

THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERLY AND CHILDREN**



HEALTH QUALITY ASSURANCE DIVISION

BASIC STANDARDS FOR HEALTH FACILITIES

VOLUME 2

**DISPENSARIES, HEALTH CENTRES, STAND ALONE DENTAL CLINICS
AND REHABILITATION MEDICINE FACILITIES**

NOVEMBER 2017

TABLE OF CONTENTS

ABREVIATIONS	vi
FOREWORD	viii
ACKNOWLEDGEMENTS	x
INTRODUCTION	1
PART ONE: DISPENSARY AND HEALTH CENTRE	3
CHAPTER 1.0: NEHCIP - TZ AT DISPENSARY AND HEALTH CENTRE	4
1.1 Health Interventions at Dispensary Level	4
1.2 Health Interventions at Health Centre Level.....	4
CHAPTER 2.0: GENERAL REQUIREMENTS FOR DISPENSARY AND HEALTH CENTRES	6
2.1 Ownership.....	6
2.2 Staffing and Operating Environment	6
CHAPTER 3.0: REGISTRATION AND LICENSURE	8
3.1 Application	8
3.2 Renewal of License.....	8
3.3 Disciplinary Actions	8
CHAPTER 4.0: MANAGEMENT OF DISPENSARIES AND HEALTH CENTRES ..	10
4.1 General overview	10
4.2 Recommended Good Practices for Dispensary and Health Centre Management	10
4.2.1 Governance.....	10
4.2.2 Autonomy and Accountability.....	11
4.2.3 Planning.....	11
4.2.4 Human Resources.....	11
4.2.5 Client Service Charter	11
4.2.6 Communication.....	11
4.2.7 Quality of Care.....	11
4.2.8 Data Management.....	12
4.2.9 Supplies and Stocks.....	12
4.2.10 Maintenance.....	12
4.2.11 Waste Disposal.....	12
4.2.12 Transport.....	12
4.3 Management of Dispensary and Health Centre	12
4.3.1 Dispensary.....	12
4.3.2 Management of Health Centre.....	12
CHAPTER 5.0: HUMAN RESOURCE MANAGEMENT	14
5.1 General requirements	14
5.2 Staffing Level for Dispensary	14
5.3 Staffing level for Health Centre	16
5.4 Job description and orientation for dispensary and health centre.....	17
5.5 Occupational Health and Safety (OHS).....	18

5.6	Standards of dress	18
5.7	Professional Development.....	18
CHAPTER 6: PREMISES (PHYSICAL FACILITY STANDARDS)		20
6.1	Location of Dispensary and Health Centre Buildings	20
6.2	Construction Requirements Layout.....	20
6.3	Communication	20
6.3.1	Telephone system.....	20
6.3.2	Nurse Call System.....	20
6.3.3	Alarms.....	21
6.4	Parking Area.....	21
6.5	Construction Materials.....	21
6.6	Ventilation, Air Conditioning and Lighting.....	21
6.7	Surfaces.....	21
6.7.1	Floors.....	21
6.7.2	Skirting.....	21
6.7.3	Walls.....	21
6.7.4	Ceiling.....	21
6.8	Openings	22
6.8.1	Doors Size	22
6.8.2	Construction.....	22
6.8.3	Windows.....	23
6.8.4	Corridor.....	23
6.9	Management and Maintenance	23
6.10	Water Supply	24
6.11	Storage facilities.....	24
6.12	Ablution Facilities.....	24
6.13	Disability User-Friendly Features	24
6.14	Schedule of Accommodation and Functional Relationship for Dispensary and Health Centre24	
6.15	Infection Prevention and Control	32
6.16	Safety and Security for Dispensary and Health Centre.....	32
6.16.1	Security System.....	32
6.16.2	Fire Safety.....	32
6.16.3	Lightning Protection.....	33
6.16.4	Occupational Health and Safety.....	33
6.16.5	Electrical System.....	33
CHAPTER 7.0: SERVICE STANDARDS		34
7.1	Service standards for dispensary.....	34
7.1.1	General medical services.....	34
7.1.2	Minor surgical services.....	34
7.1.3	Reproductive, Maternal, New born and Child Health services (RMNCH).....	34
7.1.4	Laboratory services.....	35
7.1.5	Pharmaceutical Services.....	35
7.1.6	Infection Prevention and Control.....	36
7.1.7	Support Services (Housekeeping, Laundry and Technical Services).....	37
7.1.8	Patient flow.....	38

7.1.9	Medical records.....	38
7.1.10	Health Promotion Services.....	39
7.1.11	Physiotherapy Services.....	40
7.1.12	Occupational Therapy Services.....	42
7.2	Service standards for Health Centre	44
7.2.1	General medical services.....	44
7.2.2	Minor surgical services.....	45
7.2.3	Reproductive, Maternal, New born and Child Health services (RMNCH).....	45
7.2.4	Laboratory services.....	45
7.2.5	Inpatient services.....	47
7.2.6	Operating theatre.....	48
7.2.7	Pharmaceutical services.....	48
7.2.8	Infection Prevention and Control (IPC).....	49
7.2.9	Support services (housekeeping, laundry and technical services).....	50
7.2.10	Patient flow.....	51
7.2.11	Medical records.....	51
7.2.12	Health promotion services.....	53
7.2.13	Physiotherapy Services.....	55
7.2.14	Occupational Therapy Services.....	57
7.2.15	Speech and Language Therapy.....	59
CHAPTER 8.0: CLIENT RIGHTS AND RESPONSIBILITIES		63
8.1	External Clients Rights.....	63
8.2	External Clients Responsibilities	64
8.3	Internal Clients Rights.....	65
8.4	Internal Clients Responsibilities.....	65
PART TWO: STAND ALONE DENTAL CLINIC AND BASIC DENTAL CLINIC		67
CHAPTER 9.0: GENERAL GUIDELINES FOR STAND ALONE DENTAL CLINIC		68
9.1	Ownership.....	68
9.2	Staffing and Operating Environment.....	68
9.3	Dental Clinic.....	69
9.4	Basic Dental Clinic.....	70
PART THREE: STAND ALONE REHABILITATION MEDICINE FACILITIES		71
CHAPTER 10.0: STAND ALONE PROSTHETICS AND ORTHOTICS FACILITY		72
10.1	Ownership of Prosthetic and Orthotics Facility.....	72
10.2	Supervisor of a Stand Alone Prosthetic and Orthotics Facility	72
10.3	Human Resources	72
10.4	Equipment.....	72
10.5	Rooms for Services Provision.....	73
10.6	Specific Requirements for the Rooms	73
10.7	Location.....	74
CHAPTER 11.0 STAND ALONE PHYSIOTHERAPY FACILITY		75
11.1	Ownership of Physiotherapy Facility.....	75

11.2 Supervisor of a Physiotherapy Facility	75
11.3 Human Resources	75
11.4 Equipment	75
11.5 Rooms for Services Provision	75
11.6 Specific Requirements for the Rooms	76
11.7 Location	76
CHAPTE 12.0 STAND ALONE SPEECH AND LANGUAGE THERAPY FACILITY	77
12.1 Introduction on Speech and Language Therapy	77
12.2 Speech and language therapy session requirement	78
12.3 Ownership of Speech and Language Therapy Stand Alone Facility	78
12.4 Supervisor of a Speech and Language Therapy Facility	78
12.5 Human Resources	78
12.6 Speech and Language Services Offered	78
12.7 Equipment	78
12.8 Infrastructure	80
12.9 Environmental Attributes	81
PART FOUR: NURSING AND MATERNITY HOMES	82
13.1 General Guidelines	83
13.1.1 Ownership	83
13.2 Nursing Homes	83
13.3 Maternity Home	83
REFERENCES	84
ANNEXES	85
Annex 1: Schedule of Accommodation for Dispensary and Health Centre	85
Annex 2: Equipment and Supplies for Dispensary and Health Centre	88
Annex 3: Furniture for Dispensary and Health Centre	95
Annex 4: Stand alone Basic Dental Clinic	101

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMO	Assistant Medical Officer
ANC	Antenatal Care
ANO	Assistant Nursing Officer
APOT	Association of Prosthetists and Orthotists in Tanzania
APTA	Association of Physiotherapists Tanzania
ARI	Acute Respiratory Infections
BCC	Behaviour Change Communication
BCG	Bacillus Calmette–Guérin
BF	Breast Feeding
BP	Blood Pressure
BS	British Standards
BSHSWFs	Basic Standards for Health and Social Welfare Facilities
CH	Council Hospital
CHMT	Council Health Management Team
CHWs	Community Health Workers
CSSD	Central Sterilisation and Supply Department
CTC	Care and Treatment Centre
DCS	Division of Curative Services
DHMIS	District Health Management Information System
DMO	District Medical Officer
ENT	Ear, Nose and Throat
FBO	Faith Based Organisation
HBC	Home Based Care
HCF	Health Care Facility
HFMT	Health Facility Management Team
HIMS	Health Information Management System
HIV	Human Immunodeficiency Syndrome
HMT	Hospital Management Team
HRH	Human Resource for Health
HW	Hand Wash
ICT	Information Communication Technology
IEC	Information Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IP	Inpatient
IPD	In Patient Department
IT	Information Technology
ITN	Insecticide Treated Nets
IUCD	Intra Uterine Contraceptive Device
IV	Intra-venous
LGA	Local Government Authority
MA	Medical Attendant
MDAs	Ministries, Departments and Agencies
MNCH	Mother Neonate and Child Health
MNH	Muhimbili National Hospital
MO	Medical Officer
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOi/c	Medical Officer In-charge

MOI	Muhimbili Orthopaedic Institute
MTUHA	Mfumo wa Taarifa za Uendeshaji wa Huduma za Afya
MVA	Manual Vacuum Aspiration
NCDSA	Non-Communicable Diseases and Substance Abuse
NEHCIP-Tz	National Essential Health Care Intervention Package in Tanzania
NEMLIT	National Essential Medicines List
NGOs	Non Governmental Organisations
NO	Nursing Officer
OI	Opportunistic Infections
OPD	Out-Patient Department
P4P	Pay for Performance
PHAB	Private Hospitals Advisory Board
PHAST	Participatory Hygiene and Sanitation Transformation
PHC	Primary Health Care
PHSDP	Primary Health Sector Development Program
PHSDP	Primary Health Services Development Programme
PITC	Provider Initiated Treatment and Counselling
PMTCT	Prevention of Mother- to-Child Transmission
POD	Prevention of Disability
POP	Plaster of Paris
PORALG	Presidents' Office - Regional Administration and Local Government
PPE	Personal Protective Equipment
PPM	Planned Preventive Maintenance
QIT	Quality Improvement Team
RCH	Reproductive and Child Health
RHMT	Regional Health Management Team
RMO	Regional Medical Officer
RRH	Regional Referral Hospital
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infections
TATEDO	Tanzania Appropriate Technology Organization
TB	Tuberculosis
TBA	Traditional Birth Attendants
TENS	Trans-cutaneous Electrical Nerve Stimulation
ToT	Training of Trainers
TOTA	Tanzania Occupational Therapists Association
TT	Tetanus Toxoid
TV	Television
VCT	Voluntary Counselling and Testing
WC	Water Closet (Toilet)

FOREWORD

Development of Health Services in Tanzania Mainland has come a long way. The first efforts were established by the German Colonial Government and later taken over by British Colonial Government. During that time, health services were mainly owned by the state with limited number of private for profit services provided in major towns while not-for-profit services were provided in rural areas by Voluntary Agencies including Religious Institutions.

After Independence (1961) and the Arusha Declaration (1967) health care facilities were re-directed towards rural areas and universal free medical services for all Tanzanians were declared. As a result of a policy of equitable distribution of health facilities, the number of health facilities increased significantly from 1961 to 1991. Hospitals increased from 98 to 175, Health Centres from 22 to 276, and Dispensaries from 875 to 3,014. On the other hand, the nationalization of some private health facilities in 1970 retarded the growth of the private sector. The government collaboration with Not-for-Profit Organizations was also limited. In 1977, private medical practice for-profit was banned through the establishment of the Private Hospitals Act No. 6 and its Regulations. Some of For-Profit Health Facilities were opened under the umbrella of “approved organizations”. Later, the importance of private health care delivery was recognized with enactment of the amendment of Private Hospitals Act, No. 26 of 1991. This has resulted in increase in the number of health facilities in the country that was further enhanced with the start of Primary Health Services Development Programme (PHSDP) in 2007.

The PHSDP (2007-2017) aims at promoting access to basic health care for all as well as empowering and involving the community in the provision of health services. Specifically, the PHSDP aims at having a dispensary at each village, a health centre at each ward, a district hospital at each LGA level and upgrade regional hospitals to provide referral services while the specialized hospitals are to provide super specialized services. According to HMIS, up to 2014 there were 6,804 health facilities comprising of 256 hospitals (103 are owned by the Government, 103 are Faith Based Organizations, 38 Private and 12 are owned by the Parastatal Organizations); 709 health centres (458 belong to the Government, 154 Faith Based Organizations, 71 Private and 26 Parastatal); and 5,839 dispensaries (4251 are owned by the Government, 766 are Private, 613 Faith Based, and 209 Parastatal) in Tanzania Mainland.

The expansion of the health infrastructure necessitated the Ministry of Health, Community Development, Gender, Elderly and Children (by then Ministry of Health in 1996) to take initiative to establish guideline standards for health facilities. The BSHFs (2017) update the requirements contained in the guideline standards for health facilities (1996) based on developments in the health sector in terms of policy, guidelines, resource requirements and technology. The BSHFs are grouped into four volumes from community level to national level. The inputs covered in these volumes have financial implication to all stakeholders. Health facilities are required to use BSHFs as a reference tool for their strategic planning, yearly planning and operational budget.

This BSHFs **Volume Two (2)** will be used by all stakeholders in Government, Private for Profit and Not for Profit Organizations to guide them in establishment and running

of health services at Dispensary, Health Centre, Stand alone Dental Clinics and Rehabilitation Medicine Facilities. The standards will also help the facilities to participate in accreditation system. Therefore, the Ministry Health, Community Development, Gender, Elderly and Children urges all stakeholders to use these standards consistently when planning to establish or running health services at Dispensary, Health Centre, Stand alone Dental Clinics and Rehabilitation Medicine Facilities.



Umyy A. Mwalimu (MP)

MINISTER OF HEALTH, COMMUNITY DEVELOPMENT, GENDER ELDERY, AND CHILDREN

ACKNOWLEDGEMENTS

The BSHFs reflect the Vision and Mission of the Ministry of Health, Community, Development, Gender, Elderly and Children (MoHCDGEC). They focus on what needs to be in place at all levels of care (from Community/Household level to Hospital at level IV) to meet the vision.

Development of the standards is a product of an extensive consultation that started in 2011 with coordination of the Health Quality Assurance Division – through the Health Services Inspectorate and Quality Assurance Section, and the Curative Services Division – through the Hospital Reforms Unit and the Coordinator of Palliative and Rehabilitation Services in the Non Communicable Diseases and Substance Abuse Section. The Standards for Rehabilitation Medicine Services involved extensive consultations with the Experts in Physiotherapy, Prosthetics and Orthotics, Occupational Therapy, and Speech and Language Therapy from the following organisations – Association of Prosthetists and Orthotists in Tanzania (APOT), Association of Physiotherapists in Tanzania (APTA), Tanzania Occupational Therapists Association (TOTA), Muhimbili National Hospital (MNH), Kairuki Hospital, Muhimbili Orthopaedic Institute (MOI), Mwananyamala Regional Referral Hospital, and London Health Centre. The tireless coordination efforts facilitated experts from various organizations and within the MoHCDGEC to provide inputs that have culminated in printing of the standards.

The MoHCDGEC would like to acknowledge the contributions of experts from the following organizations:

i. Association of Private Health facilities in Tanzania (APHFTA);	xvii. National Health Laboratory Quality Assurance Training Centre;
ii. Bagamoyo District Council;	xviii. Optometry Council;
iii. Baraza Kuu la Waislamu wa Tanzania (BAKWATA);	xix. PharmAccess International;
iv. Christian Social Services Commission (CSSC);	xx. Pharmacy Council;
v. Eastern Zonal Health Resource Centre – Morogoro;	xxi. Prime Minister's Office Regional Administration and Local Government;
vi. Environment Health Practitioners Council;	xxii. Private Health Laboratories Board;
vii. Hubert Kairuki Memorial University;	xxiii. Private Hospital Advisory Board;
viii. Jhpiego;	xxiv. Tanzania Association of Radiographers (TARA);
ix. Mbeya Referral Hospital;	xxv. Tanzania National Nursing Association (TANNA);
x. Medical Association of Tanzania (MAT);	xxvi. Tanzania Nursing and Midwifery Council (TNMC) and
xi. Medical Laboratory Scientists Association of Tanzania (MeLSAT);	xxvii. Tanzania Public Health Association (TPHA).
xii. Medical Radiology and Imaging Professionals Council;	xxviii. Tanzania-Netherlands project to Support AIDS control – Mwanza Region;
xiii. Medical Women Association of Tanzania (MEWATA);	xxix. Tumbi Regional Referral Hospital;
xiv. Ministry of Health, Community, Development, Gender, Elderly	xxx. London Health Centre
	xxxi. Hubert Kairuki Memorial Hospital
	xxxii. Muhimbili Orthopaedic Institute
	xxxiii. Mwananyamala Regional Referral

	and Children –Departments, Sections, Units and Programmes;		Hospital
xv.	Muhimbili National Hospital;	xxiv.	Tanzania Occupational Therapists Association (TOTA)
xvi.	National Health Insurance Fund;	xxv.	Association of Physiotherapists in Tanzania (APTA)
		xxvi.	Association of Prosthetists and Orthotists in Tanzania (APOT)

The Ministry would like to thank all stakeholders (Public, Private-for-Profit, and Not-for-Profit) that will consistently use these BSHFs. I reiterate sincere appreciation from MoHCDGEC to everyone who in one-way or another contributed to drafting, finalization and printing of these standards.



Dr. Mpoki M. Ulisubisya
PERMANENT SECRETARY (HEALTH)

INTRODUCTION

The National Health Policy (2007) advocates for access to quality health and social welfare services for all and at all service provision levels starting from household level to advanced levels. To facilitate the efforts of both public and private health sectors in delivering quality health services, the MoHCDGEC has compiled Basic Standards for Health Facilities (BSHFs) at each level of the Tanzanian health system. Therefore, the BSHFs were developed in order to:

1. Respond to the health and social welfare needs of the population in a consistent national health care delivery coverage plan (accessibility, equity, affordability and sustainability).
2. Adequately address the current and future public health challenges.
3. Ensure that each level is prepared and equipped to implement the corresponding interventions with the required level of quality.
4. Facilitate appropriate health financing mechanism through proper categorisation of the health facilities.
5. Address challenges arising out of increasing number of the health facilities and the advancement of the science and technology of healthcare delivery.
6. Respond appropriately to changing social, economic and political environment whereby the government has adopted the free economic system hence greater need of developing clear standards for guiding the delivery of quality health care services.

During the development process various guidelines were referred including the National Essential Health Care Interventions Package – Tanzania (NEHCIP–Tz 2013). At each level, the list of interventions to be performed (services and management) is defined by the NEHCIP-Tz. The package defines health intervention as a complex procedure that requires specific inputs to be performed satisfactorily in terms of quality and quantity of the following required resources:

- Premises
- Staffing
- Management
- Office and Information Communication Technology (ICT) equipment
- Vehicle
- Medical equipment:
 - General Medical Equipment
 - Dental services
 - Laboratory
 - Radiology and Imaging

These standards have been presented into four (4) volumes namely:

Volume 1: Community/Household Level.

Volume 2: Dispensary; Health Centre; Stand alone Dental Clinic (run by Dental Therapist, ADO); and Stand alone Rehabilitation Medicine Facilities (Physiotherapy, Prosthetics and Orthotics, Occupational Therapy, and Speech and Language Therapy) Level.

Volume 3: Level I and II Hospitals; Level 1 Clinics (Medical Clinic, GP-Clinic, Polyclinics, Comprehensive Dental Clinic - run by MO, DO, etc.); and Level 2 Clinics (Specialised Clinics - run by Medical Specialists).

Volume 4: Level III and IV Hospitals; and Level 3 Clinics (run by Super Specialists).

This **Volume** defines the minimum requirements for establishing / operating a Dispensary, Health Centre, Stand alone Dental Clinic (run by Dental Therapist, Assistant Dental Officer [ADO]), and Stand alone Rehabilitation Medicine Facilities (which include – Physiotherapy Facility, Prosthetics and Orthotics Facility, Occupational Therapy Facility, and Speech and Language Therapy Facility) level. The standards will also constitute the basis and serve the licensing requirement for this level of facilities.

Policy Makers, Planners, Councils, Facility Governing Committees/Boards, individuals, companies, private for profit and non-profit are encouraged to use this Guideline as a planning and resource allocation tool to ensure provision of quality health care at Dispensary, Health Centre, Stand alone Dental Clinic, and Stand alone Rehabilitation Medicine Facilities level.

This **Volume** is organised into four parts as follows:

- Part One – Dispensary and Health Centre
- Part Two – Stand Alone Dental Clinic
- Part Three – Stand Alone Rehabilitation Medicine Facility
- Part Four – Nursing and Maternity Homes

PART ONE: DISPENSARY AND HEALTH CENTRE

CHAPTER 1.0: NEHCIP - TZ AT DISPENSARY AND HEALTH CENTRE

The health interventions at this level encompass health promotion, preventive, curative, palliative and rehabilitative services, all adapted to the needs of the communities and based on public health concerns. Both dispensary and health centre can be used for training purposes.

1.1 Health Interventions at Dispensary Level

The following are the main health interventions at Dispensary level:

- Ensure availability of essential medicine, medical equipment and medical diagnostic supplies
- Adolescent friendly sexual reproductive health services
- Family Planning
- Focused Antenatal Care (FANC)
- Post-Natal Care for both mother and new-born
- Immunization
- Nutritional supplementation (mothers, infant, and young child feeding)
- Prevention and control of reproductive system cancers
- Integrated Management for Emergency and Essential Surgical Care (IMEESC)
- Normal delivery care
- Communicable disease control (Malaria; Tuberculosis; HIV/AIDS and STIs; epidemics such as cholera, meningitis, yellow fever, measles, polio, and others)
- Non-communicable disease control - acute and chronic respiratory disease, cardiovascular diseases, diabetes, neoplasm/cancer, injury/trauma including rehabilitative support and counselling for self –help; mental health, substance abuse, anaemia and nutritional deficiencies
- Treatment and care of oral health condition, eye disorders and skin diseases
- Neglected Tropical Disease (NTDs) - trachoma and others

1.2 Health Interventions at Health Centre Level

The following are the main health interventions at Health Centre:

- To ensure availability of medicine, medical equipment and medical diagnostic supplies.
- Adolescent friendly sexual reproductive health services
- Family planning
- Focused Antenatal Care (FANC)
- Comprehensive Post Abortion Care
- Normal delivery care
- Basic Emergency Obstetric and Neonatal Care
- Comprehensive Emergency Obstetric and Neonatal Care
- Post-Natal Care for both mother and new-born
- Early infant diagnosis of Human Immunodeficiency Virus (HIV) and Prevention of Mother to Child Transmission (PMTCT)
- Essential new-born care and new-born resuscitation
- Immunization
- Integrated Management of Childhood Illness (IMCI)
- Nutritional supplementation (mothers, infant, and young child feeding)

- Prevention control and management of reproductive system cancers
- Integrated Management for Emergency and Essential Surgical Care (IMEESC)
- Communicable disease control - Malaria; TB and TB/HIV; leprosy including rehabilitative support; HIV/AIDS and STIs; epidemics such as cholera, meningitis, yellow fever, measles, polio, and others
- Non-communicable disease control - acute and chronic respiratory disease, cardiovascular diseases, diabetes, neoplasm/cancer, injury/trauma including rehabilitative support and counselling for self –help; mental health substance abuse and anaemia and nutritional deficiencies
- Treatment and care of oral health condition, eye disorders and skin diseases
- Neglected Tropical Diseases (NTDs) - Trachoma, Schistosomiasis, Onchocerciasis, Filariasis, Soil Transmitted Helminthiasis, and others

CHAPTER 2.0: GENERAL REQUIREMENTS FOR DISPENSARY AND HEALTH CENTRES

2.1 Ownership

- 2.1.1 The owner has to be Government, licensed healthcare provider or organisation or registered company. The dispensary will be supervised by a licensed Clinical Officer, Assistant Medical Officer or Medical Officer.
- 2.1.2 Each licensed healthcare provider can only be allowed to supervise not more than five (5) facilities within a region with a clear mechanism of monitoring and evaluation of the quality of services provided by the facilities under their umbrellas.

2.2 Staffing and Operating Environment

- 2.2.1 The Health practitioner who is the supervisor of the facility is only allowed to supervise a maximum of five (5) facilities, which are dispensaries and health centres. The in-charge of the facility should reside within the vicinity of the facility.
- 2.2.2 Authorised health-care practitioner with current practicing licence according to the relevant regulatory authorities should always be available at the health facility whenever it is open.
- 2.2.3 Facilities should only provide those authorised services according to their registration and licensure by the competent authority. If the owner wishes to offer more services in addition to those already approved, then the owner will have to re-apply for the new registration of the additional service.
- 2.2.4 The health practitioner supervisor of the service must be present at the registered health facility for a minimum of two (2) hours (twice a week) between 8:00am and 7:00pm.
- 2.2.5 The health facility must employ the minimum number of health workers according to these guidelines.
- 2.2.6 A suitable building must be available to cater for the establishment of a dispensary or health centre.
- 2.2.7 The health facility should be located in an environment that is conducive and free from noises and other disturbances. Places such as bar, petrol station and market areas should be avoided.
- 2.2.8 No person shall operate a dispensary or health centre, without approval by appropriate authority.
- 2.2.9 The facility should have reliable supply of safe water, adequate space, effective ventilation and adequate lighting system for the rooms offering different kinds of services.
- 2.2.10 The facility should have toilets, shower or bathrooms that are disability friendly.
- 2.2.11 The facility should have a sluice room, laundry or washing slab.
- 2.2.12 The facility should have equipment, supplies and structures compliant with IPC guidelines.
- 2.2.13 The health facility should always use various latest guidelines issued by the MoHCDGEC
- 2.2.14 The health facility must have essential equipment and supplies before offering different kinds of services. Also it shall ensure periodic calibration, verification, validation and maintenance of all medical equipment.

