

Name of BHU
Date of Assessment

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	SECTION 1: SERVICE MANAGEMENT				
1.2	Client/Patient information is registered, coded, analyzed and used as a mechanism for monitoring and planning				
1.2.1	Client/Patient registers are used, up to date, complete and accurate.	Patient record review shows patient registers are used and record accurately for each patient: <ul style="list-style-type: none"> current date of attendance of patient (See Patient record checklist)			
1.2.2	Written information in the registers includes dates, client/patient characteristics (name, sex, age and address), diagnosis and treatment (dosage, times/day, no of days) and follow-up in line with operating procedures.	Patient record review shows patient information and treatment details are recorded in the registers. (See Patient record checklist)			
1.2.3	Registers used to document client/patient information include but are not limited to: <ol style="list-style-type: none"> Health card (mother and child) which is maintained and used as a mechanism for informing the client/patient about their care; Immunization card which is maintained and used as a mechanism for informing the client/patient about their care; Register of expectant mothers 	<ol style="list-style-type: none"> Patient record review shows sufficient information to inform mother or patient about care is recorded in one or more of the following registers: <ul style="list-style-type: none"> Health cards for mothers and children Immunization cards Register of expectant mothers and deliveries OPD register. (See Patient record checklist) Evidence of analysis of data to provide statistics, trends 			

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	and deliveries which is maintained and analyzed; iv. OPD register.				
1.2.4	A consistent disease coding system is used and analyzed.	1. Patient record review shows coding system used in registers for patient diseases. (See Patient record checklist) 2. Evidence of analysis of data to provide statistics, trends			
1.3	Notifiable diseases are reported promptly and appropriate action is taken to minimize the spread of the disease.				
1.3.1	A list of notifiable diseases is available.	Written list of diseases that must be notified to authorities is available			
1.3.2	Notifiable diseases are reported within a specified time period, but no longer than 24 hours.	1. Staff interview shows staff have knowledge of notifiable diseases needing to be reported 2. Ask staff if diseases are reported within 24 hours 3. Check notifiable disease register			
1.3.3	Procedures for managing notifiable diseases are based on infection control principles, are used and roles and responsibilities are clearly defined.	1. Written procedures for notifiable diseases include measures such as <ul style="list-style-type: none"> • isolation • protective clothing and equipment • sterilization • hand washing • testing • immunization of staff and families 2. Procedures define roles and responsibilities for			

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		managing notifiable diseases.			
1.3.4	The 'Zero report' is completed and submitted weekly (for polio)	Evidence of completed 'zero' reports for polio			
1.4	The equipment and utilities are functional, meet the defined needs of planned services, and are properly maintained and used.				
1.4.1	Equipment is registered, maintained, repaired and disposed of according to an equipment maintenance and replacement schedule.	<ol style="list-style-type: none"> 1. Register of equipment in BHU 2. Registration stickers or markers on equipment 3. Equipment maintenance and replacement schedule is used: check how many items have been maintained in accordance with schedule (rate) if possible 4. Check rate of recorded repair requests not yet actioned 5. Ask staff about process for equipment disposal and if they follow it consistently 			
1.4.2	The facility has functioning electricity and natural gas.	<ol style="list-style-type: none"> 1. Observe if electricity and gas are functioning 2. Review a three month track record of breakdowns and whether back-ups worked 3. Staff interview to identify any problems 			
1.4.3	A backup generator in working condition and the budget for its maintenance and for its fuel are available.	<ol style="list-style-type: none"> 1. Observe back-up generator is in working order and is used when needed 2. Check maintenance and repair schedules 3. Check budget for provision for maintenance and fuel 			
1.4.4	A stretcher and at least two	1. Observe equipment of a stretcher and two			

