



MEDICAL COUNCIL OF ZAMBIA



# **ART ACCREDITATION GUIDELINES**

May 2009



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the USAID concerning legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

## Foreword

The Medical Council of Zambia is a Statutory Body established under an Act of Parliament – CAP. 297 of the Laws of Zambia. It is a regulatory body with statutory obligations to regulate the registration of health care facilities and health practitioners, as well as to maintain optimal standards of competence, care and professional conduct. Its mission is to set, promote and regulate ethical and professional conduct of practice amongst health care professionals so as to ensure the provision of quality health care to the public.

In line with its statutory mandate, the Council has continued the accreditation of ART sites both public and private who wish to provide ART services. There are 358 ART sites currently existing in Zambia. Since 2007, 60 ART sites have been accredited, 45 public and 15 private.

The accreditation guidelines and assessment tools that have been revised for ART sites are designed to facilitate the process of assessing the extent to which a health facility or site, meets the outlined and published standards. The guidelines are also an essential handbook for all health facilities that may wish to provide ART services. The parameters set in these guidelines for each Service Area or Domain Area should essentially be the ultimate aspiration for every health care provider and health facility providing ART services.

It is the Council's hope that health care providers at the ART sites will find these guidelines and assessment tools attainable and user friendly in enhancing the quality of care in the provision of ART in particular and health care in general.

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**Prof. Y. Mulla**  
**Chairman**

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## **List of Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
ALT	Alanine Amino Transferase
ART	Antiretroviral Therapy
ARVs	Antiretroviral drugs
CD4	Cluster of differentiation 4
CIDRZ	Centre for Infectious Disease Research in Zambia
CO	Clinical Officer
CPD	Continuous Professional Development
CRS	Catholic Relief Services
CT	Counselling and Testing
DHIS	District Health Information System
DHMT	District Health Management Team
FBC	Full Blood Count
GNC	General Nursing Council
GRZ	Government of the Republic of Zambia
Hb	Haemoglobin
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSSP	Health Services and Systems Program
ITG	Integrated Technical Guidelines
JUNPAIDS	Joint United Nations Programme on AIDS
LFT	Liver Function Tests
LMIS	Logistics Management Information System
LMS	Logistics Management System
MCZ	Medical Council of Zambia
ML	Medical Licentiate
MO	Medical Officer
MoH	Ministry of Health
NAC	National AIDS Council
NGO	Non-Governmental Organizations
OI	Opportunistic Infections
PCR	Polymerase Chain Reaction
PHO	Provincial Health Office
PLWHA	People Living With HIV AND AIDS
PMTCT	Prevention of Mother To Child Transmission of HIV
PRA	Pharmaceutical Regulatory Authority
PSZ	Pharmaceutical Society of Zambia
QA	Quality Assurance
SOP	Standard Operating Procedures
STIs	Sexually Transmitted Infections
TB	Tuberculosis
THAPAZ	Traditional Health Practitioners Association of Zambia
USAID	United States Agency for International Development
WBC	White Blood Cells
WHO	World Health Organisation
ZMA	Zambia Medical Association
ZPCT	Zambia HI V/AIDS Prevention, Care and Treatment Partnership

## Definition of terms

CD4	A specialised type of lymphocyte, CD4 cell is an important component of the immune system. They are the most common target cells for HIV. The primary way to determine the degree of damage from HIV is to measure the number and percentage of CD4 cells
PCR	HIV DNA testing technique to measure the presence of virus in the body. This is used as an HIV testing methods for babies below 18 months
Creatinine	One of the methods to test kidney function
Viral Load	It is the total amount of virus in the body
SmartCare	Electronic patient record system

**Site or health facility:** Health institution that provides basic services including but not limited to outpatient department, medical, surgical, paediatric, obstetric and gynaecological services and basic diagnostic services, and an adequate level of health staff clinically supervised by a medical practitioner.

**Level of supervision:** All sites should be supervised by a Medical practitioner in accordance with the Medical and Allied Professions Act. Medical Council of Zambia regulations further stipulate that the medical practitioner must be on-site for at least one clinic day per week.

**Availability of Medical Practitioner:** The Medical and Allied Professions Act stipulates that all health facilities should be supervised by a Medical practitioner (for ART sites a Medical Practitioner must be available for consultation).

