	<p>The HMIS focal person shall:</p> <ul style="list-style-type: none"> Assess the availability of HMIS tools at the facility. Prepare a list of all missing HMIS tools and submit it to the DHIS Coordinator at the DMO's office. Follow up with the DHIS Coordinator and obtain the requested HMIS tools. Ensure that all HMIS tools are distributed to the respective facility departments. 	
3	HMIS registers and related tools are not correctly filled out.	Perform orientation of new staff and/or OJT for existing staff on how to correctly fill out HMIS tools.	<p>The HMIS focal person shall:</p> <ul style="list-style-type: none"> Follow up with the DHIS Coordinator to arrange for OJT on proper documentation with HMIS tools, including registers. Ensure that OJT on HMIS tools is implemented as planned. Cross-check monthly in HMIS tools for improved documentation after OJT. 	
4	Data in the Outpatient Department register do not correspond to summary forms.	Ensure consistency of data between registers, tally sheets, and summary reports.	<p>The HMIS focal person shall:</p> <ul style="list-style-type: none"> Follow up with the DHIS Coordinator to arrange for OJT on proper reporting. Ensure OJT on reporting is implemented as planned. Conduct monthly data quality checks to assess quality, consistency, and completeness of data. 	

					<ul style="list-style-type: none"> Share feedback with other facility staff and update status in the Star rating QIP.
3.2 Information use and dissemination					
3.2.1 Data interpreted and used at the facility	1	There is no evidence of data interpretation and use at the health facility.	Display tables, graphs, and figures with evidence showing data interpretation and use and share with relevant stakeholders (DMO, Ward Executive Officer, Village Executive Officer).	The HMIS focal person shall: <ul style="list-style-type: none"> Follow up with the DHIS Coordinator on the national standard format for data interpretation/analysis for respective service departments. Help facility teams organize and analyze facility data based on national standards. Prepare and share the facility data analysis summary with other facility staff through existing facility meetings or through separate meetings. 	
	2	The facility does not use HMIS data to prepare a facility profile report.	Use HMIS Book 10 to prepare the facility profile report.	The HMIS focal person shall: <ul style="list-style-type: none"> Follow up with the DHIS Coordinator to arrange for HMIS Book 10. Coordinate with the DHIS Coordinator to arrange for OJT on how to prepare the facility report using HMIS Book 10. Ensure that OJT is conducted; record the date and names and topics covered and store in the facility human resources file. Conduct monthly follow-up to ensure HMIS Book 10 is used for reporting. 	
3.2.2 Facility profile report shared with village	1	The facility profile report is not shared with the local administration.	Share the facility profile report with the local administration.	The facility HMIS focal person shall: <ul style="list-style-type: none"> Prepare the facility profile report and share it with the local administration. Through Health Facility Governing Committee 	

and wards				meetings, share the report with local stakeholders and discuss ways forward on challenges if any.
3.1 Medical records				
3.3.1 Recording and retrieval of medical records	1	Medical records are not properly completed for all patients seen at the facility.	Properly complete medical records for all patients seen at the facility	<p>The HMIS focal person shall:</p> <ul style="list-style-type: none"> • Review all relevant medical records and establish documentation gaps. • Conduct follow-up meetings with respective departments to agree on time-bound actions to be taken to improve documentation in medical records. • Conduct weekly follow-up visits to relevant departments to check progress. • Share feedback with other facility staff and update status in the BRN QIP.
	2	No system for easy retrieval of files or patient records.	<p>Develop and use a system for easy retrieval of files or patient records.</p> <p>Retain patient records at the health facility; use file numbers and an alphabetical arrangement; store in a recordkeeping room with lockable shelves.</p>	<p>The HMIS focal person shall:</p> <ul style="list-style-type: none"> • Request the facility in-charge to allocate a room for patient recordkeeping. • Request the facility in-charge to procure and install lockable shelves in the recordkeeping room. • Ensure that all patients' files and records are kept in the recordkeeping room in an organized format according to national standards (by registration numbers or alphabetical order of last names). • Share feedback with other facility staff.

<p>3.3.2 Confidentiality assured for patient records</p>	<p>Confidentiality is not ensured, or patient records are not retained at the facility.</p>	<p>Ensure confidentiality and that patient records are retained at the facility in a separate room with lockable shelves.</p>	<p>The HIMIS focal person shall:</p> <ul style="list-style-type: none"> • Ensure that all patient files contain a correct registration number. • Ensure that all patient files are retained and kept in lockable shelves within the facility's recordkeeping room. • Communicate with all facility departments on how patient files should be stored, retrieved, used, and returned especially to maintain patient privacy throughout the process. • Cross-check weekly to ensure that patient registration is completed as per national standards and files are stored securely and privately. • Share feedback with other facility staff and update status in the BRN QIP.
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AREA 4: PERFORMANCE ASSESSMENT			
Indicator	#	Gap	Improvement Guide
4.1 Staff performance appraisal system			
4.1.1 Staff performance method in place	1	No staff performance assessment system is in place.	<p>Identify responsible person to:</p> <ul style="list-style-type: none"> • Develop a schedule for conducting annual staff performance reviews using the OPRAS format. • Orient staff on how to set OPRAS goals and on the review process. • Create a Human Resources (HR) file to store staff OPRAS forms. • Ensure that completed staff appraisals are submitted to DMO's office as per guidelines. • Keep records indicating results and dates of submitted appraisals.
4.1.2 Staff performance targets agreed	1	The facility has no agreed-upon performance targets for supervisors and staff.	<ul style="list-style-type: none"> • Develop key facility performance targets and share them with staff during a set meeting. • Guide staff to include facility targets and objectives in their team and individual performance targets and objectives.
4.1.3 Individual job descriptions	1	The facility does not have individual job descriptions for staff.	<ul style="list-style-type: none"> • Make a list of staff who lack job descriptions and prepare or obtain such descriptions where necessary as per the list. • Disseminate the updated job descriptions to all relevant staff and ask them to review and sign them. • File all signed copies of staff job descriptions in the HR file.

	2	Staff interviewed were not aware of their job description.	Orient all staff on their job descriptions.	<ul style="list-style-type: none"> Develop an orientation program for staff on their roles and responsibilities. Plan and conduct regular meetings with new and existing staff to orient them on their roles and responsibilities using a written job description.
4.1.4 Effective review of individual performance	1	The facility does not conduct a midyear review of individual performance.	Conduct midyear and yearly reviews for individual staff performance.	<ul style="list-style-type: none"> Develop a schedule for midyear staff performance reviews and share with staff. Orient staff on the midyear performance review and its importance. Conduct staff midyear reviews, submit results to the relevant office, and keep records in the facility HR file.
	2	There are no rewards and/or consequences based on OPRAS or an alternative appraisal review system.	Develop reward system based on OPRAS performance	<ul style="list-style-type: none"> Use OPRAS for decision making—for example, promotion, identification of training needs, transfers, and termination of services.
4.1.5 Staff satisfaction with performance review system	1	Staff are not satisfied with the performance review system.	The health facility in-charge and administrators will liaise with District Executive Director / District Medical Officer on rewards based on the performance of set targets.	<ul style="list-style-type: none"> Conduct a quick internal assessment to assess staff satisfaction with the performance review system. Arrange a meeting in which the Quality Improvement Team can discuss staff motivation and satisfaction. Document staff concerns and develop strategies to address identified challenges. Task supervisors to discuss staff motivation and satisfaction during staff performance review meetings. Orient staff on the performance review process and guide them on how and where to direct their concerns.

AREA 5: ORGANIZATION OF SERVICES				
Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
5.1 Service provider charter				
5.1.1 Facility name, working hours and on call roster	1	Facility signage (name, working hours, and on-call roster) is not in place.	Display the facility name and working hours in a clear manner near the entrance.	Identify a responsible person to address facility client service needs/customer satisfaction to: <ul style="list-style-type: none"> Follow up with the district level on how to prepare facility signage. Liaise with the facility in-charge on materials required to prepare facility signage. Prepare facility signage. Ensure that facility signage has been displayed near the entrance.
	2	The on-call roster (with contact numbers) is not accessible to clients.	Display the on-call roster (with contact numbers) in a clear manner in the Outpatient Department (OPD), the waiting area, and the Inpatient Department (IPD).	The client service needs/customer satisfaction focal person shall: <ul style="list-style-type: none"> Prepare the on-call roster. Ensure that the on-call roster with contact numbers has been displayed in the OPD, the waiting area, and the IPD. Share feedback with facility team and update status.
5.1.2 Service charter for core healthcare services	1	A price list of all services including exemptions is not displayed at reception and the payment counter.	Display a price list of all services with clear indication of exemptions in visible areas, such as the entrance, waiting area, reception, and payment counter.	The client service needs/customer satisfaction focal person shall: <ul style="list-style-type: none"> Follow up with the district level on a price list for all services. Communicate the price list with the Health Facility Governing Committee (HFGC) and the Health Facility Management Team (HMT). Prepare a price list for all services the facility offers. Display the price list in the entrance, waiting area, and reception areas. Share feedback with the facility team and update status in the

AREA 5: ORGANIZATION OF SERVICES				
Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
5.1.3 Services, insurance benefits and charges are displayed	1	There is no service charter on waiting time for core health care services.	Prepare and display a service charter on maximum client waiting time.	<p>quality improvement plan (QIP).</p> <p>The client service needs/customer satisfaction focal person shall:</p> <ul style="list-style-type: none"> Organize a meeting with all facility departments and agree on maximum client waiting time for the main services the facility offers. Share the agreed-upon maximum client waiting time for each service with the HFGC. Display the agreed-upon maximum client waiting time for each service in reception, the entrance, and patient waiting areas. Share feedback with the facility team and update status in the QIP.
	2		Create awareness among clients and health care providers on maximum client waiting time.	<p>The client service needs/customer satisfaction focal person shall:</p> <ul style="list-style-type: none"> Organize a meeting with all facility departments and agree on maximum client waiting time for each service the facility offers. Share the agreed-upon maximum client waiting time for each service with the HFGC. Display the agreed-upon maximum client waiting time for each service in reception, the entrance, and patient waiting areas. Conduct a session during health education sessions about client waiting time as per the service offered.
5.1.4	1	The schedule for special clinics is not displayed.	Prepare and display a schedule for special clinics (e.g., reproductive and child health, diabetic, cardiac) showing date, day, time, and	<p>The client service needs/customer satisfaction focal person shall:</p> <ul style="list-style-type: none"> Meet with the in-charges of sections with special clinics and agree on the clinic schedule. Prepare a consolidated list of special clinics with the agreed-upon schedule, including day of the week, time, and contact person.

AREA 5: ORGANIZATION OF SERVICES				
Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
5.1.5	1	Key information on plans and budgets, allocation of medicines and supplies, revenue collection, and expenditures is not prepared or displayed.	Prepare and display on availability the following resources: (a) Plans and budgets (b) Allocation of medicines and supplies (c) Revenue collection, received funds, and expenditures	<ul style="list-style-type: none"> Display the schedule for special clinics in the OPD, the entrance, and the respective clinics. Follow up with the respective departments to cross-check whether the schedule in place is being adhered to. <p>Identify a responsible person for health planning and budgeting who will be responsible to:</p> <ul style="list-style-type: none"> Prepare summaries of facility plans, budgets, allocation of medical supplies, revenue collections, received funds, and expenditures and share those summaries with the HFGC and the HMT for review and approval before sharing. Display the summaries of the facility plans, budgets, revenue collection, received funds, and expenditures on an appropriate notice board within the facility.
5.2 Client flow				
5.2.1 Optimal client flow	1	Service provision areas do not support optimal client flow.	Rearrange service provision areas to facilitate smooth client flow. The facility should know the route a client will take from entry to exit.	<p>The client service needs/customer satisfaction focal person shall:</p> <ul style="list-style-type: none"> Organize a review meeting with all departments to ascertain current client flow within the facility. Facilitate development of a revised client flow system and charts. Share the revised client flow charts with the HMT for approval before implementation. Display client flow charts at the entrance and the patient waiting area. Conduct a session during the health education sessions to share information with clients on client flow.