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	examination couches, i. are available ii. are clean with no visible dust, stains or blood, and iii. are covered with a clean, uniform Macintosh or a plastic sheet.	examination couches – clean, no blood, covered with clean sheet 2. Equipment listed in equipment list 3. Staff describe process for cleaning between patients recorded and used			
1.4.5	Each health worker providing curative services has the following functioning equipment: i. Thermometer ii. Stethoscope iii. BP machine iv. Screen for privacy v. Gloves, masks, apron vi. Torch.	1. Observe equipment for each health worker of: • Thermometer • Stethoscope • BP machine • Screen for privacy • Gloves, masks, apron • Torch. 2. Equipment listed in equipment list 3. Staff interviews to identify cleaning process for each item Patient interview			
1.4.6	The following additional functioning equipment is available in the facility and ready to use: i. Baby weighing scale, fetoscope, neonatal weighing scale, speculum ii. Refrigerator, stools, lantern or alternate lighting source such as solar lamps or torch, equipment for boiling/ sterilizer, timing device, stainless steel bowls, kidney bowls, dressing drum, gloves, masks, aprons	1. Observe equipment includes: • Baby weighing scale, fetoscope, neonatal weighing scale, speculum • Refrigerator, stools, lantern or alternate lighting source such as solar lamps or torch, equipment for boiling/ sterilizer, timing device, stainless steel bowls, kidney bowls, dressing drum, gloves, masks, aprons • Adult weighing scale, nebuliser, suction machine, oxygen cylinder(?), x-ray viewer, suture set, needle			

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	iii. Adult weighing scale, nebuliser, suction machine, oxygen cylinder(?), x-ray viewer, suture set, needle safety box, resuscitation kit iv. ORS corner [including the following ORT equipment: water jug, 2 cups and 2 spoons] v. ENT diagnostic set vi. D&C set	safety box, resuscitation kit <ul style="list-style-type: none"> • ORS corner [including the following ORT equipment: water jug, 2 cups and 2 spoons] • ENT diagnostic set • D&C set 2. Equipment listed in equipment list 3. Evidence of regular maintenance and calibration 4. Staff interviews to identify process for cleaning between patients			
1.4.7	Additional equipment, based on the defined needs of the planned services, is available and functioning.	1 Equipment listed in equipment list 2. Budget list for what equipment is planned or requested but not yet purchased 3. Staff interview on what extra equipment they need			
1.5	There is a reliable, clean and safe supply of water from a protected water source.				
1.5.1	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 metres of the facility: borehole, water tank or protected spring (with tubing of water for outflow, concrete slab, drainage and the spring is at least 33 meters away from	Observe piped water or location of water source – check how it is protected			

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	latrines/toilets) and temporary storage containers, e.g. jerry cans or drum.				
1.5.2	A supply line and storage system keep water clean and free from contamination.	1. Observation of water supply and storage system 2. Staff interview on how stored water is kept clean, if tested check log for test results			
1.6	The waiting area is clean and protected.				
1.6.1	The waiting area protects clients/patients from the sun, rain and extremes of temperature.	1. Observe waiting area 2. Staff interview on whether waiting area is always this way, any problems			
1.6.2	There are designated separate male and female waiting areas and toilets/latrines.	1. Observation of separate male and female waiting areas 2. Observation of separate male and female toilets/latrines			
1.6.3	The waiting area has chairs or other seating arrangements.	Observation that seating is sufficient for patient numbers Patient interview			
1.6.4	The floor is swept or mopped and the area is clean of debris/ trash.	1. Observe floor cleanliness 2. Check cleaning schedule and process Patient Interview			
1.6.5	The walls and ceiling are intact with no broken masonry and are free from dirt and stains.	1. Observation of walls and ceiling 2. Check cleaning schedule and process			
1.7	The facility has clean latrines or				

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	toilets.				
1.7.1	Latrines or toilets exist within the facility or facility compound.	1. Observe toilet or latrine cleanliness (See also 1.6.2) Patient interview			
1.7.2	Staff and clients/patients have access to separate latrines or toilets which are clearly signed and are lockable from the inside.	1. Observe toilet signs and whether they are lockable			
1.7.3	The client/patient latrine or toilet is not locked from the outside.	1. Observe if toilet locked 2. Staff Interview to confirm latrines/toilets always unlocked Patient interview			
1.7.4	The toilet bowl is clean and empty and/or the latrine slab is clean.	1. Observe toilet 2. Check cleaning schedule and process			
1.7.5	Soap and water are available at the washing point near the toilet(s)/ latrine(s).	1. Observe washing points for soap and water			
1.8	The facility compound is clean and uses a rubbish pit for disposal of refuse and medical waste.				
1.8.1	The compound is free from litter such as plastic bags, refuse and medical waste.	1. Observe compound cleanliness Patient interview			
1.8.2	There is a rubbish pit within the compound (possibly a garbage bin in urban settings).	1. Observe rubbish pit			