**Medical Practitioner on-site:** this is when a medical practitioner is based at a site full time.

**Resource person:** any personnel in clinical team that is able to provide special services such as providing various forms of training (including on the job training), outreach, technical support, and other pertinent national duties.

**Focal Point Person:** any personnel in clinical team that is able to provide support supervision and coordination of various activities in HIV care and ART services especially in areas such as Clinical care, pharmacy and logistics, laboratory, Information systems, Quality Assurance, Adherence counselling and fostering community and coordinated linkages

**Formal referral system:** this is a referral system with documented procedures for referrals, referral directory, appropriate referral forms and with or without a referral coordinator.

**Coordinated linkages:** this is where there is documented evidence that the site and the referral site have agreed to support each other.

**Satellite site:** Physical facility not providing full range of ART services and is supported by an established facility

**Clinical team:** this is a team comprising the necessary cadres all trained and certified in HIV care and ART services.

#### **District Hospital Team**

- Medical Practitioner
- Medical Licentiate/Clinical Officer
- Nurse- General Nursing
- Nurse/other- Counselling
- Laboratory personnel (Biomedical Scientific officer, Laboratory Technologist or Technician)
- Pharmacy Personnel (Pharmacist or Pharmacy Technologist)
- Data management officer/records clerks

#### **Health Centre Team**

- Rotating or part time Medical Practitioner
- Medical Licentiate /Clinical Officer
- Nurse(s) (general nursing, counselling and dispensing)
- Laboratory personnel(Biomedical Scientific officer, Laboratory Technologist or Technician)
- Data Clerk or other Designated data personnel
- Pharmacy Personnel (Pharmacist or Pharmacy Technologist) or other Personnel Designated for Dispensing but under the Supervision of part-time or full time or rotating pharmacist or pharmacy Technologist

#### **Private Health Facility Team**

- Medical Practitioner
- Medical Licentiate /Clinical Officer
- Nurse(s) (general nursing, counselling and dispensing)
- Laboratory personnel (Biomedical Scientific officer, Laboratory Technologist or Technician)
- Data Clerk or other designated data personnel
- Pharmacy Personnel (Pharmacist or Pharmacy Technologist) or other personnel designated for dispensing but under the supervision of part-time or full time or rotating Pharmacist or Pharmacy Technologist.

**Trained provider:** A health personnel with professional certificates from a recognised training institution registered and licensed by an appropriate regulatory body in Zambia.

**Certified HIV Care and ART Service Provider:** A trained provider who has successfully completed Ministry of Health appropriate and approved training programmes and is recognised by an appropriate regulatory body MCZ or GNC.

**Medical Practitioner:** Medical Doctor as defined by the Medical and Allied Professions Act Cap 297 of the Laws of Zambia.

## Executive Summary

These Accreditation Guidelines and assessment tools have been devised for the assessment of both public and private health facilities that provide ART services. The guidelines are designed to assess quality aspects in all the domains or service areas in order to ensure that the site meets the accreditation standards before the certificate is issued.

A team of trained assessors under the authority of the Medical Council of Zambia will assess the ART site. Depending on the outcome of the assessment report, the site is graded in one of the following five stages:

Only those sites graded as stage 4 or 5 will be issued with an accreditation certificate. An accredited site or health facility shall be re-assessed every two (2) years in order to monitor compliance to standards set for an accredited site. Those sites that fall below Stage 4 at the time of re-assessment lose their accreditation status until they improve to stage 4 or 5.

The following service areas (domain of service delivery) are assessed or evaluated during a site assessment:

- Domain 1: HIV Care and ART Team Leadership
- Domain 2: National Guidelines, Standard Operating Procedures and Quality Assurance for ART;
- Domain 3: Level of Health Care and Clinical Care Services;
- Domain 4: Laboratory Capacity
- Domain 5: SmartCare/HMIS, Monitoring and Evaluation;
- Domain 6: Human Resource and Continuous Professional Development;
- Domain 7: Pharmaceutical and Logistics Management Systems

Minimum standards and requirements against each one of the above domains or service areas have been elaborated in these guidelines. A checklist or assessment tool has also been provided for scoring and eventual grading of the site.

