



**SINDH HEALTHCARE COMMISSION**

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Quality Care for All

**Sindh Service Delivery Standards  
for  
Clinics and Primary Health Care Facilities**

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# CONTENTS

INTRODUCTION.....	3
ACRONYMS .....	4
<b><u>PART A: CLINICS (GENERAL PRACTITIONERS/FAMILY PHYSICIANS/SPECIALIST/HAKEEM/HOMEOPATH CLINICS)</u></b> .....	<b>5</b>
1. <u>RESPONSIBILITIES OF MANAGEMENT (ROM)</u> .....	5
ROM-1: Clinic is identifiable as an entity and easily accessible.....	5
ROM-2: A suitable qualified individual manages the clinic.....	5
ROM-3: Clinic premises support the scope of work/services.....	5
2. <u>Facility Management and Safety (FMS)</u> .....	5
FMS-1: The Clinic has facility management and safety systems in place.....	5
3. <u>Human Resource Management (HRM)</u> .....	5
HRM-1: There is documented personnel record of the doctor/Hakeem/Homeopath and. the staff.....	5
4. <u>Information Management System (IMS)</u> .....	6
IMS-1: Patient's clinical record is maintained.....	6
5. <u>Quality Assurance / Improvement (QA)</u> .....	6
QA-1: The clinic has Quality Assurance/Improvement system in place.....	6
QA-2: Sentinel events are assessed and managed.....	6
6. <u>Assessment and Continuity of Care (ACC)</u> .....	6
ACC-1: Portrayed service/s conform to the legal provisions.....	6
ACC-2: The clinic has a well-established patient management system.....	6
7. <u>Care of Patients (COP)</u> .....	7
COP-1: Essential arrangements for emergency care exit.....	7
8. <u>Management of Medication (MOM)</u> .....	7
MOM-1: Prescribing practices conform to the standards.....	7
MOM-2: Storage and dispensing conforms to the guidelines.....	7
9. <u>Patient Rights / Responsibilities and Education (PRE)</u> .....	7
PRE-1: A system for obtaining consent for treatment exists.....	7
PRE-2: Patients and families have a right to information about expected costs.....	7
PRE-3: Patients and families have a right to refuse treatment and lodge a complaint.....	8
PRE-4: Patients and families have a responsibility to respect the clinic environment.....	8
10. <u>Infection Control (IC)</u> .....	8
IC-1: The clinic has an infection control system in place.....	8
.....	.....
<b><u>PART B: PRIMARY HEALTH CARE FACILITIES</u></b> .....	<b>9</b>
<b><u>SECTION: 1. SERVICE MANAGEMENT</u></b> .....	<b>9</b>
1.1 A management committee plans and manages the affairs of HCE.....	9
1.2 Patient information is registered, coded, analyzed and used as a mechanism for monitoring and planning.....	9
1.3 Notifiable diseases are reported promptly and appropriate action is taken to minimize the spread of the disease.....	9
1.4 The equipment and utilities are functional, meet the defined needs of planned services, and are properly maintained and used.....	10

1.5 There is a reliable, clean and safe supply of water from a protected water source.....	10
1.6 The waiting area is clean and protected.....	10
1.7 The facility has clean latrines or toilets.....	10
1.8 The facility compound is clean and there is disposal of refuse and medical waste.....	11
1.9 Written SOPs/guidelines are available and followed for managing the Primary Care services.....	11
1.10 Primary Care staff are available for service delivery during all official times.....	11
1.11 Job descriptions are available and the staff is properly qualified.....	11
1.12 The health and safety of patients, staff and visitors are protected.....	12
1.13 Notifiable diseases are reported promptly and appropriate action is taken to minimize the spread of the disease.....	12
1.14 Patients have the right to complain about services and treatment and their complaints are investigated in a fair and timely manner.....	12
1.15 The Service identifies opportunities to continuously improve its processes and services, makes improvements and evaluates their effectiveness.....	12