- 2.2.15 There should be an established effective communication and referral system for the facility.
- 2.2.16 Facilities offering inpatient services should own an ambulance or there should be working arrangements for emergency transfer of patients.
- 2.2.17 Each facility shall keep records on patients and other health information and produce reports on disease morbidity and mortality promptly as required by the MoHCDGEC and submit to the District Medical Officer (DMO).
- 2.2.18 Only those medicines allowed at that level of the health facility should be available. Medicines must be stored according to the manufacturer's recommendation, should always be accompanied with records showing the source, proof of purchase, manufacturer, date of manufacture and date of expiry. Expired medicines should not be dispensed and should be disposed in accordance to medicines disposal guidelines
- 2.2.19 All health professionals shall abide with their Code of Conduct and respective scope of practice. High-risk cases should be identified early and referred immediately to a facility, which can handle such cases competently.
- 2.2.20 Any professional malpractice, misconduct or negligence may result in professional disciplinary action, closure of the facility or criminal charges may be instituted by relevant authorities.
- 2.2.21 The costing mechanisms for various health services provided should be made available to the MoHCDGEC on demand. Patients have the full right to get an invoice with full details on how the total cost is reached. Each charged component must be shown separately and not only the total final cost.
- 2.2.22 There should be no advertising of services provided. Any signs or posters should not be more than 300 meters from each health facility and should only be for educational, information and directional purposes.
- 2.2.23 Operations requiring regional or general anaesthesia should only be done in health centres or hospitals under a trained anaesthetic officer
- 2.2.24 Independent pharmacies and laboratories are not allowed to examine and prescribe to patients.
- 2.2.25 Every health facility must be insured against malpractice.
- 2.2.26 Safety and security system of the building should be observed. There should be fire extinguishers and the facility should be fenced.

CHAPTER 3.0: REGISTRATION AND LICENSURE

3.1 Application

- 3.1.1 Registered Organisation/company desiring to operate a new dispensary or health centre shall consult the appropriate organ on the plant design conformity with these standards before starting construction or renovation work.
- 3.1.2 Registered Organisation/company desiring to operate a dispensary or health centre shall:
- Apply to the appropriate organ on prescribed forms;
 - Pay the prescribed fee and
 - Provide additional information if requested.
- 3.1.3 The first pre-licensing inspection shall be conducted by the appropriate organ upon application.
- 3.1.4 An application for a license or change in service shall be denied if the applicant cannot demonstrate that the premises, products, personnel and health care services are fit and adequate in accordance with these standards.
- 3.1.5 The appropriate organ shall consider an applicant's prior history in operating a health care facility in all the regions of the country in making licensure decision. Any evidence of licensure violations representing serious risk of harm to patients shall be considered by the appropriate organ, as well as any record of criminal convictions representing a risk of harm to the safety or welfare of patients.

3.2 Renewal of License

A license, unless suspended or revoked or under consideration in pending case, shall be renewed from time to time as it will be directed by the authority mandated to register dispensaries.

- 3.2.1 Every applicant who needs to renew a license shall:
- a) Apply to the CHMT in the prescribed form;
 - b) Pay the prescribed license renewal fee; and
 - c) Provide additional information or document upon written request by the CHMT.
- 3.2.2 The CHMT may conduct background checks on the applicant or licensee to determine its suitability or capability to operate or to continue operating a health care facility. Background checks shall consist of, but not be limited to, the following:
- a) Verification of licensure status;
 - b) Verification of educational credentials;
 - c) Verification of residency status;
- 3.2.3 The CHMT shall renew a license for the dispensary and health centre in substantial compliance with the applicable laws, guidelines and these standards.

3.3 Disciplinary Actions

- 3.3.1 The appropriate organ may suspend or revoke a license or order closure of a service/unit within the dispensary and health centre or order removal of patients from that health facility where it finds that there has been a substantial failure to comply with prescribed standards.

- 3.3.2 Without prejudice to grounds of suspension provided under relevant laws, the appropriate organ shall take the relevant action in any of the following grounds:
- a) Where the dispensary and health centre is legally suspended;
 - b) Where the dispensary and health centre fails to practice medical ethics;
 - c) Where the dispensary and health centre fails to allow inspection pursuant to relevant law and these Standards;
 - d) Where the head of the dispensary, health centre and key staff members are convicted of a serious offence involving the management or operation of the dispensary/health centre, or which is directly related to the integrity of the facility or the public health or safety;
 - e) Where the dispensary or health centre fails to implement or fulfil comments and corrections given by the appropriate organ;
 - f) Where the dispensary or health centre has shown any act which constitutes a threat to the public health or safety;
 - g) Where the dispensary or health centre employs a practitioner, who has been suspended by appropriate organ from practicing his profession;
 - h) Where the dispensary or health centre fails to observe laws relating to health services and these standards;
 - i) Where the dispensary or health centre fails to submit relevant information required under these standards.

CHAPTER 4.0: MANAGEMENT OF DISPENSARIES AND HEALTH CENTRES

4.1 General overview

4.1.1 Within the mandate received from the NEHCIP-Tz, the dispensaries and health centres face number of challenges:

- Efficient use of available resources
- Meeting client needs and expectation
- Dedication of the personnel
- Strategic planning for sustainability/progressiveness, long term vision
- Integration in the national health system

4.1.2 To address these challenges, modern management practices should be applied. These practises should be oriented towards a positive user-provider interaction with reference to the following basic concerns:

- Involvement of the stakeholders: clients/users, local enterprises (corporate social responsibility), other health facilities within the catchment area, facility staff and local authorities based on a shared vision.
- Services and client-oriented: set in the expression of the mission and core values and driven by quality improvement mechanisms.
- Accountability with the corresponding autonomy: applied to the facility as an entity as well as to each individual staff.
- Transparency: Clients should be provided with information regarding their rights and responsibilities
- Performance according to evidence-based processes: Standard Operating Procedures, Flow charts, Algorithms
- Performance linkage: applied to the Facility as an entity as well as to each individual staff
- Business-like management for finances and stocks: planning/budgeting expenditure protocol, accounting practices, reporting and monitoring
- Social concerns: equitable access to care, exemption mechanisms
- Safety: safe procedures, safe disposal of health care waste according to IPC guidelines
- Planned Preventive Maintenance (PPM)
- Operational plans to deal with prioritised gaps

4.2 Recommended Good Practices for Dispensary and Health Centre Management

Below are general practices that are expected to be found at facility level:

4.2.1 Governance

4.2.1.1 The facility is accountable to a higher body in which the stakeholders including the community served are represented and that provides overall guidance to the health facility management team. These are respectively the Facility Governing Committee and the Council Health Service Board and by extension management itself is based on shared vision, mission and core values. Responsibilities of the governing body are well defined and known to the facility management.

4.2.2 *Autonomy and Accountability*

- 4.2.2.1 The facility and its management team is responsible in managing its resources and in organizing the services required as per the NEHCIP-Tz, with the expected standards.
- 4.2.2.2 The facilities shall abide to the laid down policy guidelines, rules and regulations of the respective council.

4.2.3 *Planning*

- 4.2.3.1 Based on the shared vision and mission, within the NEHCIP-Tz, the required resources must be stipulated in a 5-year strategic plan and in an annual Comprehensive Health Facility Operational Plan.
- 4.2.3.2 Plans are expected to be evidence-based, on data generated during service delivery and other pertinent observations in the community.

4.2.4 *Human Resources*

- 4.2.4.1 Through its successive planning cycles the facility aims at achieving and sustaining the right skill mix of personnel's per establishment. Adequate funding for recruitment, retention mechanisms, and continuing professional development is necessary.
- 4.2.4.2 Human resource management practices are expected to comprise of a minimum of the following; endorsed job description for each staff, yearly performance appraisal and reward/sanction scheme.

4.2.5 *Client Service Charter*

- 4.2.5.1 Services should be client oriented; the facility is expected to sustain high level of standards of conduct and ethics amongst the personnel.
- 4.2.5.2 The Client Service Charter, particularly patient rights should be adhered to and known to clients.

4.2.6 *Communication*

- 4.2.6.1 The Health Facility Management Team (HFMT) is expected to maintain transparent and efficient communication with the personnel, users/clients and stakeholders; and organize effective ways for the users/clients feedback.
- 4.2.6.2 Information related to service provision should be displayed /or made available to clients.

4.2.7 *Quality of Care*

- 4.2.7.1 Continuous quality improvement mechanisms are expected to be institutionalized in the facility.
- 4.2.7.2 Supportive supervision should be conducted by different levels (WIT, QIT, HMT & RHM).
- 4.2.7.3 A primary focus of health care should be on safety of staff and clients as well as on effectiveness of care.
- 4.2.7.4 The Quality Improvement Team (QIT) should be in place.
- 4.2.7.5 The Working Improvement Team (WIT) should also be in place at a health centre and dispensaries.

4.2.8 Data Management

- 4.2.8.1 The health facility is expected to pay the highest attention to all data collection systems. These data should be appropriate, timely, accurate, complete and retrievable.
- 4.2.8.2 The data collected should be processed to inform the HFMT to support evidence-based decision-making.

4.2.9 Supplies and Stocks

- 4.2.9.1 The HFMT should put in place mechanisms to check and monitor quantity and quality of medicines and supplies upon receipt as well as during usage.
- 4.2.9.2 The mechanism should also be able to proactively minimize stock-outs of medicines and supplies by monitoring of stocks and planned orders. (e.g. there should be stock alert system).

4.2.10 Maintenance

- 4.2.10.1 The facility is accountable for getting the best of its assets over time. Planned Preventive Maintenance (PPM) principles should apply to all assets of the facility for example: premises, buildings medical equipment, washing machine and vehicles.

4.2.11 Waste Disposal

- 4.2.11.1 The management should ensure that waste disposal is done in compliance to respective council regulations and principles of IPC. There should be final waste disposal facilities such as high tech/ demontfort incinerator, ash pit, and placenta pit.

4.2.12 Transport

- 4.2.12.1 Transport is a vital resource for the health centre due to their multiple roles. In order to adequately manage referral services, a health centre must have at least one ambulance (preferably a four wheeler).
- 4.2.12.2 The health facility should also be equipped with at least a motorcycle for conducting supervisory activities and outreach services.

4.3 Management of Dispensary and Health Centre

4.3.1 Dispensary

- 4.3.1.1 A dispensary is headed by a Clinical Officer In-charge; their roles are defined in “the Health Services Scheme, 2009”. The daily management of the facility is carried out by the Facility Health Management Team (FHMT), which comprises of members of different departments. The FHMT supervises and review resources as well as the quality of service delivery. The FHMT is accountable to Health Facility Governing Committee (HFGC).

4.3.2 Management of Health Centre

- 4.3.2.1 Health Centre is headed by Medical Officer /Assistant Medical Officer In-charge; their roles are defined in “the Health Services Scheme, 2009”. The daily management of the facility is carried out by the Facility Health Management Team (FHMT), which comprises of members of different departments. The FHMT supervises and review resources as well as the quality of service delivery. The FHMT is accountable to Health Facility Governing Committee (HFGC).

4.3.2.2 Without prejudice to powers and duties provided by the relevant laws, the responsibilities of Management Committee or Board of a dispensary or health centre shall include:

- a) Formulate policy guidelines for facility
- b) Maintaining compliance with all applicable laws, its policies, procedures and plans of correction;
- c) Systems are in place for ensuring the quality of all services, care and treatment provided to patients;
- d) Designating and defining duties and responsibilities of the head of dispensary or health centre;
- e) Notifying the appropriate organ in writing within thirty (30) working days when a vacancy in the head of dispensary or health centre position occurs, including who will be responsible for the position until another person is appointed;
- f) Notifying the appropriate organ in writing within thirty (30) working days when the head of dispensary or health centre vacancy is filled indicating effective date of the appointment and name of person appointed;
- g) At least once a year, reviewing the health services provided and the utilization of dispensary or health centre resources;
- h) Establishing a means for effective communication and coordination among the board, head of dispensary or health centre and the staff;

4.3.2.3 Without prejudice to powers and duties provided in relevant laws, the head of dispensary or health centre shall be responsible for:

- a) Providing protection of patients' safety and well- being
- b) Maintaining appropriate staff to meet patient needs
- c) Developing and implementing procedures on gathering and reporting information on violence, abuse, neglect and exploitation;
- d) Ensuring that investigations of suspects of violence, abuse, neglect or exploitation are complete and that steps are taken to protect the victim/client
- e) Ensuring appropriate response to reports from the appropriate organ and other responsibilities given by the management committee or board;

CHAPTER 5.0: HUMAN RESOURCE MANAGEMENT

5.1 General requirements

- 5.1.1 Each service unit of the dispensary and health centre shall maintain sufficient number of staff with qualification, training and skills necessary to meet patient needs as per these standards.
- 5.1.2 No health professional recruited shall practice his/her profession in the dispensary and health centre without professional license from the appropriate organ.
- 5.1.3 Each dispensary and health centre shall ensure and maintain evidence of current active licensure, registration, certification or other credentials for employees and contract staff prior to staff assuming job responsibilities and shall have procedures for verifying that the current status is maintained.
- 5.1.4 Whenever a licensed health-care professional has allegation of professional misconduct or negligence the dispensary and health centre shall refer a report of the incident to the appropriate professional disciplinary authority
- 5.1.5 Every health professional shall report to the dispensary or health centre whenever he/she is infected with contagious disease. The dispensary and health centre shall also establish a mechanism for screening health professionals. The health care workers will not practice his/her profession during this period. The health professional's rights will be provided under the relevant employment law.
- 5.1.6 Each person involved in direct patient care shall have an occupational health screening by a physician or other qualified health professional prior confirmation and prior to entering active status and at least once every five (5) years in service. A health professional shall not conduct health examination for himself/ herself.
- 5.1.7 Immunization against communicable disease shall be required of all employees and all other persons who routinely come in contact with patients or patient areas. Immunizations shall be according to current National Immunization Guidelines.
- 5.1.8 Each dispensary or health centre shall maintain a current employment record for each staff. The record shall contain, at a minimum, academic and professional certificate/licenses, health examination (fitness for duty), work history, current job description, and evidence of orientation, in-service education/training and copies of annual evaluation.
- 5.1.9 All health professionals shall abide with health professionals and institutional Code of conduct and scope of practice.
- 5.1.10 There shall be a policy or procedures for all health professionals to report any suggestive signs of abuse of vulnerable clients and substance abuse by patients under their care.

5.2 Staffing Level for Dispensary

- 5.2.1 This is a facility which offers OPD Services, basic laboratory investigations, Reproductive and Child Health Services including immunization and normal deliveries, health education and promotion, social services, nutritional services and community outreach services within its catchment area. Also, with or without basic ultrasound services (obstetric and gynaecological and abdomen). It should have four (4) beds for observation within twenty four (24) hours.

- 5.2.2 Based on Primary Health Services Development Programme (2007 – 2017), there will be a health care facility in each village disregarding the concept of 5,000-10,000 people to qualify for a dispensary.
- 5.2.3 Staffing levels for dispensaries should be consistent with the recommendations of MoHCDGEC staffing levels for MoHCDGEC departments, Health Facilities, Health Training Institutions for the period 2013 -2018 (MoHCDGEC - 2013). The development of staffing levels has considered many factors amongst them being the type of services provided at the facility, number of shifts and workload, type of equipment used and skills mix required to deliver quality services.
- 5.2.4 The Staffing level for Dispensary is as illustrated in **Table 1**.

Table 1: Staffing Level for Dispensary

Function	Cadre	Minimum	Comments
OPD	Clinical Officer/ Clinical Assistant	2	Average of 40 patient per day
	Nurse	2	
	Dental Therapist	1	Optional for facility not providing dental services
Pharmacy	Pharmaceutical Assistant/Dispenser	1	Average of 40 prescriptions per day
RCH	Nurse	1	Optional for facilities not providing RCH services
Delivery	Nurse/Midwife (Antenatal/Postnatal nurse)	2	Optional for facilities not providing delivery services
Laboratory	Laboratory Technologist	0	* Recommended minimum is 1, based on NSML 2017
	Assistant Laboratory Technologist	1	Average of 20 specimen examined per day * Recommended minimum is 2, based on NSML 2017
Radiology and Imaging	Registered, enrolled or enlisted radiology and imaging professional	1	Optional
General Cleanliness	Medical Attendant	2	
Community services	Community Health Worker/ Social Welfare Assistant	1	Optional
Security	Security Guard	2	Can be owned or outsourced
Administration	Data clerk	1	Optional, There must be assigned individuals to carry out administrative functions, which should be clearly stated.
	Revenue collector	1	
	Health insurance expert	1	
	Account assistant	1	
Total		20	

NB: The minimum services provided at the dispensary level is OPD, Laboratory and Pharmaceutical services and the mandatory minimum required staffing level is 2 Clinical Officers/Clinical Assistant, 2 Nurses, 1 Pharmaceutical Assistant, 1 Laboratory Assistant and 2 Medical Attendants (**Total= 8**).

* MoHCDGEC. (2017). National Standard For Medical Laboratories (NSML)

5.3 Staffing level for Health Centre

5.3.1 This is a health unit, which offers services to both outpatients and inpatients and include maternal and child health services. It is the first referral centre for dispensaries in its catchments area. A health centre consists of out-patient department, maternal and child health services, medical ward for female and male, obstetrics theatre, diagnostic services (radiology & imaging services and laboratory), mortuary and surf-burner (improvised incinerator). Based on the inpatient services provided the total number of beds may be 24-60. Every health centre shall serve population of 10,000 – 50,000 people. Regardless of the number of the people served, every ward is required to have health centre according to Health policy 2007.

5.3.2 To provide quality health services, a health centre should have adequate number of staff in terms of numbers and skill mix. The scope of services provided and the patient load will be the key determinants of the staffing level at a health centre.

5.3.3 The MoHCDGEC has developed a recommended minimum staffing level for health centres as described in Table 2.

Table 2: Staffing Level for Health Centre

Cadre	Minimum	Comments
Medical Officer	1	The number can increase depending on the number of patients seen per day
Assistant Medical Officer	1	
Clinical Officer	4	
Assistant Nursing Officer	12	Based on the Nursing and Midwifery Services Division results of Job Analysis in Health Facilities. The number should increase depending on workload
Nurses	15	
Anaesthetist	1	
Medical Attendant	6	
Ophthalmic Nursing Officer	1	Optional
Optometrist	1	Optional
Medical Recorders	1	
Registered, enrolled or enlisted radiology and imaging professional	1	Ultrasound services is mandatory
	1	X-ray is optional.
Laboratory Technologist	1	* Recommended minimum is 3, based on NSML 2017
Assistant Laboratory Technologist	1	* Recommended minimum is 3, based on NSML 2017
Pharmaceutical Technician	1	

Cadre	Minimum	Comments
Pharmaceutical Assistant	1	
Assistant Dental Officer	1	Optional
Dental Therapist	1	Optional depending on the availability of dental services
Assistant Social Welfare Officer	1	Optional
Community Health Worker	1	Optional
Social Welfare Assistant	1	Optional
Assistant Environmental Health Officer	1	Optional
Medical/Mortuary Attendant	1	Optional
Dhobi	1	Can be Outsourced
Security Guard	2	Can be Outsourced
Data Clerk	1	Optional
Revenue collector	1	Optional
Health Insurance Expert	1	Optional
Account Assistant	1	Optional
Total	63	

* MoHCDGEC. (2017). National Standard For Medical Laboratories (NSML)

5.4 Job description and orientation for dispensary and health centre

- 5.4.1 All staff shall be provided with current written job descriptions, proficiency, standards and scope of practices and be oriented to their specific job responsibilities upon appointment.
- 5.4.2 The job description shall include the title and grade of the position, specific function of the job, job requirement, reporting mechanism, evaluation criteria and description of job site and work environment.
- 5.4.3 The orientation program for all employees shall include three levels of orientation: facility wide, service unit and job specific.
- 5.4.4 Orientation to facility policies, including all environmental safety programs, infection control, and quality improvement plan shall be provided
- 5.4.5 Each health centre shall provide and maintain evidence of an orientation program for all new staff and, as needed, for existing staff who are given new assignments. The orientation program shall include:
- Job duties and responsibilities;
 - Health centre's sanitation and infection control programs;
 - Organizational structure within the health centre;
 - Patient rights;
 - Patient care policies and procedures relevant to the job;
 - Personnel policies and procedures;
 - Emergency procedures;
 - The Disaster preparedness plan; and
 - Reporting requirements for abuse, neglect or exploitation.

5.5 Occupational Health and Safety (OHS)

5.5.1 The dispensary and health centre shall institute systems and processes that minimize employees' risks, protect employees and provide access to care when needed.

5.5.2 The dispensary and health centre shall ensure that:

- a) There is staff assigned to coordinate OHS activities,
- b) There are policies and procedures that define components of OHS,
- c) There is training for staff on OHS.
- d) There is communication means to staff on risks and prevention measures or interventions.
- e) All employees have access to full pre-employment health screening.
- f) All employees are provided with immunization services to protect against infectious/communicable diseases such as Hepatitis B.
- g) They have in place a system to address injuries that could lead to the transmission of blood-borne viruses (needle stick and other injuries).

The system shall include:

- Measures to prevent needle stick and other injuries,
- Training on infection prevention techniques,
- Sharps risk reduction,
- Provision of post-exposure prophylaxis services as per national PEP guidelines,
- Working hours and duty hours.

5.5.3 The dispensary and health centre shall provide personal protective equipment (please refer to national Infection Prevention and Control guidelines [IPC]).

5.6 Standards of dress

5.6.1 Dress of health workers should be in accordance with the standards appropriate to their duties as prescribed by their authorised professional bodies.

5.6.2 Health worker should comply with the following:

- Footwear shall be safe, supportive, clean, and non-noise producing.
- No open toe shoes shall be worn.
- Artificial nails are prohibited. Natural nails must be kept short and jewellery must be kept to a minimum.

5.6.3 Hair must be worn in a way that prevents contamination and does not present a safety hazard.

5.6.4 The dressing shall not interfere in any way the service provision.

5.6.5 The dispensary and health centre shall be responsible for providing employee identification badges that shall be worn at all times while at work and be easily visible, with name, profession and department facing outward.

5.7 Professional Development

5.7.1 The dispensary and health centre shall ensure that staffs receive training in order to perform assigned job responsibilities competently.

5.7.2 Each staff member shall receive on-going Continuing Professional Development (CPD) to maintain or advance his or her skills and knowledge

5.7.3 The CPD shall be relevant to the setting in which they work as well as to the continuing advancement of the dispensary and health centre.

- 5.7.4 The dispensary and health centre shall decide the type and level of training for staff in accordance with National CPD guideline developed by various authorities.
- 5.7.5 The dispensary and health centre shall provide and maintain evidence of CPD for staff. A record shall be maintained including dates, topics, CPD providing institute and participants.

CHAPTER 6: PREMISES (PHYSICAL FACILITY STANDARDS)

6.1 Location of Dispensary and Health Centre Buildings

6.1.1 Premises shall be located in a safe area with special attention to:

- Size and shape of the site, topography, drainage, soil conditions, utilities available, natural features, orientation of the site (north, south, east, west), vegetation, trees and plantings,
- Availability of water (preferably year-round), power,
- Cost of acquiring the site and ownership of the site,
- Current or planned roads nearby and closeness to a village or community centre (market or school),
- Ease of access for the population to be served,
- Potential methods of waste disposal,
- Cultural factors that may adversely affect utilization (for example, a site near a burial ground),
- Risk of floods or earthquakes, and
- Number of rooms for expansion.

6.1.2 The health facility should not be in same building with bar/restaurant, petrol stations and any other thing that may interfere the provision of health care services.

6.2 Construction Requirements Layout

6.2.1 The site plan (layout) should establish the basis for both current and future development.

6.2.2 It must show all current and possible future elements including: compass points, direction of prevailing winds, property boundaries, scale, topography and contour lines, existing trees, rock outcroppings, streams, and other bodies of water, Structures already on or adjacent to the site, roadways, paths, walkways, direction to the nearest village or community centre, traffic routes for vehicles and people on the site, parking and delivery areas, direction of future expansion, locations of ablution areas, water supply and sanitation, covered walkways and drainage of surface water.

6.3 Communication

Dispensaries and health centres should provide for both information technology and telecommunications to provide appropriate health services or support health service provision over a distance. The following are some areas to be included:

6.3.1 Telephone system

Whenever possible, an efficient telephonic system (fixed or mobile telephones) both internal and external should be provided to cater for administration and patient services. A two-way radio call is also recommended.

6.3.2 Nurse Call System

When in-patient services are provided, nurse call system to be provided to allow for patients to call for assistance at each bed position, in patient's toilets, bathrooms, showers and other appropriate treatment areas. Also to allow nurses to communicate with other professions outside the ward.

6.3.3 Alarms

Availability of alarm system interfaces to be used in cases of emergency should be considered for both dispensaries and health centres.