All sites providing or wishing to provide ART services must attain a stage 4 or Stage 5 grading in order to be accredited as an ART site for provision of ART services.

## 1.0 Background

The provision of antiretroviral therapy is an essential step in the continuum of care and support for persons living with HIV and AIDS. As it is important to bring this service as close to all Persons Living with HIV AND AIDS (PLWHA) as possible, it is even more important to ensure that the best quality of care is provided according to national guidelines and standards. This assures uniformity of standards of care and generally improves the quality of care.

The ART sites Accreditation Programme was first implemented in 2007 under the auspices of Medical Council of Zambia. The implementation stage unearthed various challenges for both the Medical Council of Zambia and the ART sites. The following were the challenges: -

- Inadequate number of assessors (including high staff turnover) to meet the demands of emerging numbers of ART sites
- Inadequately trained assessors
- Non-availability of national guidelines at ART sites
- Inadequate number of appropriately trained staff (including high staff turnover) at ART sites

In addition, the earlier accreditation guidelines were deemed unattainable by stakeholders and this necessitated the revision of the accreditation standards.

The accreditation plan was rolled out in three phases: Pilot Phase, Phase I, and Phase II. The pilot phase started in June 2007 with the target of 50 ART sites; 48 sites were assessed and 15 were accredited. Phase I started in November 2007, with a target of 90 ART sites; 77 were assessed and 26 were accredited. In May 2008, phase II commenced with a target of 105 ART sites, however, 94 sites were assessed and 19 were accredited. At the time (January, 2009), 358 ART sites existed in Zambia, of which 219 sites were assessed and 60 were accredited representing 17% of the total ART sites. Among the 60 accredited sites, 45 were public and 15 were private.

The accreditation targets were not met due to some of the challenges mentioned above. The Medical Council addressed challenges by training the assessors and distributing national guidelines through the assistance of stakeholders. The Council also revised the guidelines and set realistic and minimum attainable goals within the current standards in Zambia.

The common weaknesses which disqualified most ART sites for accreditation were Domain 2 (non-availability of national guidelines), Domain 4 (inadequate quality control in the laboratories), and Domain 7 (non-availability pharmacist or pharmacy technologists) at most sites. It is noteworthy that even though the guidelines have been revised most requirements and minimum standards have not been compromised.

Beginning 2009 the Medical Council will undertake both accreditation of ART sites and monitoring compliance to the set standards through supervisory visits.

## **2.0 The Accreditation Procedure**

It is compulsory for all sites providing ART services to be accredited by MCZ. Sites that are already providing ART services will be assessed based on the schedule set by MCZ and communicated to through the PHO. Sites intending to provide ART services shall apply to the MCZ for assessment.

The accreditation process shall be as follows: -

### **Preliminaries**

- a. Verification of registration of site by MCZ to provide health care in Zambia.
- b. Verification of certification of health care providers by MCZ or General Nursing Council of Zambia (GNC).
- c. The Site to be assessed shall pay an assessment fee as determined by MCZ
- d. The Multidisciplinary ART Accreditation Team (appointed by the MCZ) is informed of the assessment schedule.
- e. The site is informed of the impending assessment for accreditation including the date of the exercise as determined by MCZ.

### **Assessment of site**

- a. The ART Accreditation Team visits the site and uses the site assessment tool for evaluation.
- b. The ART Accreditation Team provides a feedback to the management before leaving the site.

### **Reports**

- a. A comprehensive site assessment report is submitted to the MCZ by the team within 10 working days.
- b. The site assessment report is presented to the ART Accreditation Expert Panel at MCZ for recommendations.
- c. A formal report on the outcome of the assessment with recommendations is sent to the site and copied to the Permanent Secretary, Director clinical care & Diagnostics, Director Public Health and Research and ARV Co-ordinator, PHO and the DHO of the Ministry of Health by MCZ within 8 weeks of the assessment .

### **Follow up action**

- a. Follow up for corrective actions for Accreditation will depend on the decision by the ART Accreditation Expert Panel at MCZ.
- b. Corrective follow up action (within the time specified by the MCZ) shall be the responsibility of the site.
- c. New sites that do not meet the standards will not start providing ART Services until re-assessment
- d. For sites already providing ART but still not meet the standards after initial 6 months improvement period given, Expert panel shall review that case and take appropriate action.