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1.8.3	The pit (bin) is not overflowing and is properly used, i.e. rubbish is not disposed of anywhere else.	1. Observe rubbish pit			
1.8.4	Medical waste is disposed of in a functional covered pit, e.g. not accessible for children and animals, within the compound.	1. Observe that pit is secure to prevent unauthorized access, no animal faeces around 2. Staff interview if unauthorized persons have access to the pit area			
1.9	The staff work to written Operating Procedures for managing the Primary Care services, written guidelines for management of clients/patients and written guidelines for common illnesses.				
1.9.1	Standard Operating Procedures are used for managing the facility, finances, equipment, cleaning procedures, and stocks, e.g. equipment maintenance	1. Check for list of SOPs 2. Check availability of written SOPs for main processes 3. Check for existing cleaning schedules 4. Check for equipment maintenance schedules 5. Check for medication and supply stock ordering and management processes			
1.9.2	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/clients.	1. Check availability of written guidelines 2. Evidence of training on guidelines in training plan 3. Staff interviews confirm training 4. Observe use of treatment guidelines during patient consultations			
1.9.4	Written guidelines for the	1. Evidence of written policies or procedures or			

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	management of clients/patients exist and are used, e.g. confidentiality, privacy, registration, recording and coding.	guidelines on: <ul style="list-style-type: none"> Confidentiality Privacy Registration Recording Coding. 2. Staff interviews confirm knowledge of guidelines. 3. Observe use of guidelines during patient consultations			
1.10	Primary Care staff are available for service delivery during all official times.				
1.10.1	An updated roster is kept of who is on duty at what time.	1. Evidence of current roster 2. Staff interview confirms rosters is used			
1.10.2	A qualified healthcare provider is available whenever the facility is open.	1. Check that roster confirms qualified staff are on duty during working hours 2. Staff interview confirms availability Patient interview			
1.11	Staff are appointed, trained and evaluated in accordance with documented procedures, job descriptions and service needs.				
1.11.1	Staff appointments are made in line with the required qualifications and experience for the job and the job description.	1. Evidence of written appointment process 2. Check that job descriptions are available and they identify qualifications and experience required 3. Evidence in staff files that show appropriate qualifications of staff as described in job descriptions			

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1.11.2	All staff are oriented to the Primary Care services and their specific positions through a documented induction programme.	1. Documented orientation/induction programme 2. Staff interview that orientation programme exists			
1.11.3	The induction programme includes: i. The Service's mission, values, goals and relevant planned actions for the year ii. Services provided iii. Roles and responsibilities iv. Relevant policies and procedures, including confidentiality v. Use of equipment vi. Safety vii. Emergency preparedness viii. Quality improvement.	1. Evidence in staff files of orientation/induction programme: 2. Staff interview that confirms the induction programme included these topics.			
1.11.4	All staff have a copy of their job description that is kept current. The job description includes the responsibilities, accountabilities, tasks, performance measures and reporting relationships.	1. Evidence of current job descriptions 2. Check that job descriptions outline the staff member's responsibilities, accountabilities, tasks, performance measures and reporting relationships. 3. Staff interview confirms staff members have a copy of their job descriptions			
1.11.5	All staff have a copy of their conditions of employment.	1. Check that conditions of employment in staff files 2. Staff interview confirms they have a copy of conditions of employment			
1.11.6	Well-maintained and secure staff	1. Check if housing is according to staff terms and			

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	housing with all utilities is provided as per staff terms and conditions.	conditions 2. Observe if housing is according to staff terms and conditions			
1.11.7	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.	1. Check existence of written performance appraisal policies and procedures 2. Evidence in staff files of appraisals in last twelve months, also for past three years 3. Staff interview confirms appraisal held 4. Check if targets for staff are used in appraisals 5. Check if training needs are identified			
1.11.8	Accurate and complete personnel records are kept at the facility.	1. Check if file cover sheet for individual personnel files lists the following contents: <ul style="list-style-type: none"> • Personal data • Application form with work history • Job description and conditions of employment • Current and previous performance appraisal • Record of orientation • Record of education and other training • Leave, pay and other information Random sample of five staff files shows all requirements as per list of contents complete			
1.11.9	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 client/patient rights.	1. Evidence of training plans and schedules or attendance sheets for staff 2. Staff interviews confirm training in health and safety, QI, patient rights			
1.11.10	Documents guide the work of staff and cover staff appointments, performance evaluations, disciplinary procedures and terms and conditions of	1. Evidence of written policies and procedures 2. Staff interviews indicate they are followed			