6.4 Parking Area

6.4.1 The health facility is encouraged to have adequate parking for bicycles, motor vehicles within the facility, including provisions for disability friendly parking.

6.5 Construction Materials

Selection of construction materials should draw attention to all relevant rules, codes, regulations, standards or other legislations applicable to Tanzania building industry and the health sector. Premises are expected to be constructed from long-lasting materials free of health hazards such as asbestos and lead-based paint in order to provide a solid and sound shelter as specifies in the specific area.

6.6 Ventilation, Air Conditioning and Lighting

6.6.1 All rooms shall have sufficient number and appropriate size of windows to allow natural light and ventilation where applicable, in accordance with the prevailing health facility construction guidelines and Infection Prevention and Control (IPC) Guidelines for Health Care Services in Tanzania.

6.7 Surfaces

6.7.1 Floors

6.7.1.1 Floor coverings must be easy to clean and resistant to disinfection procedures. This applies to all areas in patient care environments.

6.7.1.2 Treatment Areas should not be carpeted. In both Patient and Treatment Areas, the flooring should be easily cleaned and in good repair.

6.7.1.3 Floors in areas used for food preparation or food assembly should be water resistant and greaseproof to comply with the Food Hygiene Regulations.

6.7.1.4 Floor surfaces, including joints in tiles in such areas, should be resistant to food acids (epoxy grout).

6.7.1.5 In all areas subject to frequent wet cleaning methods, floor materials should not be physically affected by germicidal cleaning solutions.

6.7.1.6 In areas where frequent traffic flow of people, trolleys and stretchers, floors shall be wear resistant and non slippery.

6.7.2 Skirting

6.7.2.1 Wall bases in Kitchens, Operating and Bathing Rooms, Clean and Dirty Utility Rooms, CSSU areas and other areas subject to frequent wet cleaning methods should be made integral with the floor, tightly sealed against the wall, and constructed without voids.

6.7.3 Walls

6.7.3.1 Other than special treatments included as feature face work in public or staff relaxation areas, wall finishes should be scrubbable, and in the immediate vicinity of plumbing fixtures, should be smooth and water-resistant.

6.7.3.2 Interior design/colour in all areas where patient observation is critical, colours shall be chosen that do not alter the observer's perception of skin colour.

6.7.4 Ceiling

6.7.4.1 All exposed ceilings and ceiling structures in areas occupied by patients or staff, and in food preparation or food storage areas, should be finished so as

to be non porous and readily cleanable with equipment routinely used in daily housekeeping activities.

6.7.4.2 Ceilings in operating and delivery rooms, postnatal, and sterile processing rooms should be monolithic from wall to wall without fissures, open joints, or crevices that may retain or permit passage of dirt particles.

6.7.4.3 The minimum clear ceiling height in occupied areas, corridors and passages shall be 2700mm. minimum ceiling heights for operating rooms with ceilings mounted equipment shall be 3000 mm.

6.8 Openings

Openings comprising of doors, windows and vents are located in the building to provide for physical access to and escape from a building, create views to the outside, allow daylight and facilitate natural ventilation. Design, size and position of openings in a building are the factors that should be considered during the design.

6.8.1 Doors Size

6.8.1.1 In general, clear door openings to rooms, which may be accessed by stretchers (including wheeled bed stretchers), wheelchairs or handicapped persons (including employees), shall be of a minimum size of 1000 mm.

6.8.1.2 Clear door openings in corridors shall suit the requirements of traffic and equipment movement and shall be greater than 1200mm.

6.8.1.3 The minimum dimensions of clear door openings to inpatient bedrooms in new areas shall be 1200mm wide and 2030mm high, to ensure clearance for the movement of beds.

6.8.2 Construction

6.8.2.1 All corridors doors shall swing in opposite directions from each other (see Figure 1 below) and they should have a minimum width that will be specified depending on the use, and associated equipment;

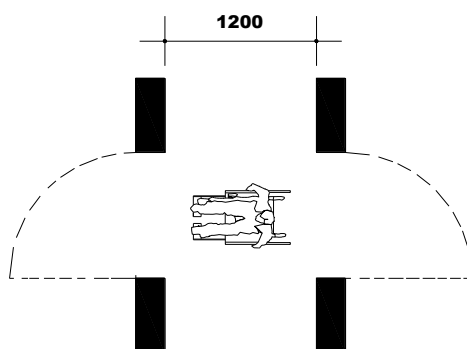


Figure 1: Corridor Doors Swing in Opposite Directions

6.8.2.2 To facilitate mopping, doorjamb should have sanitary stops 8 inches above floor level. If the locking system is not electromagnetically controlled, exterior doors shall be provided with door locks that are controlled by a key from the outside and they should also allow egress from inside by turning the lever handle.

6.8.2.3 At stairways, doors and hardware for exit doors shall lead directly to the exterior and for interior doors shall be provided with inside and outside door handles free at all times.

6.8.2.4 Doors to patients' wards and/ or observation rooms shall not be lockable from inside the ward and they shall be provided with double handles to allow for

disabled use; clear door openings in corridors shall suit the requirements of traffic and equipment movement but shall not be less than 1200mm. Consideration must be given to the size of furniture (see annex 3) and special equipment that is to be delivered via these access ways.

6.8.2.5 All doors between corridors and rooms or spaces subject to constant patient or staff occupancy, except elevator doors, shall be of the single or double leaf swing type as shown in Figure 2. All doors in corridors shall swing in the direction of the egress.

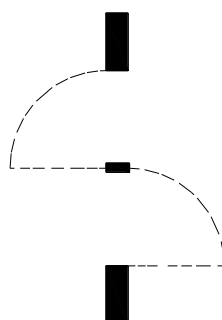


Figure 2: Double Leaf Swing Type Door

6.8.2.6 Glazed panels shall be provided in doors where visual observation for reasons of safety, security or patient observation is required, but in fire doors the size must comply with the Tanzania fire and safety regulations.

6.8.2.7 Rooms which contain baths, showers and/or water closets shall be equipped with doors and hardware which will permit emergency access from the outside, also provide privacy and should have fittings for disabled.

6.8.3 Windows

Window sills for patients' wards shall be a minimum of 900mm above the finished floor level, to allow for outside view even when lying down level. Windows should be open-able and be provided for ease of washing from within the building and letting in ventilation in non-air conditioned spaces. All rooms regularly occupied by patients or staff should have glazed windows to achieve external views, and where possible, they should be provided with natural light and ventilation

In psychiatric units, windows shall be glazed with laminated tempered or wired glass: the glass shall have a minimum thickness of 11mm; where applicable, mosquito screens shall be provided to all windows.

6.8.4 Corridor

In areas where regular trolley and stretcher movement is expected, the minimum corridor width shall be 2100mm. The optimum corridor width is 2350mm.

6.9 Management and Maintenance

All premises and installations should to be in a good state of maintenance and a life cycle costing that allows good operation. Maintenance should be a key factor in the design of any health capital investment project. When planning premises and equipment the following factors should be considered;

- Materials and items should require a minimum of maintenance, or be maintained by simple means.

- During planning for procurements of equipment and plant, provisions related to availability of spare parts and service contract should be included.
- Small workshops and maintenance stores should be provided at all facilities.

6.10 Water Supply

The health facility must be provided with an adequate, clean and safe water supply (from Local Authority) suitable for consumption, ablution and engineering purposes. Alternative sources of water like harvesting rainwater and wells (deep and shallow) should be considered. All service rooms must have water points in relation to patient number with accessories for hand-washing with elbow operated taps as stipulated in the IPC Standards for Health Care Services.

6.11 Storage facilities

Dispensary and health centre shall have adequate and secure storage facility for pharmaceutical, food, and equipment and supplies.

6.12 Ablution Facilities

Toilets and bathrooms should be adequate according to the number of patients /clients. The doors must have the door opening outwards with non-slippery floor. Special consideration should be given to disability friendly facilities.

6.13 Disability User-Friendly Features

All areas of the premises shall comply with the Persons with Disability Act No. 9, (2010), and the National Policy on Disability of 2004 which stipulates the minimum requirements for disability user friendly facilities:

- The toilets for people with disability shall have following minimum requirements:
 - At least one for female and another one for male with a maximum travel distance of 40 metres
 - Adapted toilets shall be installed with an effective emergency alert to users
- The flooring shall be of slip resistant material.
- For access, the facility shall provide for wheeled movement by providing ramps and lifts

6.14 Schedule of Accommodation and Functional Relationship for Dispensary and Health Centre

6.14.1 The layout for dispensary shall describe the flow of patients and staff for ease access to different services as well as reducing unnecessary traffic within the facility. This puts into consideration ease of access to different services at the dispensary as well as reducing unnecessary traffic within the facility.

6.14.2 Dispensary and health centre should have enough rooms according to the specifications given in these standards. Annex 1a and 1b describe the number and size of rooms required for dispensary and health centre respectively

6.14.3 **OPD Block Waiting Area** shall be the first entry point of the facility and shall be located adjacent to the reception area/record room to allow for ease of the registration process.

- 6.14.4 **OPD Block Reception and Record Room** shall be located near the main entrance of the dispensary and health centre so as to allow access for patients during registration reduce traffic inside the dispensary. The reception/record's door and window shall face the waiting area and shall be located in such a way to allow for a direct access from waiting area. For the security of patient's data there should be secured with access restrictions for example by having grills fitted to the doors and windows.
- 6.14.5 **OPD Block Consultation Rooms** shall be provided with an annex examination room/cube. These two spaces shall be separated by a curtain/screen or a short partition wall to achieve visual privacy and it shall be accessible to each other. A construction to achieve a noise reduction of at least 45 dB is desirable for speech privacy.
- 6.14.6 **Laboratory:** Depending on the size of the dispensary, this room shall be located close to the patients' toilets so as to allow for ease of collecting specimens.
- 6.14.7 **OPD Block Observation Room(s)** shall be used for clinical examination of a patient before discharge or referral of a patient to a higher-level facility. There should be separate male and female rooms.
- 6.14.8 **Medicine, Supplies Store and Dispensing Room** shall be located in a place where it is accessible to patients once they are through with medical procedures. The room should be secured and unauthorized access controlled. The dispensing worktop shall be designed to allow the staff to work effectively. The minimum recommended height for dispensing table worktop is 1000mm. The worktop should be made of easy to clean finishing materials. The dispensing window shall be provided with inner and outer counter for staff and patients respectively.
- 6.14.9 **Injection and Dressing Rooms** shall be located next to each other to allow for ease flow of patients and it shall consider the minimum design requirement.
- 6.14.10 **Room Description: RCH Block**
- a. At dispensary level shall comprise registration/record, immunization, weighing and nutrition counselling, family planning, labour room and VCT/Counselling rooms. Registration and Records shall be located near the main entrance of the RCH department of dispensary so as to allow for ease of registering clients and at the same time reduce congestion in the dispensary.
 - b. At health centre shall comprise the registration/record room, immunization and refrigeration services, weighing and nutrition services, antenatal clinic, maternity waiting home, family planning, neonatal room, postnatal room, recovery room -surgery room, and VCT/Counselling services.
 - c. **Weighing and Health Promotion Counselling** room for dispensary shall be used for conducting health promotion sessions with regard to food and nutrition and for routine weighing of under-five children for growth

monitoring. See **Immunization Room** shall be used for the storage of vaccines and routine vaccination of under-five children in accordance to the National Immunization and Vaccine Development (EVD) Program guidelines.

- d. **Labour Room:** The following shall be provided in labour room:
- Windows in labour rooms, if provided, shall be draped or otherwise arranged to preserve patient's privacy from a casual observation from the outside;
 - A direct access to an enclosed and private courtyard may be desirable to assist with the relaxation of the patient during the last stages of labour;
 - The unit shall have high acoustic isolation from the surrounding areas, in accordance with the British Standards of "Acoustic Design" for the labour phase, and
 - Wall and floor finishes shall be selected for ease of cleaning and resistance to strong detergents.
- e. **Family Planning Room** shall be used for provision of family planning services.
- f. **VCT/PMTCT Services room** shall be used for conducting HIV testing and counselling services so consideration on privacy and confidentiality is essential.

6.14.11 **Room Description: Administration and Support Services Block**

This shall be used for administration purposes include Office for the facility In-Charge.

- a. **Cleaners' Room** shall be located adjacent to the toilets.
- b. **Wash Slab/ Laundry Machines:** The dispensary shall have provisions for washing of dirty and/or soiled linen for appropriate patient care.
- c. **Staff Toilet(s):** There will be separate toilets and changing rooms for male and female staff within the dispensary. The facilities should have disability friendly features.
- d. **Patients Toilet(s)**
- There shall be two toilets for male and female patients. The entrances for male and female shall be located at the opposite sides to enhance confidentiality.
 - The toilets shall also be provided with a hand washing space.
 - The ratio of patient to W.C. shall be no greater than 6:1.
 - The facilities should have disability friendly features.
- e. **Ventilated Improved Pit Latrine (VIP)**
- f. These may be shared between male and female staff and patients within the dispensary as long as they are within a walking distance.
- g. The ratio of patient to W.C. shall be not greater than 6:1.
- h. Distance travelled shall be between 10 and 20 meters from the facility and the location shall consider reducing flow of fumes away from the facility and other buildings.
- i. The facilities should be disability user friendly.

6.14.12 **In patients Department (IPD) Block**

- a. The IPD block should consist of male, female and Paediatric wards and the labour and delivery room.

- b. A nurse station should be situated in a way that it is well linked to the wards. An obstetric theatre and maternity ward should be adjoined to this block.
- c. A mortuary room which is optional (holding room) should be constructed in a way that it is accessible from the IPD with a separate access to deceased relatives.

6.14.13 OPD Block Reception and Records

- Reception and records room shall be located near the main entrance of HC for ease registration/administration of patients in order to reduce traffic inside the HC.
- For security of patient data, all openings in the reception/records shall be grilled.

a. OPD Block Waiting Area

- Waiting area shall be the first entry point of the facility and shall be located adjacent to the reception area for ease registration process.
- The area shall be provided with a shaded, well ventilated waiting lounge with seats for patients and an entertaining facility like radio or television.

b. OPD Block Consultation Rooms

1. Consultation rooms shall be positioned next to examination room/cube.
2. The space between consultation and examination room should be separated by a curtain/screen or a short partition wall to ensure visual privacy and achieve a noise reduction of at least 45dB which is desirable for speech privacy.
3. These rooms should be accessible to each other.

c. Laboratory Services

1. Health Centre should provide safe laboratory services.
2. General standard reference shall be BS 2646-1: 1993, Autoclaves for sterilization in Laboratories. Specification for Design, Construction, Safety and Performance.
3. General standard design elements are necessary to accommodate the use and storage of toxic gases and liquids, unstable chemicals, hazardous solids, ionizing and non-ionizing radiation sources, as well as natural and artificially engineered biohazards.
4. Depending on the size of the HC, this room shall be located close to the patient's toilets for ease collection of specimen.

Specimen Collection

This room is for patient's specimen collection and therefore shall be located adjacent to the main laboratory.

d. OPD Block Store Room

This room shall be used for the storage of equipment and medicines and supplies and shall be located adjacent to the clinical areas for ease collection of medical equipment medicines and supplies.

e. OPD Block Observation Room

There shall be separate observation rooms for male and female patients. These rooms should be easily accessible from consultation rooms.

f. Dispensing and Medicines Store

The Dispensing and medicines store shall be located near to the exit area of the HC for convenient access of patients once they are through with the medical procedures and staff control.

g. Injection Room

Injection room should be located next to dressing room for ease flow of patients.

h. Dressing Room

Dressing rooms should be located next to injection room for ease flow of patients.

i. Minor Theatre

The minor theatre should comprise the following;

(a) Waiting Room

Waiting room is the first entry point of the theatre room and shall accommodate a minimum of two chairs for patient waiting.

(b) Store

This shall be located adjacent to the theatre room for easy collection of medical consumables in the operation theatre.

(c) Theatre room

The design for theatre room should consider the minimum design requirements provided annex 1(b).

6.14.14 Reproductive and Child Health Block

1. Registration and Records

This shall be located near the main entrance of HC for ease registration/administration of patients and at the same time decrease congestion inside the RCH.

2. Weighing and Health Promotion Counselling

This shall be used for conducting health promotion sessions with regard to food and nutrition and for routine weighing of under-five children for growth monitoring.

3. Immunization and Refrigeration

This room shall be used for the storage of vaccines and routine vaccination of under-five children in accordance to the National Expanded Program on Immunization (EPI) guidelines.

4. Family Planning Room

This room shall be used for provision of family planning services.

5. Waiting Area

This room shall be provided with benches for patients sitting while waiting for treatment. The space should be big enough to accommodate a large number of clients. Priority should be given to people with disability, elderly, pregnant women and under five children. The minimum recommended size is 3.6mx4.2m. There should also be an open resting area with children playing facilities.

6. VCT and CTC Rooms

The HC should make available rooms adequate spaces for counselling and testing with use of efficient laboratory services. Confidentiality and privacy

are important factors to consider for HIV/ AIDS care and treatment. These rooms shall be located at a place that could ensure confidentiality in order to reduce stigma from clients attending HIV counselling, testing and treatment. The design should ensure that only one session is conducted in a room, which provides both visual and acoustic privacy and confidentiality.

7. PMTCT

This room shall be used for conducting counselling for pregnancy mothers with regard to HIV/AIDS. The design shall ensure that only one session is conducted in a room. The room shall be acoustically treated or designed in such a way that it achieves maximum speech privacy.

6.14.15 In Patient Block

1. Medical Ward (Male and Female)

These shall be used for accommodating male and female patients who need close care. For appropriate care, supervision and support of the patients in these wards, the nurse's station shall be centrally located for easy patient's care. The wards should have access to bathrooms and toilets within the ward or nearby. Nurse calls shall be provided in each patient bed.

Additional Requirements for Medical Ward

(a) Visual Privacy

In multiple bedrooms, visual privacy should be provided for each patient. Movable curtains are recommended. The design for privacy shall not restrict patient access to the entrance, en-suite, toilet and hand washing functions.

(b) Bed Spacing/Clearances

In multi-bed rooms, the minimum distance between bed centre lines should be 2400mm.

For occupational health reasons, the minimum spacing between beds shall be 1200mm

In multi-bed rooms, a clearance of 1200mm shall be available at the foot of each bed to permit the passage of equipment and beds. Bed spaces shall be arranged to ensure clearance of at least 600mm from the side of the bed to the wall to facilitate medical procedures without restricting movement of staff, beds and equipment.

Bed dimension is a critical consideration in ascertaining final room sizes. The dimensions noted herein are intended to set minimum standards and do not prohibit use of larger rooms where required.

2. Maternity Ward

a. Maternity Waiting Room

The purpose of maternity waiting room is to put at risk pregnant women closer (not exceeding 5km) to the health facility. This strategy has the aim of reducing neonatal and maternal morbidity and mortality. Maternity waiting room should have a capacity to accommodate 6 at risk pregnant women referred from lower level health facilities.

Essential consideration for waiting home should include; kitchen, toilets, showers, slab for laundry services, enclosed drying area for clothes, lockers. Maternity waiting room should be disability user friendly and self-supporting facility in terms of food and other commodities. Nurse's bay

should be attached to the homes and a Nurse Midwife should be allocated full time to have a close look of the pregnant women.

b. Antenatal Room

This room shall be used for providing care to pregnant women who are about to deliver. For convenience of patient care, it should be located near the labour room and shall be provided with a minimum of four beds and four bedside lockers. Nurse's station should be centrally located for easy administration of patients. Nurse calls shall be provided on each bed and antenatal room should be partitioned to allow examination of progress of labour.

c. Labour Room

This room shall be used for normal cases delivery and shall be located next to the nurse's station for ease monitoring of labour. NB: The following should be provided:

- A direct access to an enclosed and private courtyard is desirable to assist with the relaxation of the client during the last stages of labour;
- The unit shall have high acoustic isolation from the surrounding areas.
- Finishes shall be selected for ease of cleaning and resistance to strong detergents;
- Windows in labour rooms shall be draped or otherwise arranged to preserve patient privacy from casual observation from the outside.

d. Postnatal Room

This room shall be used to house clients who are waiting to recover from the labour process or in case their new-born need further observation and treatment. Therefore, this room should be located close to labour room for ease of transfer of patients. Likewise, for appropriate provision of care it shall be located close to nurse's station. Postnatal room should be provided with the minimum of the following items for each 6-bed ward;

- Six beds
- One WC
- One shower rooms
- One hand wash basins
- Laundry with four washing sinks
- A nurse call
- Use of telephone

e. Obstetric Theatre

This room shall be used for caesarean delivery cases and shall be located in the maternity ward block adjacent to antenatal ward and labour room. The floor should be smooth and antistatic.

f. Nurse Station

This shall be located at the centre of the wards, both male and female wards for ease of monitoring of patients.

g. Post- Surgery Ward

This room shall be used to house clients who have undergone caesarean section and are waiting to recover from the operation and/or sometimes their infants need further observation and treatment. Therefore, this room shall be located in close proximity to the labour room for ease of transfer of

patients. Likewise, for appropriate provision of care from the nurses it shall be located close to the nurse's station as well and shall be provided with the minimum of the following items:

- Six beds
- One WC
- One shower room
- One hand wash basins
- A nurse call
- Use of telephone
- Linen store/cupboard

h. Patients Toilet(s)

These may be private facilities between male and female patients within the HC for appropriate privacy control. The ratio of patient to W.C. shall be no greater than 6:1. Distance travelled shall be no greater than 20 meters from waiting area.

b. Laundry (may be outsourced)

This room shall be provided as part of physical hygiene for male and female wards and shall be separated between male and female for privacy among patients and shall be provided with minimum of 5 washing sinks, ironing working. Consideration shall be given to type of floor finishing, people with disability and acoustic privacy due to presence of washing machines, drying and ironing machinery.

c. Cleaner's Room

These rooms shall be provided within different sections of the health facility in order to allow storage of various cleaning equipment. The size shall be large enough to accommodate one staff at a time.

6.14.16 Administration and Support Services

1. Office for In Charge of Health Centre

This shall be used for administration purposes. Office for the Nurse In-charge shall be used for administration purposes.

2. Staff Toilet(s)

These may be private facilities between male and female staff within the H/C.

3. Patients Toilet(s)

These shall be private facilities between male and female patients within the H/C for appropriate privacy control. The ratio of patient to W.C. shall be no greater than 6:1. Distance travelled shall be no greater than 20 meters from waiting to the toilet facility.

4. Ventilated Improved Pit Latrines

These may be shared facilities between male and female staff and patients within the H/C for emergency when there is no water supply and as long as they are within easy under cover walking distance. The ratio of patient to W.C. shall be no greater than 6:1 this determines the number to be provided. Distance travelled shall be no greater than 20 meters from waiting to the facility.

6.14.17 Mortuary/Holding Room (Optional)

All HCs may have a mortuary unit of two to three bodies that are suitably sized and equipped with the following:

- Refrigerators
- Autopsy slab
- Autopsy set

- Embalming room
- Cupboard
- Two sinks
- Running water
- Cleaning section
- PPEs
- Store
- Changing rooms
- Toilet and shower facilities
- Viewing space

6.15 Infection Prevention and Control

6.15.1 The facility shall conform to the requirement of IPC Guidelines for Healthcare Facilities. Premises should be designed to prevent spread of infections (communicable diseases) through various routes.

6.15.2 Healthcare facilities should provide for respiratory hygiene/cough etiquette in waiting and service provision areas for patients and visitors: Design of traffic flow and activity pattern should regulate the flow of visitors, patients and staff in order to prevent disease transmission in healthcare facilities.

6.15.3 Special units (Theatres, Labour Ward, ICU, CSSD, Laboratory) should be divided into unrestricted, Transition, Semi restricted and Restricted zones defined by the activities performed.

6.15.4 Hand hygiene facilities (hand-washing, hand rub and surgical hand scrubbing) should be provided to prevent hand-borne infections

6.15.5 To achieve infection control, the design should facilitate: prevention of patients/clients from Healthcare Associated Infections (HAIs), protection of healthcare providers from occupational infections, protection of communities from infectious diseases and prevention of environmental pollution.

6.15.6 The dispensary and health centre must have an incinerator as per specified standards to suit minimum working load, temperature; oriented in relation to wind direction, to reduce environmental pollution.

6.16 Safety and Security for Dispensary and Health Centre

6.16.1 Security System

6.16.1.1 The health facility should provide adequate and effective security services including any of the following: access control and tracking systems, door intercommunication systems, duress systems, intrusion detection systems, parking control systems, safes and strong rooms, security staff location, security information systems, security lighting, security hardware, barriers, screens and fencing, video surveillance systems, ability to observe waiting areas, design of reception counters, choice of glazing, location of security office, location and installation of duress alarms in high risk areas and where staff may work alone in isolation, location and installation of CCTV systems, Cash Safety, design of waiting rooms, provision of escape routes, location of service panels and resistance of building materials to assault.

6.16.2 Fire Safety

6.16.2.1 Health facility's premises, services and equipment shall be designed and constructed in accordance with the requirements outlined in the Fire Code of Tanzania.

6.16.2.2 Fire and emergency preparedness

- a) All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and patient evacuation of dispensary buildings.
- b) A written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, escape signage, alarm boxes, and fire

extinguishers shall be posted conspicuously on a wall in each patient care unit. There should be an area for storage of combustibles.

- c) Fire extinguishers shall be inspected, tested and maintained as per manufactures instructions.
- d) Fire detectors, alarm systems and fire suppression systems shall be inspected and tested at least twice a year by a certified testing agency. Written reports of the last two inspections shall be kept on file.
- e) There shall be a comprehensive, current, written preventive maintenance program for fire detectors, alarm systems and fire suppression systems that includes regular visual inspection. This program shall be documented.