**SECTION:2. SERVICE PROVISION.....13**

2.1 The facility and the services provided are accessible to the catchment area population.....	13
2.2 A list of available services and applicable fees is posted where the patients can see them.....	13
2.3 Patients and their attendants are received in a friendly and respectful manner irrespective of their sex, age, race, religion or physical appearance.....	13
2.4 Providers give priority to extremely sick patients and those of extreme age (early newborns and elderly).....	13
2.5 Providers use a defined process for referring emergency cases.....	13
2.6 Non-priority patients wait no more than one hour after arrival at the facility before being seen by the service provider.....	13
2.7 The privacy of patients is ensured during consultation and examination.....	14
2.8 All patients receive appropriate assessment, diagnosis, plan of care, treatment and care management, and follow-up.....	14
2.9 National and Provincial Treatment guidelines are available and used for those services listed as offered.....	14
2.10 All children who visit the facility have their weight plotted correctly on their health card and have their immunization status checked.....	14
2.11 Healthcare providers regularly educate their patients on health issues in a way that is easy to understand.....	14
2.12 Patients are given accurate information about their medication regime to enable them to manage it.....	15
2.13 Staff follows correct aseptic techniques and wash their hands between patients.....	15
2.14 Rational prescribing is practiced to minimize the risk of drug resistance, ensure appropriate treatment and enable cost- effective care.....	15
2.15 Essential drugs and supplies are available at all times during open hours.....	15
2.16 The cold-chain for vaccines is maintained.....	15
2.17 Items for single use are not reused.....	15
2.18 Sharps and needles are used and disposed of safely.....	15

# INTRODUCTION

Sindh Health Care Commission (SHCC) has been established to improve the quality of healthcare services through regulation of healthcare being provided in hospitals as well as OPD based healthcare facilities, both in public and private sectors, throughout the province of Sindh. Quality of healthcare services can't be evaluated without having service delivery standards. SHCC has already developed and GoS has notified the Sindh service Delivery Standards for hospitals. Now SHCC has developed Sindh Service Delivery Standards (SSDS) for OPD based healthcare facilities i.e. Clinics and Primary Health Care Facilities, after considering national and international healthcare standards for similar facilities and taking the local context into consideration. These SSDS have been developed by Clinical Governance Committee of SHCC on the basis of consensus and consultations with experts in the field.

The SSDS for Clinics and Primary Health Care Facilities stipulate a framework to improve quality of healthcare being provided both in public and private sector in a structured manner. The SSDS also provide a management tool for the HCEs to identify their strengths and areas for improvement, side by side providing a mechanism for the Government to identify priority areas for overall improvements in the healthcare delivery system. These SSDS will facilitate the SHCC licensing program for such HCEs in province of Sindh. These standards consist of the following two parts:

Part A: Clinics

Part B: Primary Health Care Facilities

The standards and their criteria have been specifically developed for the specific setup of HCEs in Sindh by the Clinical Governance Committee of SHCC. Each section consists of "standards" and "measurable criteria". Whereas "standards" are broad statements of the expected level of performance, the "measurable criteria" deal with the operational aspects of the standards and provide details on structures and processes necessary to ensure high quality of care. In preparation of the SSDS, it has been ensured that the requirements mentioned in the standards are relevant, important, understandable, measurable and achievable in Sindh context.