AREA 5: ORGANIZATION OF SERVICES				
Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
	2	Service areas are not labeled and there are no directions to guide clients.	Make service labels, label service areas, and provide directions in the Swahili language to guide clients from one point to another.	<p>The client service needs/customer satisfaction focal person, with support from the facility in-charge, shall:</p> <ul style="list-style-type: none"> • Procure the materials required to make service labels and signs. • Prepare service labels and direction signs. • Share the service labels and the direction signs with the respective departments for their comments during routine facility meetings, and agree on where to place the labels and signs. • Display the service labels and respective direction signs in the agreed-upon locations within the facility.
5.2.2 Client waiting time is monitored		There are no records of monitoring of client waiting time.	Monitor and record clients' waiting times by checking average waiting times weekly—for example, for the OPD, IPD, lab, and pharmacy.	<p>The client service needs/customer satisfaction focal person shall:</p> <ul style="list-style-type: none"> • Organize a meeting with all facility departments and agree on maximum client waiting times for each service offered in the facility. • Share the agreed-upon maximum time a client should wait for each service with the HFGC. • Display the agreed-upon maximum client waiting time for each service in reception, the entrance, and the patient waiting areas. • Conduct periodic monitoring visits to track selected clients and the time taken at each service point from registration at reception to exit. • Summarize findings regarding patient waiting time data weekly and share with the HMT as well as present results during routine facility meetings at least once a month.
5.3 Health promotion services				

AREA 5: ORGANIZATION OF SERVICES				
Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
5.3.1 Facility based health education plan in place	1	The facility has no health education plan.	Prepare and implement a health education schedule/plan.	<p>Identify a responsible person for health promotion activities to:</p> <ul style="list-style-type: none"> • Meet with all departments/sections in the facility and gather a list of issues to be included in health education plan. • Compile all suggested issues and topics to be included in respective departments' health education plan and come up with one facility plan. • Display the facility health education plan with topics to be covered, time, and responsible person in the respective departments/sections. • Follow up on department adherence to the facility education plan. • Share feedback with the facility team and update status in the Big Results Now QIP.
	2	The health education plan is not being implemented.	Document and record the plan's implementation status.	<p>The responsible person for health promotion activities shall:</p> <ul style="list-style-type: none"> • Ensure that activities are implemented according to plan and documented. • Share implementation status with staff regularly.
5.3.2 Outreach health promotion services are scheduled.	1	The facility has no schedule to promote outreach health services.	Prepare and implement a schedule for outreach health promotion and keep a record.	<p>The facility team shall:</p> <ul style="list-style-type: none"> • Discuss the outreach plan. • Compile the outreach plan from each department and come up with one facility outreach plan. • Share the facility outreach plan during routine facility meetings. • Ensure that the facility outreach plan is shared with areas/facilities to be visited for outreach. • Follow up on implementation of the facility outreach plan by the respective departments.

AREA 5: ORGANIZATION OF SERVICES

Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
	2	The outreach services are not provided according to the schedule.	Document evidence of outreach services conducted and file outreach services reports.	<p>The facility in-charge shall:</p> <ul style="list-style-type: none"> • Ensure that outreach services are implemented according to schedule. • Share implementation status with staff and discuss a way forward in case of challenges in outreach services provision.

AREA 6: HANDLING OF EMERGENCY CASES AND REFERRAL SYSTEM

Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
6.1 Appropriate handling of emergency cases				
6.1.1 Guidelines and SOPs for emergencies are available	1	The facility has no readily accessible guidelines and standard operating procedures (SOPs) for health emergencies affecting children under five years old.	Get the guidelines and SOPs for under-five children's health emergencies from the malaria and IMCI (integrated management of child illness) focal person at the District Medical Officer's (DMO's) office.	Identify a focal person to; <ul style="list-style-type: none"> • Develop a list of missing IMCI charts/SOPs and update the inventory list. • Request printed IMCI guidelines from the district or the Ministry of Health, Community Development, Gender, Elderly, and Children (MoHCDGEC). • Disseminate them to the health facility staff. • Identify appropriate places to display IMCI charts and provide the IMCI chart booklet to all clinical staff (place in each consultation room).
	2	The facility has no readily accessible guidelines and SOPs for maternal and neonatal health emergencies.	Collect the guidelines and SOPs for maternal and neonatal health emergencies from the reproductive and child health focal person at the DMO's office.	<ul style="list-style-type: none"> • Develop a list of missing maternal and neonatal health guideline documents/SOPs. • Request printed basic emergency obstetric and newborn care (BEmONC) and neonatal resuscitation guidelines from the district or the MoHCDGEC. • Identify appropriate places to display BEmONC and resuscitation charts. Provide BEmONC and neonatal resuscitation booklets to all clinical staff (place copies in each consultation room/delivery room/postnatal care room).

AREA 6: HANDLING OF EMERGENCY CASES AND REFERRAL SYSTEM

Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
6.1.2 Triaging system in place	1	The health facility does not have a triaging system in place.	<p>Prepare a triaging area, a triage plan, and identify and train a triage nurse.</p> <p>Prepare and keep in place SOPs for emergency triage assessment and treatment.</p>	<ul style="list-style-type: none"> • Review the MoHCDGEC triage guidelines • Develop health facility triage protocol/SOPs. • Test the health facility triage protocol. • Orient all staff on the triage protocol. • Identify nurses/nurse's aides with appropriate qualifications. • Observe which nurses/nurse's aides have been trained and can function as a triage nurse/nurse's aide. • Train nurses/nurse's aides with triage duties. • Display triage SOPs in waiting areas, consultation rooms, and the emergency room. Provide triage job aids (decision trees/algorithms) to triage nurses/staff.
6.1.3 HCWs are trained to handle health emergencies	1	The facility does not have any health care worker trained on handling health emergencies in children under five years old.	Train health care workers on managing health emergencies in under-five children. Keep training reports.	<ul style="list-style-type: none"> • Identify nurses with appropriate qualifications to be trained. • Notify the Council Health Management Team (CHMT)/responsible district-level person that staff need to be trained. • Determine: Where can they be trained? Who would provide training? Zonal training center? On-site training? IMCI training? IMCI e-learning? Mentoring?
	2	Health care workers are not trained on handling maternal and neonatal health	Train health care workers on managing maternal and neonatal health emergencies. Keep training reports.	<ul style="list-style-type: none"> • Identify nurses with appropriate qualifications to be trained. • Notify the CHMT/responsible district-level person that

AREA 6: HANDLING OF EMERGENCY CASES AND REFERRAL SYSTEM

Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
		emergencies.		<p>staff need to be trained.</p> <ul style="list-style-type: none"> Determine: Where can they be trained? Who would provide training? Zonal training center? On-site training? IMCI training? IMCI e-learning? Mentoring?
	3	Training reports are not available.	Keep reports of the training and share them with other staff at the facility.	<ul style="list-style-type: none"> If staff members have been trained, obtain training records from the Human Resources for Health Information System (HRHIS) database (if not available, develop an action plan to ensure data are entered into the HRHIS database). The facility in-charge shall update staff profiles and store records of staff trained on various topics after training.
6.1.4 Medicines for emergencies are available	1	Medicines for emergencies are not available (mention the missing items).	<p>Procure these medicines for emergencies:</p> <ul style="list-style-type: none"> Oxygen and functional delivery apparatus or oxygen concentrator Glucose 10%, 25%, or 50% injection Diazepam injection ringer lactate and/or Normal saline IV fluid Benzylpenicillin or ampicillin injection Artesunate injection Salbutamol for inhalation (with 	<p>The focal person shall ensure:</p> <ul style="list-style-type: none"> Accessibility of cabinet with 10 medicines for emergencies at all times. A list of medicines for emergencies is available at all times in cabinet. Resupply of cabinet after each emergency (designate a person). That a protocol for regular review of supply availability and regular restocking/ procurement is developed and implemented. That stock is verified on monthly basis (check stock and expiry dates). That ordering/procuring and restocking of medicines

AREA 6: HANDLING OF EMERGENCY CASES AND REFERRAL SYSTEM

Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
			spacer for children) - Adrenaline injection - Hydrocortisone injection - Magnesium sulfate injection	from the Medical Stores Department is done as needed (monthly at a minimum).
6.1.5 Equipment for emergency care is available	1	The facility lacks equipment for emergency care (mention the missing items).	Procure emergency equipment (mention the missing items) and keep it readily accessible in accordance with standards.	Assign a designated person to supervise the management and replenishing of medical equipment, including equipment for emergency care, and to: <ul style="list-style-type: none"> • Ensure that policies and procedures to guide the management of medical equipment, including equipment for emergency care, are available and implemented. • Ensure that availability of emergency medical equipment is verified • Ensure that the functioning of emergency medical equipment is verified • Ensure that a system to report missing or faulty equipment is in place, including when outside regular working hours.

AREA 6: HANDLING OF EMERGENCY CASES AND REFERRAL SYSTEM				
Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
				<ul style="list-style-type: none"> Request missing equipment from relevant authorities (district or MoHCDGEC).
	2	Stretchers and wheelchairs are either not available or not functioning.	Procure stretchers and wheelchairs. Repair nonfunctional stretchers and wheelchairs as required by the emergency care plan.	<p>Designate a person to:</p> <ul style="list-style-type: none"> Manage and replenish stretchers and wheelchairs, including ensuring that policies and procedures are followed and that the availability and functionality of this equipment are verified monthly. Develop a minimum requirement list of equipment and identify missing/faulty equipment. Order/procure missing equipment. Develop and implement a protocol for regular maintenance of equipment. Repair nonfunctional stretchers and wheelchairs as required by the emergency care plan.
6.2 Referral mechanism				
6.2.1 Transport arrangements for prompt referral	1	The facility has no vehicle or transport arrangements for prompt patient referral.	Arrange transportation for patient referral within one hour from the referring facility and document the procedure. Arrange access to an available ambulance/transport at the	<ul style="list-style-type: none"> Get a guide from the CHMT that explains the processes and procedures for transportation for patient referral. Disseminate the processes and procedures guide to staff. Display the processes and procedures for

AREA 6: HANDLING OF EMERGENCY CASES AND REFERRAL SYSTEM

Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
			nearby facility.	transportation in case of emergencies in a visible location.
	2	The actual time to transfer a patient is more than one hour, or the actual time is not documented.	Improve time to transfer patients to one hour or less and keep records.	<ul style="list-style-type: none"> • Ensure referral forms are available at the facility. • Orient staff on how to fill out the referral forms and to document the time of departure on the patient referral form and in the patient file. • Monitor and evaluate patient referrals to determine their timeliness and completeness.
	3	Facility staff are not aware of emergency transport arrangement.	Orient staff on emergency transport arrangement and procedure, including contact numbers for the transporter and the referral health facility.	<p>Health facility in-charge should:</p> <ul style="list-style-type: none"> • Disseminate processes and procedures for patient referral and transfer in case of emergencies. • Display processes and procedures documents/job aids for patient referral and transfer, including contact details, on the health facility board visible to staff and patients.
	4	The facility lacks a mobile phone with prepaid airtime, a two-way radio, or a landline.	Procure a facility mobile phone with prepaid airtime, a two-way radio, or a landline.	<ul style="list-style-type: none"> • Define and establish a primary communication mechanism (document this in processes and procedures documents), and plan for primary communication resources in the facility budget. Define a secondary communication mechanism (document in processes and procedures), and plan for secondary

AREA 6: HANDLING OF EMERGENCY CASES AND REFERRAL SYSTEM

Indicators	#	Gap	Activities to Be Implemented	Improvement Guide
				<p>communication resources in the facility budget.</p> <ul style="list-style-type: none"> • In-charge to verify communication is functional at start of each shift. • Post SOPs and contact numbers for transfer and transportation at the duty station, near landline phones, and on mobile phones.
<p>6.2.2 Feedback mechanisms for received referrals in place</p>	<p>1</p>	<p>There is no feedback mechanism, or documentation of feedback, for received referrals.</p>	<p>Keep records on patients who are referred, and keep feedback reports.</p>	<ul style="list-style-type: none"> • Put a mechanism in place and orient staff to document feedback about referrals in a register book. • Disseminate an SOP outlining the procedure for communicating between health facilities (including the referral hospital), especially how to provide timely feedback. • The referral mechanism should include a patient referral form that facilitates feedback. • Ensure that the referral feedback form is included in each patient record.

AREA 7: CLIENT FOCUS			
Indicator	#	Gap	Activities to Be Implemented
		Improvement Guide	
7.1 Client service charter			
7.1.1 Client service charter displayed	1	The facility lacks a client service charter.	Develop a client service charter
	2	The facility's client service charter is not displayed in a public area visible to clients.	Display the client service charter in service areas
7.1.2 Client service charter is monitored	1	The facility does not measure compliance with its client charter.	Monitor whether the facility complies with client charter

The health facility management team shall guide a team to:

- Develop the facility's client service charter.
- Request support from the District Medical Officer's (DMO's) office to guide development of the charter.
- Display the charter at the facility.