6.16.3 Lightning Protection

All buildings must be equipped with adequate lightning protection as provided by BS6651: 1999 - Code of Practice for Protection of Structures against lightning.

6.16.4 Occupational Health and Safety

Premises should fully be in compliance with the current Occupational Health and Safety Act, the designers shall design and installation of specific equipment recommended in the guidelines for use at workplaces.

6.16.5 Electrical System

6.16.5.1 Dispensary and health centre shall reliable power from national grid.

6.16.5.2 Where power from national grid is not available, power generator or solar panels can be used to generate power. In this case there must staff trained on how to operate the generator.

CHAPTER 7.0: SERVICE STANDARDS

7.1 Service standards for dispensary

7.1.1 *General medical services*

7.1.1.1 The dispensary shall provide the following functions:

- OPD Services,
- Basic dental services including tooth restoration,
- Basic laboratory investigations,
- Reproductive and Child Health services including immunization and normal deliveries,
- Health Education and Promotion,
- Diagnostic Services and
- Community Outreach Services within its catchment area.

7.1.1.2 Patients at OPD shall be assessed on the following:

- a) Medical/Dental and social history;
- b) Physical examination including at least:
 - Vital signs (blood pressure, pulse rate, respiratory rate, temperature) and body weight,
 - Clinical examination pertinent to the illness.
- c) Diagnosis and differential diagnosis;
- d) Laboratory investigations.

7.1.1.3 The range of relevant treatment options and the clinical impression shall be fully described to client and/or their families and documented accordingly.

7.1.1.4 The dispensary shall have basic equipment for diagnosis, curative and management of basic outpatient conditions and management of emergency condition before referral to higher-level facilities as listed in Annex 2(a).

7.1.2 *Minor surgical services*

7.1.2.1 The dispensary shall provide minor surgical services for common conditions provided that there are trained professionals.

7.1.2.2 The dispensary shall have protocols for minor surgical procedures which include:

- Incision and drainage
- Stitching of minor cut wounds
- Minor excision
- Circumcision
- Dental extraction
- Atraumatic restorative treatment
- Scaling and polishing

7.1.3 *Reproductive, Maternal, New born and Child Health services (RMNCH)*

7.1.3.1 The dispensary shall provide Basic Emergency Obstetric Care services 24 hours a day.

7.1.3.2 Non-emergency maternal health services shall be available during regular working hours at RCH clinics.

7.1.3.3 The dispensary shall provide RMNCH services during regular working hours which includes:

- ANC and PMTCT services:
- PNC services:
- Immunization service:
- Growth monitoring services:
- Sick baby clinic/ under five clinic services:

- Comprehensive Family planning services:
- 7.1.3.4 RMNCH room shall have the following basic equipment but not limited to:
 - Weighing scale for adults and children
 - Height measurement
 - Foetoscopes
 - Sphygmomanometer/BP Machine
 - Examination bed
 - Stethoscope
 - Dressing trolley
 - Refrigerator
 - Sterilizer
 - Clinical thermometer
 - Immunization trays

7.1.4 Laboratory services

7.1.4.1 The laboratory shall have written policies and procedures and include at least the followings:

- Procedure manuals (Standard Operating Procedure, SOP) or guidelines for all tests and equipment
- Report times for results (Established turnaround time)
- Quality assurance and control processes
- Inspection, maintenance, calibration, and testing of all equipment
- Management of reagents, including availability, storage, and testing for accuracy
- Procedures for collecting, identifying, processing, and disposing of specimens
- Normal ranges for all tests
- Laboratory safety program, including infection control
- There shall be documentation of quality control data (internal and external quality control), calibration report, refrigerator readings and so on.

7.1.4.2 The dispensary shall have standardized data collection instruments including at least the following:

- Laboratory request forms
- Laboratory report forms
- Laboratory specimen and results registers
- Quarterly/monthly reporting forms including
 - Summary of tests conducted
 - Summary of tests referred
 - Summary of quality assurance report
- Equipment and supplies inventory registers
- Quality assurance record forms
- Referral forms

7.1.4.3 The laboratory shall follow Standard Operating Procedures (SOP) and conduct routine quality assessments to ensure reliable and cost-effective testing of patient specimens.

7.1.4.4 The right patient with the right request form shall be identified during collection and delivery of result.

7.1.4.5 Safe disposal of samples and other health laboratory waste shall be in line with standards prescribed under national infection prevention and control guidelines.

7.1.4.6 No eating, drinking, smoking or other application of cosmetics in laboratory work areas or in any area where workplace materials are handled.

7.1.4.7 No storage of food and drink in the laboratory (may be stored in the rest area)

- 7.1.4.8 Approved protective equipment must be worn within the laboratory work area and removed before leaving the laboratory work area.
- 7.1.4.9 The laboratory shall have adequate space and a safe environment (kept organized and clean) to perform testing. It must provide adequate lighting, ventilation, water, waste and refuse disposal. Precautions must be taken to prevent cross contamination.
- 7.1.4.10 Facilities shall provide a suitable environment to prevent damage, deterioration, loss or unauthorized access.
- 7.1.4.11 The laboratory shall be located and designed to:
- Provide suitable, direct access for patients
 - Allow reception of deliveries of chemicals
 - Allow safe disposal of laboratory materials and specimens.
- 7.1.4.12 The laboratory facilities shall meet at least the following:
- The laboratory shall have a reliable supply of running water. At least two sinks shall be provided in each room, one for general laboratory use and the other reserved for hand washing and at least 1000L reserve tank in case of interruption.
 - Reliable power supply
 - Working surface covered with appropriate materials
 - Suitable stools for the benches. Bench tops shall be impervious to water and resistant to moderate heat and the organic solvents, acids, alkalis, and chemicals used to decontaminate the work surface and equipment.
 - Internal surfaces, i.e. of floors, walls, and ceilings shall be:
 - Smooth, impervious, free from cracks, cavities, recesses, projecting ledges and other features that could harbour dust or spillage
 - Easy to clean and decontaminate effectively
 - Constructed of materials that are non-combustible or have high fire-resistance and low flame-spread characteristics
 - Lockable doors and cupboards
 - Closed drainage from laboratory sinks (to a septic tank or deep pit)
 - Separate toilets/latrines for staff and patients
 - Emergency of safety services such as deluge showers and eye-wash stations, fire alarm systems and emergency power supplies shall be included in the laboratory services design specifications.
 - See the list of Basic Equipment at the Laboratory Room in Annex 2(a).

7.1.5 Pharmaceutical Services

- 7.1.5.1 Standard operating procedure for dispensing and medication use counselling shall be established to ensure patients' safety and correct use of medications.
- 7.1.5.2 The dispensers shall make sure that prescriptions are legible, written by authorized prescriber and complete. Prescription papers shall be standardized as per the appropriate organ and must contain at least the following information and the prescriber shall complete all these information:
- Name of patient, sex, weight, age and card number
 - Diagnosis and allergy
 - Name of the medicine, strength, dosage form, dose, frequency, and route of administration
 - Duration of treatment
 - Prescriber's name, qualification and signature
 - Dispensary name and address

- 7.1.5.3 All medicines shall be dispensed with adequate and appropriate information and counselling to patients for correct use of their medications.
- 7.1.5.4 The medicine and therapeutic committee of the dispensary shall develop/adopt and implement antimicrobial prescribing, dispensing and usage policy.
- 7.1.5.5 The dispensary shall appoint an Adverse Drug Effects focal person responsible for the collection, compilation, analysis and communication of adverse drug reaction, medication error and product quality defect related information to the CHMT.
- 7.1.5.6 Adverse medication effects shall be noted in the patient's medication record
- 7.1.5.7 Medicines must be handled according to approved standards (e.g., palletized or shelved, ease for free movement, ventilated, rodent free, temperature and moisture controlled, separated storage for expired medicines) in all storage areas.
- 7.1.5.8 Written procedures shall be available for the return of expired, damaged, leftover and empty packs from outlets to medical store or any supplier to prevent potential misuse.
- 7.1.5.9 Fire-fighting equipment or system shall be installed to medicines storage places
- 7.1.5.10 Daily medicine consumption shall be recorded, compiled and analysed for the appropriate supply and use of medicines.
- 7.1.5.11 The disposal of medicine wastes, both hazardous and non-hazardous, shall be in compliance with the appropriate medicines waste management and disposal directives by appropriate authority.
- 7.1.5.12 Patient and medication related records and information shall be documented and kept in a secure place that is easily accessible only to the authorized personnel.
- 7.1.5.13 During billing the client has the right to know the exact price of a prescription before it is filled and get receipt which has following minimum information about dispensed medicines:
- Name of patient
 - Name and dosage form of medicines dispensed
 - Unit of measurement and quantity
 - Unit and total prices
 - Date
 - Signature of dispenser and cashier
 - Address of the dispensary (if the receipt is not headed)
- 7.1.5.14 A facility should have in stock medicines and supplies for the management of conditions seen at the facility. Generally a dispensary should have in stock According to the current National Standard Treatment Guidelines and the Essential Medicines list (STG&NEMLIT).
- 7.1.6 Infection Prevention and Control**
- 7.1.6.1 All activities performed for infection prevention shall comply with the national infection prevention guidelines.
- 7.1.6.2 The dispensary shall maintain policies and procedures for the following
- a) Hand hygiene
 - b) Transmission-based precautions
 - c) Post-Exposure Prophylaxis (PEP) programming for both occupational and non-occupational exposures
 - d) Waste management

- 7.1.7 The dispensary shall have procedures in place to minimize crowding and manage the flow of patients, visitors and care givers.
- 7.1.8 The dispensary shall train all staff on PEP Management.
- 7.1.9 The dispensary shall provide regular education on infection prevention and control practice to staff, patients, and as appropriate, to family, visitors and caregivers.
- 7.1.10 The dispensary shall have the following adequate supplies and equipment needed for Waste Management
- Incinerator (May be outsourced)
 - Ash pit
 - Placenta pit
 - Waste pit
 - Colour coded dust bin
 - Waste bins and Bin liners
 - Safety boxes
- 7.1.7 Support Services (Housekeeping, Laundry and Technical Services)**
- 7.1.7.1 All areas of dispensary including the building and grounds shall be kept clean, orderly and kept free from pests, rodents and animal nuisance.
- 7.1.7.2 The dispensary shall maintain adequate supply of clean linen at all times and ensure proper washing and storage.
- 7.1.7.3 The dispensary shall conduct preventative maintenance for all facilities and operating systems.
- 7.1.7.4 There shall be written SOPs for procedures to guide services provision
- 7.1.7.5 Housekeeping equipment or supplies used for cleaning in isolation or contaminated areas shall not be used in any other areas before it has been properly cleaned and sterilized.
- 7.1.7.6 There shall be frequent cleaning of floors, walls, woodwork and windows.
- 7.1.7.7 The premises shall be kept free of rodent and insect infestations.
- 7.1.7.8 Accumulated waste material and rubbish shall be removed at frequent intervals.
- 7.1.7.9 No flammable cleaning agents or other flammable liquids or gases shall be stored in any janitor's closet or other areas except in a properly fire rated and properly ventilated storage area specifically designed for such storage.
- 7.1.7.10 The laundry shall have separate areas for:
- a) Collection of soiled linens.
 - b) Washing,
 - c) Drying
 - d) Ironing.
 - e) Clean linen storage and mending area.
- 7.1.7.11 Clean linen storage shall be readily accessible to staff
- 7.1.7.12 Dirty linen storage shall be well ventilated and shall be located convenient to the laundry or service entrance. The soiled linen should be processed as soon as possible.
- 7.1.7.13 There shall be separate space provided for the storage of housekeeping
- 7.1.7.14 A separate office shall be available for the maintenance and the housekeeper.
- 7.1.7.15 Adequate space shall be available for service specific janitor's closets and cleaning equipment & supplies which shall be maintained separately for the following areas (shall not be used for cleaning in any other location):
- a) Delivery Suites.

- b) New-born Nursery.
 - c) Emergency Service Area.
 - d) Patient Areas.
 - e) Laboratories, offices, locker rooms and other areas
- 7.1.7.16 Exits, stairways, doors, and corridors shall be kept free of obstructions.
- 7.1.7.17 The dispensary shall have reliable source of power including standby alternative power source.
- 7.1.7.18 The housekeeping, maintenance and laundry functions shall be under health professional.
- 7.1.7.19 The designated officer shall plan, organize, co-ordinate, control and monitor all housekeeping, maintenance and laundry activities.
- 7.1.7.20 The housekeeping, maintenance and laundry personnel shall take basic trainings on the following issues and this shall be documented in their personal profile.
- 7.1.7.21 The dispensary shall have the following tools, equipment and raw materials for housekeeping services as listed in Annex 2(a).
- 7.1.8 Patient flow**
- 7.1.8.1 The dispensary shall have a written protocol for patient flow which at least describes the following:
- Triageing of patients
 - Direction signs to all services areas
 - The procedures of payment for services
- 7.1.8.2 The dispensary shall follow its written patient flow procedures
- 7.1.8.3 Service areas shall be labelled in bold at a recognizable location
- 7.1.8.4 The office layout shall be arranged in a way that facilitate easy access to various services areas
- 7.1.9 Medical records**
- 7.1.9.1 Medical record shall be maintained in written form for every patient seen at all points of care.
- 7.1.9.2 The dispensary and health centre shall maintain individual medical records in a manner to ensure accuracy, privacy, confidentiality and easy retrieval.
- 7.1.9.3 The medical information of a patient during ambulance service including medication administered shall be documented and attached into the medical record.
- 7.1.9.4 The dispensary shall establish a master patient index with a unique number for each patient.
- 7.1.9.5 Each document that contains a medical record shall have appropriate identification.
- 7.1.9.6 The dispensary shall have a written policy and procedure that are reviewed at least once every three years which include at least:
- Procedures for record completion
 - Conditions and procedures for releasing medical information
 - Procedures for the protection of medical record information against the loss, tampering, alteration, destruction, or unauthorized access and use.
- 7.1.9.7 When a medical record is taken out and returned to the record room it shall be documented to create a good tracking mechanism
- 7.1.9.8 All entries in the patient's medical record shall be written legibly in permanent ink, dated, and signed by the custodian/recording person.

- 7.1.9.9 The medical record forms shall be prepared in line with the national guideline and approved by the facility management.
- 7.1.9.10 Each medical record shall at least contain the following information:
- a) Identification (name, age, sex, address)
 - b) History, physical examination, investigation results and diagnosis
 - c) Medication, procedure and consultation notes
 - d) Name and signature of treating physician
 - e) Consent form where applicable which shall be signed by the patient. In case where someone other than the patient signs the forms, the reason for the patient's not signing it shall be indicated on the face of the form, along with the relationship of the signer to the patient.
- 7.1.9.11 There shall be a mechanism to make medical records with appointment ready for use and return seen cards back to the central medical record room within 24hrs.
- 7.1.9.12 The patient's death shall be documented in the medical record.
- 7.1.9.13 Original medical records shall not leave dispensary and health centre premises unless they are under court order or in order to safeguard the record in case of a physical plant emergency or natural disaster.
- 7.1.9.14 If a patient or the patient's legally authorized representative requests, in writing, a copy of the medical record shall be given.
- 7.1.9.15 If the patient is provided with medical certificates, copies of certificates and other records shall be documented and/or recorded on the original medical record
- 7.1.9.16 If the dispensary ceases to operate, the appropriate organ shall be notified in about how and where medical record will be stored at least 90 days prior to cessation of operation. The patient choice on where to transfer his/her medical record shall be respected. Patient will get information from the appropriate organ regarding the location of their medical records.
- 7.1.9.17 The dispensary shall establish a procedure for removal of inactive medical records from the central medical record room.
- 7.1.9.18 Medical records shall be destroyed as per the law by using techniques that are effective enough to assure confidentiality of medical records. However, records, which are active for more than ten years, shall not be destroyed.
- 7.1.9.19 The Medical record space shall have:
- | | |
|------------------------------------|---------------------|
| ▪ Shelves | ▪ Cart |
| ▪ Master patient index boxes | ▪ Ladder |
| ▪ Master Patient Index (MPI) Cards | ▪ Patient folder |
| ▪ Computer | ▪ Log book |
| | ▪ Fire extinguisher |

7.1.10 Health Promotion Services

- 7.1.10.1 The dispensary shall plan, schedule, coordinate, lead, monitor health promotion activities
- 7.1.10.2 The dispensary shall have a written policy and procedures for health promotion. This shall include:
- a) Implementing as a part of the overall quality improvement system, aiming at improving health outcomes for patients, relatives, staff and community.
 - b) Identifying responsibilities for the process of implementation, evaluation and regular review of the policy.
 - c) Allocating resources to the processes of implementation, evaluation and regular review of the policy.

- d) Enlightening of the health promotion policy.
 - e) Ensuring the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.
 - f) Ensuring that staff has relevant competences to perform health promotion activities and supports the acquisition of further competences as required.
 - g) Ensuring the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities.
 - h) Providing reliable Information, Education and Communication (IEC) and behavioural change communication (BCC) service to the general population on major health burden issues according to the country health profile,
- 7.1.10.3 The dispensary shall ensure that health professionals, in partnership with patients, systematically assess needs for health promotion activities.
- 7.1.10.4 The dispensary shall provide patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.
- 7.1.10.5 The dispensary management shall establish conditions for the development of the dispensary as a healthy workplace.
- 7.1.10.6 The dispensary shall have a planned approach to collaborate with other health service levels and other institutions and sectors on an on-going basis.
- 7.1.10.7 There shall be a staff to coordinate health promotion activities in the dispensary.
- 7.1.10.8 All health personnel who have got training on health promotion and prevention shall participate in health promotion activities
- 7.1.10.9 The dispensary shall have some or all of the following:
- a) Printed material (Posters, Brochures, Leaflets, Newspaper, Health bulletin)
 - b) Audio visual materials
 - c) Mini media
 - d) Radio
 - e) Tape-recorder
 - f) Public health journals
 - g) Information desk

7.1.11 *Physiotherapy Services*

7.1.11.1 Human Resources

Minimum staffing level for a physiotherapy facility should be as specified below:

SN	Cadre	Requirement
1	Physiotherapist (Holder of Diploma)	1
2	Medical Attendant/ Receptionist	1

7.1.11.2 Equipment

Minimum number of required equipment is as specified below:

SN	Equipment/Machines	Requirement
1	Electrotherapy machines (e.g. IF, US, SWD, TENS, Shockwave therapy, Wax bath, Hydrocollator, Laser Therapy, LIPUS, Biofeedback, Cryotherapy, Infrared, Microwave Therapy, UV Radiation, CPM)	1
2	Examination beds	1

SN	Equipment/Machines	Requirement
3	Chairs and desk	1
4	Wheelchair	1
5	Walking aids (sticks, walking frame, crutches, rollator)	1
6	Measuring tape	1
7	Reflex hammer (Patellar hammer)	1
8	Blood pressure machine	1
9	Stethoscope	1
10	Thermometer	1
11	Goniometer	1
12	X-ray viewer	1
13	Plaster sheer for removing P.O.P	1
14	Mat	1
15	Playing tools and toys (Box of various tools and toys)	1
16	Corner chair, standing frame and stairs	1
17	Wall bars (Single section, 270*86cm)	1
18	Cushions (Round pillows, wedges, U-pillow, etc.)	1
19	Stationary bicycle	1
20	Parallel bars	1
21	Weighing scale	1
22	Posture Mirror	1
23	Equipment Trolley	1
24	Educational materials (e.g., Anatomical charts/ models/skeleton)	1
25	Treatment stools (adjustable)	1
26	Therapeutic exercise equipment (e.g., balance board, re-education board, resistive band, Bobath balls, etc.)	2

7.1.11.3 Rooms for Services Provision

A facility for physiotherapy should have at least two (2) rooms as follows:

- i. Reception and records room
- ii. Physiotherapy treatment area and Therapeutic Gymnasium
- iii. Toilets (3 – Male, female and disabled)

7.1.11.4 Specific Requirements for the Rooms

Rooms in a physiotherapy facility must fulfil the following:

SN	Room	Requirement	Required Number
1.	Reception and Records.	Office table and chair.	1
		Notice board	1
		Waiting seats	5
		Lockable cabinets	2
		Clock	1
2.	Physiotherapy Treatment Area	Table and chair	2
		Privacy screen/curtains	1
		Washing hands basin with running water	1
		Soap dispenser	1
		Alcohol handrub	1

SN	Room	Requirement	Required Number
		Waste bin with liners	1
		Linen cupboard	1
3.	Toilets	Toilets	3

7.1.11.5 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods	
	Should be away from crowded areas i.e shopping malls, markets, business centres.	
	Wheelchair/stretchers accessible.	

7.1.12 Occupational Therapy Services

7.1.12.1 Human Resources

Minimum staffing level for an occupational therapy facility should be as specified below:

S/N	Cadre	Required Number
1.	Occupational Therapist (Dipl Holder)	1
2.	Artisan	1
3.	Medical Attendants	1
4.	Receptionist	1
5.	Community Health Workers	2
6.	Security Guards	1

7.1.12.2 Occupational Therapy Services Offered

S/N	Services
1.	Purposeful Activity – Evaluation of the effectiveness of purposeful activity as a motivating therapeutic medium, as opposed to non-purposeful activity. Purposeful activities include those that have an inherent goal and are relevant and meaningful to the person, beyond the function required to carry out the activity
2.	Leisure/recreation therapy – intervention designed to improve the performance, uptake or participation in hobbies, leisure or recreational activities
3.	Instrumental activities of daily living – intervention designed to optimise performance in activities in and around the home such as cleaning, laundry and meal preparation. Also known as extended or secondary activities of daily living.
4.	Basic activities of daily living -Interventions designed to improve or enable self-maintenance such as showering, dressing, toileting, and eating. Also known as personal or primary activities of daily living.
5.	Home visits/home programmes – interventions designed to be carried at home
6.	Creative therapies -Interventions using creative modalities such as music, dance therapy, art, and craft.
7.	Complementary therapies -Includes therapies such as aromatherapy, horticultural therapy, and pet therapy.
8.	Community living skills -Interventions designed to improve or enable the

	performance of community living skills such as shopping, banking, budgeting, and use of public transport or driving.
9.	Case management - A service model referring to the assignment of a healthcare provider to coordinate and provide individualised service delivery.
10.	Home modification/access – intervention designed to enhance performance, minimise or prevent risks and hazards, or improve mobility in the home, property, workplace, or health facility. Include, for example, ramps, rails and stair- climbers
11.	Wheelchair training

7.1.12.3 Equipment

Requiremet	Required Number
Examination beds	1
Chairs and desk	2
Wheelchair	2
Measuring tape	2
Blood pressure machine	2
Thermometer	2
Mat	2
Playing tools and toys	Must have different toys
Corner chair	1
Standing frame	1
Stairs	1
Walking frame	1
Wall bars	1
Parallel bar	1
Weighing scale	1 set
Bathing and hygiene items e.g. commode	

7.1.12.4 Specific Medical Equipment

SN	Service Area	Specific Medical Equipment
	Reception and Records	One office table and chair
		One notice board
		Four waiting seats
		Shelves
		Clock
		Table and chair
		One bucket foot
		Washing hands basin
		Soap dispenser
		Waste bin with liners
		Linen cupboard

7.1.12.5 Infrastructure Attributes

S/N	Scoring Attributes	Type of Item	Required Number
1.	OPD Services	Consultation rooms	1
2.	Medical records	Room with adequate space	1
3.	Reception area and waiting areas	Spacious well ventilated rooms adequate to accommodate reasonable number of patients, relatives	1
4.	Changing Room	Male and female	2
5.	Stores		1
6.	Environmental sanitation (waste disposal)	Space and facilities, either on site or through contractual arrangements, shall be provided for the sanitary storage and disposal of healthcare waste	
7.	Water closet (toilets)	Sanitary facilities (W/C) for staffs and patients	3
8.	Main source of power	National grid system	
9.	Alternative energy source	Generator, Solar, etc. (specify)	
10.	Reliable Source of water	-Local authority -Drilled well	
11.	Sterilization facilities	Sterilization room with equipment	1
12.	Therapy room		2

7.1.12.6 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres
	Wheelchair/stretchers accessible

7.2 Service standards for Health Centre

7.2.1 General medical services

7.2.1.1 The Health Centre shall provide the following functions:

- OPD Services including dental services,
- Basic diagnostic services,
- Reproductive and Child Health services,
- Deliveries,
- Operating theatre,
- Inpatient services,
- Health Education and Promotion and
- Community Outreach Services within its catchment area.

7.2.1.2 The provider at OPD shall perform the following:

- a) Medical/Dental and social history;
- b) Physical examination including at least:
 - Vital signs (blood pressure, pulse rate, respiratory rate, temperature) and body weight,
 - Clinical examination pertinent to the illness.
- c) Diagnosis and differential diagnosis;

d) Request diagnostic investigations.

7.2.1.3 The range of relevant treatment options and the clinical impression shall be fully described to client and/or their families and documented accordingly.

7.2.1.4 The health centre shall have basic equipment for diagnosis, curative and management of basic outpatient conditions and management of emergency condition before referral to higher-level facilities as listed in Annex 2(b).

7.2.2 Minor surgical services

7.2.2.1 The health Centre shall provide minor surgical services for common conditions provided that there are trained professionals.

7.2.2.2 The health Centre shall have protocols for minor surgical procedures which include:

- Incision and drainage,
- Stitching of minor cut wounds,
- Minor excision,
- Circumcision,
- Application of Plaster of Paris (POP),
- Dental extraction,
- Minor oral-facial trauma,
- Simple restorations and
- Scaling and polishing.