## **ACRONYMS**

SHCC	Sindh Health Care Commission
OPD	Out Patient Department
GoS	Government of Sindh
SSDS	Sindh Service Delivery Standards
HCE	Health Care Establishment
SOP	Standard Operating Procedure
ADR	Adverse Drug Reaction
JD	Job Description
HIMS	Health Information Management System
DHIS	District Health Information System
BP	Blood Pressure
ORS	Oral Rehydration Salt
ORT	Oral Rehydration Therapy

## **PART A: CLINICS**

### **1. GENERAL PRACTITIONERS/FAMILY PHYSICIANS/SPECIALIST/HAKEEM/HOMEOPATH CLINICS**

#### **Responsibilities of Management (ROM)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<b><u>ROM-1:</u></b> Clinic is identifiable as an entity and easily accessible.	1. The clinic is identifiable with name and the relevant Council registration number on a sign board. 2. Patient has an easy access to the Clinic. 3. The Clinic is registered / licensed with the SHCC. 4. Door plate clearly displays name, qualification/s and the relevant Council registration number of the practitioner. 5. Consultation hours are displayed.
<b><u>ROM-2:</u></b> A suitable qualified individual manages the clinic.	6. The clinic manager has requisite qualifications. 7. Relevant Council registration certificate of the doctor is displayed.
<b><u>ROM-3:</u></b> Clinic premises support the scope of work/services.	8. Premises of the clinic is as per minimum requirement. 9. Clinic has adequate facilities for the comfort of the patients. 10. Clinic has adequate arrangements for the privacy of patients during consultation/examination.

#### **Facility Management and Safety (FMS)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<b><u>FMS-1:</u></b> The Clinic has facility management and safety systems in place.	11. The staff has the knowledge about early detection and containment of fire and non-fire emergencies. 12. Arrangements to combat fire and non-fire emergency are available in the Clinic.

#### **Human Resource Management (HRM)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<b><u>HRM-1:</u></b> There is documented personnel record of the doctor / Hakeem / Homeopath and the staff.	13. Personnel record/credentials of all staff of the clinic are maintained. 14. Job descriptions are available and known to the relevant



<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
	<p>staff.</p> <p>15. Performance Evaluations are based on the Job descriptions (JDs.).</p>

**Information Management System (IMS)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<p><b><u>IMS-1:</u></b></p> <p>Patient's clinical record is maintained.</p>	<p>16. Every patient's record has a unique identifier and particulars for identification.</p> <p>17. Only authorized person/s make entries in the record.</p>

**Quality Assurance / Improvement (QA)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<p><b><u>QA-1:</u></b></p> <p>The clinic has Quality Assurance/ Improvement system in place.</p>	<p>18. A quality assurance system is in place.</p> <p>19. A quality improvement system is in practice.</p>
<p><b><u>QA-2:</u></b></p> <p>Sentinel events are assessed and managed.</p>	<p>20. The clinic has enlisted the sentinel events to be assessed and managed.</p>

**Assessment and Continuity of Care (ACC)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<p><b><u>ACC-1:</u></b></p> <p>Portrayed service/s conform to the legal provisions.</p>	<p>21. The services being provided at the clinic are displayed as per Code of Ethics.</p> <p>22. The Specialized Services being provided conform to the standards.</p> <p>23. The use and maintenance of specialized equipment conform to the standards (Applicable only when portrayed).</p> <p>24. The laboratory services, If provided, conform to the respective standards (Applicable only when portrayed).</p> <p>25. The radiological/imaging diagnostic services, if being provided, conform to the respective standards.</p> <p>26. The Health Education is provided as per guidelines.</p> <p>27. The preventive services are provided as per guidelines.</p>

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<b><u>ACC-2:</u></b> The clinic has a well-established patient management system.	28. The clinic has established registration and guidance process.  29. Standard/Ethical clinical practice is evident from patient's medical record.  30. The clinic has referral SOPs. 31. The clinic has list of contact numbers of the referral facilities, medico legal authorities, concerned police stations, ambulance/rescue services and the social services organizations.

**Care of Patients (COP)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<b><u>COP-1:</u></b> Essential arrangements for emergency care exit.	32. The clinic has essential arrangements to cater for emergency care.  33. The policy regarding home visit is portrayed and accordingly catered for.