- e. Sites that meet the Accreditation standards will be given a certificate and will be published in the government Gazette annually.
- f. All Accredited ART sites need to be Re-Accredited every 2 years (not less than 3 months before expiry of previous Accreditation Certificate).
- g. Only Accredited sites in the private sector will have access to free ARV drugs after signing a MoU with MOH.

### 3.0 Service Domains Evaluated to Assess Site Readiness

There are seven ART domains and 16 domain areas that shall be evaluated during a site assessment: -

**Domain 1:** HIV Care and ART Team Leadership

***Domain areas:***

- Supervision
- Focal Point Person

**Domain 2:** National Guidelines, Standard Operating Procedures and Quality Assurance for ART

***Domain areas:***

- National Guidelines and Standard Operating Procedures
- Quality Assurance systems

**Domain 3:** Level of Health Care and Clinical Care Services

***Domain areas:***

- Comprehensive service
- Physical space

**Domain 4:** Laboratory Capacity

***Domain areas:***

- Staffing levels
- Capacity to do investigations
- Quality control

**Domain 5:** SmartCare/HMIS, Monitoring and Evaluation

***Domain areas:***

- HMIS Staffing
- ART Monitoring and Evaluation

**Domain 6:** Human Resource and Continuous Professional Development

***Domain areas:***

- Staffing levels
- Certified staff
- Continuous Professional Development

**Domain 7:** Pharmaceutical and Logistics Management Systems

***Domain areas:***

- Staffing levels
- Logistics Management Information System

Only those sites that score a minimum of 4 in EACH domain area will be issued with an accreditation certificate. An accredited site or health facility shall be re-assessed every two (2) years in order to monitor compliance to standards set for an accredited site. Accredited sites that score below 4 in any domain area at the time of re-assessment lose their accreditation status until they attain the required standard.

### 3.1 Domain 1: HIV Care and ART Team Leadership

The proposed site must have: -

- A medical practitioner to supervise (stationed at the site or accessible for consultation according to MCZ guidelines) the clinical team.
- A medical practitioner, medical licentiate, clinical officer or nurse as a focal person trained in ART.
- The focal person must have had an advanced or basic training in ART and management of opportunistic infections according to MOH guidelines recognised by MCZ and GNC.

The following areas are evaluated to determine capacity:

**Table-1**

<b>Domain 1: HIV Care and ART Team Leadership</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Supervision	Has no medical practitioner at the site	1
	Has medical practitioner available but not for ART services	2
	Has medical practitioner available for ART, but needs assistance with setting up HIV care/ART and training	3
	Has an ART trained medical practitioner stationed at the site or accessible for Consultation and Supervision	4
	Has an ART trained medical practitioner stationed at the site or accessible for Consultation, Supervision and is a Resource Person.	5
Focal Point Person	Has no focal point person at site	1
	Focal point person identified	2
	Focal point person orientated in ART service provision	3
	A medical practitioner, medical licentiate, clinical officer or nurse as a focal person trained in ART	4
	Focal point person trained and is a resource person	5
Total Leadership Score (sum of domain area scores)		
Leadership Domain Score (Total Leadership Score/2)		

*\* Supervisor and focal point person could be the same person depending on service level of the facility*

### 3.2 Domain 2: National Guidelines and Standard Operating Procedures and Quality Assurance Systems

The proposed site must use MoH national guidelines, protocols and standard operating procedures (See table below for recommended documents): -

- For the provision of HIV counselling & testing
- For the management of OIs and other related conditions.
- For the provision of antiretroviral therapy
- For Quality Assurance (QA) systems covering clinical, laboratory, pharmacy services; and waste disposal and infection prevention

#### Components of a QA System

- QA committee and focal point person
- QA meetings' minutes
- QA tools (guidelines, wall charts, clinical checklists and procedure manuals)
- QA support supervisors
- QA supervision/evaluation reports