7.2.3 Reproductive, Maternal, New born and Child Health services (RMNCH)

7.2.3.1 The health centre shall provide Emergency Obstetric Care services 24 hours a day

7.2.3.2 Non-emergency maternal health services shall be available during regular working hours at RCH clinics.

7.2.3.3 The health centre shall provide RMNCH services during regular working hours which include:

- Antenatal care and PMTCT services:
- Prenatal services:
- Immunization service:
- Growth monitoring services:
- Sick baby clinic/ under five clinic services
- Comprehensive Family planning services

7.2.3.4 RMNCH room shall have the following basic equipment but not limited to:

- Weighing scale for adults and children,
- Height measurement,
- Fetoscopes,
- Sphygmomanometer/BP Machine,
- Examination bed,
- Stethoscope,
- Dressing trolley,
- Refrigerator,
- Sterilizer,
- Clinical thermometer and
- Immunization trays.

7.2.4 Laboratory services

7.2.4.1 The laboratory shall have written policies and procedures and include at least the followings:

- Procedure manuals (Standard Operating Procedure, SOP) or guidelines for all tests and equipment
- Report times for results (Established turnaround time)
- Quality assurance and control processes
- Inspection, maintenance, calibration, and testing of all equipment
- Management of reagents, including availability, storage, and testing for accuracy
- Procedures for collecting, identifying, processing, and disposing of specimens

- Normal ranges for all tests
 - Laboratory safety program, including infection control
 - There shall be documentation of quality control data (internal and external quality control), calibration report, refrigerator readings and so on.
- 7.2.4.2 The health centre shall have standardized data collection instruments including at least the following:
- Laboratory request forms
 - Laboratory report forms
 - Laboratory specimen and results registers
 - Quarterly/monthly reporting forms including
 - Summary of tests conducted
 - Summary of tests referred
 - Summary of quality assurance report
 - Equipment and supplies inventory registers
 - Quality assurance record forms
 - Referral forms
- 7.2.4.3 The laboratory shall follow standard operating procedures (SOP) and conduct routine quality assessments to ensure reliable and cost-effective testing of patient specimens.
- 7.2.4.4 The right patient with the right request form shall be identified during collection and delivery of result.
- 7.2.4.5 Safe disposal of samples and other health laboratory waste shall be in line with standards prescribed under national infection prevention and control guidelines.
- 7.2.4.6 No eating, drinking, smoking or other application of cosmetics in laboratory work areas or in any area where workplace materials are handled.
- 7.2.4.7 No storage of food and drink in the laboratory (may be stored in the rest area)
- 7.2.4.8 Approved protective equipment must be worn within the laboratory work area and removed before leaving the laboratory work area.
- 7.2.4.9 The laboratory shall have adequate space and a safe environment (kept organized and clean) to perform testing. It must provide adequate lighting, ventilation, and water, waste and refuse disposal. Precautions must be taken to prevent cross contamination.
- 7.2.4.10 Facilities shall provide a suitable environment to prevent damage, deterioration, loss or unauthorized access.
- 7.2.4.11 The laboratory shall be located and designed to:
- Provide suitable, direct access for patients
 - Allow reception of deliveries of chemicals
 - Allow safe disposal of laboratory materials and specimens.
- 7.2.4.12 The laboratory facilities shall meet at least the following:
- The laboratory shall have a reliable supply of running water. At least two sinks shall be provided in each room, one for general laboratory use and the other reserved for hand washing and at least 1000L reserve tank in case of interruption.
 - Continuous power supply
 - Working surface covered with appropriate materials
 - Suitable stools for the benches. Bench tops shall be impervious to water and resistant to moderate heat and the organic solvents, acids, alkalis, and chemicals used to decontaminate the work surface and equipment.

- Internal surfaces, i.e. of floors, walls, and ceilings shall be :
 - Smooth, impervious, free from cracks, cavities, recesses, projecting ledges and other features that could harbour dust or spillage
 - Easy to clean and decontaminate effectively
 - Constructed of materials that are non-combustible or have high fire-resistance and low flame-spread characteristics
 - Lockable doors and cupboards
 - Closed drainage from laboratory sinks (to a septic tank or deep pit)
 - Separate toilets/latrines for staff and patients
 - Emergency of safety services such as deluge showers and eye-wash stations, fire alarm systems and emergency power supplies shall be included in the laboratory services design specifications
- 7.2.4.13 The health centre shall be able to provide the following basic laboratory tests: - Haematology, Clinical chemistry, and Urinalysis, Microbiology and Blood Transfusion services. See the list of basic equipment for the tests in Annex 2(b).
- 7.2.4.14 Provision shall also be made for collecting and processing of specimens. This can be mobile equipment for bedside or consulting room collection, or a dedicated specimen collection room.
- 7.2.4.15 All health centres shall provide an on-site refrigerated blood storage facility for transfusions. A blood storage refrigerator equipped with temperature monitoring and alarm signals shall be located in the Laboratory in an area which ensures easy staff control.
- 7.2.4.16 Laboratory shall have workbench with space for microscopes, appropriate chemical analyser, incubator(s) centrifuge, etc. Work areas shall include access to vacuum, gas and electrical services as needed, and sinks with water.
- 7.2.4.17 The laboratory should have basin or bench sinks for staff hand washing. The bench sink may also be used for the disposal of non-toxic fluids.
- 7.2.4.18 The laboratory should have storage facilities for reagents, standards, supplies, and stained specimen microscope slides, etc., including refrigeration, as needed.
- 7.2.4.19 The blood collection area shall have a workbench, space for patient seating, and hand washing facilities. The urine and stool collection room shall be equipped with a water closet and hand washing facilities.
- 7.2.4.20 The laboratory shall have chemical safety provisions including emergency shower, eye flushing devices, appropriate storage for flammable liquids etc.
- 7.2.4.21 The laboratory shall have space for clerical work, filing and record maintenance.
- 7.2.4.22 Lounge, locker and toilet facilities shall be conveniently located for male and female laboratory staff. These may be outside the laboratory area and shared with other departments.
- 7.2.4.23 The laboratory should be located in an area where entrance and exit can be easily controlled.
- 7.2.5 Inpatient services**
- 7.2.5.1 The health centre should have qualified personnel responsible for providing patients' care and these may include clinicians, registered and enrolled nurses, laboratory technologists and pharmaceutical technicians.
- 7.2.5.2 Services provided at the health centre shall be integrated and coordinated amongst health care providers and nurse call system in place.

- 7.2.5.3 The health centre shall develop and abide to a regular schedule of ward rounds that will involve information exchange amongst health personnel.
- 7.2.5.4 Information shared shall include a summary of care provided and report on patient response to treatment.
- 7.2.5.5 The ward shall have adequate office accommodation for the personnel, sluice rooms that are hygienically clean at all times, treatment and dressing rooms, and adequate storage space for clean linen.
- 7.2.5.6 There shall room or cupboard used exclusively for storing cleaning equipment.
- 7.2.5.7 The wards should have sufficient number of beds, plastic covered mattresses, bed linen, mackintosh, towels and pyjamas
- 7.2.5.8 The wards shall have adequate lighting and ventilation.
- 7.2.5.9 The wards shall have emergency call systems at bedsides and in bathrooms and toilets.
- 7.2.5.10 There shall be oxygen supply.
- 7.2.5.11 The wards shall have resuscitation equipment and supplies that are immediately accessible from each section of the ward.
- 7.2.5.12 There shall be adequate toilet and bathing facilities including those which are disability user friendly for the number of patients in the ward
- 7.2.5.13 The wards shall have equipment and materials for patients' personal hygiene, facilitating patients' mobility, monitoring patient's vital signs, wound care and fracture management. See the list of equipment materials in annex 2(b).
- 7.2.5.14 The wards shall have functional Bed devices (frames/cot-sides, cradles, bed blocks, etc.), Bedside facilities (bedside table/locker, chair/bench) and ward screens to ensure privacy.
- 7.2.5.15 The health centre shall have delivery room equipped with materials and supplies as listed in annex 2(b).
- 7.2.6 Operating theatre**
- 7.2.6.1 The health centre may provide basic surgical services at least caesarean section.
- 7.2.6.2 The health centre shall have protocols for surgical procedures
- 7.2.6.3 The health centre shall have surgical equipment that can support provision of safe and effective surgical interventions as listed in annex 2(b).
- 7.2.7 Pharmaceutical services**
- 7.2.7.1 Standard operating procedure for dispensing and medication use counselling shall be established to ensure patients' safety and correct use of medications.
- 7.2.7.2 The dispensers shall make sure that prescriptions are legible, written by authorized prescriber and complete. Prescription papers shall be standardized as per the appropriate organ and must contain at least the following information and the prescriber shall complete all these information:
- Name of patient, sex, weight, age and card number
 - Diagnosis and allergy
 - Name of the medicine, strength, dosage form, dose, frequency, and route of administration
 - Duration of treatment
 - Prescriber's name, qualification and signature
 - Health centre name and address

- 7.2.7.3 All medicines shall be dispensed with adequate and appropriate information and counselling to patients for correct use of their medications.
- 7.2.7.4 The medicine and therapeutic committee of the dispensary shall develop/adopt and implement antimicrobial prescribing, dispensing and usage policy.
- 7.2.7.5 The health centre shall appoint an Adverse Drug Effects focal person responsible for the collection, compilation, analysis and communication of adverse drug reaction, medication error and product quality defect related information to the CHMT.
- 7.2.7.6 Adverse medication effects shall be noted in the patient's medication record
- 7.2.7.7 Medicines must be handled according to approved standards (e.g., palletized or shelved, ease for free movement, ventilated, rodent free, temperature and moisture controlled, separated storage for expired medicines) in all storage areas.
- 7.2.7.8 Written procedures shall be available for the return of expired, damaged, leftover and empty packs from outlets to medical store or any supplier to prevent potential misuse.
- 7.2.7.9 Fire fighting equipment or system shall be installed to medicines storage places
- 7.2.7.10 Daily medicine consumption shall be recorded, compiled and analysed for the appropriate supply and use of medicines.
- 7.2.7.11 The disposal of medicine wastes, both hazardous and non-hazardous, shall be in compliance with the appropriate medicines waste management and disposal directives by appropriate authority.
- 7.2.7.12 Patient and medication related records and information shall be documented and kept in a secure place that is easily accessible only to the authorized personnel.
- 7.2.7.13 During billing the client has the right to know the exact price of a prescription before it is filled and get receipt which has following minimum information about dispensed medicines:
- Name of patient
 - Name and dosage form of medicines dispensed
 - Unit of measurement and quantity
 - Unit and total prices
 - Date
 - Signature of dispenser and cashier
 - Address of the health centre (if the receipt is not headed)
- 7.2.7.14 A facility should have in stock medicines and supplies for the management of conditions seen at the facility. Generally a dispensary should have in stock According to the current National Standard Treatment Guidelines and the Essential Medicines list (STG&NEMLIT).
- 7.2.8 Infection Prevention and Control (IPC)**
- 7.2.8.1 All activities performed for infection prevention shall comply with the national infection prevention guidelines.
- 7.2.8.2 The health centre shall maintain policies and procedures for the following
- e) Hand hygiene
 - f) Transmission-based precautions
 - g) Post-Exposure Prophylaxis programming (PEP) for both occupational and non-occupational exposures
 - h) Waste management

- 7.2.8.3 The health centre shall have procedures in place to minimize crowding and manage the flow of patients, visitors and care givers.
- 7.2.8.4 The dispensary shall train all staff on Post Exposure Prophylaxis Management.
- 7.2.8.5 The health centre shall provide regular education on infection prevention and control practice to staff, patients, and as appropriate, to family, visitors and caregivers.
- 7.2.8.6 The health centre shall have the following adequate supplies and equipment needed for Waste management
 - Incinerator
 - Placenta pit
 - Waste pit
 - Dust bin
 - Ash pit
 - Waste bins and Bin liners
 - Safety boxes

7.2.9 Support services (housekeeping, laundry and technical services)

- 7.2.9.1 All areas of health centre including the building and grounds shall be kept clean, orderly and kept free from pests, rodents and animal nuisance.
- 7.2.9.2 The health centre shall maintain adequate supply of clean linen at all times and ensure proper washing and storage.
- 7.2.9.3 The health centre shall conduct preventative maintenance for all facilities and operating systems.
- 7.2.9.4 There shall be written SOPs for procedures to guide services provision
- 7.2.9.5 Housekeeping equipment or supplies used for cleaning in isolation or contaminated areas shall not be used in any other areas before it has been properly cleaned and sterilized.
- 7.2.9.6 There shall be frequent cleaning of floors, walls, woodwork and windows.
- 7.2.9.7 The premises shall be kept free of rodent and insect infestations.
- 7.2.9.8 Accumulated waste material and rubbish shall be removed at frequent intervals.
- 7.2.9.9 No flammable cleaning agents or other flammable liquids or gases shall be stored in any janitor's closet or other areas except in a properly fire rated and properly ventilated storage area specifically designed for such storage.
- 7.2.9.10 The laundry shall have separate areas for:
 - a) Collection of soiled linens.
 - b) Washing,
 - c) Drying
 - d) Ironing.
 - e) Clean linen storage and mending area.
- 7.2.9.11 Clean linen storage shall be readily accessible to staff
- 7.2.9.12 Dirty linen storage shall be well ventilated and shall be located convenient to the laundry or service entrance. The soiled linen should be processed as soon as possible.
- 7.2.9.13 There shall be separate space provided for the storage of housekeeping
- 7.2.9.14 A separate office shall be available for the maintenance and the housekeeper.
- 7.2.9.15 Adequate space shall be available for service specific janitor's closets and cleaning equipment & supplies which shall be maintained separately for the following areas (shall not be used for cleaning in any other location):
 - a) Delivery Suites.
 - b) New-born Nursery.
 - c) Emergency Service Area.

- d) Patient Areas.
- e) Laboratories, offices, locker rooms and other areas
- 7.2.9.16 Exits, stairways, doors, and corridors shall be kept free of obstructions.
- 7.2.9.17 The health centre shall have reliable source of power including standby alternative power source.
- 7.2.9.18 The housekeeping, maintenance and laundry functions shall be under health professional.
- 7.2.9.19 The designated officer shall plan, organize, co-ordinate, control and monitor all housekeeping, maintenance and laundry activities.
- 7.2.9.20 The housekeeping, maintenance and laundry personnel shall take basic trainings on the following issues and this shall be documented in their personal profile.
- 7.2.9.21 The health centre shall have the following tools, equipment and raw materials for housekeeping services.
 - a) Equipment:
 - Reserve electrical generator (optional)
 - Floor cleaning brush air
 - Floor wiping brush
 - Hockey type brush
 - Counter brush
 - Ceiling brush
 - Scrappers
 - Dustbins paddles.
 - Waste paper basket.
 - Plastic Mug
 - Plastic Bucket
 - Plastic drum
 - Wheel barrow
 - Water trolley
 - Ladder
 - Scraping pump
 - Flit pump
 - Rate trapping cage
 - Gum boots
 - Gown, Masks & Gloves
 - Torch
 - Eye Protector
 - b) Cleaning material
 - Deodorants and disinfectant
 - Laundry cleaning material
 - Insecticides and rodenticides
 - Stain removal

7.2.10 Patient flow

- 7.2.10.1 The health centre shall have a written protocol for patient flow which at least describes the following:
 - Triaging of patients
 - Direction signs to all services areas
 - The procedures of payment for services
- 7.2.10.2 The health centre shall follow its written patient flow procedures
- 7.2.10.3 Service areas shall be labelled in bold at a recognizable location
- 7.2.10.4 The office layout shall be arranged in a way that facilitate easy access to various services areas

7.2.11 Medical records

- 7.2.11.1 Medical record shall be maintained in written form for every patient seen at all points of care.
- 7.2.11.2 The dispensary and health centre shall maintain individual medical records in a manner to ensure accuracy, privacy, confidentiality and easy retrieval.
- 7.2.11.3 The medical information of a patient during ambulance service including medication administered shall be documented and attached into the medical record.

- 7.2.11.4 The health centre shall establish a master patient index with a unique number for each patient.
- 7.2.11.5 Each document that contains a medical record shall have appropriate identification.
- 7.2.11.6 The health centre shall have a written policy and procedure that are reviewed at least once every three years which include at least:
- Procedures for record completion
 - Conditions and procedures for releasing medical information
 - Procedures for the protection of medical record information against the loss, tampering, alteration, destruction, or unauthorized access and use.
- 7.2.11.7 When a medical record is taken out and returned to the record room it shall be documented to create a good tracking mechanism
- 7.2.11.8 All entries in the patient's medical record shall be written legibly in permanent ink, dated, and signed by the custodian/recording person.
- 7.2.11.9 The medical record forms shall be prepared in line with the national guideline and approved by the facility management.
- 7.2.11.10 Each medical record shall at least contain the following information:
- a) Identification (name, age, sex, address)
 - b) History, physical examination, investigation results and diagnosis
 - c) Medication, procedure and consultation notes
 - d) Name and signature of treating physician
 - e) Consent form where applicable which shall be signed by the patient. In case where someone other than the patient signs the forms, the reason for the patient's not signing it shall be indicated on the face of the form, along with the relationship of the signer to the patient.
- 7.2.11.11 There shall be a mechanism to make medical records with appointment ready for use and return seen cards back to the central medical record room within 24hrs.
- 7.2.11.12 The patient's death shall be documented in the medical record.
- 7.2.11.13 Original medical records shall not leave dispensary and health centre premises unless they are under court order or in order to safeguard the record in case of a physical plant emergency or natural disaster.
- 7.2.11.14 If a patient or the patient's legally authorized representative requests, in writing, a copy of the medical record shall be given.
- 7.2.11.15 If the patient is provided with medical certificates, copies of certificates and other records shall be documented and/or recorded on the original medical record
- 7.2.11.16 If the health centre ceases to operate, the appropriate organ shall be notified in writing about how and where medical record will be stored at least 90 days prior to cessation of operation. The patient choice on where to transfer his/her medical record shall be respected. Patient will get information from the appropriate organ regarding the location of their medical records.
- 7.2.11.17 The health centre shall establish a procedure for removal of inactive medical records from the central medical record room.
- 7.2.11.18 Medical records shall be destroyed as per the law by using techniques that are effective enough to assure confidentiality of medical records. However, records that are active for more than ten years shall not be destroyed.

7.2.11.19 The Medical record space shall have:

- Shelves
- Master patient index boxes
- Master Patient Index (MPI) Cards
- Computer
- Cart
- Ladder
- Patient folder
- Log book
- Fire extinguisher

7.2.12 Health promotion services

7.2.12.1 The health centre shall plan, schedule, coordinate, lead, monitor health promotion activities

7.2.12.2 The health centre shall have a written policy and procedures for health promotion. This shall include:

- a) Implementing as a part of the overall quality improvement system, aiming at improving health outcomes for patients, relatives, staff and community.
- b) Identifying responsibilities for the process of implementation, evaluation and regular review of the policy.
- c) Allocating resources to the processes of implementation, evaluation and regular review of the policy.
- d) Enlightening of the health promotion policy.
- e) Ensuring the availability of procedures for collection and evaluation of data in order to monitor the quality of health promotion activities.
- f) Ensuring that staff has relevant competences to perform health promotion activities and supports the acquisition of further competences as required.
- g) Ensuring the availability of the necessary infrastructure, including resources, space, equipment, etc. in order to implement health promotion activities.
- h) Providing reliable Information, Education and Communication (IEC) and Behavioural Change communication (BCC) service to the general population on major health burden issues according to the country health profile,

7.2.12.3 The health centre shall ensure that health professionals, in partnership with patients, systematically assess needs for health promotion activities.

7.2.12.4 The health centre shall provide patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.

7.2.12.5 The health centre management shall establish conditions for the development of the health centre as a healthy workplace.

7.2.12.6 The health centre shall have a planned approach to collaborate with other health service levels and other institutions and sectors on an on-going basis.

7.2.12.7 There shall be a staff to coordinate health promotion activities in the health centre.

7.2.12.8 All health personnel who have got training on health promotion and prevention shall participate in health promotion activities

7.2.12.9 The health centre shall have some or all of the following:

- a) Printed material (Posters, Brochures, Leaflets, Newspaper, Health bulletin)
- b) Audio visual materials
- c) Mini media
- d) Radio
- e) Tape-recorder
- f) Public health journals
- g) Information desk

7.2.13 *Physiotherapy Services*

7.2.13.1 Human Resources

Minimum staffing level for a physiotherapy facility should be as specified below:

SN	Cadre	Requirement
1	Physiotherapist (Holder of Dip/Degree)	2
2	Medical Attendant/ Receptionist	1

NOTE: In a long-term plan at Health Centre all physiotherapists should be holders of degree.

7.2.13.2 Equipment

Minimum number of required equipment is as specified below:

SN	Equipment/Machines	Requirement
1	Electrotherapy machines (e.g. IF, US, SWD, TENS, Shockwave therapy, Wax bath, Hydrocollator, Laser Therapy, LIPUS, Biofeedback, Cryotherapy, Infrared, Microwave Therapy, UV Radiation, CPM)	1
2	Examination beds	2
3	Chairs and desk	2
4	Wheelchair	1
5	Walking aids (sticks, walking frame, crutches, rollator)	1
6	Measuring tape	2
7	Reflex hammer (Patellar hammer)	2
8	Blood pressure machine	1
9	Stethoscope	1
10	Thermometer	1
11	Goniometer	2
12	X-ray viewer	1
13	Plaster sheer for removing POP	1
14	Mat	1
15	Playing tools and toys (Box of various more than 3)	1
16	Corner chair, standing frame and stairs	1
17	Wall bars (Single section, 270*86cm)	1
18	Cushions (Round pillows, wedges, U-pillow, etc.)	1
19	Stationary bicycle	1
20	Tread mill	0
21	Tilting table	0
22	Set of pulleys fixed on the wall	0
23	Automatic traction kit	0
24	Parallel bars	1
25	Weighing scale	1
26	Posture Mirror	1
27	Equipment Trolley	1
28	Educational materials (e.g., Anatomical charts/ models/skeleton)	1
29	Treatment stools (adjustable)	1

SN	Equipment/Machines	Requirement
30	Therapeutic exercise equipment (e.g., balance board, re-education board, resistive band, Bobath balls, etc.)	2

7.2.13.3 Rooms for Services Provision

A facility for physiotherapy should have at least three (3) rooms as follows:

- i. Reception and records room
- ii. Physiotherapy treatment area and Therapeutic Gymnasium
- iii. Toilets (3 – Male, female and disabled)

7.2.13.4 Specific Requirements for the Rooms

Rooms in a physiotherapy facility must fulfil the following:

SN	Room	Requirement	Required Number
1.	Reception and Records.	Office table and chair.	1
		Notice board	1
		Waiting seats	5
		Lockable cabinets	2
		Clock	1
2.	Physiotherapy Treatment Area	Table and chair	2
		Privacy screen/curtains	1
		Washing hands basin with running water	1
		Soap dispenser	1
		Alcohol handrub	1
		Waste bin with liners	1
		Linen cupboard	1
3.	Therapeutic Gymnasium	All therapeutic equipment	-
4.	Toilets	Toilets	3

7.2.13.5 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres.
	Wheelchair/stretchers accessible.

7.2.14 Occupational Therapy Services

7.2.14.1 Human Resources

Minimum staffing level for an occupational therapy facility should be as specified below:

SN	Cadre	Requirement
1	Occupational therapist (certificate)	2
2	Carpenter	1
3	Artisan	1
4	Medical attendants	1
5	Receptionist	1
6	Community health workers	2
7	Security guard	1

NOTE: In a long-term plan at Health Centre all occupational therapists should be holders of diploma.

7.2.14.2 Occupational Therapy Services Offered

S/N	SERVICE
1.	Purposeful Activity – Evaluation of the effectiveness of purposeful activity as a motivating therapeutic medium, as opposed to non-purposeful activity. Purposeful activities include those that have an inherent goal and are relevant and meaningful to the person, beyond the function required to carry out the activity
2.	Leisure/recreation therapy – intervention designed to improve the performance, uptake or participation in hobbies, leisure or recreational activities
3.	Instrumental activities of daily living – intervention designed to optimise performance in activities in and around the home such as cleaning, laundry and meal preparation. Also known as extended or secondary activities of daily living.
4.	Basic activities of daily living -Interventions designed to improve or enable self-maintenance such as showering, dressing, toileting, and eating. Also known as personal or primary activities of daily living.
5.	Home visits/home programmes – interventions designed to be carried at home
6.	Creative therapies -Interventions using creative modalities such as music, dance therapy, art, and craft.
7.	Complementary therapies -Includes therapies such as aromatherapy, horticultural therapy, and pet therapy.
8.	Community living skills -Interventions designed to improve or enable the performance of community living skills such as shopping, banking, budgeting, and use of public transport or driving.
9.	Case management - A service model referring to the assignment of a healthcare provider to coordinate and provide individualised service delivery.
10.	Home modification/access – intervention designed to enhance performance, minimise or prevent risks and hazards, or improve mobility in the home, property, workplace, or health facility. Include, for example, ramps, rails and stair- climbers

11.	Wheelchair training
-----	---------------------

7.2.14.3 Equipment

Minimum number of required equipment is as specified below:

SN	Requirement	Required Number
1.	Examination beds	1
2.	Chairs and desk	2
3.	Wheelchair	2
4.	Measuring tape	2
5.	Blood pressure machine	2
6.	Thermometer	2
7.	Mat	2
8.	Playing tools and toys	Must have different toys
9.	Corner chair	1
10.	Standing frame	1
11.	Stairs	1
12.	Walking frame	1
13.	Wall bars	1
14.	Parallel bar	1
15.	Weighing scale	1 set
16.	Bathing and hygiene items e.g., commode.	