**Management of Medication (MOM)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<b><u>MOM-1:</u></b> Prescribing practices conform to the standards.	34. Standards for prescription writing are followed.  35. Prescriptions are clear, legible, dated, timed, named/ stamped and signed.  36. Prescriptions are provided to the patients.
<b><u>MOM-2:</u></b> Storage and dispensing conforms to the guidelines.	37. Medicines are stored as per guidelines.  38. Expiry dates / shelf life are checked prior to dispensing, as applicable.  39. Labeling requirements are implemented.  40. Dispensing is done by an authorized person.  41. Adverse drug reaction/s (ADRs) are reported.

**Patient Rights / Responsibilities and Education (PRE)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<p><b><u>PRE-1:</u></b></p> <p>A system for obtaining consent for treatment exists.</p>	<p>42. The doctor obtains consent from a patient before examination.</p> <p>43. The clinic has listed those situations where specific informed consent is required from a patient or family.</p>
<p><b><u>PRE-2:</u></b></p> <p>Patients and families have a right to information about expected costs.</p>	<p>44. The patient/family is informed about the cost of treatment.</p>
<p><b><u>PRE-3:</u></b></p> <p>Patients and families have a right to refuse treatment and lodge a complaint.</p>	<p>45. Patients and families have a right to refuse the treatment.</p> <p>46. Patients and families have a right to complain and there is a mechanism to address the grievances.</p>
<p><b><u>PRE-4:</u></b></p> <p>Patients and families have a responsibility to respect the clinic environment.</p>	<p>47. Charter of rights and responsibilities is displayed and patients/families are guided accordingly.</p>

**Infection Control (IC)**

<b><i>Standards</i></b>	<b><i>Measurable Criteria</i></b>
<p><b><u>IC-1:</u></b></p> <p>The clinic has an infection control system in place.</p>	<p>48. The clinic has arrangements for infection control aiming at prevention and reducing risk of infections.</p> <p>49. There is a system of proper disposal of medical waste.</p>

## **PART B: PRIMARY HEALTH CARE FACILITIES**

### **SECTION: 1. SERVICE MANAGEMENT**

<b>Sr. No.</b>	<b>Standard</b>	<b>Measurable Criteria</b>
1.1	A Management Committee plans and manages the affairs of HCE.	<ul style="list-style-type: none"> <li>a. The Management Committee exists with defined TORs.</li> <li>b. Members of the committee are provided with information to enable them to contribute to the decisions.</li> <li>c. The committee meets regularly according to a set agenda that includes follow-up from the last meeting.</li> <li>d. Minutes of meetings are kept for two years and are available at the facility.</li> <li>e. An annual planning process results in an annual plan which is implemented and reviewed on a regular basis.</li> <li>f. The annual plan includes goals, actions, required sources and targets.</li> <li>g. Monthly HIMS/DHIS Reports are submitted to the higher authorities and include progress against the annual plan, identified problems and recommendations for their solution.</li> </ul>
1.2	Patient information is registered, coded, analyzed and used as a mechanism for monitoring and planning.	<ul style="list-style-type: none"> <li>a. Patient registers are in use, up to date, complete and accurate.</li> <li>b. Written information in the registers includes dates, patient particulars (name, sex, age and address), diagnosis and treatment (dosage, times/day, no of days) and follow-up in line with operating procedures.</li> <li>c. Registers used to document patient information include but are not limited to: <ul style="list-style-type: none"> <li>i. Health card (mother and child) which is maintained and used as a mechanism for informing the patient about their care;</li> <li>ii. Immunization card which is maintained and used as a mechanism for informing the patient about their care;</li> <li>iii. Register of expectant mothers and deliveries which is maintained and analyzed;</li> <li>iv. OPD register.</li> </ul> </li> <li>d. A consistent disease coding system is used and analyzed.</li> <li>e. Analysis of the information is used for improvement of services.</li> </ul>
1.3	Notifiable diseases are reported promptly and appropriate action is taken to minimize the spread of the disease.	<ul style="list-style-type: none"> <li>a. A list of notifiable diseases is available.</li> <li>b. Notifiable diseases are reported within a specified time period, but no longer than 24 hours.</li> <li>c. Procedures for managing notifiable diseases are based on infection control principles, are used and roles and responsibilities are clearly defined.</li> <li>d. The 'Zero report' is completed and submitted weekly as per guidelines of the Department of Health (DoH).</li> </ul>