A person responsible for addressing the facility's client needs shall:

- Post the client service charter—written as per national standards—at the health facility. The charter should be written visibly in a large font for easy readability and should be posted in a public location—for example, the waiting area.

A quality improvement (QI) focal person will lead a QI Team (QIT) and Work Improvement Teams (WITs) to monitor whether health services comply with the client charter as follows:

- Develop and use a checklist to determine whether the facility is meeting the individual standards mentioned in the client charter.
- Develop and conduct client exit interviews.
- Develop client feedback forms and distribute them to relevant service points.

				<ul style="list-style-type: none"> • Coordinate with the facility governance committee to conduct routine community feedback meetings where possible. • Keep the findings that are observed in the facility QI file.
7.1.3 Client feedback mechanism and complaint handling	1	The facility has no method in place for client feedback.	Develop a method for collecting client feedback	<ul style="list-style-type: none"> • Use suggestion boxes to get feedback from clients. • Inform clients about the presence of the suggestion boxes and ask them to provide feedback. • Open a client desk for clients to channel their concerns. • Ask the Health Facility Governance Committee (HFGC) members to interview some clients and provide feedback. • Share feedback with facility team and document.
	2	The facility's feedback mechanism is not in use.	Ensure that the feedback mechanism is accessible and user friendly .	<p>A person responsible for addressing facility client needs should establish mechanisms/policies and procedures for client feedback on service received, including:</p> <ul style="list-style-type: none"> • Placing patient and staff suggestion boxes at reception or waiting areas. Request the HFGC to review feedback at set dates (e.g., monthly meetings) and disseminate findings to staff. • Use QIT and WIT meetings to discuss findings, develop a course of action, implement QI activities, and share plans with other staff. • Conduct quarterly client exit interviews. • Share client satisfaction findings with ward and village health committees through quarterly

				<p>QI team action plan.</p> <ul style="list-style-type: none"> Use community dialogue meetings to provide feedback on service improvement progress to the wider community. Request the HFGC and QI team to review and analyze feedback and complaints during monthly HFGC and QI meetings, respectively. Develop a written action plan based on findings. Implement the action plan; routinely review and document progress at monthly meetings. Disseminate feedback to other health facility staff.
3	The facility takes no action on suggestions for improvement or to address complaints from the feedback mechanism.	Take actions to address complaints gathered from the complaint handling mechanism.	Ensure community is involved in the complaint handling	<p>Direct a person responsible for addressing facility client needs at the facility to:</p> <ul style="list-style-type: none"> Liaise with the HFGC and regularly organize and keep records of community dialogues where issues arising from the feedback mechanism can be discussed.
4	The facility sees no community participation or engagement arising from the feedback mechanism.			
7.2 Client Satisfaction				
7.2.1 Clients satisfied with service provided	1	Clients are not satisfied with service provided (based on three exit interviews).	Ensure that client concerns are addressed	<p>Assign a QI focal person to:</p> <ul style="list-style-type: none"> Ensure that an active QI team is in place to address client concerns. Ensure that a client feedback mechanism is in place—such as comment boxes, routine exit interviews, client feedback forms (see above). Ensure that client feedback is regularly obtained and analyzed and that results are included in the QI team action plan. Ensure the implementation and monitoring of the QI team action plan.

AREA 8: SOCIAL ACCOUNTABILITY			
Indicator	#	Gap	Improvement Guide
8.1 Social accountability assessment			
8.1.1 Healthcare workers engage with local community	1	Health care workers are not engaged with the health concerns of the local community.	<p>Health care workers are to attend Council Health Governing Committee (HFGC) meetings so as to engage with local community concerns related to health care delivery.</p> <p>Keep minutes of the meeting at the facility.</p> <p>Health care workers are to attend Council Health Governing Committee (HFGC) meetings so as to engage with local community concerns related to health care delivery.</p> <p>Keep minutes of the meeting at the facility.</p> <p>Appoint a community liaison person to:</p> <ul style="list-style-type: none"> Disseminate standard operating procedures (SOPs) to guide contact between health facility community staff through the liaison person and community leadership. Develop SOPs for health facility staff representation in village meetings and facility in-charge meetings with community leadership. <p>The SOPs are to include:</p> <ul style="list-style-type: none"> Community liaison person will communicate village meeting dates to facility in-charge and health staff. Community liaison person and facility in-charge (or delegate) will participate in relevant village meetings and report back in facility meetings. Feedback will be provided to the community on health facility data and performance (e.g., maternal, newborn, and child health [MNCH] scorecard).

<p>8.1.2 Facility addresses local concerns</p>	<p>1</p>	<p>The facility management team does not plan specific interventions to address local concerns.</p>	<p>Prepare, and implement, specific intervention plans to address health problems identified in the local community, such as malnutrition, cholera, plague, trachoma, bilharzia, and so on.</p>	<p>Identify and appoint a community liaison person to:</p> <ul style="list-style-type: none"> • Include in the Health Facility Governing Committee (HFGC) meetings an agenda of local/community concerns, and use the community members of the committee to provide feedback to the community. • Ensure representation of community/service users on the HFGC (see 8.2.1). • Ensure that facility staff participates in village meetings to obtain community input and to prioritize community concerns (see 8.1.1.). • Participate in ward and village health committees to obtain input regarding community health concerns and priorities. • Through a home-based care program, include a process for community dialogue and prioritization of needs through existing village and ward meetings. • Document and disseminate community concerns to staff and monitor its implementation.
<p>8.1.3 Community participates in facility planning process</p>	<p>1</p>	<p>Community does not participate in the facility's annual planning process.</p>	<p>Engage the community in the annual planning process and keep records (e.g., attendance of HFGC members).</p>	<p>Identify and appoint a community liaison person to:</p> <ul style="list-style-type: none"> • Implement the SOPs for community participation in the facility's annual planning process. • Ensure that there are representatives from the community on the HFGC (see 8.2.1).
	<p>2</p>	<p>Key information on available resources is not displayed.</p>	<p>Display information on key available resources</p>	<p>Print and display available resources on public notice board:</p> <ul style="list-style-type: none"> • Annual plan and budget • Allocations of medicines and supplies

					<ul style="list-style-type: none"> Revenue collection and received funds
8.2 Functional facility governance committees or boards					
8.2.1 HFB is active and well oriented	1	There is no list available of the HFGC/ Health Board (HB) members.	Prepare and keep an updated list of HFGC/HB members, including their contact information.	Identify and appoint a community liaison person to: <ul style="list-style-type: none"> Display a list of members of the HFGC/HB on the facility notice board. Keeps the list in HFGC/HB meeting notes (file). Update the file whenever new members are selected 	
	2	HFGC/HB members are not attending meetings.	Attend and keep minutes of meetings attended.	Identify and appoint a community liaison person to: <ul style="list-style-type: none"> Explore reasons for HFGC members not attending meetings. Review notification (communication of invite) process to ensure all members receive timely notifications of meetings. Ensure participation/absenteeism is properly recorded and stored in file. Use the HFGC guidelines to take disciplinary action in case members consistently do not attend meetings. 	
	3	HFGC/HB members are not trained and/or oriented on their roles and responsibilities.	Train and orient members on their roles and responsibilities. Keep records of training and orientation reports.	Identify and appoint a community liaison person to: <ul style="list-style-type: none"> Plan the training and orientation of HFGC/HB members on their roles and responsibilities. Provide the HFGC/HB a manual describing their roles and responsibilities and relevant procedures. Conduct an annual refresher/review for the HFGC/HB members on their roles and responsibilities. 	

				<ul style="list-style-type: none"> Integrate supportive supervision of the HFGC into routine district supportive supervision.
8.2.2 Health Facility Governing Committee voices community concerns	1	Community concerns are not voiced through the HFGC.	Address local concerns, issues, or complaints (e.g., lack of staff housing, corruption) through the HFGC/HB.	<p>Identify and appoint a community liaison person to:</p> <ul style="list-style-type: none"> Include the discussion of community concerns on the agenda of the HFGC's meeting. Identify a proper channel to send feedback to the community, including: <ul style="list-style-type: none"> Through village/ward health committees. Through community meetings. Through community and religious leaders.
	2	HFGC does not follow up local concerns responsibly.	<p>Take appropriate action against responsible parties who are accountable for following up concerns.</p> <p>Keep minutes of any meetings that have addressed community concerns.</p>	<p>Identify and appoint a community liaison person to:</p> <ul style="list-style-type: none"> Share the local concerns in a monthly and quarterly facility meeting During meetings, document progress/status and follow up on unimplemented activities. Report to facility QIT the progress of addressing local concerns
8.2.3 HFGC /HB gives feedback to the wider community	1	HFGC/HB does not give feedback to the broader community.	Provide feedback through village councils. Keep records of reports and minutes of meetings.	<p>Identify and appoint a community liaison person to:</p> <ul style="list-style-type: none"> Disseminate SOPs to guide contact between HFGC/HB and community leadership/CORP. Develop SOPs for HFGC/HB representation in council meetings and community leadership meetings. SOPs to include: <ul style="list-style-type: none"> Community liaison person communicates meeting dates with key staff. Community liaison person to participate in

				<p>relevant meetings and report back in HFGC/HB meetings.</p> <ul style="list-style-type: none">○ Providing routine feedback to community on council data and performance (e.g., MNCH scorecard).
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AREA 9: HEALTH INFRASTRUCTURE			
Indicators	#	Gap	Improvement Guide
9.1 Planned Preventive Maintenance			
9.1.1 Facility staff trained in PPM planning	1	No staff are trained on planned preventive maintenance (PPM).	<p>Identify a person responsible to:</p> <ul style="list-style-type: none"> Identify staff to be trained on PPM. Share the list, and contact the DMO's office to request a trainer. Inform facility staff on the importance of the training. Communicate the training dates and keep training records.
9.1.2 Plan for preventive maintenance implemented	1	The facility has no annual plan for PPM.	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> Prepare an annual PPM plan for the facility. Follow up on implementation of the annual PPM plan. Prepare quarterly reports on implementation of the annual PPM plan. Share the quarterly reports with other management.
	2	No PPM implementation report has been prepared for the past 12 months.	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> Prepare an annual PPM plan for the facility. Follow up on implementation of the annual PPM plan.
		<p>Train staff on PPM—liaise with District Medical Officer (DMO)/hire trained personnel with contract for PPM.</p> <p>Keep a record of any trainings/contracts.</p>	
		<p>Prepare an annual PPM (i.e., scheduled service of equipment and infrastructure).</p>	
		<p>Implement PPM, keep records, and display the maintenance schedule.</p>	

				<ul style="list-style-type: none"> • Prepare quarterly reports on implementation of the annual PPM plan. • Share the quarterly reports with other management.
9.2 Buildings				
9.2.1 Functional improved toilets for male, female and staff	1	There are less than three toilets in each of the following areas: Outpatient Department block and Inpatient Department block (specify according to facility level).	Construct or renovate at least three toilets per block for males, females, and staff.	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess and identify facility needs for toilets in different sections. • Communicate the identified needs for toilets to the facility in-charge. • Discuss with the facility in-charge and agree on a plan to address the needs, including renovation and construction of toilets. • Follow up on implementation of the agreed-upon action plan and share reports on a quarterly basis with other staff and facility management.
	2	Each block does not have disability-friendly toilets for males and females.	Construct/renovate at least one disability-friendly toilet in every block for males and females.	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess and identify facility needs for disability-friendly toilets in different sections. • Communicate the identified needs for disability-friendly toilets to the facility in-charge. • Discuss with the facility in-charge and agree on a plan to address the needs, including renovation and construction of disability-

				<p>friendly toilets.</p> <ul style="list-style-type: none"> Follow up on implementation of the agreed-upon plan and report back quarterly.
3	Toilets are not clean.	Clean toilets frequently.	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> Identify toilet cleaners. Identify supplies required for toilet cleaning. Communicate the needs with the facility in-charge/management. Follow up to ensure that the needs are addressed by purchasing all required resources. Prepare toilet cleanliness schedule with timing and responsible person. Follow up implementation of the toilet-cleaning plan. 	
4	The toilets lack hand-washing facilities.	Provide hand-washing facilities in the toilets: elbow-operated tap, liquid soap, running water/kibuyu chirizi	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> Identify facility needs for hand-washing utilities. Communicate the needs to the facility in-charge/management. Follow up to ensure that the needs are addressed by purchasing all required utilities for hand washing. Prepare hand-washing instructions and display them in the toilet. 	
9.2.2	1	Facility buildings are not in	Renovate facility buildings (e.g., address	The focal point for infrastructure shall:

<p>Status of the building and repairs</p>		<p>a good state of repair (e.g., cracked walls, leaking roofs, missing roofing materials).</p>	<p>cracked walls, leaking roofs, missing roofing materials).</p>	<ul style="list-style-type: none"> • Assess buildings' conditional status and prepare an assessment report. • Use the assessment report to identify facility renovation/repair needs. • Communicate the identified renovation/repair needs with the facility in-charge/ management. • Discuss with the facility in-charge/management and agree on a plan to address facility renovation/repair needs. • Follow up on implementation of the agreed-upon facility renovation/repair plan. • Prepare quarterly status reports on implementation of the facility building renovations/repair plans. • Share those status reports with the facility in-charge/management and other staff.
<p>2</p>	<p>The condition and appearance of the facility walls is not good.</p>	<p>Repair and repaint/refurbish facility walls.</p>	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess buildings' conditional status and prepare an assessment report. • Use the assessment report to identify facility renovation/repair needs. • Communicate the identified renovation/repair needs to the facility in-charge/ management. • Discuss with the facility in-charge/management and agree on a plan to address facility renovation/repair needs. • Follow up on implementation of the agreed-upon facility renovation/repair plan. 	