7.2.14.4 Specific Medical Equipment

Rooms in an occupational therapy facility must fulfil the following:

Specific Medical Equipment		
1.	Reception And Records.	One office table and chair.
		One notice board
		Four waiting seats
		Shelves
		Clock
		Table and chair
		One bucket foot
		Washing hands basin
		Soap dispenser
		Waste bin with liners
		Linen cupboard

7.2.14.5 Infrastructure

S/N	Scoring Attributes	Type of Item	Required Number
1.	OPD Services	Consultation rooms	1
2.	Medical records	Room with adequate space	1
3.	Reception area and waiting areas	Spacious well ventilated rooms adequate to accommodate reasonable number of patients, relatives	1
4.	Changing Room	Male and female	2
5.	Stores		1
6.	Environmental	Space and facilities, either on site or	

	sanitation (waste disposal),	through contractual arrangements, shall be provided for the sanitary storage and disposal of healthcare waste	
7.	Water closet (toilets)	Sanitary facilities (W/C) for staffs and patients	3
8.	Main source of power	National grid system	
9.	Alternative energy source	Generator, Solar, etc. (specify)	
10.	Reliable Source of water	-Local authority -Drilled well	
11.	Sterilization facilities	Sterilization room with equipment	1
12.	Therapy room		2

7.2.14.6 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres
	Wheelchair/stretchers accessible

7.2.15 Speech and Language Therapy

7.2.15.1 Introduction on Speech and Language Therapy

7.2.15.1.1 Speech-language pathology services are those services necessary for the diagnosis and treatment of swallowing (dysphagia), speech-language, and cognitive-communication disorders that result in communication disabilities. Speech-language pathologists treat disorders of speech sound production (e.g., articulation, apraxia, dysarthria), resonance (e.g., hypernasality, hyponasality), voice (e.g., phonation quality, pitch, respiration), fluency (e.g., stuttering), language (e.g., comprehension, expression, pragmatics, semantics, syntax), cognition (e.g., attention, memory, problem solving, executive functioning), and feeding and swallowing (e.g., oral, pharyngeal, and esophageal stages). (ASHA, 2007).¹

7.2.15.1.2 A communication disorder is impairment in the ability to receive, send, process, and comprehend concepts of verbal, nonverbal, and graphic symbol systems (ASHA, 1993)². A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be organic or functional in nature. It may be congenital or acquired.

¹ ASHA- American Speech-Language-Hearing Association (2007). Speech –language Pathology Medical review Guidelines

² ASHA- American Speech-Language-Hearing Association (1993). Speech –language Pathology Medical review Guidelines

Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities.

7.2.15.1.3 Assessment, Diagnosis, Treatment, Referral Speech-language pathology services can be grouped into two main categories: 1) diagnostic or evaluative services, and 2) therapeutic services. Speech-language treatment is appropriate for deficits resulting from injury, illness, congenital anomaly, or developmental conditions, and may be habilitative or rehabilitative in nature.

7.2.15.1.4 Individuals of all ages are eligible for speech-language pathology services when their ability to communicate and/or swallow effectively is reduced or impaired or when there is reason to believe (e.g., risk factors) that treatment would prevent the development of a speech, language, communication, or feeding and swallowing disorder; reduce the degree of impairment; lead to improved functional communication skills and/or functional feeding and swallowing abilities; or prevent the decline of communication and/or swallowing abilities.”

7.2.15.2 Speech and language therapy session requirement

7.2.15.1.5 Speech and language therapy are of two types, 1) one to one therapy 2) group therapy. One session should take at least 45 minutes depending on the state/mood of the patient/clients. One session per time should be conducted in a maximum silence single room. This requirement should be taken into account when a health facility is setting room spaces for Speech and language services provision.

7.2.15.3 Human Resources

Minimum staffing level for Speech and Language therapy facility should be as specified below:

SN	Cadre	Requirement
1	Assistant speech and Language Therapy/pathology	2
2	Medical Attendant/Receptionist	2

7.2.15.4 Speech and Language Services offered

- 1) Need assessment
- 2) Referral
- 3) Counselling and
- 4) Rehabilitation support

7.2.15.5 Equipment

Minimum number of required equipment is as specified below:

SN	Equipments/Assessment & Therapy Materials	Required Number
1	Furnitures	
	High tables (one for each Therapy & office room)	1
	Low tables (one for each therapy room)	1

	Adult chairs (table chairs), three for each therapy room	2
	Paediatric chairs (two for each Therapy room)	2
	Lockable cupboard	1
	Shelves for toy & book library	1
	Benches for waiting area	2
	Office chairs	2
	Hand washing facilities in each room	1
	Easily cleaned flow mat/carpet for one for each individual and group Therapy room (medium size)	3
	Fan/air condition in each room	1
	Sign for doors	1
2	Stationary <ul style="list-style-type: none"> ○ Diary ○ Ledger/hard back notebook for data collection ○ Plain papers ○ Lined paper ○ Manila folders ○ Forms: case history, referral, report ○ Speech and Language Therapy headed paper ○ Stapler ○ Hole punch ○ Ruler ○ Marker pens ○ Writing pens ○ Writing pencil ○ Coloured pencils 	Ensure constant availability of all mentioned content
4	Wheelchair	1
5	Assessment/Therapy Materials <ul style="list-style-type: none"> ○ PICTURE CARDS: noun, verb, preposition, sequencing ○ IMAGINARY PLAY TOYS: cooking set, family dolls, ○ SOFT TOYS: brush/comb, cars, trains, animals, etc. ○ PROBLEM SOLVING TOYS: jigsaws, shape sorter, posting shapes, stacking/nesting ○ CONSTRUCTION TOYS: wooded/plastic blocks ○ FINE MOTOR/MANIPULATION TOYS: threading beads, sensory stimulation ○ SOUND/NOISE MAKERS: drums, rattles/shakers, windmills, bells, xylophone ○ BLOWING TOYS: bubbles, whistles, windmills, straws, etc. ○ GAMES: pop up pirate, Mr & Mrs potato head, lotto, scrabble, word finding, matching, etc. BOOKS: picture books, story books	
6	Reference/Resource Books <ul style="list-style-type: none"> ○ Verbal auditory habilitation ○ Dysarthria ○ Cerebral palsy ○ Autistic spectrum disorder ○ Behavioural disorder ○ Stammering 	1 copy 1 copy 1 copy 1 copy 1 copy 1 copy

	<ul style="list-style-type: none"> ○ Specific Language impairment ○ Cognitive/learning difficulties 	1 copy
	Delayed speech and language development	1 copy

7.2.15.6 Infrastructure

A facility for Speech and Language Therapy should have at least:

1. One assessment rooms (quiet) for individual sessions with one side mirror
2. One office room
3. Adequate and well ventilated & equipped waiting/reception area
4. Three Toilets
5. Environmental sanitation (waste disposal)
6. Main source of power and Alternative energy source
7. Reliable Source Of Water

7.2.15.7 Environmental Attributes

Scoring Attributes	Types of Item	Required Item	
Facility Premises	Location	Safe area at least 50M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods	
	Layout	Adequate space for future expansion, Accessibility to motor vehicle	
	Car parking	Adequate parking, disability friendly parking and walkways	
	Communication	Telephone, Internet connection	
	Status of the Building		The Building should have no leaking roof, well painted and clean without cracks, windows with mosquito screening
			Lighting (Natural or Artificial) suitable to specific service area
	Surfaces		Floors (preferably tiles) must be easy to clean, non-slippery and resistant to disinfection procedures
			Skirting's should be made integral with the floor, tightly sealed against the wall
			Walls scrub able smooth and water resistant
	Disability user friendly features		All areas should comply with the persons with Disability Act No 9,(2010) and the national policy on disability of 2004(ramps/rails and toilets)
Safety and security		The health facility should have appropriate security system and standard fire safety mechanism in accordance to fire code of Tanzania (fire extinguishers and sand buckets).	
Occupation Health and Safety		Premise should comply with Occupational Health and Safety Act of 2003.	

CHAPTER 8.0: CLIENT RIGHTS AND RESPONSIBILITIES

8.1 External Clients Rights

Every patient shall at least have the following rights,

- 8.1.1 To receive reasonable, respectful and safe access to health services by competent personnel that the dispensary and health centre is required to provide according to these standards;
- 8.1.2 To receive treatment and medical services without discrimination based on race, age, colour, religion, ethnicity, national or social origin, sex, disabilities, diagnosis, source of payment or other status;
- 8.1.3 To retain and exercise to the fullest extent possible all the constitutional and legal rights to which the patient is entitled by law;
- 8.1.4 To be informed of the names and functions of all clinical practitioners who are providing direct care to the patient. These people shall identify themselves by introduction or by wearing a name tag;
- 8.1.5 To receive, to the extent possible, the services of a translator or interpreter, if any, to facilitate communication between the patient and the dispensary and health centre personnel if the patient cannot understand the working language;
- 8.1.6 To receive from the patient's clinical practitioner(s) an explanation of his or her complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives in terms that the patient understands. If this information shall be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and be documented in the patient's personal medical record;
- 8.1.7 To refuse medication and treatment and to be informed of the medical consequences of refusing treatment provided that he/she is mentally clear except conditions, which are threatening the public health.
- 8.1.8 The dispensary and health centre shall develop a procedure on the management of the cases of patients who refuse treatment.
- 8.1.9 To be informed if the dispensary and health centre has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and may refuse to allow their participation in the patient's treatment;
- 8.1.10 To be informed by the attending clinical practitioner about any continuing health care requirements after the patient's discharge from the dispensary and health centre.
- 8.1.11 To be transferred to another health facility only for one of the following reasons, with the reason recorded in the patient's medical record:
 - a) The transferring dispensary and health centre is unable to provide the type or level of medical care appropriate for the patient's needs.
 - b) The transfer is requested by the patient, or by the patient's next of kin or guardian when the patient is mentally incapacitated or incompetent;
- 8.1.12 To be treated with courtesy, consideration, and respect for the patient's dignity and individuality i.e. the right to care that respects the patient's personal values and beliefs;

- 8.1.13 To be free from physical and mental abuse, neglect, sexual harassment, violence and exploitation;
- 8.1.14 To have personal and physical privacy during medical treatment and personal hygiene functions, such as bathing and using the toilet, unless the patient needs assistance for his or her own safety. The patient's privacy shall also be respected during other health care procedures and when clinical personnel are discussing with the patient;
- 8.1.15 To get confidential treatment. Information in the patient's records shall not be released to anyone outside the health centre except the followings;
 - a. If the patient has approved the request,
 - b. If another health care facility to which the patient was transferred requires the information,
 - c. If the release of the information is required and permitted by law.
 - d. If the patient's identity is masked
- 8.1.16 To know the price of services and procedures,
- 8.1.17 To have prompt access to the information contained in the patient's medical record as per the medical record section stated under these standards, unless the clinical practitioner prohibits such access as detrimental to the patient's health, and explains the reason in the medical record. In that instance, the patient's next of kin or guardian shall have a right to see the record. This right continues after the patient is discharged from the dispensary and health centre for as long as a copy of the record is kept;
- 8.1.18 To obtain a copy of the patient's medical record, as per the standards set under the medical record section of these standards
- 8.1.19 To receive a medical certificate;
- 8.1.20 To present his or her suggestion or grievances, without fear of retribution, to the dispensary and health centre staff member designated by the centre to respond to questions or grievances about patient rights and to receive an answer to those grievances within a reasonable period of time without discrimination.
- 8.1.21 To be informed and participate in decisions relating to their care and participates in the development and implementation of a plan of care and any changes.

8.2 External Clients Responsibilities

- 8.2.1 Every patient shall have the following responsibilities:
 - a) To provide, to the best of the patient's knowledge, accurate and complete information regarding past medical history and issues related to the patient's health, including unexpected changes, to the health professional responsible for the patient's care;
 - b) To follow the course of treatment and instructions proposed by the attending clinical practitioner or to accept the consequences if treatment instructions is refused;
 - c) To report any changes in his/her condition or anything that appears unsafe to the responsible health professional;
 - d) To be considerate of the rights of other patients and to respect their privacy;
 - e) To respect their caregivers;
 - f) To fulfil the financial obligations as promptly as possible;

- g) To keep all appointments and notify dispensary and health centre or the appropriate person when unable to do so;
 - h) To observe the dispensary and health centre policies and procedures, including those on smoking, alcohol or drug addiction, cellular phones, noise and visitors;
 - i) Be considerate of the dispensary and health centre facilities and equipment and to use them in such a manner so as not to abuse them;
 - j) Not to litter the dispensary and health centre premises.
 - k) To sign on “Against Medical Advice Notice” if he / she refuses the recommended treatment or intervention.
- 8.2.2 The list of a patient’s rights and responsibilities shall be posted at various places of the health enter premises.

8.3 Internal Clients Rights

Internal clients have the following rights

- 8.3.1 Receive a measure of caring from colleagues, the public, employers and external clients
- 8.3.2 Recognition of his/her competencies and potentials as well as respect for his/her human actions.
- 8.3.3 Advancement to professional development.
- 8.3.4 Practice in an environment that allows her/him to act in accordance with professional standards and authorized scopes of practice.
- 8.3.5 Negotiate the condition of employment, either as individuals or collectively in all practice settings.
- 8.3.6 Work environment that is safe to himself or herself and to his patients/clients.
- 8.3.7 Fair compensation for his/her work consistent with their knowledge, experience and professional responsibility.
- 8.3.8 Advocate for patients/clients
- 8.3.9 Get rest, leisure time and family life

8.4 Internal Clients Responsibilities

Every internal client has the following responsibilities,

- 8.4.1 To provide reasonable, respectful and safe access to health services;
- 8.4.2 To provide treatment and medical services without discrimination based on race, age, colour, religion, ethnicity, national or social origin, sex, disabilities, diagnosis, source of payment or other status;
- 8.4.3 To retain and exercise to the fullest extent possible all the constitutional and legal rights to which the patient is entitled by law;
- 8.4.4 To inform the clients the names and functions of all clinical practitioners who are providing direct care to the patient.
- 8.4.5 To provide explanations of client’s complete medical condition, recommended treatment, risk(s) of the treatment, expected results and reasonable medical alternatives in terms that the patient understands. If this information shall be detrimental to the patient’s health, or if the patient is not capable of understanding the information, the explanation shall be provided to his or her next of kin or guardian and be documented in the patient’s personal medical record;
- 8.4.6 To respect client’s right to refuse treatment.
- 8.4.7 To inform external clients about any continuing health care requirements after discharge from the dispensary and health centre.

- 8.4.8 To refer external clients to another health facility
- 8.4.9 To treat the external clients with courtesy, consideration, respect, dignity and individuality.
- 8.4.10 To handle the external client free from physical and mental abuse, neglect, sexual harassment, violence and exploitation;
- 8.4.11 To ensure privacy and confidentiality during medical treatment and personal care
- 8.4.12 To inform external clients the price of services and procedures,
- 8.4.13 To provide prompt access to the information;
- 8.4.14 To accept and respond external clients' suggestion or grievances, within a reasonable period of time without discrimination.
- 8.4.15 To provide informed decisions relating to their care, implementation of a plan of care and any changes.

PART TWO: STAND ALONE DENTAL CLINIC AND BASIC DENTAL CLINIC

CHAPTER 9.0: GENERAL GUIDELINES FOR STAND ALONE DENTAL CLINIC

9.1 Ownership

- 9.1.1 The owner has to be a licensed Dental Therapist, ADO or registered organisation/company and supervised by a Licensed Health Care provider belonging to that organisation.
- 9.1.2 Each Registered or Licensed Health facility Supervisor can only be allowed to supervise not more than five (5) facilities per region. There must be clear recorded evidence that supervision of the facilities is being conducted. There must be clear mechanism of monitoring and evaluating the quality of services provided by the facilities. The supervisor must visit the facility at least once a month.

9.2 Staffing and Operating Environment

- 9.2.1 The Health practitioner in charge of a facility should always be present when the facility is open and should reside within the vicinity of the facility.
- 9.2.2 Authorised health-care professionals with current practicing licence according to the relevant regulatory authorities should always be available at the health facility whenever it is open.
- 9.2.3 Facilities should only provide authorised services according to their registration and licensure by the competent authority. If the owner wishes to offer more services in addition to those already approved, then the owner will have to re-apply for the approval of new services or new registration. (refer to No. 1 above)
- 9.2.4 The health facility must employ the minimum number of health workers according to relevant guidelines.
- 9.2.5 An approved infrastructure must be available to cater for the establishment of a stationary facility Dental Clinic. The health facility should be located in an environment that is conducive and free from noises and other disturbances. Places such, as bar, petrol station and market areas should be avoided.
- 9.2.6 A Health Facility will be allowed to operate after the responsible authorities according to relevant laws and regulations have inspected the premises with involvement of CHMT and RHMT. Owners are advised to seek advice from relevant authorities before commencing construction/renovation of premises for the facilities.
- 9.2.7 The facility should have adequate supply of safe water (water from local authority, protected shallow well, deep well ,rain water harvesting), adequate space, effective ventilation and adequate lighting and reliable source of energy for the rooms offering different kinds of services.
- 9.2.8 The facility should have infrastructure that is appropriate and disability friendly.
- 9.2.9 The facility should have a sluice room, laundry or washing slab where applicable. Where this is not applicable there must be proper medical waste disposal and medical linen handling mechanism availed.
- 9.2.10 The facility should have a functioning incinerator for waste management as per IPC guidelines. If for any valid reason the facility is unable to have an incinerator, it should have a valid contract with the nearest facility which has waste management capacity.
- 9.2.11 The health facility should always possess and use current guidelines issued by the Ministry of Health Community Development, Gender, Elderly and Children.

- 9.2.12 The health facility must have essential equipment and supplies before the approval of requested services are given.
- 9.2.13 There should be an established effective communication (fixed telephone, or mobile email telephone, two way radio call) and referral system for the facility.
- 9.2.14 Each facility shall keep records on patients and other health information and produce reports on disease morbidity and mortality promptly as required by the Ministry of Health Community Development, Gender, Elderly and Children and submit to the Council/District Medical Officer.
- 9.2.15 Only those medicines and supplies allowed at that level of the health facility should be stocked. Medicines and supplies must be stored according to the manufacturer's recommendation; they should always be accompanied with records showing the source, proof of purchase, manufacturer date of manufacture and date of expiry. Expired medicines and supplies should not be dispensed and should be disposed of in accordance to medicines and supplies disposal guidelines.
- 9.2.16 One's competence and other limitations should be clear and therefore high-risk cases should be identified early and referred immediately to a facility, which can handle such cases competently.
- 9.2.17 Any professional mal-practice, misconduct or gross negligence may lead to closure of the facility. Criminal charges may be filed and appropriate disciplinary action will be taken by the regulatory body involved.
- 9.2.18 The costing mechanisms for various health services provided should be made available to the Ministry of Health Community Development, Gender, Elderly and Children on demand. Patients have the full right to get an invoice with full details on how the total cost is reached. Each charged component must be shown separately and not only the total final cost.
- 9.2.19 There should be no advertising in mass media. Any signs or posters should not be more than 300 meters from the health facility and should only be for educational, information and directional purposes.
- 9.2.20 Procedures requiring regional or general anaesthesia should only be done by competent and authorised personnel in proper environment.
- 9.2.21 Facilities should only provide approved services. E.g., Pharmacies and laboratories are not allowed to examine and/or prescribe.
- 9.2.22 Every health facility must be insured against professional indemnity
- 9.2.23 Safety and security system should be in place (visitor management /visiting hours, access control, security light, CCTV [Option] cash safety, alarms). There facility must have serviced/functional fire extinguishers, fire escape routes, escape signage, storage of combustibles, fire detection and the facility should be fenced where applicable/appropriate.

9.3 Dental Clinic

- 9.3.1 Is a clinic that offers oral health care with effective infection control mechanism.
- 9.3.2 A Dental Clinic can either be Basic or Comprehensive Clinic
- Basic Dental Clinic: Facility provides emergency oral health care and non-complicated dental care.
 - Comprehensive Dental Clinic: Facility provides basic dental care and complicated dental care.
 - A dental laboratory for fabricating dental prosthesis can be operated alongside a basic dental clinic or a comprehensive dental clinic

9.3.3 Services offered at Basic Dental Clinic are as follows:

9.3.3.1 Emergency oral health care.

- Simple extraction
- Draining of abscesses
- Control of acute and chronic oral infections with appropriate therapies; and
- First Aid for Maxillo-facial trauma

9.3.3.2 Restorative care

- Class I,II,III IV and V fillings
- Scaling and polishing of denture and teeth
- Oral health education
- Prosthodontics (partial and fixed dentures)

9.4 Basic Dental Clinic

9.4.1 Requirements:

9.4.1.1 Normal dental chair, all equipment and instruments for extraction and minor oral surgery, filling instruments, hand rotatory instruments (hand pieces), scalers, with effective infection control mechanism. In some instances, a periapical x-ray can installed within the dental clinic

9.4.1.2 Staff:

- Licensed/ Registered Dental Officer
- Licensed/Registered Assistant Dental Officer
- Dental therapist
- Dental nurse or medical attendant

9.4.1.3 **Ownership:** Registered/Licensed Assistant Dental Officer or registered organization/ company

9.4.1.4 **Supervising Professional:** Assistant Dental Officer

9.4.1.5 **Regulatory Authority:** Private Hospital Advisory Board

PART THREE: STAND ALONE REHABILITATION MEDICINE FACILITIES

CHAPTER 10.0: STAND ALONE PROSTHETICS AND ORTHOTICS FACILITY

10.1 Ownership of Prosthetic and Orthotics Facility

Prosthetic and Orthotics facilities can be owned by:

SN	OWNERSHIP
1.	Government (LGA, Parastatals, MDAs, Prisons, Military, etc.)
2.	Private (FBO, Private for Profit, NGOs, Companies Ltd, etc)

10.2 Supervisor of a Stand Alone Prosthetic and Orthotics Facility

10.2.1 Prosthetics and Orthotics facility at Standing Alone level must be supervised by a qualified Prosthetists and Orthotists who is a holder of Degree (Cat I) /Diploma (Cat II) and has a minimum of five years working experience.

10.2.2 A private Prosthetics and Orthotics facility must be supervised by a qualified Prosthetist and Orthotist who is a holder of Degree/Diploma (Cat I/Cat II) in Prosthetics and Orthotics. A supervisor can supervise only one facility that should be within one region that he/she resides. The supervisor will be responsible for ensuring that there is a qualified personnel and services are provided according to guidelines and standards.

NB: In long term Prosthetics and Orthotics supervisor should have undergone postgraduate training in health related field.

10.3 Human Resources

Minimum staffing level for a Prosthetics and Orthotics facility should be as specified below:

SN	CADRE	Minimum Requirement
1.	Prosthetists and Orthotists(Cat I) (BSc)	1
2.	Prosthetist and Orthotists(Cat II) (Dip)	1
3.	Prosthetist and Orthotists (Cert)	Optional
4.	Medical Attendants	1
5.	Footwear technician	1
6.	Physiotherapist	Optional
7.	Wheelchair Technician	Optional
8.	Cashier / Receptionist	1
9.	Store keeper	1
10.	Security guard	Optional

10.4 Equipment

Minimum number of required equipment is as specified below:

SN	ITEM	REQUIRED NUMBER
1.	Examination beds	2
2.	Office Chairs	2
3.	Tables	1
4.	Patient waiting Chairs	6
5.	Tool Cabinets and Working benches	2

6.	Table (that can accommodate 4 Bench Vices)	1
7.	Router machine with mounted suction system	1
8.	Lamination machine	1
9.	Jig saw	1
10.	Hack saw with blades	2
11.	Hand wooden saw	1
12.	Wheelchair	1
13.	Oven	1
14.	Vertical drilling machine (fixed)	1
15.	Hand drilling machine	1
16.	Table with bench vice (lamination room – 1 and machine room – 1)	2
17.	Parallel bar	1
18.	Alignment jig or plumb bob	1
19.	Grinder machine	1
20.	Heat gun	1
21.	Oscillating Machine (POP Cut)	1
22.	Sewing Machine	1
23.	Suction machine for plastic moulding	1

10.5 Rooms for Services Provision

A facility for Prosthetic and Orthotics should have at least rooms as follows:

- i. Patient waiting area
- ii. Office for reception and records
- iii. Plaster taking room
- iv. Plaster modification room
- v. Fitting room
- vi. Gait training room
- vii. Machine room
- viii. Lamination and plastic room
- ix. Storage room
- x. Main working (Technicians) area
- xi. Banadagist room
- xii. Toilets 2 (Male & female)

10.6 Specific Requirements for the Rooms

Rooms in a Prosthetic and Orthotics facility must fulfil the following:

SN	ROOM	REQUIREMENT	REQUIRED NUMBER
1.	Patient waiting area	Notice board	1
		Waiting seats/ benches	6
		Clock	1
		Wheelchairs	1
2.	Office (reception and records)	Table - 1 and chair - 2	3
		Shelves/file cabinet	1
3.	Plaster taking room	Examination bed	1
		Trolley	1
		Hands washing basin with running water	1

4.	Plaster modification room	Table (that can accomodate 4 Bench Vices)	1
		Hands washing basin with running water	1
		Soap dispenser	1
		Alcohol handrub	1
		Waste bin with liners	1
5.	Fitting room	Examination bed	1
		Trolley	1
		Compansation blocks (0.5-14cm)	7
		Stools (adjustable)	1
		Hands washing basin with running water	1
		Soap dispenser	1
		Alcohol handrub	1
		Waste bin with liners	1
6.	Gait training room	Parallel bars	1
		Rotatable Stool	2
7.	Machine room	Router machine with mounted suction system	1
		Grinder machine	1
		Oven	1
		Suction machine for plastic moulding	1
		Table with bench Vice	1
8.	Lamination room	Lamination machine	1
		Table with bench Vice	1
9.	Storage room	Shelves	2
10.	Main working area	Tool Cabinets and Working benches with 4 bench vices	2
		Vertical drilling machine	1
		Hands washing basin with running water	1
		Soap dispenser	1
		Alcohol handrub	1
		Waste bin with liners	1
		Linen cupboard	1
11.	Toilets	Male and Female	2

10.7 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres
	Wheelchair/stretchers accessible

CHAPTER 11.0 STAND ALONE PHYSIOTHERAPY FACILITY

11.1 Ownership of Physiotherapy Facility

Physiotherapy facilities can be owned by:

SN	Ownership
1	Government
2	Faith Based Organisation (FBO)
3	Private for Profit (individual/Companies Ltd)
4	Parastatals
5	Others (NGOs, MDAs etc.)