Sr. No.	Standard	Measurable Criteria
1.4	The equipment and utilities are functional, meet the defined needs of planned services, and are properly maintained and used.	<ul style="list-style-type: none"> <li>a. Equipment is recorded in stock register, maintained, repaired and replaced if necessary.</li> <li>b. The facility has functioning utility connections.</li> <li>c. A stretcher and at least two examination couches are available and functional.</li> <li>d. Each health worker providing curative services has the following functioning equipment: <ul style="list-style-type: none"> <li>i. Thermometer</li> <li>ii. Stethoscope</li> <li>iii. BP apparatus</li> <li>iv. Screen for privacy</li> <li>v. Gloves, masks, apron</li> <li>vi. Torch.</li> </ul> </li> <li>e. The following equipment is available and functional in the facility. <ul style="list-style-type: none"> <li>i. Baby weighing scale, fetoscope, neonatal weighing scale, speculum</li> <li>ii. Refrigerator, stools, lantern or alternate lighting source such as solar lamps or torch, equipment sterilizer, clock, stainless steel bowls, kidney bowls, dressing drum, gloves, masks, aprons.</li> <li>iii. Adult weighing scale, nebulizer, suction machine, x-ray viewer, suture set, needle safety box, resuscitation kit.</li> <li>iv. ORS corner [including the following ORT equipment: water jug: 2 cups and 2 spoons]</li> <li>v. ENT diagnostic set</li> </ul> </li> <li>f. Additional equipment, based on the defined needs of the planned services, is available and functioning.</li> </ul>
1.5	There is a reliable, clean and safe supply of water from a protected water source.	Running water (pipe) is available within the facility OR there is a water tank within the facility OR there is a protected water source within 200 meters of the facility.
1.6	The waiting area is clean and protected.	<ul style="list-style-type: none"> <li>a. The waiting area protects patients from the sun, rain and extremes of temperature.</li> <li>b. There are designated separate male and female waiting areas and toilets/latrines.</li> <li>c. The waiting area has chairs or other seating arrangements.</li> <li>d. The floor is swept or mopped and the area is clean of debris/ trash.</li> <li>e. The walls and ceiling are intact with no broken masonry and are free from dirt and stains.</li> </ul>
1.7	The facility has clean latrines or toilets.	<ul style="list-style-type: none"> <li>a. Latrines or toilets exist within the facility or facility compound.</li> <li>b. Staff and patients have access to separate latrines or toilets which are clearly signed and are lockable from the inside.</li> <li>c. The patient latrine or toilet is not locked from the outside.</li> <li>d. The toilet bowl is clean and empty and/or the latrine slab is clean.</li> <li>e. Soap and water are available at the washing point near the</li> </ul>