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	employment.				
1.12	The health and safety of clients/patients, staff and visitors are protected.				
1.12.1	The Service is designed to allow service delivery to be safe, accessible and respect clients'/patients' needs for privacy.	1. Observation if there are any non-safe areas or hazards 2. Observation of access – wheelchair access, handrails, non-slippery smooth surfaces, etc 3. Observation of reception, waiting areas and consultation areas for privacy			
1.12.2	The Service is inspected annually by the Works and Services Department and declared safe.	1. Evidence of annual inspection pass 2. Evidence that problems have been fixed			
1.12.3	A current Safety Certificate has been issued and is displayed in the facility.	Observe if current safety certificate displayed			
1.12.4	Chemicals, drugs and equipment are stored safely.	Observation of storage – chemicals and drugs labeled, fireproof area if combustible			
1.12.5	Risks and hazards are identified and eliminated, isolated or minimized as appropriate.	1. Check if there is a hazard register – date hazard identified and date corrected included 2. Staff Interview on process of identifying and managing hazards			
1.12.6	Guidelines exist for major risks and hazards and are known to the staff.	1. Check for a written procedures for risk assessment and management , e.g. chemicals, hazardous materials like kerosene, security, weapons, floods, spill clean-ups 2. Staff interviews show staff are knowledgeable about procedures			

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1.12.7	Incidents, accidents and near misses are reported and analysed to identify causes and the analysis is used to improve systems and processes, e.g. needle stick injuries.	1. Check for a written incident reporting system – includes no punishment for incidents, extra training where needed 2. Check for an incident report form 3. Evidence of completed forms 4. Evidence of follow-up, discussion and changed processes 5. Staff interview confirms knowledge of process			
1.12.8	Staff are provided with and use protective equipment, e.g. gloves, aprons, masks.	1. Observation of use of protective equipment 2. Check for records of purchases and usage 3. Staff interview confirms availability and use of protective clothing and equipment			
1.12.9	Staff are trained in fire safety and other emergencies and drills are practised regularly.	1. Check that emergency training included in orientation/induction 2. Evidence of practice drills, regular training 3. Staff interviews demonstrate knowledge of process			
1.12.10	Staff health is protected by the provision of immunization for infections such as Hepatitis A and B and influenza.	1. Staff interviews confirm immunization available 2. Evidence of a percentage of staff immunized 3. Staff interview confirms immunizations current			
1.14	Clients/Patients have the right to complain about services and treatment and their complaints are investigated in a fair and timely manner.				
1.14.1	Clients/Patients are informed of their	Staff interview – staff know complaints can be verbal or			

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	right to express their concerns or complain either verbally or in writing.	written Patient interview			
1.14.2	A documented process which is fair and timely is used for collecting, reporting and investigating complaints.	1. Check for written complaint process includes timelines for acknowledging complaint, completing investigation, etc 2. Trace one complaint in complaints file to see if process followed			
1.14.3	Clients/Patients are informed of the progress of the investigation at regular intervals and are informed of the outcome.	Patient interview			
	SECTION 2: SERVICE PROVISION				
2.1	The facility and the services provided are easily accessible to the catchment area population.				
2.1.1	The facility is located within 5 km of the patient.	Patient interview			
2.1.2	Costs involved in using the services are addressed in the annual plan and steps are taken to minimize costs, such as fees, drugs, lost income, and transportation costs.	1. Staff interview confirms there is an annual plan 2. Check annual plan to confirm that costs and steps to minimise costs are evident in annual plan Patient interview			
2.1.3	Major obstacles affecting access for clients/patients to the facility and its services are addressed in the annual plan and steps are taken to minimize	1. Evidence in annual plan of identification of barriers and steps to minimise them 2. Staff interview – what problems do patients face 3. Evidence of analysis of employee or patient			