11.2 Supervisor of a Physiotherapy Facility

Every physiotherapy facility must be supervised by a qualified Physiotherapist who is a holder of Diploma or Degree in Physiotherapy.

11.3 Human Resources

Minimum staffing level for a physiotherapy facility should be three (3) as specified below:

SN	Cadre	Minimum Requirement
1.	Physiotherapist	1
2.	Medical Attendant	1
3.	Receptionist	1

11.4 Equipment

Minimum number of required equipment is as specified below:

SN	Equipment/Machines	Required Number
1.	Electrotherapy machines (USS, TENS e.t.c)	1
2.	Examination bed	1
3.	Wheelchair	1
4.	Measuring tape	1
5.	Reflex hammer	1
6.	Blood pressure machine	1
7.	Stethoscope	1
8.	Thermometer	1
9.	Goniometer	1
10.	Mat	1
11.	Step Box	1
12.	Walking frame	1
13.	Weighing scale	1

11.5 Rooms for Services Provision

A facility for physiotherapy should have at least three (3) rooms as follows:

- i. Reception and records room
- ii. Physiotherapy room

iii. Toilets

11.6 Specific Requirements for the Rooms

Rooms in a physiotherapy facility must fulfil the following:

SN	Room	Requirement	Number
1.	Reception and Records	Office table and chair.	1
		Notice board	1
		Waiting seats	3
		Lockable cabinet	1
		Clock	1
2.	Physiotherapy Room	Table and chair	1
		Privacy screen/curtains	1
		Washing hands basin	1
		Soap dispenser	1
		Waste bin with liners	1
		Linen cupboard	1
3.	Toilets	One toilet	1

11.7 Location

Location	Safe area at least 200M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods
	Should be away from crowded areas i.e. shopping malls, markets, business centres
	Wheelchair/stretchers accessible

CHAPTE 12.0 STAND ALONE SPEECH AND LANGUAGE THERAPY FACILITY

12.1 Introduction on Speech and Language Therapy

12.1.1 Speech-language pathology services are those services necessary for the diagnosis and treatment of swallowing (dysphagia), speech-language, and cognitive-communication disorders that result in communication disabilities. Speech-language pathologists treat disorders of speech sound production (e.g., articulation, apraxia, dysarthria), resonance (e.g., hypernasality, hyponasality), voice (e.g., phonation quality, pitch, respiration), fluency (e.g., stuttering), language (e.g., comprehension, expression, pragmatics, semantics, syntax), cognition (e.g., attention, memory, problem solving, executive functioning), and feeding and swallowing (e.g., oral, pharyngeal, and esophageal stages). (ASHA, 2007).³

12.1.2 A communication disorder is impairment in the ability to receive, send, process, and comprehend concepts of verbal, nonverbal, and graphic symbol systems (ASHA, 1993)⁴. A communication disorder may be evident in the processes of hearing, language, and/or speech. A communication disorder may range in severity from mild to profound. It may be organic or functional in nature. It may be congenital or acquired. Individuals may demonstrate one or any combination of communication disorders. A communication disorder may result in a primary disability or it may be secondary to other disabilities.

12.1.3 Assessment, Diagnosis, Treatment, Referral Speech-language pathology services can be grouped into two main categories: 1) diagnostic or evaluative services, and 2) therapeutic services. Speech-language treatment is appropriate for deficits resulting from injury, illness, congenital anomaly, or developmental conditions, and may be habilitative or rehabilitative in nature.

12.1.4 Individuals of all ages are eligible for speech-language pathology services when their ability to communicate and/or swallow effectively is reduced or impaired or when there is reason to believe (e.g., risk factors) that treatment would prevent the development of a speech, language, communication, or feeding and swallowing disorder; reduce the degree of impairment; lead to improved functional communication skills and/or functional feeding and swallowing abilities; or prevent the decline of communication and/or swallowing abilities.”

³ ASHA- American Speech-Language-Hearing Association (2007). Speech –language Pathology Medical review Guidelines

⁴ ASHA- American Speech-Language-Hearing Association (1993). Speech –language Pathology Medical review Guidelines

12.2 Speech and language therapy session requirement

12.1.5 Speech and language therapy are of two types, 1) one to one therapy 2) group therapy. One session should take at least 45 minutes depending on the state/mood of the patient/clients. One session per time should be conducted in a maximum silence single room. This requirement should be taken into account when a health facility is setting room spaces for Speech and language services provision.

12.3 Ownership of Speech and Language Therapy Stand Alone Facility

A Speech and Language therapy Standalone facility can be owned by:

SN	Ownership
1	Government
2	Faith Based Organisation (FBO)
3	Private for Profit (individual/Companies Ltd)
4	Parastatals
5	Others (NGOs, MDAs etc.)

12.4 Supervisor of a Speech and Language Therapy Facility

Speech and Language therapy Standalone facility must be supervised by a qualified Speech and Language therapist who is a holder of master/degree in Speech and Language therapy and has a minimum of five years working experience as Speech and Language therapist.

▪ Private Health Facilities

A private Speech and Language therapy facility must be supervised by a qualified Speech and Language therapy who is a holder of master/degree in Speech and Language therapy. A supervisor can supervise a maximum of two facilities that should be within one region that he/she resides. The supervisor will be responsible for ensuring that there are qualified personnel and services are provided according to guidelines and standards.

12.5 Human Resources

Minimum staffing level for Speech and Language therapy facility should be as specified below:

SN	Cadre	Requirement
1	Masters/degree speech and Language Therapy/pathology	1
	Assistant speech and Language Therapy/pathology	2
2	Medical Attendant/Receptionist	1

12.6 Speech and Language Services Offered

Assessment, Diagnosis, Treatment, Referral Speech-language pathology services can be grouped into two main categories:

- 1) Diagnostic or evaluative services and
- 2) Therapeutic services. Speech-language treatment is appropriate for deficits resulting from injury, illness, congenital anomaly, or developmental conditions, and swallowing (dysphagia) may be habilitative or rehabilitative in nature.

12.7 Equipment

Minimum number of required equipment is as specified below:

SN	Equipment/Assessment & Therapy Materials	Requirement
1	Furniture	
	High tables (one for each Therapy & office room)	2
	Low tables (one for each therapy room)	2
	Adult chairs (table chairs), three for each therapy room	4
	Paediatric chairs (two for each Therapy room)	4
	Four drawer locking filling cabinet	1
	Lockable cupboard	1
	Shelves for toy & book library	1
	Benches for waiting area	4
	Office chairs	3
	Hand washing facilities in each room	1
	Wall mirror in each Therapy room	1
	Easily cleaned flow mat/carpet for one for each individual and group Therapy room (medium size)	3
	Fan/air condition in each room	1
Sign for doors	1	
2	Stationary	
	○ Diary	
	○ Ledger/hard back notebook for data collection	
	○ Plain papers	
	○ Lined paper	
	○ Manila folders	
	○ Ring binders	
	○ Laminating pouches	
	○ Plastic pockets for ring binders	
	○ Forms: case history, referral, report	
	○ SLT headed paper	
	○ Stapler	
	○ Hole punch	
	○ Ruler	
	○ Marker pens	
	○ Writing pens	
	○ Writing pencil	
○ Coloured pencils		
○ Crayon		
3	Electronic Equipments	
	○ Laptop	1
	○ Printer	1
	○ Laminating machine	1
	○ Video camera	1
	○ Voice recorder	1
4	Wheelchair	1

5	<p>Assessment/Therapy Materials</p> <ul style="list-style-type: none"> ○ PICTURE CARDS: noun, verb, preposition, sequencing ○ IMAGINARY PLAY TOYS: cooking set, family dolls, ○ SOFT TOYS: brush/comb, cars, trains, animals, etc. ○ PROBLEM SOLVING TOYS: jigsaws, shape sorter, posting shapes, stacking/nesting ○ CONSTRUCTION TOYS: wooded/plastic blocks ○ FINE MOTOR/MANIPULATION TOYS: threading beads, sensory stimulation ○ SOUND/NOISE MAKERS: drums, rattles/shakers, windmills, bells, xylophone ○ BLOWING TOYS: bubbles, whistles, windmills, straws, etc. ○ GAMES: pop up pirate, Mr & Mrs potato head, lotto, scrabble, word finding, matching, etc. ○ BOOKS: picture books, story books ○ DYSPHAGIA ASSESSMENT: tongue depressor, torch, gloves, stethoscope ○ Standardized Assessment Tools 	
6	<p>Reference/Resource Books</p> <ul style="list-style-type: none"> ○ Aphasia ○ Verbal auditory habilitation ○ Voice disorders ○ Articulation & phonology disorder ○ Apraxia ○ Dysarthria ○ Cerebral palsy ○ Autistic spectrum disorder ○ Dysphagia ○ Behavioural disorder ○ Stammering ○ Cluttering ○ Down syndrome ○ Laryngectomy ○ Specific Language impairment ○ Cognitive/learning difficulties 	<p>1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy 1 copy</p>

12.8 Infrastructure

A facility for Speech and Language Therapy should have at least:

1. Two assessment rooms (quiet) for individual sessions with one side mirror
2. One office room
3. Adequate and well ventilated & equipped waiting/reception area
4. Three Toilets
5. Environmental sanitation (waste disposal)
6. Main source of power and Alternative energy source
7. Reliable Source of water

12.9 Environmental Attributes

Scoring Attributes	Types of Item	Required Item	
Facility Premises	Location	Safe area at least 50M from hazardous environment, e.g., bar, filling station or any areas prone to natural disasters such as floods	
	Layout	Adequate space for future expansion, Accessibility to motor vehicle	
	Car parking	Adequate parking, disability friendly parking and walkways	
	Communication	Telephone, Internet connection	
	Status of the Building		The Building should have no leaking roof, well painted and clean without cracks, windows with mosquito screening
			Lighting (Natural or Artificial) suitable to specific service area
	Surfaces		Floors (preferably tiles) must be easy to clean, non-slippery and resistant to disinfection procedures
			Skirting's should be made integral with the floor, tightly sealed against the wall
			Walls scrub able smooth and water resistant
	Disability user friendly features	All areas should comply with the persons with Disability Act No 9, (2010) and the national policy on disability of 2004(ramps/rails and toilets)	
Safety and security	The health facility should have appropriate security system and standard fire safety mechanism in accordance to fire code of Tanzania (fire extinguishers and sand buckets).		
Occupation Health and Safety	Premise should comply with Occupational Health and Safety Act of 2003.		

PART FOUR: NURSING AND MATERNITY HOMES

CHAPTER 13.0: NURSING AND MATERNITY HOMES

13.1 General Guidelines

13.1.1 Ownership

2.1.1 Registered or Licensed Nurses are allowed to own Nursing Homes or Maternity Homes only as clearly stipulated by the Regulations issued under the Nursing and Midwifery Act.

13.2 Nursing Homes

13.2.1 Is a place of residence for people who require nursing care operated by a licensed nurse or midwife to provide such services in accordance with the provisions of Tanzania Nursing and Midwifery Council TNMC - Practice regulation 2010.

13.2.2 “Nursing practice” means assisting individuals or group of people to maintain optimal health throughout the life process by assessing their health status, establishing nursing diagnosis, planning and implementing a strategy care to accomplish a defined goals and evaluating responses for care and treatment and shall include provision of nursing care, administration, supervision and teaching.

13.2.3 The Facility comprises of both outpatient and inpatient services.

13.2.4 For further details concerning the standards, qualifications, Ownership, registration, delivery of services, supervisory authority, etc., refer to Tanzania Nursing and Midwifery Council TNMC - Practice regulation 2010.

13.2.5 **Ownership:** Licensed nurse or register organization/company

13.2.6 **Supervising Professional:** Licensed Nurse or Midwife

13.2.7 **Regulatory Authority:** Tanzania Nursing and Midwifery Council

13.3 Maternity Home

1.1.1 Is a place of residence for people who require constant maternity care.

1.1.2 For further details concerning the standards, qualifications, Ownership, registration, delivery of services, supervisory authority, etc., - refer to Tanzania Nursing and Midwifery Council TNMC-Practice regulation 2010.

1.1.3 **Ownership:** Licensed nurse or register organization/company

1.1.4 **Supervising Professional:** Licensed Nurse or Midwife

1.1.5 **Regulatory Authority:** Tanzania Nursing and Midwifery Council

REFERENCES

1. ASHA- American Speech-Language-Hearing Association (2007). Speech – language Pathology Medical review Guidelines
2. ASHA- American Speech-Language-Hearing Association (1993). Speech – language Pathology Medical review Guidelines
3. CHOP Template, 2011
4. Guideline for Reforming Hospitals at Council and Regional Levels, 2011
5. Human Resource for Health; Country Profile July 2013
6. Ministry of Health and Social Welfare and Prime Minister's Office Regional Administration and Local Government. (2008).
7. Functions of Regional Health Management System: Role and Responsibilities of Regional Health Management Team, Regional Referral Hospital Management Team and Regional Referral Hospital Board.
8. Ministry of Health and Social Welfare. (2009). The Health Service Scheme, 2009.
9. Ministry of Health and Social Welfare. (2010). Management of District and regional Referral Hospitals; Training Module One: Management of Hospital Services, Second edition.
10. Ministry of Health and Social Welfare. (2010). Management of District and Regional Referral Hospitals; Training Module Two: Quality Health Care in Hospitals, Second Edition
11. Ministry of Health and Social Welfare. (2010). Management of District and Regional Referral Hospitals; Training Module Three: Planning for Hospital Services, Second edition.
12. Ministry of Health and Social Welfare. (2013). National Catalogue for Health Care Waste Management Equipment and Disposal Facilities, (Final Draft April 2013).
13. Ministry of Health and Social Welfare. (2013). Regional Management Supportive Supervision Manual to Regional Referral Hospital Management Team and Council Health Management Team; Draft version of 02nd August 2013.
14. President's Office Regional Administration and Local Government & Ministry of Health and Social Welfare. (2001).
15. Guidelines for the Establishment and Operations of Council Health Service Board and Health Facility Committees, April 2001.

ANNEXES

Annex 1: Schedule of Accommodation for Dispensary and Health Centre

1(a): Schedule of Accommodation of a Dispensary

S/N	Functional Space	Required Number	Minimum Room Size (Meter)
OPD BLOCK			
1	Reception and Records Room	1	3.0x3.6m
2	Consultation Rooms	1	3.0x3.6m
3	Laboratory Reception	1	3.0x3.6m
4	Laboratory Working Room	1	3.0x3.6m
5	Observation Room	2	3.0x3.6m
6	Dispensing	1	3.0x3.6m
7	Injection	1	3.0x3.6m
8	Dental Room	1	3.0x3.6m
9	Dressing	1	3.0x3.6m
RCH			
1.	Registration and Records	1	3.0x3.6m
2.	Weighing and Nutritional Counselling	1	4.8 x 7.2m
3.	Immunization and Refrigeration	1	3.0x3.6m
4.	Delivery Room	1	3.0x3.6m
5.	Maternity Observation Room	1	3.0x3.6m
6.	Clean Utility	1	1.8 x 2.1m
7.	Counselling Room (FP, PMTCT)	1	3.0x3.6m
8.	Sluice	1	1.8 x 2.1m
Administration and Support Services			
1.	Office for In-Charge Officer	1	3.0x3.6m
2.	Store	1	3.0x3.6m
3.	Toilets for Staff	2	2.25 x 2.25m
4.	Toilets for Patients	2	2.25 x 2.25m
5.	Outside pit Latrine	2	2.25 x 2.25m
6.	Wash Slab	1	1.6 x 2.1m
7.	Waste Storage Bay	1	5.0x5.0m
8.	Incinerator	1	2.1 x 2.1m
9.	Ash Pit	1	1.5x1.5m
10.	Placenta Pit	1	2.0x2.0m
11.	Parking for cars, bicycles	1	40 x 45m

Annex 1(b): Schedule of Accommodation for Health Centre

S/N	Functional Space	Required Number	Size (Meter)
OUTPATIENT DEPARTMENT			
1	Reception and Records	2	3.0x3.6
2	Waiting(Reception, Consultation, Dispensing)	2	7.2x4.2
3	Consultation/Examination	3	3.0x3.6


	Rooms		
4	Dental Room	1	3.0x3.6
5	Observation Room	2	3.0x3.6
6	Medicine Dispensing Room	1	3.0x3.6
7	Medicine Store	1	3.0x3.6
8	Injection	1	2.4x4.2
9	Dressing	1	2.4x4.2
10	Minor Theatre	1	4.8x6.0
11	Theatre Waiting Area	1	3.0x3.6
12	Sluice Room	1	2.4x1.8
13	Patients Toilet (Males, Females)	2	1.2x3.6
14	Staff Toilets	2	1.2x3.6
15	Toilet for Disabled	2	1.5x2.4
Laboratory Department			
1	Laboratory Waiting	1	3.0x3.6
2	Laboratory Reception Area	1	3.0x3.6
3	Phlebotomy	1	3.0x3.6
4	Laboratory Store	1	3.0x3.6
5	Laboratory Working Room	2	3.0x3.6
6	Sample Toilet	1	1.2x3.6
Clinics (CTC, VCT, etc.)			
1	Waiting	1	3.0x3.6
2	Reception / Records	1	3.0x3.6
3	Triage	1	3.0x3.6
4	VCT Counselling	1	3.0x3.6
5	CTC Consultation	1	3.0x3.6
Reproductive And Child Health (RCH)			
1	Registration and records	1	3.0x3.6
2	Waiting, Weighing and nutritional	1	7.2x4.2
3	Antenatal Clinic	1	3.0x3.6
4	Family Planning	1	3.0x3.6
5	Immunization and Refrigeration	1	3.0x3.6
6	Client Toilet (2WCs)	2	1.2x3.6
Administration and Support Services			
1	Office of Officer In Charge	1	3.0x3.6
2	Staff Toilets (2WCs)	2	1.2x 3.6
3	Incinerator	1	2.5x2.5
4	Ash pit	1	2.5x2.5
5	Waste Storage Bay	1	5.5x5.5
6	Placenta Pit	1	2.5x2.5
7	Parking Area for Cars (20 parks/ 100SM)	1	40 x 45m
8	Equipment Store	1	7.2x4.8
Kitchen Unit (may be outsourced)			

1	Food Store	1	3.6x2.4
2	Food Preparation	1	3.6x2.4
3	Cooking Area	1	3.0x3.6
4	Outside Kitchen	1	3.0x3.6
5	Washing Area	1	3.6x2.4
6	Staff Changing Room (2WCs)	2	2.4x4.2
7	Utensil/ Equipment Store	1	2.4x3.6
8	Office	1	3.6x4.8
Laundry Unit (may be outsourced)			
1	Clean Linen	1	1.8x2.4
2	Dirty Linen	1	1.8x2.4
3	Wash up Area	1	4.2x4.2
4	Drying Area	1	4.2x7.2
5	Staff Changing Room (2WCs)	2	2.4x4.2
6	Store	1	2.4x1.8
7	Office	1	3.6x2.4
Inpatient Block			
1	Male Ward (6 Bed)	1	6.0x5.4
2	Female Ward (8 Bed)	1	6.0x7.2
3	Paediatric Ward (6 Bed)	1	6.0x5.4
4	Nurse's Station	1	3.0x3.6
5	Sluice Room	1	2.4x1.8
6	Utility Room	1	2.4x1.8
7	Linen store	1	2.4x1.8
8	Medicine store	1	2.4x1.8
9	Treatment Room	1	3.6x4.8
10	Patient Toilet (3WCs) the additional 1 is for pediatric ward	3	1.2x4.2
11	Staff Changing	2	2.4x4.2
Maternity Block			
1	Delivery Room (4 Beds)	1	6.0x5.4
2	Nurse's Station	1	3.0x3.6
3	Sluice Room	1	2.4x1.8
4	Utility Room	1	2.4x1.8
5	Linen store	1	2.4x1.8
6	Medicine store	1	2.4x1.8
7	Antenatal Room (6 Bed)	1	6.0x5.4
8	Postnatal Room (8 Bed)	1	6.0x5.4
9	Neonatal Room	1	3.0x3.6
10	Patient Toilet (2WCs)	2	1.2x4.2
11	Staff Changing Room	2	2.4x4.2
Theatre			
1	Operation Room	1	6.0x6.0
2	Clean Utility	1	2.4x3.0
3	Sluice Room	1	2.4x3.0
4	Changing Room	2	2.4x4.2

5	Anaesthesia	1	3.0x4.2
6	Scrubbing	1	2.4x2.4
7	Waiting	1	3.0x3.6
8	Recovery Room	1	4.8x4.2
9	Nurse Station	1	3.0x3.6
10	Sterilization Room	1	3.0x3.6
Mortuary Department			
1.	Reception & Records	1	3.0 X 3.6
2.	Office for Mortuary Quality Officer and Safety Officer	1	3.0 X 3.6
3.	Office for Data Officer & Archive Office	1	
4.	Office for Pathologist/MD	1	3.0 X 3.6
5.	Office for Staff/Tea room 1 room	1	3.0 X 3.6
6.	Changing room (Pathologist)	1	2.4 x4.2
7.	Changing room (staff)	1	2.4 x4.2
8.	Toilet for both sex (staff)	2	2.4 x4.2
9.	Toilet for both sex (client)	2	2.4 x4.2
10.	Cold room (cabinet capacity for 6 bodies)	1	7.2x 9.6
11.	Autopsy/PM area	1	1.8 x2.4
12.	Sluice room	1	1.8 x2.4
13.	Store	1	2.4 x 4.2
14.	Achieve room	1	3.0 X 3.6
15.	Lobby (body viewing room)	1	6.0 x 4.8
16.	Waiting area		3.0 X 3.6

Annex 2: Equipment and Supplies for Dispensary and Health Centre

2 (a) Equipment and Supplies for Dispensary

No.	Medical Equipment
A	RMNCH Room
	Weighing scale for adults and children
	Height measurement
	Foetoscopes
	Sphygmomanometer/BP Machine
	Examination bed
	Stethoscope
	Dressing trolley
	Refrigerator
	Sterilizer
	Clinical thermometer
	Immunization trays/Vaccine carrier/cold box
B	Laboratory
	Beakers (50ml, 100ml, 250ml, 500ml & 1000ml)
	Bunsen Burner -
	Cool box 
	Cover glass for Haemocytometer

No.	Medical Equipment
	CRP Reader POC
	Differential counter
	Dropper bottles (50ml, 100ml & 250ml) (Each)
	Electrical Centrifuge machine
	Glucometer
	Glycosylated Haemoglobin Reader
	Haemoglobinometer
	Improved Neubauer Chamber + Coverslips
	Kerosine stove
	Measuring cylinder (10ml, 50ml, 100ml, 500ml & 1000ml)
	Microscope (AO if electricity is available)
	Microscope Binocular (Electrical)
	pH meter
	Pipette adjustable (0 - 10□L)
	Pipette adjustable (10 - 200□L)
	Pipette adjustable (200 -1000□L)
	Pressure cooker/Autoclave
	Reagent bottles (250ml, 500ml & 1000ml) (Each)
	Refrigerator with freezing compartment
	Spirit Lamp
	Staining rack
	Tally counter
	Thoma pipette for RBCs and WBCs count (Each)
	Timer (digital) stopwatch and countdown
	Tourniquet ^[L] _[SEP]
	Urine analyser (POC) ^[L] _[SEP]
	Weighting scale
	Shaker Thoma pipette
	Hot air oven ^[L] _[SEP]
	Maximum/Minimum thermometer ^[L] _[SEP]
C	Housekeeping Equipment and Supplies
	Reserve Electrical Generator (Optional)
	Floor Cleaning Brush Air
	Color coded bean
	Hockey Type Brush
	Counter Brush
	Ceiling Brush
	Scrappers
	Dustbins Paddles.
	Color coded buckets
	Plastic Drum
	Wheel Barrow
	Water Trolley
	Ladder
	Scraping Pump
	Flit Pump
	Rate Trapping Cage

No.	Medical Equipment
	Gum Boots
	Gown, Masks & Gloves
	Torch
	Disinfectant
	Laundry Cleaning Material
	Insecticides And Rodenticides
	Stain Removal
D	Medical Record Equipment and Supplies
	Shelves
	Master Patient Index Boxes
	Master Patient Index (MPI) Cards
	Computer
	Cart
	Ladder
	Patient Folder
	Log Book
	Fire Extinguisher
E	Basic Equipment in the Consultation Room
	Stethoscope
	2 Clinical Thermometer
	2 Tongue Depressors
	Featoscopes
	Diagnostic Set
	Vaginal Examination Tray
	Sphygmomanometer (Bp machine)
	Pen Torch
	Screen Four Folds
	Examination Bed
	Guidel Airways, Different sizes For Adult And Children
	Patella hummer
	Sink With Running Water
F	Basic Equipment for Dressing Room
	Sterilizer
	Instrument trays of different sizes, small and medium
	Galipot
	Bowl lotion of different sizes, small and medium
	Dressing drums of different sizes, small and medium
	Forceps bowl
	Dressing tray
	Sink with running water
	Proper waste disposal containers
	Proper decontamination containers (as per IPC guidelines)
G	Basic Equipment for Injection Room
	Dressing trolley
	Medicine trolley
	Bowl stand
	Sterilizer electric