Sr. No.	Standard	Measurable Criteria
		toilet(s)/ latrine(s)
1.8	The facility compound is clean and there is disposal of refuse and medical waste.	<ul style="list-style-type: none"> <li>a. The compound is free from litter such as plastic bags, refuse and medical waste.</li> <li>b. Proper disposal system is available for refuse and medical waste.</li> </ul>
1.9	Written SOPs/guidelines are available and followed for managing the Primary Care services.	<ul style="list-style-type: none"> <li>a. Standard Operating Procedures are used for managing the facility, finances, equipment, cleaning procedures, and stocks, e.g. equipment maintenance</li> <li>b. National and Provincial Treatment Guidelines for the priority illnesses are available at the facility, form the basis of regular training for relevant staff and are followed in providing care to the patients.</li> <li>c. Where National and Provincial Treatment Guidelines are not available they are developed and used for the Primary Care Services.</li> <li>d. Written guidelines for the management of patients exist and are used, e.g. confidentiality, privacy, registration, recording and coding.</li> </ul>
1.10	Primary Care staff are available for service delivery during all official times.	<ul style="list-style-type: none"> <li>a. An updated roster is kept of who is on duty at what time.</li> <li>b. A qualified healthcare provider is available whenever the facility is open.</li> </ul>
1.11	Job descriptions are available and the staff is properly qualified.	<ul style="list-style-type: none"> <li>a. Written JDs are available and the staff is accordingly qualified.</li> <li>b. All staff is oriented to the Primary Care services and their specific positions through a documented induction Program.</li> <li>c. The induction Program includes: <ul style="list-style-type: none"> <li>i. The Service's mission, values, goals and relevant planned actions for the year</li> <li>ii. Services provided</li> <li>iii. Roles and responsibilities</li> <li>iv. Relevant policies and procedures, including confidentiality</li> <li>v. Use of equipment</li> <li>vi. Safety</li> <li>vii. Emergency preparedness</li> <li>viii. Quality improvement.</li> </ul> </li> <li>d. All staff has a copy of their job description that is kept current. The job description includes the responsibilities, accountabilities, tasks, performance measures and reporting relationships.</li> <li>e. All staff has a copy of their conditions of employment.</li> <li>f. Staff performance is evaluated annually with the staff member against their job description and agreed targets and is used to identify strengths, areas for improvement and training needs.</li> <li>g. Accurate and complete personnel records are kept at the facility.</li> </ul>

Sr. No.	Standard	Measurable Criteria
		<ul style="list-style-type: none"> <li>h. Staff receive ongoing in-service training relevant to their job and the healthcare service and in areas such as health and safety, quality improvement and patient rights.</li> <li>i. Documents guide the work of staff and cover staff appointments, performance evaluations, disciplinary procedures and terms and conditions of employment.</li> </ul>
1.12	The health and safety of patients, staff and visitors are protected.	<ul style="list-style-type: none"> <li>a. The Service is designed to allow service delivery to be safe, accessible and respect patient's needs for privacy.</li> <li>b. Chemicals, drugs and equipment are stored safely.</li> <li>c. Risks and hazards are identified and eliminated, isolated or minimized as appropriate.</li> <li>d. Guidelines exist for major risks and hazards and are known to the staff.</li> <li>e. Incidents, accidents and near misses are reported and analyzed to identify causes and the analysis is used to improve systems and processes, e.g. needle stick injuries.</li> <li>f. Staff is provided with and use protective equipment, e.g. gloves, aprons, masks.</li> <li>g. Staff is trained in fire safety and other emergencies and drills are practiced regularly.</li> <li>h. Staff health is protected by the provision of immunization for infections such as Hepatitis A and B and influenza.</li> </ul>
1.13	Patient feedback is collected and used to improve services.	<ul style="list-style-type: none"> <li>a. Patients have access to a culturally appropriate feedback mechanism, e.g. suggestion box, questionnaires, regular interviews with patients by an independent person.</li> <li>b. Data collected on patient satisfaction with services and treatment is analyzed and used to improve services.</li> </ul>
1.14	Patients have the right to complain about services and treatment and their complaints are investigated in a fair and timely manner.	<ul style="list-style-type: none"> <li>a. Patients are informed of their right to express their concerns or complain either verbally or in writing.</li> <li>b. A documented process which is fair and timely is used for collecting, reporting and investigating complaints.</li> <li>c. Patients are informed of the progress of the investigation at regular intervals and are informed of the outcome.</li> </ul>
1.15	The Service identifies opportunities to continuously improve its processes and services, makes improvements and evaluates their effectiveness.	<ul style="list-style-type: none"> <li>a. Performance indicators for priority diseases and key processes are measured, reported and used for continuous improvement.</li> <li>b. Performance data from activities such as audits, complaints, incident reports, satisfaction surveys and risk assessments are collected, analyzed and used to identify improvement opportunities.</li> <li>c. Improvements are planned, appropriate action is taken, the effectiveness of the action is evaluated and the results are fed back to staff and patients.</li> <li>d. All relevant legal requirements are identified and compliance is monitored.</li> </ul>