<ul style="list-style-type: none"> • Prepare quarterly status reports on implementation of facility building renovations/repair plans. • Share the status reports with the facility in-charge/management and other staff. 			
<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess buildings' conditional status and prepare an assessment report. • Use the assessment report to identify facility renovation/repair needs. • Communicate the identified renovation/repair needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address facility renovation/repair needs. • Follow up on implementation of the agreed-upon facility renovation/repair plan. • Prepare quarterly status reports on implementation of facility building renovations/repair plans. 	<p>Renovate the health facility's ceilings.</p>	<p>Facility ceilings are not in good condition (i.e., there is no ceiling or the present ceiling has missing pieces or loose material).</p>	<p>3</p>
<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess buildings' conditional status and prepare an assessment report. • Use the assessment report to identify facility renovation/repair needs. • Communicate the identified 	<p>Repair and/or screen the health facility's windows.</p>	<p>Windows are not in good condition and/or are not screened (i.e., there are no mosquito screens or mosquito screens are not intact).</p>	<p>4</p>

				<p>renovation/repair needs to the facility in-charge/ management.</p> <ul style="list-style-type: none"> • Discuss with the facility in-charge/management and agree on a plan to address facility renovation/repair needs. • Follow up on implementation of the agreed-upon facility renovation/repair plan. • Prepare quarterly status reports on implementation of the facility building renovations/repair plans.
<p>9.2.3 Functional plumbing, drainage and sewerage system</p>	<p>1</p>	<p>The plumbing system and taps are leaking.</p>	<p>Renovate the health facility plumbing system and taps.</p>	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess status of the facility plumbing/drainage system and prepare an assessment report. • Use the assessment report to identify facility needs for improving plumbing/drainage system. • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address facility plumbing/drainage system needs. • Follow up on implementation of the agreed-upon plan to address plumbing/drainage system needs in the facility. • Prepare a quarterly report on implementation of the plan to address facility plumbing/drainage system needs.

	2	The drainage system/septic tank does not function or there is no drainage system.	Construct/renovate drainage system or septic tank.	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess status of the facility plumbing/drainage system and prepare an assessment report. • Use the assessment report to identify facility needs for improving the plumbing/drainage system. • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the facility plumbing/drainage system needs. • Follow up on implementation of the agreed-upon plan to address plumbing/drainage system needs in the facility.
<p>9.2.4 Patient privacy is maintained</p>	1	There are no separate consultation/counseling rooms with closable doors for each clinician.	Construct or renovate clinician rooms with closable doors for each clinician to favor privacy.	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess facility space needs for clinical services including for consultation/counseling and prepare an assessment report. • Use the assessment report to identify facility space needs, in particular for consultation/counseling rooms. • Communicate the identified needs for construction or renovation of rooms for consultation/counseling to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to

			<p>address facility renovation/repair needs.</p> <ul style="list-style-type: none"> • Follow up on implementation of the agreed-upon facility renovation/repair plan for consultation/counseling rooms. • Prepare a quarterly status report on implementation of renovation/repair plans. • Share the status report with the facility in-charge/management and other staff.
2	Facility has no curtains/screens to separate delivery beds.	Procure screens/curtains to separate each delivery bed, or construct separate delivery rooms.	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of supplies to support service provision including screens/curtains and benches and prepare an assessment report. • Use the assessment report to identify facility needs for those supplies (curtains, screens, benches). • Communicate the identified needs with the facility-in charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs for facility supplies (curtains, benches, screens), including procurement of required supplies. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan.
3	There are no screens, or screens are available but	Procure screens and use for observation rooms and in-patient wards/close the	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of supplies to support

	not used.	doors when attending clients.	<p>service provision, including screens/curtains and benches and prepare an assessment report.</p> <ul style="list-style-type: none"> • Use the assessment report to identify facility needs for those supplies (curtains, screens, benches). • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs for facility supplies (curtains, benches, screens), including procurement of those required supplies. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan. • Share feedback with other staff/management and update the status in the Big Results Now quality improvement plan (BRN QIP).
<p>9.2.5 Availability of conductive waiting area</p>	<p>The waiting area is unavailable or inadequate or it is not furnished with benches and a roof.</p>	<p>Construct/expand waiting area. Procure furniture—for example, benches for waiting area.</p>	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of supplies to support service provision, including screens/curtains and benches and prepare an assessment report. • Use the assessment report to identify facility needs for those supplies (curtains, screens, benches). • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-

			<p>charge/management and agree on a plan to address the needs on facility supplies (curtains, benches, screens), including procurements.</p> <ul style="list-style-type: none"> • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan.
<p>9.2.6 HF rooms are well ventilated and well lit as per HFs guidelines</p>	<p>Rooms are neither well ventilated nor well lit.</p>	<p>Improve ventilation and lighting.</p>	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess buildings' conditional status, including ventilation, and prepare an assessment report. • Use the assessment report to identify facility renovation/repair needs. • Communicate the identified renovation/repair needs with the facility in-charge/ management. • Discuss with the facility in-charge/management and agree on a plan to address facility renovation/repair needs. • Follow up on the implementation of the agreed-upon facility renovation/repair plan. • Prepare a quarterly status report on implementation of facility building renovation/repair plans. • Share the status report with the facility in-charge/management and other staff.

<p>9.2.7 Disability friendly facilities</p>	<p>1</p>	<p>Buildings have no ramps for easy access by physically challenged clients.</p>	<p>Construct/renovate the health facility buildings' ramps for easy access by physically challenged clients.</p>	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess buildings' conditional status and prepare an assessment report. • Use the assessment report to identify facility renovation/repair needs. • Communicate the identified renovation/repair needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address facility renovation/repair needs. • Follow up on the implementation of the agreed-upon facility renovation/repair plan. • Prepare a quarterly status report on implementation of the facility building renovation/repair plans. • Share the status report with the facility in-charge/management and other staff.
<p>9.2.8 Availability of inpatient facilities</p>	<p>1</p>	<p>There are less than four specified wards (male and female surgical, medical wards, pediatric, obstetric and gynecological, labor ward, delivery room, and postnatal ward).</p>	<p>Construct/renovate so as to have at least four wards from the specified list.</p>	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess buildings' requirements and prepare an assessment report. • Use the assessment report to identify facility renovation/repair/construction needs. • Communicate the identified renovation/repair/construction needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address facility renovation/repair/construction needs.

				<ul style="list-style-type: none"> Follow up on the implementation of the agreed-upon facility renovation/repair/construction plan. Prepare a quarterly status report on implementation of facility building renovations/repair plans Share the status report with facility in-charge/management and other staff.
9.3 Utilities				
9.3.1	Availability of reliable water supply	1	<p>The facility does not have a reliable water supply.</p> <p>Install a permanent water supply system in the health facility—for example, deep drilled well, bore hole, or rain water harvest.</p>	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> Assess water and electric supply in the facility and prepare an assessment report. Use the assessment report to ascertain the facility needs for a reliable water supply and electric connectivity. Communicate identified needs to the facility in-charge/management. Discuss with the facility in-charge and agree on a plan to address the water/electric supply issues identified. Follow up on implementation of the agreed-upon plan to address water and electric supply. Prepare quarterly reports on progress in implementing the agreed-upon plan to address water and electric supply needs. Share status report with the facility in-charge/management. Share feedback with staff and update the

					status in the Star rating QIP.
9.3.2 Reliable electrical power supply (solar power or generator) with backup	The facility is not connected to the power grid, does not have solar power, or does not rely on a generator as a primary source of power.	Connect the facility to the power grid, install a solar power system, or install a generator as primary and backup power sources.			<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess water and electric supply in the facility and prepare an assessment report. • Use the assessment report to ascertain the facility needs for reliable water supply and electric connectivity. • Communicate identified needs to the facility in-charge/management. • Discuss with the facility in-charge and agree on a plan to address water/electric supply issues identified. • Follow up on implementation of the agreed-upon plan to address water and electric supply. • Prepare quarterly reports on progress toward implementing the agreed-upon plan to address water and electric supply. • Share status report with the facility in-charge/management.
9.4 Equipment and furniture					
9.4.1 Essential equipment	1	There is inadequate furniture in the counseling room (family planning and	Procure a table with chairs and an examination table.		<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in clinical rooms (consultation

<p>and furniture for health care delivery</p>	<p>prevention of mother-to-child HIV transmission)- that is, table with chairs and examination table.</p>		<p>and counseling) and prepare an assessment report.</p> <ul style="list-style-type: none"> • Use the assessment report to identify facility needs. • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory.
<p>2</p>	<p>There is inadequate furniture or equipment in consultation rooms (mention the missing items):</p> <ul style="list-style-type: none"> - Examination bed and screen - Office table and two chairs - Blood pressure (BP) machine - Stethoscope - Diagnostic kit with pen torch, patella hammer, laryngoscope, tape measure, tuning fork, 	<p>Procure the following:</p> <ul style="list-style-type: none"> - Examination bed and screen - Office table and two chairs - BP machine - Stethoscope - Diagnostic kit with pen torch, patella hammer, laryngoscope, tape measure, tuning fork, otoscope, and spatula 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in clinical rooms (consultation and counseling) and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of

		otoscope, and spatula		implementation of the agreed-upon plan and update the inventory list.
3	There is inadequate furniture or equipment in the pharmacy store (list the missing items): <ul style="list-style-type: none"> - Shelves for drug storage - Pallets (or equivalent to keep boxes above floor level) - Air conditioner/fan/a well-ventilated room - Table with chair - Store ledger/combined requisition and issue voucher - Secure Dangerous Drug Act (DDA) cupboard 	Procure the missing equipment: <ul style="list-style-type: none"> - Shelves for drug storage - Pallets (or equivalent to keep boxes above floor level) - Air conditioner/fan/a well-ventilated room - Table with chair - Store ledger/combined requisition and issue voucher - Secure DDA cupboard 	The focal point for infrastructure shall: <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the pharmacy store . • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update inventory list. 	
4	There is no dispensing room, or the dispensing room is not fully equipped (list the missing equipment): <ul style="list-style-type: none"> - Shelf - Drug dispensing book - Chair - Dispensing window 	Procure/renovate the following: <ul style="list-style-type: none"> - Shelf - Drug dispensing book - Chair - Dispensing window 	The focal point for infrastructure shall: <ul style="list-style-type: none"> • Assess the availability of furniture and equipment in the dispensing room and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. 	

			<ul style="list-style-type: none"> • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.
5	<p>There is inadequate furniture or equipment in the voluntary counseling and testing (VCT)/care and treatment clinic (CTC) room (list the missing items).</p>	<p>Procure the following:</p> <ul style="list-style-type: none"> - Table with chairs - Examination table - Stethoscope - BP machine - Thermometer, otoscope, pen torch 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the VCT/CTC rooms and prepare assessment report. • Use the assessment report to identify facility needs. • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.