No.	Medical Equipment
	Instrument trays: (different sizes, small and medium)
	Dishes (different sizes, small and medium)
	Galipot
	Dressing drum assorted sizes
	Jar forceps with cheatle forceps
	Proper waste disposal containers
H	Basic Equipment in the Dispensing Room
	Measuring cylinder
	Tablet counting tool or clean spoon
	Vomiting bowl
	Proper waste disposal containers
I	Basic Equipment for Dental Services
	Instrument for examination (mouth mirror, probe and pair of tweezers)
	Atraumatic Restorative Treatment kit
	Scalers
	Extraction forceps and elevators
J	Basic Equipment for Observation Room
	Visitor's Chair
	Hand Wash Sinks/Basin
	Patient Stool For Each Bed
	Dressing Trolley
	Medicine Trolley
	Two Screen
	Two Standard White Hospital Bed
	Two Bedside Locker
	Medicine Cupboard
	Small Notice Board
	Kidney Dishes,
	Bed Pans,
	Urinals,
	Sputum Pots,
	Incontinence Materials.
	Crutches,
	Wheel Chairs,
	Walkers,
	Hand Grips Or Trapezes
	Stethoscope,
	Blood Pressure Machine,
	Stop Watch,
	Thermometers,

2 (b) Equipment and Supplies for Health Centre

A. The Wards Equipment and Materials for Patients' Personal Hygiene

- Washing bowls,
- Kidney dishes,
- Bed pans,
- Urinals,

<ul style="list-style-type: none"> ▪ Sputum pots, ▪ Pressure relieving aids, ▪ Incontinence materials. 	
B. Wards Equipment and Materials for Facilitating Patients' Mobility	
<ul style="list-style-type: none"> ▪ Crutches, ▪ Wheel chairs, ▪ Walkers, ▪ Hand grips or trapezes 	
C. Wards Equipment and Materials for Monitoring Patients Vital Signs	
<ul style="list-style-type: none"> ▪ Stethoscope, ▪ Blood pressure machine, ▪ Stop watch, ▪ Thermometers, 	
D. Wards Equipment and Materials for Wound Care and Fracture Management	
<ul style="list-style-type: none"> ▪ Skin disinfection material, ▪ Gauze, ▪ Sterile and unsterile in different sizes, ▪ Elastic binders/bandages in different sizes, ▪ Adhesive tape, ▪ Suture-removal instruments (tweezers, scissors, stitch cutters), 	<ul style="list-style-type: none"> ▪ Wound irrigation equipment (bowls, trays, receivers, irrigation fluid, syringes 20 ml, oil, zinc ointments, bandages, scissors); ▪ Basic material for fractures (plaster of Paris, different sizes of under-plaster stockings, plaster-removing equipment).
E. Delivery Room Equipment and Materials	
<ul style="list-style-type: none"> ▪ Infant warming and resuscitation cart ▪ Incubator with adjustable temperature and separate oxygen supply ▪ Foetal monitor ▪ Equipment for inhalation analgesia ▪ Suction machine 	
F. Major Theatre	
<ul style="list-style-type: none"> ▪ Major operating light 1 ▪ Dressing trolley ▪ Drip stand with double hooks adjustable height. ▪ Mayo instrument ▪ Drip Stand ▪ Diathermy machine ▪ Anaesthetic trolley ▪ Complete Anaesthesia, Resuscitation And Airway Management System (Boyles Machine) Consisting Of Oxygen Source, Vaporizers, Hoses, Valves, Bellows Or Bag To Inflate Lungs ▪ Face masks (sizes 00-5). 	<ul style="list-style-type: none"> ▪ Adult and Paediatric resuscitator sets ▪ Pulse Oximeter – 1 ▪ Laryngoscope Macintosh blades 1 – 3 (4) ▪ Oxygen concentrators/Cylinders ▪ Sphygmomanometer 1, stethoscope 1 ▪ Suction Machine (electrical) ▪ Operating table – 1 ▪ Patients stretcher – 4 ▪ Wheel chair invalid filling adult size – 2 ▪ Trolley for solid linen

G. Mortuary	
<ul style="list-style-type: none"> ▪ Refrigerators ▪ Autopsy slab ▪ Autopsy set ▪ Embalming room ▪ Cupboard ▪ Two sinks ▪ Running water 	<ul style="list-style-type: none"> ▪ Cleaning section ▪ PPEs ▪ Store ▪ Changing rooms ▪ Toilet and shower facilities ▪ Viewing space
H. RMNCH Room Basic Equipment	
<ul style="list-style-type: none"> ▪ Weighing scale for adults and children ▪ Height measurement ▪ Foetoscopes ▪ Sphygmomanometer/BP Machine ▪ Examination bed ▪ Stethoscope 	<ul style="list-style-type: none"> ▪ Dressing trolley ▪ Refrigerator ▪ Sterilizer ▪ Clinical thermometer ▪ Immunization trays
I. Housekeeping Equipment and Supplies	
<ul style="list-style-type: none"> ▪ Reserve electrical generator (optional) ▪ Floor cleaning brush air ▪ Floor wiping brush ▪ Hockey type brush ▪ Counter brush ▪ Ceiling brush ▪ Scrappers ▪ Dustbins paddles. ▪ Waste paper basket. ▪ Plastic Mug ▪ Plastic Bucket ▪ Plastic drum ▪ Stain removal 	<ul style="list-style-type: none"> ▪ Wheel barrow ▪ Water trolley ▪ Ladder ▪ Scraping pump ▪ Flit pump ▪ Rate trapping cage ▪ Gum boots ▪ Gown, Masks & Gloves ▪ Torch ▪ Deodorants and disinfectant ▪ Laundry cleaning material ▪ Insecticides and rodenticides
J. Medical Record Equipment and Supplies	
<ul style="list-style-type: none"> ▪ Shelves ▪ Master patient index boxes ▪ Master Patient Index (MPI) Cards ▪ Computer ▪ Cart 	<ul style="list-style-type: none"> ▪ Ladder ▪ Patient folder ▪ Log book ▪ Fire extinguisher
K. Health Promotion Materials at Health Centre	
<ul style="list-style-type: none"> ▪ Printed material (Posters, Brochures, Leaflets, Newspaper, Health bulletin) ▪ Audio visual materials ▪ Mini media 	<ul style="list-style-type: none"> ▪ Radio ▪ Tape-recorder ▪ Public health journals Information desk
L. Basic Equipment in the Consultation Room	
<ul style="list-style-type: none"> ▪ Stethoscope ▪ 2 Clinical thermometer ▪ 2 Tongue depressors ▪ Foetoscopes ▪ Diagnostic set ▪ Vaginal examination tray ▪ 	<ul style="list-style-type: none"> ▪ Sphygmomanometer (BP Machine) ▪ Hand torch ▪ Screen four folds ▪ Examination bed ▪ Guedel Airways, different sizes for adult and children

	<ul style="list-style-type: none"> ▪ Sink with running water
M. Basic Equipment in the Dental Clinic	
<ul style="list-style-type: none"> ▪ Electromechanically operated dental chair ▪ Air compressor ▪ Hand pieces (low and high speed) ▪ Doctor's operating stool ▪ Autoclave ▪ Instrument trays of various sizes ▪ Amalgamators ▪ Light cure machine 	<ul style="list-style-type: none"> ▪ Extraction forceps both for all teeth of children and adults ▪ Hand instruments for tooth restoration ▪ Instruments for scaling and root planning
N. Basic Equipment for Dressing Room	
<ul style="list-style-type: none"> ▪ Sterilizer ▪ Instrument trays, different sizes, small and medium ▪ Galipot ▪ Bowl lotion different sizes, small and medium ▪ Dressing drums different sizes, small and medium ▪ Forceps bowl 	<ul style="list-style-type: none"> ▪ Dressing tray ▪ Sink with running water ▪ Proper waste disposal containers ▪ Proper Decontamination containers (as per IPC guidelines)
O. Basic Equipment for Injection Room	
<ul style="list-style-type: none"> ▪ Dressing trolley ▪ Medicine trolley ▪ Bowl stand ▪ Sterilizer electric ▪ Instrument trays: (different sizes, small and medium) ▪ Kidney dishes (Different sizes, small and medium) 	<ul style="list-style-type: none"> ▪ Galipot ▪ Dressing drum assorted sizes ▪ Jar forceps with cheatle forceps ▪ Proper waste disposal containers
P. Basic Equipment in the Dispensing Room	
<ul style="list-style-type: none"> ▪ Measuring cylinder ▪ Tablet counting tool OR clean spoon ▪ Vomiting bowl ▪ Proper waste disposal containers 	
Q. Basic Equipment at the Laboratory Room	

<ul style="list-style-type: none"> ▪ Beakers (50ml, 100ml, 250ml, 500ml & 1000ml) ▪ Bunsen Burner ▪ Cool box [L] [SEP] ▪ Cover glass for Haemocytometer ▪ CRP Reader POC ▪ Differential counter ▪ Dropper bottles (50ml, 100ml & 250ml) (Each) ▪ Electrical Centrifuge machine ▪ Glucometer ▪ Glycosylated Haemoglobin Reader ▪ Haemoglobinometer ▪ Improved Neubauer Chamber + Coverslips ▪ Kerosine stove ▪ Measuring cylinder (10ml, 50ml, 100ml, 500ml & 1000ml) ▪ Microscope (AO if electricity is available) ▪ Microscope Binocular (Electrical) ▪ pH meter ▪ Pipette adjustable (0 - 10□L) ▪ Pipette adjustable (10 - 200□L) ▪ Pipette adjustable (200 -1000□L) ▪ Pressure cooker/Autoclave ▪ Reagent bottles (250ml, 500ml & 1000ml) (Each) ▪ Refrigerator with freezing compartment ▪ Spirit Lamp ▪ Staining rack ▪ Tally counter 	<ul style="list-style-type: none"> ▪ Thoma pipette for RBCs and WBCs count (Each) ▪ Timer (digital) stopwatch and countdown ▪ Tourniquet [L] [SEP] ▪ Urine analyser (POC) [L] [SEP] ▪ Weighting scale ▪ Shaker Thoma pipette ▪ Hot air oven ▪ Maximum/Minimum thermometer [L] [SEP] ▪ Bunsen Burner [L] [SEP] ▪ Chemistry Analyser (POC) ▪ Cool Box ▪ Centrifuge Machine (Electrical, RCF, RPM) ▪ Haematology Analyser (POC) ▪ Refrigerator with freezing compartment [L] [SEP] ▪ Blood mixer ▪ Shaker (horizontal) ▪ Magnetic stirrer with hotplate ▪ Hot plate ▪ Sphygmomanometers ▪ Stethoscopes
--	---

Annex 3: Furniture for Dispensary and Health Centre

3(a): Furniture for Dispensary

Function	Furniture, Fixtures and Fittings
Reception Room	
<ul style="list-style-type: none"> • Registering of patients • Keeping of patient's records • Receiving funds for cost sharing 	<ul style="list-style-type: none"> • Waiting chairs • Shelves for the storage of clinical records for patients • Reception table and a chair • Computer if possible
Consultation Room's	
<ul style="list-style-type: none"> • Interview with patients • Medical examination • One working table • One examination table 	<ul style="list-style-type: none"> • One hand wash basin • One draw curtain • Three arm chairs • Wardrobe
Laboratory	
Collection, examination of specimens and recording of results;	<ul style="list-style-type: none"> • Worktops with HW Basin and storage cupboards • Working stool
Observation Room	

<ul style="list-style-type: none"> • History taking • Medical examination 	<ul style="list-style-type: none"> • Two beds with mosquito net • Side lockers • 2 Visitor's chair
Pharmacy and Dispensing room	
Storage and dispensing of medicines	<ul style="list-style-type: none"> • Dispensing worktop • Hand washing basin • Storage spaces or shelves and a cupboard • One height adjustable chair
Injection and Dressing Rooms	
Preparation, checking and verify of injections and medicines which are to be administered to patients	<ul style="list-style-type: none"> • Two chairs • One bed • Running water/HW basin • One storage cupboards
RCH Registration and Records	
<ul style="list-style-type: none"> • Registering of patients • Keeping of patient's records • Receiving funds for cost sharing 	<ul style="list-style-type: none"> • Waiting chairs • Shelves for the storage of clinical records for patients • Reception table and a chair • Computer if possible
Weighing and Health Promotion Room	
<ul style="list-style-type: none"> • Health promotion sessions • Under-five growth monitoring 	<ul style="list-style-type: none"> • Office chair • Office table • Weighting scale • Benches
Immunization Room	
<ul style="list-style-type: none"> • Storage of vaccines • Provision of vaccination services 	<ul style="list-style-type: none"> • Vaccination refrigerator • Six chairs • Working table for nurse
Labour Room Design	
Normal cases delivery	<ul style="list-style-type: none"> • Delivery bed • Sink /washbasin • Storage cupboard • Curtain • Worktop
Family Planning Room	
Provision of family planning services	<ul style="list-style-type: none"> • Five chairs • 2 Working tables for nurses
VCT/PITC/PMTCT Room	
Interview and Counselling of Patients	<ul style="list-style-type: none"> • Three chairs • One table • Storage cupboard • Hand washing basin • Lockable and storage cupboard
Office for the facility In-Charge	

Administrative and management of the dispensary	<ul style="list-style-type: none"> • Three office chairs • One office table • Wall shelves • Storage cupboard
Cleaners' Room	
Storage of: <ul style="list-style-type: none"> • Cleaning agents, equipment, trolleys and materials, • Washing of mops, buckets etc. 	<ul style="list-style-type: none"> • Storage Cupboard • Shelves
Wash Slab	
<ul style="list-style-type: none"> • Washing of dirty mattresses and linen 	<ul style="list-style-type: none"> • Washing and Ironing worktop with two washing sinks
Staff Toilets and Changing Room	
Male	Female
<ul style="list-style-type: none"> • One WC • Hand wash basin • Changing room provided with wardrobes • Shower 	<ul style="list-style-type: none"> • One WC • Hand wash basin • Changing room provided with wardrobes • Shower
Patient Toilet's Design Parameters	
<ul style="list-style-type: none"> • Two hand wash basin • Two toilet paper holders • Two wall mounted urinals or urinal trenches 	
Ventilated Improved Pit Latrine	
<ul style="list-style-type: none"> • Two toilet paper holders • Two wall mounted urinals or urinal trenches • Two hand wash basin • Two toilet paper holder 	

3(b): Furniture for Health Centre

Function	Furniture, Fixtures and Fittings
Observation Room Design	
Further examination before discharge, admission or referral of patients to higher-levels	<ul style="list-style-type: none"> • Visitor's chair • Hand wash basin • Patient stool for each bed • Dressing trolley • Medicine trolley • Two screen • Two standard white hospital bed • Two bedside locker • Medicine cupboard • Small notice board
Reception and Records Room	
<ul style="list-style-type: none"> • Registering of patients • Keeping of patient's 	<ul style="list-style-type: none"> • Two office chairs • One office table

records •Receiving funds for cost sharing	<ul style="list-style-type: none"> •Shelves for the storage of clinical records for patients •2 large benches •1 small benches •1 Large notice board •Bucket foot operated •Clock wall (Optional)
HC Waiting Area	
Patient's resting area whilst waiting for their treatment	Sitting benches
HC Consultation Room	
<ul style="list-style-type: none"> • Interview with patients • Medical examination 	<ul style="list-style-type: none"> • One working tables with drawer • One hand wash basin • One Small wooden step • One arm chairs • Two normal chairs • One Screen four fold • One examination couch • One medicine cupboard
Laboratory	
<ul style="list-style-type: none"> • Examination and analysis of specimens • Recording of results 	<ul style="list-style-type: none"> • Worktops with HW basin • Storage cupboards • Working stool
Specimen Collection Room	
<ul style="list-style-type: none"> • Collection of specimens 	<ul style="list-style-type: none"> • One chair • One table • Trash can • Storage cupboards
HC Store	
<ul style="list-style-type: none"> • Storage of medical equipment 	<ul style="list-style-type: none"> • Shelves • One table • One chair
Dispensing Medicine Store Room	
<ul style="list-style-type: none"> • Provision of prescribed medicines to patients • Storage of medicines and medical supplies 	<ul style="list-style-type: none"> • Dispensing counter • Hand washing basins 1 • Medicine cupboards 2 • Bowl stand 1 • Counter stool 1 • Large bench 1(depends) • Fan (standing or ceiling)
Injection Room	
Preparation and administering of injections to patients;	<ul style="list-style-type: none"> • One chair • One bed • One HW basin • One storage cupboards
Dressing Room	
Treating and Dressing of	<ul style="list-style-type: none"> • Office table with two chairs

patients wounds	<ul style="list-style-type: none"> • Small Medicine cupboards • Small instrument cupboards • Dressing trolley • Medicine trolley • Bowl stand • Examination couch
Theatre Room	
Minor surgery procedures	<ul style="list-style-type: none"> • One bed • One hand wash basin • One stool
Sluice Room	<ul style="list-style-type: none"> • Sluice pan • WC pan • Hand wash basin
Scrub Room	<ul style="list-style-type: none"> • Wall shelving
Clean Utility and Storage	<ul style="list-style-type: none"> • Scrub sink
Registration and Records Room	
<ul style="list-style-type: none"> • Registration of patients • Keeping of patient's records • Collection of funds for cost sharing 	<ul style="list-style-type: none"> • Shelves for the storage of clinical records of patients • Reception table • A chair
Weighing and Health Promotion Counselling Room	
<ul style="list-style-type: none"> • Health Promotion • Counselling • Children weighing 	<ul style="list-style-type: none"> • HW basin • Storage cupboards • One table • Two chairs • Arm chair • Weighing scale and height scale • Large bench
Immunization and Refrigeration Room	
Storage of vaccination and medicine	<ul style="list-style-type: none"> • Vaccination fridge • Working table for nurse • Two chairs
Family Planning Room	
Provision of Family planning services, education and, counselling	<ul style="list-style-type: none"> • Four comfortable chairs • Working table for nurse
VCT Room	
<ul style="list-style-type: none"> • Counselling sessions • HIV testing and treatment 	<ul style="list-style-type: none"> • Three chairs • One table for HIV testing • Small medicine cupboards • Small instrument cupboards • Worktop with lockable cabinet for HIV testing kits
PMTCT Room	
<ul style="list-style-type: none"> • Counselling sessions with regard to prevention of mother to child HIV 	<ul style="list-style-type: none"> • Four comfortable chairs • One coffee table • Work top with lockable cabinet for test material

transmission • HIV testing and treatment	stable/bench to do HIV test, • Small medicine cupboard
Male and female Ward	
Admission and treatment of male and female patients	<ul style="list-style-type: none"> • Office table with drawer • Two office chairs • Vermont chair • Hand wash basin • Patient stool for each bed • Medicine cupboard • Instrument cupboard • Small notice board • Standard hospital bed covered with mackintosh • Bedside locker for each bed
Antenatal Room	
Admission of pregnant woman	<ul style="list-style-type: none"> • Office table and chair for nurse • Patient chair for each bed • Standard hospital beds covered with mackintosh • Bedside locker for each bed
Labour Room Design	
Delivery	<ul style="list-style-type: none"> • Complete delivery beds with mackintosh sheet • Two small lockers • Resuscitation kit • Baby warmer • Small cupboard • Instrument trolley • Hand washing basin
Theatre	
Operation Room	<ul style="list-style-type: none"> • Operating table • Lighting system • Trolleys
Nurse's Stations	
Caring of admitted patients	<ul style="list-style-type: none"> • Two chairs • Working worktops • Hand wash sink • Medicine cupboard
Patient's Toilet(s)	
Male	Female
<ul style="list-style-type: none"> • Two WCs • Five hand wash basins • Urinal basin/trench 	<ul style="list-style-type: none"> • Three WCs • Five hand wash basins
Office of In Charge Design	
Taking care of all administrative and management of HC	<ul style="list-style-type: none"> • Three office chairs • One office table • Wall shelving • Storage cupboard • Safe custody equipment/lockers

Office of Nurse In-charge	
<ul style="list-style-type: none"> • Taking care of all administrative and management of HC 	<ul style="list-style-type: none"> • Three office chairs • One office table • Wall shelving • Storage cupboard
HC Staff Toilet(s)	
<ul style="list-style-type: none"> • Squatting (Asian type) toilet • Two hand wash basin • Store • Changing room with wardrobes • Shower 	<ul style="list-style-type: none"> • Squatting (Asian type) toilet • Two hand wash basin • Store • Changing room with wardrobes • Shower
Patients Toilet(s)	
Male	Female
<ul style="list-style-type: none"> • Two squatting (Asian type) toilet • Five hand wash basins • Urinal basin/trench 	<ul style="list-style-type: none"> • Three squatting (Asian type) toilet • Five hand wash basins
Incinerator	
Incineration for Medical Wastes	

Solar Panel and Battery Specifications	
Description	System type
<p>One 12 V DC and 220 - 240 V AC system (System 1) for the OPD-MCH building providing a daily average of 225 Wh/day or 19 Ah @ 12 V DC – for 12 V DC indoor and outdoor lighting – and 220 V AC – for, cell charging and small AC appliances such as a medical examination light.</p> <p>One vaccine refrigeration system (System 4) in the OPD-MCH building providing an average of 1000 Wh/day or 84 Ah/day @ 12V DC for ice packs freezing and vaccine refrigeration.</p>	<p>1 System 1 for the OPD-MCH</p> <p>1 System 4 for Vaccine refrigeration</p>
<p>One 12 V DC and 220 - 240 V AC system (System 1) for the Staff houses providing a daily average of 212 Wh/day or 19 Ah @ 12 V DC – for 12 V DC indoor and outdoor lighting – and 220 V AC – for, cell charging and TV.</p>	<p>1 System 1 for Staff houses</p>

The minimum array, battery, charges controller and inverter sizes.				
System	Array Wp	Battery Ah @ C20 x V	Charge controller A	Inverter VA
System 1	75	100 x 12V	10 A	200 VA
System 4	300	500 x 12V	30 A	N/A

Annex 4: Stand alone Basic Dental Clinic

Annex 4(a). Medical Equipment for Stand alone Basic Dental Clinic

Equipment for Dental services

- | | |
|--|---|
| <ul style="list-style-type: none">▪ Dental chair maneuverable to all operating positions▪ A spittoon that can be kept clean▪ 1 Operating light▪ 1 Autoclave for sterilization▪ 1 Dental unit to operate either air motor or turbine hand piece with connections for air and water▪ X-ray machine for dental diagnostic services (optional for Comprehensive one)▪ 5 mouth mirror▪ 5 probes▪ 2 tweezers▪ Excavators No. 125/126 and 127/128 each▪ Plastic Instruments (NO. 16,18,154 AND 155)▪ Scalers (NO.H6, H7, and H5)▪ Two matrix clamp/retainer and bands | <ul style="list-style-type: none">▪ Amalgam carrier▪ Water syringe and air syringe▪ Alloy and mercury dispenser▪ Cotton and holder▪ Amalgamator▪ Hand piece-straight▪ Burnisher▪ Carver▪ Condenser▪ Hand piece-contra angle▪ Extraction forceps<ul style="list-style-type: none">– 5 lower molar forceps– 2 pairs of upper molar forceps– 1 lower premolar forceps– 1 upper incisor forceps– 2 root elevators– 1 straight elevator |
|--|---|

Annex 4(b). Layout and Equipment for Stand alone Basic Dental Clinic

Interior – Clinic Layout & Equipment
<ul style="list-style-type: none">• Medical (rear) exam room – Side entrance door w/window and screen; internal step well; sliding pocket door w/lock; cabinet w/aluminum sink; overhead and under counter storage cabinets, safe box for narcotics, sink with running water supply and under-counter storage cabinets, Equipment includes: Portable folding exam table; exam light; doctor's pneumatic stool; integrated wall-mounted diagnostics system; thermometer and sharps container; glove dispenser
<ul style="list-style-type: none">• Screening and laboratory area – sliding pocket doors w/lock; desk and chair; cabinet w/aluminum sink; storage cabinets; patient seating bench; wall-mounted erase board
<ul style="list-style-type: none">• Equipment Includes: BP machine; thermometer; gloves and sharps container; safe and secure cabinet for narcotics
<ul style="list-style-type: none">• Dental chair
<ul style="list-style-type: none">• Intake/Social Work area – sliding pocket doors w/lock, desk with chair; full counter and overhead cabinets, wall-mounted erase board; couch for patient seating and consultation
<ul style="list-style-type: none">• Waiting (front) area – bench with storage; overhead cabinets; wall-mounted dry erase board
Sanitation equipment
<ul style="list-style-type: none">• Ultraviolet sterilizing unit• A water tank of 400 liters capacity• Sink for hand wash with running water.• Mirror, paper hand towels holder, litter bin

Annex 4(c). Working Space for Stand alone Basic Dental Clinic

Working space for Dental Clinic: Minimum of three rooms
<ul style="list-style-type: none">• A room of area 5 x 3 m with at least one large window which is dust proof• Reception room• Consultation room• Walls with oil paint /tiles from floor to height of at least 1 1/2 m• Toilets• Space for incinerator

Annex 4(d): Regulatory Boards

<ul style="list-style-type: none">• Private Hospitals Advisory Board-PHAB• Private Health Laboratory Board -PHLB• Medical Radiology and Imaging Practitioners Council-MRIPC• Medical Council of Tanganyika-MCT• Tanzania Atomic Energy Commission –TAEC• Association of Physiotherapist in Tanzania-APTA• Tanzania Nursing and Midwife Council-TNMC• Pharmacy Council• Optometry Council
--