**SECTION: 2. SERVICE PROVISION**

<b>Sr. No.</b>	<b>Standard</b>	<b>Measurable Criteria</b>
2.1	The facility and the services provided are accessible to the catchment area population.	Major obstacles affecting access for patients to the facility and its services are addressed in the annual plan and steps are taken to minimize them, e.g. i. Attitude of employees working at the facility; ii. Community awareness about need and utility of health care services; iii. Cost of services.
2.2	A list of available services and applicable fees is posted where the patients can see them.	a. A poster with listed services, opening times and emergency contacts during closing times is displayed in a prominent place where the patients can see it. The text is in local or national language. b. A list of applicable fees and possible exemptions is displayed in a prominent area where the patients can see it. The text is in local or national language.
2.3	Patients and their attendants are received in a friendly and respectful manner irrespective of their sex, age, race, religion or physical appearance.	a. Patients are treated in a kind and respectful manner at all stages from registration through to end of service. b. The healthcare provider listens carefully to what the patients say. c. The healthcare provider explains to the patient the diagnosis, care management, and follow-up. d. The healthcare provider takes feedback from the patient to ensure the patient understands the message communicated.
2.4	Providers give priority to extremely sick patients and those of extreme age (early newborns and elderly).	a. A system using the time of arrival recorded on the registration slip is used to prioritize patients. b. The order prioritizes extremely sick patients first, those of extreme ages (elderly and babies) second and then others. c. Extremely sick patients are seen by the healthcare provider within five minutes, and those of extreme ages within 15 minutes.
2.5	Providers use a defined process for referring emergency cases.	a. SOPs exist for identification of types of patients who need to be referred. b. A referral form provides sufficient information to allow continuity of care. c. When possible transportation to the referral facility is provided. d. In other cases, the Service provides some type of assistance for moving a sick patient to a referral facility such as communication to the next level, or arranging transport. e. A copy of the referral form is kept at the facility.
2.6	Non-priority patients wait no more than one hour after arrival at the facility before being seen by the service provider.	a. The registration slip is completed promptly for all patients. b. The time of arrival of the patient is documented on the registration slip and monitored c. A system is used to prioritize the order in which non-priority patients are seen on a first-come first-serve basis.



Sr. No.	Standard	Measurable Criteria
		<p>d. Waiting times are no more than one hour and are monitored.</p> <p>e. Waiting times are analyzed and results used to improve services.</p>
2.7	The privacy of patients is ensured during consultation and examination.	<p>a. Consultations and examinations are held behind curtains/ screens at all times.</p> <p>b. Healthcare providers ensure privacy at the time of consultation.</p>
2.8	All patients receive appropriate assessment, diagnosis, plan of care, treatment and care management, and follow- up.	<p>a. Basic assessment is undertaken that includes temperature, blood pressure, pulse rate and symptom identification.</p> <p>b. Basic assessment for children under five includes weight, immunization status, temperature, respiratory rate, level of consciousness and symptom identification.</p> <p>c. Patient history is taken and documented.</p> <p>d. Treatment and care management is provided in accordance with the assessment, test results, diagnosis and care management guidelines.</p> <p>e. Health education and dietary advice are documented as part of treatment protocol.</p> <p>f. Referrals to other services are made when required.</p> <p>g. Appointments for future care are made.</p> <p>h. Results of previous care are used in follow-up visits.</p>
2.9	National and Provincial Treatment guidelines are available and used for those services listed as offered.	<p>a. Healthcare providers provide technically correct services according to the guidelines.</p> <p>b. Staff is trained to follow these guidelines.</p> <p>c. Justification is available for variations from the guidelines.</p>
2.10	All children who visit the facility have their weight plotted correctly on their health card and have their immunization status checked.	<p>a. All under five children coming to the facility are weighed.</p> <p>b. Weight is accurately plotted on the child's health card and follow-up action taken based on the plot.</p> <p>c. Immunization status is checked and missing immunizations given</p> <p>d. Weight and vaccination information are given to the parent/carer.</p>
2.11	Healthcare providers regularly educate their patients on health issues in a way that is easy to understand.	<p>a. Healthcare providers conduct group health education sessions at least four times a month.</p> <p>b. Healthcare providers use the following materials during patient counseling/education sessions: posters, family planning material, brochures, leaflets etc.</p> <p>c. Health education messages (posters and charts with pictures and minimal text) are visibly posted in prominent areas within the facility.</p> <p>d. Health education written material is available for patients to read and take home.</p>