	6	<p>The facility has no injection room, or the injection room is not fully equipped (list the missing items):</p> <ul style="list-style-type: none"> - Patient bed - Safety boxes - Injection tray 	<p>Procure the following:</p> <ul style="list-style-type: none"> - Patient bed - Safety boxes - Injection tray 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in clinical rooms (consultation and counseling) and prepare an assessment report. • Use the assessment report to identify facility needs for those furniture and equipment. • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on plan to address the needs on furniture and equipment, including procurements. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.
	7	<p>There is inadequate furniture or equipment in the dressing room, or there is no dressing room (list the missing items):</p> <ul style="list-style-type: none"> - Dressing trays (at least three) - Sterile drum containing gauze and cotton wool - Trolley - Cheatle forceps - Running water 	<p>Allocate a room for dressing and procure the missing items:</p> <ul style="list-style-type: none"> - Dressing trays (at least three) - Sterile drum containing gauze and cotton wool - Trolley - Cheatle forceps - Running water 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the dressing room and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-

				<p>upon plan.</p> <ul style="list-style-type: none"> • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.
8	<p>There is inadequate equipment in the laboratory, or there is no laboratory room (list the missing items).</p>	<p>Allocate/renovate a room for laboratory services and procure the missing equipment and supplies:</p> <ul style="list-style-type: none"> - Running water with water basins, and established drainage system - At least two microscopes and slides; stool microscopy - Reagents for malaria test, plus malaria rapid diagnostic test - Tuberculosis microscopy - Urinalysis, hemoglobin testing (HemoCue machine) - HIV diagnosis - Syphilis rapid test - Dried blood spot collection - Blood grouping test, refrigerator with at least five units of blood - Tubes for blood collection 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the laboratory and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list. • Share feedback with other staff and update status in the BRN QIP. 	
9	<p>There is inadequate furniture or equipment in the reproductive and child health (RCH) room, or there is no dedicated area for RCH (list the missing</p>	<p>Allocate/renovate a room for RCH and/or procure the missing items:</p> <ul style="list-style-type: none"> - Examination bed - Functioning adult weighing scale - Height measuring rod - BP machine 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in clinical rooms (consultation and counseling) and prepare an assessment report. • Use the assessment report to identify facility 	

		items).	- Fetoscope	<p>needs for those furniture and equipment.</p> <ul style="list-style-type: none"> • Communicate the identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs for furniture and equipment, including procurements. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list. • Share feedback with other staff and update the status.
10	There is inadequate equipment in the delivery room, or there is no dedicated room for delivery (list the missing items).	<p>Allocate/renovate a room for delivery and/or procure the missing equipment:</p> <ul style="list-style-type: none"> - At least two delivery beds - At least three delivery trays - Weighing scale for newborns - Suction machine/penguin sucker - Resuscitation table 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the delivery room and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list. 	

	11	<p>There is inadequate furniture or equipment in the observation room, or there is no observation room (list the missing items).</p>	<p>Allocate/renovate a room for observation and/or procure the missing items:</p> <ul style="list-style-type: none"> - Four beds - BP machines - Examination bed - Screen - Drip stand 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the observation room and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.
	12	<p>There is no Diarrhea Treatment Corner (DTC), or the DTC is missing specified items (list the missing items).</p>	<p>Allocate/renovate and/or procure the missing items:</p> <ul style="list-style-type: none"> - Table with benches - Bucket with safe water - Sachets of oral rehydration salts - Disposable cups 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the DTC and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with the facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan.

				<ul style="list-style-type: none"> Prepare a quarterly report on progress of implementation of the agreed-upon plan and update inventory list.
13	There is inadequate space, furniture, or equipment and supplies for reception and the medical records areas (list the missing items).	Allocate/renovate and procure the missing items: - Shelves - Files - Cards - Office chairs and table - All necessary medical record forms	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> Assess availability of furniture and equipment in reception and medical records area and prepare an assessment report. Use the assessment report to identify facility needs. Communicate identified needs to the facility in-charge/management. Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. Follow up on implementation of the agreed-upon plan. Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list. 	
14	There is inadequate furniture or equipment in the postnatal room, or there is no dedicated area for the postnatal room (list the missing items).	Allocate/renovate and/or procure the missing items: - At least five beds for recovery - BP machine; thermometer - Examination bed - Screen for privacy - Drip stand	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> Assess availability of furniture and equipment in the postnatal room and prepare an assessment report. Use the assessment report to identify facility needs. Communicate identified needs to the facility 	

				<p>in-charge/management.</p> <ul style="list-style-type: none"> • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.
15	<p>There is inadequate furniture or equipment in the pediatric ward, or there is no dedicated area for a pediatric ward (list the missing items).</p>	<p>Allocate/renovate and/or procure the missing items:</p> <ul style="list-style-type: none"> - Patient beds with at least two bed sheets, with mosquito nets - Lockers - Screens - Drip stands - Nearby toilet with bathroom 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the pediatric ward and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list. 	
16	<p>There is inadequate furniture or equipment in the dental room (list the</p>	<p>Allocate/renovate and/or procure the missing items:</p> <ul style="list-style-type: none"> - Dental chair 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the dental room and prepare 	

		<ul style="list-style-type: none"> - Examination lamp - Table with chairs - Sterile dental tray 	<p>an assessment report.</p> <ul style="list-style-type: none"> • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.
17	<p>There is inadequate furniture, equipment, or supplies in the female surgical ward (list the missing items).</p>	<p>Allocate/renovate and/or procure the missing items:</p> <ul style="list-style-type: none"> - Patient beds with at least two bed sheets, with mosquito nets - Lockers - Screens - Drip stands - Nearby toilet with bathroom 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the female surgical ward and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.

18	There is inadequate furniture, equipment, or supplies in the male surgical ward.	<p>Allocate/renovate and/or procure the missing items:</p> <ul style="list-style-type: none"> - Patient beds with at least two bed sheets, with mosquito nets - Lockers - Screens - Drip stands - Nearby toilet with bathroom 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the male surgical ward and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.
19	There is inadequate furniture, equipment, or supplies in the male medical ward (list the missing items).	<p>Allocate/renovate and/or procure the missing items:</p> <ul style="list-style-type: none"> - Patient beds with at least two bed sheets, with mosquito nets - Lockers - Screens - Drip stands - Nearby toilet with bathroom 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the male medical ward and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of

				<p>implementation of the agreed-upon plan and update the inventory list.</p> <ul style="list-style-type: none"> • Share feedback with other staff and update status in the BRN QIP.
20	<p>No room is available for medical records, or there is inadequate furniture, equipment, or supplies (list the missing items).</p>	<p>Allocate/renovate and/or procure the missing items:</p> <ul style="list-style-type: none"> - Table and chairs - Shelves - Files - Cards - All necessary medical record forms 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the medical records room and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management • Discuss with facility in-charge/management and agree on a plan to address the needs, including any required procurement. • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list. 	
21	<p>There is inadequate furniture, equipment, or supplies in the X-ray/radiography room (list the missing items).</p>	<p>Allocate/renovate and/or procure the missing items:</p> <ul style="list-style-type: none"> - Functional X-ray machine - Darkroom - X-ray illuminator - Ultrasound machine - Table and chairs 	<p>The focal point for infrastructure shall:</p> <ul style="list-style-type: none"> • Assess availability of furniture and equipment in the X-ray/radiography room and prepare an assessment report. • Use the assessment report to identify facility needs. • Communicate identified needs to the facility in-charge/management. • Discuss with facility in-charge/management 	

				<p>and agree on a plan to address the needs, including any required procurement.</p> <ul style="list-style-type: none"> • Follow up on implementation of the agreed-upon plan. • Prepare a quarterly report on progress of implementation of the agreed-upon plan and update the inventory list.
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AREA 10: INFECTION PREVENTION AND CONTROL				
Indicator	#	Gap	Activities to Be Implemented	
			Implementation Guide	
10.1 Infection, prevention Control (IPC)				
10.1.1 Health facility and surroundings clean	1	The health facility and its surroundings are not clean.	<p>Keep the surroundings clean. Cut all tall grasses and fumigate the surroundings at least quarterly to prevent rodents, bats, household pests, and domestic animals.</p>	<p>Assign a person responsible for infection prevention and control (IPC) to: Identify persons responsible to clean the facility surroundings. Prepare a schedule for cleaning the facility surroundings. Follow up on implementation of the schedule. Share feedback with facility team and update status in the Big Results Now quality improvement plan (BRN QIP).</p>
	2	There are no dust bins for general waste in outdoor areas.	Put dustbins with bin liners and lid in outdoor areas.	<p>The IPC focal person shall: Assess and establish the number of dustbins and bin liners required by the facility. Share needs and discuss a plan to address the requirement for dust bins and bin liners with the facility in-charge. Follow up on implementation of the plan. Share feedback with facility team and update status in the BRN QIP.</p>

<p>10.1.2 Antiseptics and disinfectants are available</p>	<p>1</p> <p>Antiseptics and disinfectants are not available.</p>	<p>Request and procure antiseptics and disinfectants according to national IPC guidelines:</p> <ul style="list-style-type: none"> - Antiseptics: ethyl or isopropyl alcohol 60%–90% or iodine preparations 0.5%–3% (e.g., Betadine); cetrimide (e.g., Savlon); chlorhexidine gluconate 2%–4% (e.g., Hibitane, Hibiscrub) - Disinfectants: chlorine solution/powder/tablets and/or CIDEX 	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Assess and establish facility requirements on antiseptics and disinfectants. • Share facility needs for disinfectants and antiseptics and discuss the plan to address needs with the facility in-charge. • Follow up on the implementation of plan to address the needs. • Share feedback with facility team and update status in BRN QIP.
<p>2</p>	<p>Antiseptics and disinfectants are not stored and used according to the IPC guidelines.</p>	<p>Store antiseptics and disinfectants in a lockable cupboard, in the lowest shelves and away from light. Prepare antiseptics and disinfectants in small quantities daily (label date and time of preparation).</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Facilitate proper use of antiseptics and disinfectants as per national guidelines. • Ensure that all disinfectant containers are labeled accordingly—label with date and time of preparation and cover all containers.
<p>10.1.3 Accidental exposure to blood and body fluids handled</p>	<p>1</p> <p>Accidental exposures to blood and body fluids are not handled according to IPC guidelines (post-exposure prophylaxis [PEP]); or the facility does not provide PEP.</p>	<p>Establish or allocate and equip an area for PEP services.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Prepare a PEP kit as per guidelines. • Discuss and come to agreement with the facility in-charge on where to keep the PEP kit. • Prepare copies of PEP standard operating procedures (SOPs) and display in all service areas. • Prepare a PEP register and ensure that staff use it to record all PEP cases. • Prepare a monthly PEP summary report and submit it to the district level through the facility in-charge.

	2	The facility does not make PEP guidelines and SOPs available.	Obtain the PEP guidelines, create awareness of them among all staff, and display the PEP guidelines and SOPs in all service areas.	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Ensure facility staff are aware of the availability of the PEP guidelines. • Conduct a Quality Improvement Team (QIT) meeting to check whether staff are aware of the PEP standards. • Make copies of the PEP guidelines and SOPs and display in all service areas.
	3	The facility does not provide a PEP register (counter book or standard register) and monthly summary forms.	Prepare a standard PEP register and document all incidences. Prepare a monthly summary report.	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Prepare a PEP register and ensure that staff use it to record all PEP cases. • Review the register to ensure it is filled out properly. • Conduct on-the-job training (OJT) of facility staff to orient them on how to fill out the PEP register and report. • Prepare a monthly PEP summary report and submit it to the district level through the facility in-charge.
10.1.4 Safe injection use	1	Health care workers are not adherent to 9Rs for safe injection use as per IPC guidelines.	Conduct OJT/Continuous Medical Education (at the site) of health workers on safe injection based on 9Rs (Right: patient, medicine, time, route, dose, injection device, formulation, storage, and disposal of needles and syringes in a safety boxes immediately after procedure).	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Plan and organize OJT of facility staff on safe injection based on 9Rs. • Establish facility 5S (sort, set shine, standardize, sustain) approach to improve quality of injection provided to clients • Monitor implementation of 5S in safe injection. • Share feedback with facility team and update status.