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	them, e.g. i. The attitude of employees working at the facility; ii. The perception of the need and utility of health care by the community; iii. Cultural constraints on clients about using the facility and its services.	satisfaction data and/or community satisfaction Patient interview			
2.2	A list of available services and applicable fees is posted where the clients/patients can see them.				
2.2.1	A poster with listed services, opening times and emergency contacts during closing times is displayed in a prominent place where the clients/patients can see it. The text is in an understandable format, e.g. local or national language.	1. Observe if poster displayed with service details: • opening times • emergency contacts • in understandable languages. 2. Check if there is information in other forms, e.g. on tape for the blind, interpreters for those with other languages, or from a patient advocate 3. Staff interview – what assistance is available to advise patients with disabilities of service information			
2.2.2	A list with all fees and possible exemptions is displayed in a prominent area where the clients/patients can see it. The text is in an understandable format, e.g. local or national language.	1. Observe if a list of fees displayed in waiting area Information easy to understand 2. Check how information is conveyed to the blind, those with other languages 3. Staff interview – what assistance is available to advise patients with disabilities of service information Patient interview			
2.3	Clients/Patients and their attendants are received in a friendly				

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	and respectful manner irrespective of their sex, age, race, religion or physical appearance.				
2.3.1	Clients/Patients are treated in a kind, patient and respectful manner at all stages from registration through to end of service.	1. Staff interview about whether they think patients are treated respectfully 2. Check if there a compliments file 3. Check if there is patient satisfaction data 4. Check if there is a complaint log – has BHU identified what the main issues are 5. Observe the way patients are treated Patient interview			
2.3.2	The healthcare provider uses open ended questions (why, who, what, when, how) to obtain information from clients/patients.	Observe interactions between staff and patients			
2.3.3	The healthcare provider listens carefully to what the clients/patients say and does not jump to conclusions.	Observe interactions between staff and patients Patient interview			
2.3.4	The healthcare provider explains to the client/patient the diagnosis, care management, and follow-up.	Observe interactions between staff and patients Patient interview			
2.3.5	The healthcare provider takes feedback from the client/patient to ensure the client/ patient understands the message communicated.	Observe interactions between staff and patients			
2.4	Providers give priority to extremely				

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	sick clients/patients and those of extreme age (early newborns and elderly).				
2.4.1	A system using the time of arrival recorded on the registration chit is used to prioritize clients/patients.	1. Check if registration chits record time 2. Check if there is a log to keep the the time patients arrive			
2.4.2	The order prioritizes extremely sick clients/patients first, those of extreme ages (elderly and babies) second and then others.	1. Evidence of prioritization system 2. Check if prioritization system reflects this order Patient Interview			
2.4.3	Extremely sick clients/patients are seen by the healthcare provider within five minutes, and those of extreme ages within 15 minutes.	Check log to see if waiting times are monitored and met Patient interview			
2.5	Providers use a defined process for referring emergency cases.				
2.5.1	SOPs exist for identification of types of clients/patients who need to be referred.	Check availability of SOPs for referral			
2.5.2	A referral form provides sufficient information to allow continuity of care.	Check referral form provides information on symptoms, history, assessments, diagnosis, any treatment provided, care needs Patient Interview			
2.5.5	A copy of the referral form is kept at the facility.	Check completed referral forms for five patients kept at the facility			

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2.6	Non-priority clients/patients wait no more than one hour after arrival at the facility before being seen by the provider.				
2.6.1	A system is used to prioritize the order in which non-priority clients/patients are seen on a first-come first-serve basis.	1. Evidence of prioritization system 2. Review of log to see if non-priority patients are seen in order of arrival			
2.6.2	Waiting times are no more than one hour and are monitored.	Check if data is monitored to identify patients waiting over an hour Patient interview			
2.6.3	Waiting times are analyzed and results used to improve services.	1. Evidence of analysis of waiting times, e.g. % of times over one hour, when were those times 2. Staff interview to find out about efforts to reduce waiting times, e.g. revised appointment system, changed staff rostering			
2.7	The privacy of patients/clients is ensured during consultation and examination.				
2.7.1	Consultations and examinations are held behind curtains/screens at all times.	Observation of privacy arrangements Patient interviews			
2.7.2	Healthcare providers ensure privacy at the time of consultation.	Observation of consultations between staff and patients			
2.8	All clients/patients receive				