<b>Sr. No.</b>	<b>Standard</b>	<b>Measurable Criteria</b>
2.12	Patients are given accurate information about their medication regime to enable them to manage it.	<ul style="list-style-type: none"> <li>a. The healthcare provider/dispenser instructs patients about the medication, the amount of medication to take, time to take and for how long it should be taken.</li> <li>b. The healthcare provider/dispenser checks that the patient understands the instructions.</li> </ul>
2.13	Staff follows correct aseptic techniques and wash their hands between patients.	<ul style="list-style-type: none"> <li>a. Health workers perform the following aseptic procedures in line with SOPs or guidelines: wound dressing, suturing, catheterization, injections, intravenous infusion and dental extraction.</li> <li>b. Soap (where possible liquid soap) and water or antiseptic gel are available at the washing point(s) in or near the consulting/examination room(s).</li> <li>c. Hand washing instructions are posted above the washing point(s).</li> <li>d. Healthcare providers wash their hands/use antiseptic gel between patients and between procedures.</li> </ul>
2.14	Rational prescribing is practiced to minimize the risk of drug resistance, ensure appropriate treatment and enable cost- effective care.	<ul style="list-style-type: none"> <li>a. An essential drug list is available and followed.</li> <li>b. Good prescribing practice guidelines for antibiotics are available and followed.</li> <li>c. Provisional diagnosis is written on the prescription.</li> <li>d. If the diagnosis changes as a result of follow-up assessment or test results, the prescription is reviewed.</li> </ul>
2.15	Essential drugs and supplies are available at all times during open hours.	<ul style="list-style-type: none"> <li>a. Stock position is recorded and it corresponds to physical stock.</li> <li>b. There is a stock of the essential drugs sufficient for at least 15 days consumption.</li> <li>c. There is a process for checking date of expiry.</li> <li>d. No expired drugs are in stock.</li> <li>e. Near expiry (with less than 03 months expiry date) counter is maintained.</li> </ul>
2.16	The cold-chain for vaccines is maintained.	<p>A Cold Chain procedure for vaccines is used and includes clear directions on the following practices:</p> <ul style="list-style-type: none"> <li>i. Vaccine stock management including vaccine storage, potency, stock quantities, stock records, and arrival report</li> <li>ii. Equipment for vaccine transport and storage</li> <li>iii. Maintenance of equipment</li> <li>iv. Control and monitoring of temperature</li> <li>v. Cold chain during immunization sessions</li> <li>vi. Syringes, needles and sterilization and</li> <li>vii. Breakdown of equipment and emergency actions to minimize risks.</li> </ul>
2.17	Items for single use are not reused.	Disposal systems and processes for single-use items are available and used.
2.18	Sharps and needles are used and disposed of safely.	<ul style="list-style-type: none"> <li>a. Labeled needle safety boxes are available in the examination, injection and dressing rooms.</li> <li>b. Staff safely disposes of sharp objects and needles in the containers provided.</li> </ul>