<p>10.1.5 Hand washing in all areas.</p>	<p>1</p>	<p>Not all service areas have hand-washing facilities—running water or elbow-operated cork and liquid soap.</p>	<p>Identify areas where there is no running water or elbow-operated cork and liquid soap.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Identify facility needs for hand-washing facilities and develop a plan to address the needs (including running water/elbow-operated cork and liquid soap) with the facility in-charge. • Follow up on implementation of plan to address the needs. • Prepare copies of hand-washing SOPs and display in all service areas. • Share feedback with facility team and update status.
<p>2</p>	<p>Hand washing and hygiene are not performed as per SOPs.</p>	<p>Obtain and display hand-washing SOPs in all service areas N.B.: Bar and powder soap solution are not acceptable.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Prepare copies of the hand-washing SOPs and display in all service areas. 	
<p>10.1.6 Instrument sterilisation or high level disinfection</p>	<p>1</p>	<p>Instrument sterilization or high-level disinfection is not done according to IPC guidelines.</p>	<p>Prepare and display the SOPs for decontamination, high-level disinfection, and sterilization. Procure an autoclave machine for sterilization. Procure three buckets for decontamination. Conduct OJT of health workers on instrument processing.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Assess and establish facility needs on instrument sterilization or high-level disinfection, including autoclave machine and decontamination bucket. • Develop a plan for addressing the facility needs for instrumental sterilization. • Follow up on implementation of plan to address the needs. • Organize OJT on use of instrument sterilization for relevant staff. • Share feedback with facility team and update status in Star rating QIP.

<p>10.1.7 Personal protective equipment used</p>	<p>1</p> <p>Personal protective equipment (PPE) is not available or it is not used correctly:</p> <ul style="list-style-type: none"> - Gloves (clean and surgical) - Heavy-duty gloves - Masks - Aprons - Goggles and face shields - Boots and caps 	<p>Procure PPE (gloves—clean and surgical, heavy-duty gloves, masks, plastic aprons, goggles and face shields, boots and caps) and distribute to all service areas.</p> <p>Demonstrate proper use of PPE to health workers.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Assess the facility's PPE needs. • Develop a plan to address facility needs for PPE. • Follow up on implementation of the plan to address PPE. • Organize OJT to facility staff on the use of PPE where required. • Share feedback with facility team and update status.
<p>10.1.8 Laundry services</p>	<p>1</p> <p>Laundry services are not performed according to national IPC guidelines.</p>	<p>Procure nonleaking hampers for moving dirty linen to washing areas.</p> <p>Procure washing machines for laundry services.</p> <p>Decontaminate heavily soiled linen with 0.5% chlorine for 10minutes (if hand washing is to be done, decontaminate all linen).</p> <p>Wash and iron before use.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Assess the facility needs for laundry services. • Develop a plan to address the needs for facility laundry services, including procuring hampers and washing machines. • Follow up on implementation of plan to address facility needs. • Develop 5S plan in handling and decontamination of dirty linen. • Monitor adherence to set standards.
<p>10.2 Healthcare waste disposal</p>			

<p>10.2.1 Healthcare waste disposal facilities</p>	<p>1</p>	<p>Health care waste disposal facilities are not used according to national health care waste management standards and procedures.</p>	<p>Procure a functional high-tech incinerator for disposal of infectious waste/keep waste disposal contract. Construct placenta pit and/or burning pit. N.B.: all health care waste disposal facilities should be fenced.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Assess facility needs on the handling of health care waste. • Develop a plan to address facility needs for the handling of health care waste, including procurement of incinerator and construction of placenta pit. • Follow up on implementation of plan to address facility needs. • Involve facility QIT/Work Improvement Team (WIT) to monitor and ensure health care waste are disposed properly at the facility. • Conduct weekly supervision visit to the facility incinerators and report status to QIT in a monthly basis
<p>10.2.2 Staff trained on healthcare waste management</p>	<p>1</p>	<p>Staff are not trained on health care waste management.</p>	<p>Plan and conduct training of staff on health care waste management. Document all trainings done.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Identify facility staff training needs vis-à-vis health care waste management. • Communicate with the district or implementing partners through the facility in-charge on the need to organize trainings for IPC for facility staff. • Follow up to ensure that staff are trained in waste management.

<p>10.2.3 Waste segregation equipment and supplies</p>	<p>1</p>	<p>Waste segregation (including equipment and supplies) is not practiced according to national health care waste management guidelines.</p>	<p>Procure color-coded bin liners (black/blue, red, and yellow). Procure color-coded bins (black/blue, red, and yellow). Procure stainless steel bin for transporting placentas to placenta pit. Procure safety/sharps boxes.</p>	<p>The IPC focal person shall:</p> <ul style="list-style-type: none"> • Assess facility needs for waste segregation. • Develop a plan to address facility needs for waste segregation, including procurement of color-coded bins and liners, stainless steel bin for placenta transport, and safety boxes. • Follow up on the implementation of the plan. • Involve facility QIT/WIT in using the Kaizen approach to address facility waste segregation gaps.
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AREA 11: CLINICAL SERVICES

Indicator	#	Gap	Activities to Be Implemented	Improvement Guide
11.1 Outpatient services				
11.1.1 Outpatient register is correctly filled	1	Staff do not fill out the outpatient register correctly.	Fill out the outpatient register correctly according to the MTUHA manual.	<p>Appoint a focal person to</p> <ul style="list-style-type: none"> • Orient staff on the correct way of filling out MTUHA registers. • To check the registers in weekly basis • Include discussion of MTUHA register documentation in the agenda in the monthly health facility meeting.
11.1.2 Outpatients are treated according to standard treatment guidelines	2	Outpatients are not treated according to standard treatment guidelines (STGs).	<p>Provide health care workers Continuous Medical Education (CME) on management of clients according to STGs.</p> <p>Position STGs in all consultation rooms; liaise with the District Medical Officer's (DMO's) office.</p> <p>Monitor the use of STGs for management of patients at the facility.</p>	<ul style="list-style-type: none"> • Establish a Quality Improvement Team (QIT) to review and monitor quality of services provided. • Check availability of STGs. • Disseminate STGs to staff and to relevant service areas. • Request mentors from the district (or implementing partner) to conduct onsite staff mentorship support.
11.1.3 Good patient provider interaction	1	Staff are not adhering to proper provider-patient interaction (provider should be friendly and courteous).	<p>Train health workers on customer care, that is, on being friendly and courteous:</p> <ul style="list-style-type: none"> - Conduct CME on clients' medical rights, full history taking, and full physical examination as well as information on diagnosis and treatment. 	<ul style="list-style-type: none"> • Conduct a root cause analysis (using <i>But why?</i> technique or fishbone diagram) to determine factors contributing to poor provider-patient interaction. • Plan and orient health care workers on communication skills, including effective communication, problem solving, and counseling.

			<ul style="list-style-type: none"> Disseminate patient rights charter to staff and place it in relevant service areas.
2	Full history is not being taken.	<p>Train health workers on customer care, that is, on being friendly and courteous:</p> <ul style="list-style-type: none"> Conduct CME on clients' medical rights, full history taking, and full physical examination as well as information on diagnosis and treatment. Set standard for turnaround time in all service areas and display for public awareness. 	<ul style="list-style-type: none"> Conduct a root cause analysis (using <i>But why?</i> technique or fishbone diagram) to determine factors contributing to poor provider–patient interaction. Plan and orient health care workers on communication skills including effective communication, problem solving, and counseling. Disseminate patient rights charter to staff and place it at relevant service areas.
3	Patients are not being fully examined.	<p>Train health workers on customer care, that is, on being friendly and courteous:</p> <ul style="list-style-type: none"> Conduct CME on clients' medical rights, full history taking, and full physical examination as well as information on diagnosis and treatment. Set a standard for turnaround time in all service areas and display for public awareness. 	<ul style="list-style-type: none"> Conduct a root cause analysis (using <i>But why?</i> technique or fishbone diagram) to determine factors contributing to poor provider–patient interaction. Plan and orient health care workers on communication skills including effective communication, problem solving, and counseling. Disseminate patient rights charter to staff and place it at relevant service areas.

11.2 Maternal, Neonatal and Child Health Services (MNCH) Services

<p>11.2.1 ANC services follow guidelines</p>	<p>1</p>	<p>Antenatal care (ANC) services do not follow guidelines.</p>	<p>1. Provide a full package of routine ANC services, including the following:</p> <ul style="list-style-type: none"> - Iron supplementation - Folic acid supplementation - Mefendazole tablets - Intermittent preventive treatment for malaria - Tetanus toxoid vaccination - Monitoring for hypertensive disorder of pregnancy (check antenatal card) - Syphilis rapid diagnostic test <p>2. Obtain and display ANC guidelines, SOPs, checklist, or job aids including wall charts for reference. Liaise with DMO's/RMO's office.</p> <p>3. Obtain and use functioning equipment, including the following:</p> <ul style="list-style-type: none"> - Blood pressure machine - Fetoscope/fetal doppler/cardiocography - Adult weighing scale 	<ul style="list-style-type: none"> • Plan and conduct on-the-job training (OJT) on the ANC package, including integrated approach to care for health care workers. • Request ANC guidelines and disseminate to staff. • Ensure guidelines and algorithms are available in consultation rooms. • Use or establish Work Improvement Teams (WITs) or Quality Improvement Teams (QITs) to review and guide improvement of ANC services. • Request district or implementing partners for maternal neonatal and child mentors. • Integrate funds to support ANC services into the Comprehensive Council Health Plan.
<p>11.2.2 Family planning services follow guidelines</p>	<p>1</p>	<p>Family planning services do not follow guidelines.</p>	<p>Offer family planning methods according to the level of your health facility and expertise. Offer family planning methods in accordance with the client's informed choice.</p>	<ul style="list-style-type: none"> • Establish or use a QIT to review and assess provision of family planning services. • Update health care providers' knowledge and skills related to family planning services. • Request and schedule mentorship of family planning providers from district or implementing partners.

<p>11.2.3 Immunisation services follow guidelines</p>	<p>1</p>	<p>Immunization services do not follow guidelines.</p>	<p>Obtain the national guidelines for child immunization for reference. Liaise with DMO's/RMO's office: Train health care workers or provider(s) of immunization services in child immunization services. Obtain and use functioning cold chain equipment—that is, functional refrigerator (standard vaccine refrigerator), vaccine carrier, power source (solar/generator/liquid paraffin, gas), fridge tag and freeze tag, and updated daily temperature chart. Obtain and use vaccines as per EPI guidelines: - BCG - Polio - Measles and rubella - Pentavalent - Rotavirus - Pneumococcal vaccine (PCV 13) - Tetanus toxoid - Human papilloma virus</p>	<ul style="list-style-type: none"> • Conduct interview with staff to determine their challenges. • Update health care providers' knowledge and skills on immunization services, including the vaccination schedule in Tanzania. • Establish QITs and WITs to oversee provision of immunization services and report weekly to QIT. • QIT to share report with council QIT on monthly basis. • Develop immunization schedules and share with District Reproductive and Child Health Coordinator.
<p>11.2.4 The facility is performing BEmONC/CEmONC</p>	<p>1</p>	<p>The facility is not performing comprehensive emergency obstetric and newborn care (CEmONC/BEmONC)</p>	<p>A CEmONC facility should be able to provide the following interventions: 1. Parenteral administration of antibiotics (intravenous [IV] or intramuscular [IM]). 2. Parenteral administration of oxytocic (IV or IM).</p>	<ul style="list-style-type: none"> • Interview staff to determine their knowledge and skills on CEmONC/BEmONC • Plan and conduct staff orientation on CEmONC/BEmONC • Appoint a CEmONC BEmONC / focal person and establish services that should be provided as

				3. Parenteral administration of anticonvulsant (magnesium sulfate) for hypertensive disorders of pregnancy (IV or IM). 4. Assisted vaginal delivery (vacuum extraction). 5. Manual removal of placenta. 6. Manual vacuum aspiration/post-abortal care 7. Neonatal resuscitation/penguin sucker 8. Blood transfusion 9. Caesarean section	shown in the “Activities to Be Implemented” column.
11.2.5 National guidelines available	1	Integrated Management of Pregnancy and Childbirth (IMPAC) national guidelines are not available.	Obtain and provide the national guidelines for IMPAC for reference. Liaise with DMO’s/RMO’s office.	<ul style="list-style-type: none"> • Request IMPAC guidelines from the DMO. • Distribute the guideline to service points/tables. • Monitor the use of the guidelines. 	
11.2.6 BEmONC training	1	No staff have been trained on BEmONC /CEmONC in the past two years.	Train health workers on BEmONC /CEmONC with refresher training and update at least every two years.	<ul style="list-style-type: none"> • Develop a list of staff not trained on BEmONC /CEmONC. • Develop a training plan on BEmONC /CEmONC and share with the DMO. • Ensure that staff who lack BEmONC /CEmONC training are trained. • Monitor services provided by staff trained recently and provide technical assistance. 	
11.2.7	1	Partographs are not	Conduct CME on how to fill out		