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	appropriate assessment, diagnosis, plan of care, treatment and care management, and follow-up				
2.8.1	The registration chit is completed promptly for all clients/patients.	Check of registration chits			
2.8.2	The time the client/patient arrives is documented on the registration chit and monitored	1. Check if log kept of times of arrival 2. Check that all chits have time on them 3. Evidence that staff have a monitoring system			
2.8.3	Basic assessment is undertaken and includes temperature, blood pressure, and symptom identification.	Staff interview to check that basic assessments always done Check five patient for assessments in registers Patient interview			
2.8.4	Basic assessment for children under five includes weight, immunization status, temperature, level of consciousness and symptom identification.	Staff interview to check basic assessments for children under five done Random sample of five patient for assessments in registers Patient Interviews			
2.8.5	A client/patient history is taken and documented.	Random sample of five patients in registers confirms written history			
2.8.6	Treatment and care management is provided in accordance with the assessment, test results, diagnosis and care management guidelines.	Random sample of five patients in registers confirms justification for treatment Staff interviews confirm use of assessment, test results, diagnosis and guidelines in deciding how to treat patients Patient Interviews			

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2.8.7	Referrals to other services are made when required.	1. Check if there are copies of referral letters 2. Staff interview about referral process Random sample of five patient in registers to check for referrals			
2.8.8	Appointments for future care are made.	Random sample of five patient in registers to check for future care Patient Interviews			
2.8.9	Results of previous care are used in follow-up visits.	1. Staff interview on whether results of previous care are considered in follow up visits 2. Check to see if there is an individual record for at least chronic patients Random sample of five patient in registers to check for outcomes of care or treatment			
2.9	National and Provincial Treatment guidelines are available and used for those services listed as offered.				
2.9.1	Healthcare providers provide technically correct services according to guidelines for but not limited to the following areas: i. First Aid and Emergency care, Injury management, minor surgical procedures ii. IMCI, ANC, Delivery, PNC, Family planning iii. Malaria, TB & DOTS, HIV/ AIDS VCT, STD, Diarrhoea, Polio, Hepatitis, HIV/AIDS, Measles,	1. Check on availability of guidelines 2. Staff interview on knowledge of guidelines and whether they follow them 3. Evidence of peer review of staff practice			

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	ARI, Hypertension, Diabetes, Anaemia, Common skin problems, EPI iv. Dental care.				
2.9.2	Staff are trained to follow these guidelines.	1. Staff interview to ask if training was received on each guideline 2. Evidence in staff files of training on guidelines			
2.9.3	Justification is available for variations from the guidelines.	1. Staff interview – how do they document exceptions and changes, e.g. if someone allergic to something in guideline, how is that documented 2. Evidence in records of exception to a guideline for a particular patient			
2.10	All children who visit the facility have their weight plotted correctly on their health card and have their immunization status checked.				
2.10.1	All under five children coming to the facility are weighed.	Staff interview to see if children under five who are not the patient are weighed Patient interview			
2.10.2	Weight is accurately plotted on the child's health card and follow-up action taken based on the plot.	Observation of five health cards 1. Evidence in register of follow-up of abnormalities 2. Staff interview on how abnormal weights are followed up			
2.10.3	Immunization status is checked and missing immunizations given.	Staff interview about immunization process Random sample of five patient in registers to check that immunization status was checked and missing immunizations given			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
		Patient interview			
2.10.4	Weight and vaccination information are given to the parent/carer.	Staff interview about what weight and vaccination information is given to the child's parent Patient interview			
2.11	Healthcare providers regularly educate their clients on health issues in a way that is easy to understand.				
2.11.1	Healthcare providers conduct group health education sessions at least four times a month.	1. Evidence of an education plan shows sessions planned and held 2. Staff interviews with health workers on education sessions			
2.11.2	Healthcare providers use the following materials during client/patient counselling/education sessions: posters, family planning material, brochures, leaflets, flipcharts and cue cards.	1. Check availability of materials 2. Staff interviews to identify when and how materials used Patient Interviews			
2.11.3	Health education messages (posters and charts with pictures and minimal text) are visibly posted in prominent areas within the facility.	1. Observation of posters and charts 2. Check if the messages are easy to understand			
2.11.4	Health education written material is available for clients/patients to read and take home.	1. Check if pamphlets available 2. Check if there is a notice inviting patients to take them home			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
2.12	Clients/Patients are given accurate information about their medication regime to enable them to manage it.				
2.12.1	The healthcare provider/dispenser instructs clients/patients about the medication, the amount of medication to take, what time to the day it should be taken and for how long it should be taken.	1. Observation of process for instructing patients about their medication 2. Staff interview about process Patient interview			
2.12.2	The healthcare provider/dispenser checks that the client/patient understands the instructions.	Observation of process Patient interview			
2.13	Staff follow correct aseptic techniques and wash their hands between clients/patients.				
2.13.1	Health workers perform the following aseptic procedures in line with SOPs or guidelines: wound dressing, suturing, catheterization, injections, intravenous infusion and dental extraction.	1. Check if SOPs /Guidelines available for these six procedures 2. Staff interviewed are able to describe the procedures 3. Observe for infection control practices			
2.13.2	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) and a clean hand towel or alternate is available.	1. Check if soap and water or antiseptic gel available at washing points 2. Check if clean hand towel, paper towels or blow drier available at points			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
2.13.3	Hand washing instructions are posted above the washing point(s).	Check presence of posters with instructions above hand basins			
2.13.4	Healthcare providers wash their hands between clients/patients and between procedures.	Observation of staff before and after patient examinations or procedures			
2.14	Rational prescribing is practised to minimize the risk of drug resistance, ensure appropriate treatment and enable cost-effective care.				
2.14.1	An essential drug list is available (and followed).	Check if essential drug list available			
2.14.2	Good prescribing practice guidelines for antibiotics are available and followed.	1. Check if written guidelines available of appropriate drugs to use for different infections 2. Check if register of antibiotics used			
2.14.3	The probable diagnosis is written on the prescription.	Check five copies of prescriptions for diagnosis			
2.14.4	If the diagnosis changes as a result of follow-up assessment or test results the prescription is reviewed.	Randomly check five copies of lab results, 1. Check corresponding review of prescription evident in register 2. Staff interview with doctors on process			
2.15	Essential drugs and supplies are available at all times during open hours.				