<p>Partograms for mothers in labour are correctly filled</p>		<p>filled out properly.</p>	<p>partographs properly. Monitor the proper filling out of partographs.</p>	<ul style="list-style-type: none"> • Conduct a root cause analysis to determine factors contributing to improper filling out of partographs. • Develop an action plan for addressing gaps. • Provide onsite mentorship and coaching of staff who lack adequate knowledge of filling out partographs. • Conduct regular checks to assess their competency. • Standardize the strategies that are most effective in addressing the problem.
<p>11.2.8 The facility is performing death audit within 24 hours of maternal death</p>	<p>1</p>	<p>The facility is not performing a death audit within 24 hours of maternal death.</p>	<p>Perform a death audit within 24 hours of maternal death.</p>	<ul style="list-style-type: none"> • Conduct a staff meeting to determine why maternal audits are not being done. • Based on the reasons, plan for OJT of staff to address the specific gaps identified.
<p>11.2.9 The facility is offering child growth monitoring services according to guidelines</p>	<p>1</p>	<p>Child growth monitoring is not being done according to integrated management of child illness (IMCI) guidelines.</p>	<p>Train health workers on IMCI and monitor its proper use (i.e., the filling out of child growth charts). Obtain the IMCI guidelines.</p>	<ul style="list-style-type: none"> • Plan and conduct OJT of staff on IMCI. • Develop a facility team to monitor the proper use of the IMCI guidelines. • Display the IMCI guidelines in the consultation room.
<p>11.3 Inpatient Services</p>				

<p>11.3.1 Patients are treated according to Standards Treatment Guidelines</p>	<p>1</p>	<p>Inpatients are not treated according to STGs.</p>	<p>Conduct CME for all health workers on how to use STGs. Obtain STGs and provide to all wards; liaise with the DMO's office. Monitor use of STGs for treatment of tracer conditions such as severe malaria and severe pneumonia.</p>	<ul style="list-style-type: none"> • Ensure availability of STGs. • Establish a QIT to review the management of inpatient services and monitor the use of STGs. • Plan and conduct OJT to orient staff on the proper use of STGs.
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AREA 12: CLINICAL SUPPORT SERVICES				
Indicator	#	Gap	Activities to Be Implemented	Implementation Guide
12.1 Pharmaceutical service				
12.1.1 Qualified pharmaceutical cadre	1	The facility has no qualified pharmaceutical cadre.	Employ a qualified pharmaceutical cadre.	<p>Appoint a responsible person to;</p> <ul style="list-style-type: none"> Update the staffing list indicating a personnel deficit, note the required personnel, and submit the request to the District Medical Officer (DMO). Develop a plan and appoint a focal person to follow up with the DMO.
12.1.2 Good dispensing practice	1	The facility does not have adequate space or necessary tools and equipment for dispensing, such as dispensing bench, counting trays, medicine bags, and spoons.	Allocate/renovate and equip a dispensing area with all necessary tools and equipment for dispensing.	<ul style="list-style-type: none"> Conduct a health facility infrastructure assessment to determine rooms required. Develop a maintenance and renovation plan and send a request for renovation funds to the DMO's office. Develop an updated inventory list of equipment and tools and include the missing/required items in the Comprehensive Council Health Plan

				(CCHP).
2	Standard operating procedures (SOPs) for dispensing do not exist.	Prepare and clearly display the SOPs at the dispensing area.	<ul style="list-style-type: none"> Develop a list of all required SOPs and send list the DMO's office. Collect the SOPs, disseminate to staff, and monitor utilization to ensure good dispensing practice. 	
3	Medicine dispensing does not comply with SOPs, such as review of prescription, issue of correct medicine, correct labeling, and instruction of the patient on correct use of the medicine.	Adhere to dispensing SOPs on dispensing medicine.	<ul style="list-style-type: none"> Establish a Quality Improvement Team (QIT) to perform random checks/monitor work of dispensers, document malpractice, and share with the district pharmacist. Conduct a meeting with dispensers and conduct a root cause analysis to identify contributing factors to malpractice. Keep prescriptions in a file to make use of during random checks by the QIT. Conduct on-the-job training (OJT) to increase knowledge and skills necessary for dispensing. Use medicine therapeutic committees to review and monitor medicines. 	

<p>12.1.3 Availability of essential medicines and health products</p>	<p>1</p>	<p>Tracer medicines and health products from the following list are not available or are inadequately supplied:</p> <ul style="list-style-type: none"> - DPT + HepB/HiB vaccine for immunization - Artemether/lumefantrine (Alu) oral - Amoxicillin or cotrimoxazole oral - Albendazole or mebendazole oral - Oral rehydration salts (compact zinc ORS) - Ergometrine inj. or oxytocin inj. or misoprostol oral - Medroxyprogesterone injectable contraceptive, - Dextrose 5% or sodium chloride + dextrose IV inj. - Disposable syringe and needle - Malaria rapid diagnostic test or supplies for malaria 	<p>Procure/order the missing tracer medicines and/or health products.</p>	<ul style="list-style-type: none"> • Develop a list of all missing tracer medicines. • Submit medicine reporting and requesting forms to the DMO. • Redistribute medicines and supplies between facilities and within facilities. • Orient staff on ordering and management of supply systems. • Integrate funds into the CCHP to procure commodities that are not available via the national mechanism.
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<p>12.1.4 Accountability for medicines issued to clients</p>		<p>microscopy</p>		
<p>1</p>	<p>There is no proper documentation in the dispensing registers/dispensing books and the dispensed medicines cannot be audited.</p>	<p>Conduct OJT on proper filling out of dispensing register/books. Update all pharmacy registers daily.</p>	<ul style="list-style-type: none"> • Conduct OJT to maintain staff knowledge and skills on how to properly fill out the dispensing registers/books. • Task a QIT to review the work of the pharmacy staff to ensure that inventory counts are performed as per SOP requirements. • The QIT shall conduct scheduled data audits. • Have the health facility staff mentored on proper documentation. 	
<p>2</p>	<p>The facility is not following the fees and exemption policy.</p>	<p>Follow the fees and exemption policy and display the policy for public awareness (allocate a special dispensing window for special groups—the elderly, pregnant women, children under five, and other special groups).</p>	<ul style="list-style-type: none"> • Conduct a meeting to disseminate the exemption policy to all health facility staff. • List the exempted groups and display at the facility notice board for transparency. 	

12.1.5 Inventory management per ILS guidelines	1	Inventory is not managed properly as per Integrated Logistic Systems (ILS) guidelines, and stock records are not updated.	Train pharmacy staff on ILS. Update the pharmacy registers daily, and perform a physical count monthly.	<ul style="list-style-type: none"> Conduct a quick assessment to identify staff training needs. Plan and conduct staff training based on needs.
	2	Stock levels are inappropriate for tracer medicines (list the medicines), and the dispensing records are not auditable.	Procure/order the inappropriately stocked tracer medicines or redistribute the overstocked medicines. Update the medicine records.	<ul style="list-style-type: none"> Establish maximum and minimum stock levels for each tracer medicine at each facility. Mark stock cards of tracer medicines with signs displaying the maximum and minimum levels and update accordingly. Perform monthly physical counts and update stock cards. Schedule stock audits to identify gaps for correction.

<p>12.1.6 Appropriate storage and handling of medication</p>	<p>1</p>	<p>There is no appropriate storage facilities for medication—for example, storage area is not secure, is not well ventilated, is not protected from heat and light, does not have adequate shelving or racking/pellets for boxes, has no worktop for issuing and recordkeeping, or is not well-arranged and clean.</p>	<p>Renovate the entire storage room based on the following:</p> <ul style="list-style-type: none"> - Security - Ventilation - Protection from heat and light, - Adequate shelving or racking/pellets for boxes, - Worktop for issuing and record keeping - Well-arranged, clean, and air conditioned 	<ul style="list-style-type: none"> • Integrate funds into the CCHP for renovating storage area as per national standards. • Inform the Health Facility Governing Committee (HFGC). • Liaise with partners to ask for support to renovate the medicine storage space.
<p>2</p>	<p>Expired or unusable products are not handled according to guidelines.</p>	<p>Handle the expired and unusable products according to guidelines. Clearly mark and removal from medicine inventory and store separately awaiting the process of timely disposal according to the guideline.</p>	<ul style="list-style-type: none"> • Assign a QJT to supervise the management of expired and unusable products. • Disseminate SOPs for the management of expired or unusable products. 	
<p>3</p>	<p>The facility does not have a functional and reliable refrigerator.</p>	<p>Procure/order a functional and reliable refrigerator.</p>	<ul style="list-style-type: none"> • Integrate funds into the CCHP for procuring a functional refrigerator. • Assign a focal person to follow up on procurement of refrigerator. 	

	4	The facility does not have secure storage and a register for controlled (DDA) medicines.	Allocate and label separate secured storage and a register for controlled (DDA) medicines.	<ul style="list-style-type: none"> Identify a secure storage place for controlled (DDA) medicines. List the DDA drugs to be included in the secure place. Share the list with the WIT. Discuss with the HFGC to prioritize the storage space.
	5	Staff cannot access medicines after working hours.	Establish a system for accessibility of medicines after working hours and create awareness among the facility staff.	<ul style="list-style-type: none"> Prepare a guide for handling medicines after working hours. Develop a list of medicines that are available when handing over work shifts.
12.2 Laboratory Services				
12.2.1 Dedicated room for lab services	1	There is no dedicated room for laboratory services.	Allocate a room for laboratory services.	<ul style="list-style-type: none"> Collaborate with the HFGC to allocate a space for lab services.
12.2.2 Laboratory equipped	1	There is inadequate laboratory equipment: - Microscope - Centrifuge - Glucometer	Procure/order the missing lab equipment.	<ul style="list-style-type: none"> Establish an inventory list of laboratory equipment indicating the functionality of each item. Develop a health facility equipment maintenance plan and display at the notice board. Request the missing equipment.

<p>12.2.3 Qualified laboratory cadre</p>	<p>1</p>	<p>There is no qualified laboratory cadre.</p>	<p>Employ or request the qualified laboratory cadre.</p>	<ul style="list-style-type: none"> • Establish/update the health facility's staffing level to determine the deficit. • Send the updated list and staff request to the DMO. • Identify a focal person to follow up on the request for qualified laboratory staff.
<p>12.2.4 Good laboratory practice</p>	<p>1</p>	<p>The facility does not conduct essential laboratory tests, such as the following: - Malaria tests - HB - Urinalysis - UPT - Blood glucose level - HIV test</p>	<p>Obtain the missing essential lab tests and ensure that they are performed.</p>	<ul style="list-style-type: none"> • Orient staff on supply chain management, including proper ordering. • Assign a focal person for updating and displaying the list of tests conducted at the facility on a monthly basis. • Order essential laboratory test using the recording and reporting tool (R&R)
<p>2</p>	<p>There are no SOPs for all tests performed in the laboratory.</p>	<p>Obtain and display all SOPs for all tests performed in the laboratory.</p>	<ul style="list-style-type: none"> • Request SOPs for lab tests from the DMO's office. • Disseminate/distribute national SOPs and job aids and display in the facility laboratory. 	
<p>3</p>	<p>The laboratory SOPs are not followed.</p>	<p>Adhere to SOPs when performing any test in the laboratory.</p>	<ul style="list-style-type: none"> • Display the lab SOPs in the laboratory room. • Identify incompetent lab staff and conduct OJT. • Perform close supportive supervision of staff. 	

			<ul style="list-style-type: none"> Request laboratory mentors to support facility staff.
<p>12.2.5 Established turnaround time for results</p>	<p>The facility has no system to monitor turnaround times for all tests performed in the laboratory.</p>	<p>Develop and display the expected turnaround times for all tests performed in the laboratory and monitor their implementation.</p>	<ul style="list-style-type: none"> Create a document indicating turnaround time for each test in the laboratory. Disseminate and display the turnaround time SOPs to service providers and the facility management team to monitor implementation.
<p>12.2.6 Quality assurance and control processes for tests</p>	<p>The facility has no internal and external quality assurance controls.</p>	<p>Perform internal and external quality assurance contro (EQA). Prepare a register and document. to record EQA results</p>	<ul style="list-style-type: none"> Orient health facility staff on quality control including internal and external Establish a QIT to monitor implementation of quality control activities. Enroll the facility into external quality assurance scheme for all tests.
<p>12.2.7 Laboratory safety system in place</p>	<p>The facility has no SOPs for infection prevention and control and post-exposure prophylaxis.</p>	<p>Prepare and display clearly the SOPs for infection prevention and control and post-exposure prophylaxis.</p>	<ul style="list-style-type: none"> Conduct training for infection prevention, including bio-risk management. Print and distribute SOPs, job aids, tools for data recording, and manuals.
	<p>There are no displayed laboratory safety rules.</p>	<p>Develop and clearly display the laboratory rules.</p>	<ul style="list-style-type: none"> Train and orient health facility staff on biosafety, bio-risk management, and laboratory safety rules. Display the rules at every testing and sample collection point.

3	There are no color-coded bins and bin liners for waste segregation.	Procure/order the color-coded bins and bin liners for waste segregation (blue/black—noninfectious, yellow—highly infectious, and red—highly infectious).	<ul style="list-style-type: none"> • Orient staff on 5S and use of color-coded bin liners. • Procure the color-coded bins and bin liners for waste segregation (three bins): (blue/black—noninfectious, yellow—highly infectious, and red—highly infectious).
4	There is no blood bank refrigerator.	Procure/order a blood bank refrigerator.	<ul style="list-style-type: none"> • Provide guidance on the use of a refrigerator for safe blood monitoring and storage. • Procure a blood bank refrigerator with thermometer for temperature monitoring. • Print sheets for temperature recording and display in the refrigerator areas. • Appoint a focal person to monitor the temperature and share reports with the health facility management.
5	Facility does not receive safe blood for transfusion.	Establish a blood bank unit and equip it. Request safe blood from a zonal blood transfusion bank.	<ul style="list-style-type: none"> • Provide supplies for blood safety retesting. • Orient lab staff on blood safety standards, including retesting for blood safety (HIV, hepatitis, malaria, etc.). • Display SOPs for blood testing and rejection criteria.

12.2.8 Laboratory supplies management system in place	1	There is no stock management system for laboratory supplies.	Prepare register of incoming and outgoing laboratory supplies.	<ul style="list-style-type: none"> • Provide inventory system tools (e.g., register books, SOPs, ledgers, bin cards, R&R). • Perform orientation on the use of tools and data for inventory management. • Conduct OJT on supply chain logistics systems, including eLMIS. • Balance stock through activities such as redistribution and facility networking.
12.3 Operating Theater				
12.3.1 Protocols for surgical procedures and recovery are available	1	Protocols for surgical procedures and recovery are not available.	Obtain and display the protocols for surgical procedures and recovery. Monitor implementation of protocols for surgical procedures and recovery (from the time patient enters to time he or she leaves the operating theater).	<ul style="list-style-type: none"> • Request SOPs/protocols for surgical procedures from the DMO's office. • Disseminate and display them in the surgical department, including the theater. • Identify a focal person for coordinating surgical activities.
12.3.2 Skilled provider for anaesthesia	1	The facility has no skilled provider for anaesthesia.	Employ or train a skilled provider for anaesthesia.	<ul style="list-style-type: none"> • Send the DMO a request for skilled anaesthesia staff. • Identify staff to be trained on anaesthesia. • Integrate funds for in-service training into the CCHP for an anaesthesia person.
12.3.3 Surgical equipment to support effective	1	The facility does not have the equipment to support safe	Equip the operating theater with the following equipment as per national guidelines for safe surgical	<ul style="list-style-type: none"> • Establish a theater equipment inventory list to identify missing items.

<p>provision of safe surgical intervention is available</p>	<p>surgical intervention.</p>	<p>intervention: - Major operating light (1) - Dressing trolley (1) - Drip stand with double hooks and adjustable height (2) - Operating table (1) - Patient's stretcher (4) - Wheelchair: invalid filling adult size (2) - Trolley for solid linen (1)</p>	<ul style="list-style-type: none"> • Request surgical equipment from the DMO's office. • Establish 5S in the operating theater to organize equipment and working environment.
<p>12.3.4 Power back-up for the theatre lamp is available</p>	<p>1 There is no power backup with automatic switchover for the theater lamp.</p>	<p>Procure a constant power backup with automatic switchover in the theater.</p>	<ul style="list-style-type: none"> • Identify the number of switches required. • Identify specifications of the power backup and the switches required that meet standards. • Plan for procurement and maintenance in the CCHP. • Plan for supplies for backup electricity. • Prepare a request for power backup and switches and submit to the HFGC for purchasing.
<p>12.3.5 Emergency resuscitation and airway management equipment is available and functioning</p>	<p>1 The facility does not have all emergency resuscitation and airway management equipment (list the missing items).</p>	<p>Ensure the availability of functioning emergency equipment, resuscitation and airway management system: - Mayo instrument - Diathermy machine - Anesthetic trolley - Hoses - Valves - Bellows or bag to inflate lungs</p>	<ul style="list-style-type: none"> • Identify and prepare a list of the missing items for emergency resuscitation and airway management. • Conduct a cost analysis to identify prices and total costs of the items. • Include a list of missing/out-of-order items in a plan. • Verify for quality and quantity.

		<ul style="list-style-type: none"> - Face masks (sizes 00 to 5) - Adult and pediatric resuscitator sets - Pulse oximeter (1) - Laryngoscope Macintosh blades 1–3 (4) - Oxygen concentrators/cylinders - Sphygmomanometer (1) - Stethoscope (1) - Suction machine (electrical) 	
<p>12.3.6 Systems in place for the prevention of surgical sepsis</p>	<p>No system is in place for the prevention of surgical sepsis.</p>	<p>Put in place a system for the prevention of surgical sepsis.</p>	<ul style="list-style-type: none"> • Introduce 5S and orient all facility staff on infection prevention. • The infection prevention system shall include: <ul style="list-style-type: none"> ○ Suitable room/place/ autoclave for equipment and linen sterilization. ○ Room for patient preparation, changing room, scrubbing, operating and recovery room. ○ Display of SOPs/hand-washing instructions. ○ lockable doors , clear signs of no entry, clear demarcation between sterile and non sterile areas • Include funding in the CCHP for purchasing surgical equipment.
	<p>1 The facility has no washing and decontamination area for used equipment and linen.</p>	<p>Allocate/renovate an area for washing and decontamination of used equipment and linen.</p>	
	<p>2 The facility has no sterilization facility for equipment and linen.</p>	<p>Establish a sterilization facility for equipment and linen— autoclave/oven.</p>	
	<p>3 The facility has no designated area for patient preparation, changing room, scrubbing area, operating room. and recovery room.</p>	<p>Allocate/renovate designated areas for patient preparation, changing room, scrubbing area, operating room, and recovery room.</p>	

	4	The facility does not control access to the theater.	Control access to the theater via presence of lockable doors.	
12.4 Radiology and Imaging				
12.4.1 Availability and functionality of radiology and imaging services	1	There are no SOPs and protocols for various equipment.	Prepare and display the SOPs and protocols for the equipment, including warning symbols and posters.	<ul style="list-style-type: none"> Request the SOPs and protocols including warning symbols and posters and place them in the radiology room(s).
	2	The radiology and/or imaging equipment is not functioning (X-ray and/or ultrasound/MRI/CT-scan)	Repair/procure functional radiology and imaging equipment.	<ul style="list-style-type: none"> Document the status of radiology and/or imaging equipment and report to the DMO. Prepare a list of equipment requiring repair and replacement. Develop an equipment maintenance and procurement plan and submit to the DMO. Allocate funding to the CCHP for purchasing imaging equipment.
	3	There is no planned preventive maintenance (PPM) of radiology and imaging equipment.	Prepare a PPM plan for radiology and imaging equipment.	<ul style="list-style-type: none"> Develop a radiology PPM plan and share with facility staff and the DMO's office. Identify vendors/suppliers of imaging equipment and their contacts for communication. Display a schedule for equipment maintenance and repair and responsible vendors.

	4	There is no procedure for providing services after working hours.	Establish a procedure for providing service after working hours by preparing and displaying an on-call register with contact numbers for both X-ray and ultrasound.	<ul style="list-style-type: none"> Identify client needs for X-ray and ultrasound services after working hours. Allocate personnel for duty after working hours. Prepare and display the roster with phone numbers of on-call personnel.
12.4.2 Skilled provider according to facility establishment	1	There is no skilled provider in accordance with standards established for the facility.	Employ a qualified staff according to the facility requirements (i.e., radiology scientist; AMO-radiologist/radiographer technologist; radiographer; nurse or clinical officer with training in ultrasound).	<ul style="list-style-type: none"> Identify the updated staffing level with the cadre of staff that will be required at the facility as per standards. Submit the updated list to the DMO's office. Appoint a focal person to follow up on the request.
12.4.3 Availability of radiation safety program	1	There is no radiation safety program.	Put in place a radiation safety program.	<ul style="list-style-type: none"> Identify the need for a radiation safety program. Plan to staff the radiation safety program. Start implementing the radiation safety program.
	2	The facility does not comply with the radiation safety program and keep reports.	Comply with the radiation safety program and keep reports.	<ul style="list-style-type: none"> Comply with the radiation safety program and keep reports.
	3	Protective gear is not available or is not used (lead apron, radiation	Procure and use protective gear (lead apron, radiation badges, lead hand gloves, gonad/thyroid lead protective	<ul style="list-style-type: none"> Procure and use protective gear (lead apron, radiation badges, lead hand gloves,

		badges, lead hand gloves, gonad/thyroid lead protective gear); thermoluminescent dosimeters (TLDs) are not used.	gear) and TLDs.	and gonad/thyroid lead protective gear) and TLDs.
12.5 Mortuary				
12.5.1 Mortuary services are provided according to guidelines	1	Mortuary services are not provided according to guidelines; formalin is not available.	Procure and/or use formalin in the mortuary.	<ul style="list-style-type: none"> Establish a QIT to review and supervise mortuary services. Ensure that SOPs are available and displayed to guide the personnel.
	2	There are no appropriate facilities for preserving dead bodies (i.e., refrigerator).	Procure/renovate a refrigerator for preservation of dead bodies.	<ul style="list-style-type: none"> Prepare a budget for procurement of a refrigerator during the next financial year. Get the budget approved by the DMO/higher authority. Purchase a refrigerator.
	3	Appropriate personal protective equipment (PPE) is not used when handling bodies.	Procure/avail appropriate PPE when handling dead bodies (i.e. Gowns, gloves, plastic apron, protective eye wear and face mask covering face and mask)	<ul style="list-style-type: none"> Prepare a budget for procurement of PPE during the next financial year. Get the budget approved by the DMO/higher authority. Purchase PPE for use while handling dead bodies.
12.6 Food Services				
12.6.1	1	Food services are not	Obtain and adhere to IPC	

Food services are provided according to IPC guidelines	provided according to infection prevention and control (IPC) guidelines.	guidelines for food services.	<ul style="list-style-type: none"> • Conduct an orientation and induction program for food service providers/vendors. • Display procedures for the handling of food at the facility. • Disseminate guidelines for food services, including hand-washing procedure, the cleaning of food preparation areas, and disposal of kitchen waste.
1	There are insufficient cleaning supplies and facilities. <ul style="list-style-type: none"> - Water supply - Soap - Sink/buckets - Basins and so forth 	Procure/provide and/or renovate cleaning supplies and facilities: <ul style="list-style-type: none"> - Water supply - Soap - Sink/buckets - Basins and so forth 	<ul style="list-style-type: none"> • Orient food handlers on basic hygiene measures. • Establish a WIT to supervise day-to-day food services. • Conduct a daily check of the food service area. • Provide education to food handlers on how to clean facilities.
2	There is no refrigerator and cupboard for storing food.	Procure a refrigerator and a cupboard for storing food.	<ul style="list-style-type: none"> • Develop an inventory list of food equipment indicating its functionality/status and share with the DMO's office. • Request a refrigerator for storing food from the DMO.
3	Food handlers have not been screened for the following: <ul style="list-style-type: none"> - Stool analysis, - Urinalysis - Skin diseases and - Respiratory tract infections 	Screen all food handlers for diarrhea and contagious diseases after every six months.	<ul style="list-style-type: none"> • Orient food handlers on health and safety regulations, standards, and procedures, including screening for contagious diseases.