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4



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Criterion No.	Item	Evidence Required	Evidence ✓ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
2.15.1	Stock cards are up to date and correspond to physical stock.	Check random check of stock against stock cards tallies			
2.15.2	There is a stock of the essential drugs.	1. Check if drugs on essential drug list are in stock 2. Check if Temperature of room where drugs are stored is controlled			
2.15.3	There is a process for checking date of expiry.	1. Check if written procedure available 2. Staff interview on process for checking expiry dates and when			
2.15.4	No expired drugs are in stock.	Random check of expiry dates of supplies			
2.16	The cold-chain for vaccines is maintained.				
2.16.1	A Cold Chain procedure for vaccines is used and includes clear directions on the following practices ¹ : i. Vaccine stock management including vaccine storage, potency, stock quantities, stock records, and arrival report ii. Equipment for vaccine transport and storage iii. Maintenance of equipment iv. Control and monitoring of temperature v. Cold chain during immunization sessions	1. Check written procedure on vaccine stock management 2. Staff demonstrate process of vaccine stock management 3. Observe equipment and refrigerators for transporting and storing vaccines 4. Staff interviewed describe how equipment is maintained 5. Check if records of temperature monitoring, going back three months, identify if temperatures monitored at weekends, action when temperature not controlled 6. Staff interviewed describe how cold chain maintained Staff demonstrate cold chain procedure			

¹ Based on Safe Vaccine Handling, Cold Chain and Immunization: A manual for Newly Independent States, EPI, WHO, Geneva, 1998

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Criterion No.	Item	Evidence Required	Evidence √ or x	Rating 1 - 4*	Assessor's Comments and Recommendations
	vi. (Syringes, needles and sterilization) and vii. Breakdown of equipment and emergency actions to minimize risks.	7. Check if a written procedure on breakdowns and emergencies exists 9. Staff interviewed describe process of needle disposal			
2.17	Items for single use are not reused.				
2.17.1	Disposal systems and processes for single-use items are available and used.	1. Check if there is a policy on what items are for single use and disposal process 2. Check if the single use items are labeled as single use 3. Staff interviewed describe disposal process of single use items			
2.18	Sharps and needles are used and disposed of safely.				
2.18.1	Labelled needle safety boxes are available in the examination, injection and dressing rooms.	1. Observe if safety boxes visible in examination, injection and dressing room 2. Observe if safety boxes are labeled 3. Observe if staff use safety boxes 4. Observe that safety boxes are not overflowing and are tamper proof			
2.18.2	Staff safely dispose of sharp objects and needles in the containers provided.	1. Observe if coloured sharps containers visible 2. Staff interviewed describe process of disposal 3. Observation of process if possible – look for safety and security			

Rating Scale: Little achievement 1, Fair achievement 2, Good achievement 3, Excellent achievement 4