**Table-2: Recommended Documents**

<b>Category A documents (Mandatory)</b>	<b>Type</b>
National HIV and AIDS TB and STI Policy	Policy
National Guidelines on Management and Care of Adult HIV and AIDS	Guidelines
National Guidelines on Management and Care of Paediatric HIV and AIDS	Guidelines
National Guidelines for HIV Counselling and testing	Guidelines
MCZ Guidelines on ethical problems surrounding HIV and AIDS	Guidelines
MCZ Accreditation Guidelines	Guidelines
Nutrition guidelines for management of HIV and AIDS	Guidelines
PMTCT Guidelines	Guidelines
<b>Category B documents (Desirable)</b>	<b>Type</b>
Integrated Technical Guidelines (ITG)	Guidelines
Infection prevention Guidelines	Guidelines
DHIS/SmartCare procedures manual	Guidelines
LMIS Manuals	Guidelines
Pharmacy	Standard Operating Procedures
Laboratory	Standard Operating Procedures

Reference Manuals (ART, OIs, PMTCT, CT, HMIS)	Manuals
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**Table-3**

<b>Domain 2: National Guidelines and Standard Operating Procedures and QA systems</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
National Guidelines and SOPs	Has no documents in any of the categories	1
	Has only documents in category (B)	2
	Incomplete documents in category (A)	3
	Have all the category (A) documents	4
	Have all documents in both category (A) and (B)	5
Quality Assurance Systems	Has no QA system	1
	Has committee for QA	2
	Has committee for QA and some tools	3
	Has committee and supervisors for QA	4
	Has all components of a QA systems	5
Total National Guidelines/SOP/QA Score (sum of domain area scores)		
National Guidelines/SOP/QA Domain Score (Total National Guidelines/SOP/QA Score/2)		

*\*For satellite sites evidence of affiliation to an accredited site suffices*

### 3.3 Domain 3: Level of Health Care and Clinical Services

The services listed below must be provided on-site in adequate clinic space or be available by coordinated linkages through formal referral systems. Some services are mandatory while others are desirable. The proposed site must have the capacity for the following: -

#### a. On-site Services

- Clinical monitoring by trained health care workers.
- Basic counselling (Pre-ART, adherence and follow up) and patient education

#### b. Coordinated linkages

Where the service is not available on-site the proposed site must have evidence of coordinated external linkages (through formal referral system) to:

- Basic laboratory services (advanced laboratory monitoring e.g. CD4 count must be accessible but may not be available on site)
- Counselling and Testing (CT).
- Prevention of Mother to Child Transmission of HIV (PMTCT).
- Prophylaxis and management of OIs.
- Management of Tuberculosis (TB).
- Management of Sexually Transmitted Infections (STIs).
- Nutritional counselling, Pharmacy outlets (where applicable).
- Access to assistance with concrete family planning, and risk reduction were needed.
- Access to assistance with nutritional support and shelter, where possible.
- Networking of the site/facility with the community (support groups, home-based care and psychosocial support) through a formal referral system.
- Other clinical (higher) services.

#### c. Comprehensive Services

The proposed site must have evidence of access to comprehensive services. Some services (Category A) are mandatory for any facility; others are desirable (Category B) services. See table below: -

**Table-4**

<b>Category A Services (Mandatory)</b>
Basic Laboratory Services
Basic Counselling (Pre-ART, Adherence, follow up) and Testing
Management of Sexually Transmitted Infections (STI) Management of Tuberculosis (TB)
Pharmacy
Prevention of Mother To Child Transmission of HIV (PMTCT) Prophylaxis and management of Opportunistic infections (OI) Psychosocial support
Nutritional Counselling
Risk reduction
Family planning
<b>Category B Services (Desirable)</b>
Home based care
Nutritional support
Lodging shelter
Male circumcision

**d. Allocation of adequate space for ART**

The proposed site must allocate adequate clinic space to ensure privacy for the clients as well as care to prevent cross infections.

**Table-5**

<b>Domain 3: Level of Health Care and Clinical Services</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Comprehensive services	Has no services in any of the categories	1
	Has only services in category B	2
	Incomplete category A services	3
	Have all the category A services	4
	Have all category A and at least 2 in category B	5
Physical Space*	Has no room for Examination , adherence counselling, pharmacy, laboratory and reception	1
	Has room for Examination and reception but overall space is limited	2
	Has room for Examination , adherence counselling and reception	3
	Has room for Examination ,adherence counselling, reception and pharmacy	4
	Has room for Examination ,adherence counselling, reception , pharmacy and laboratory	5
Total Level of Health Care and Clinical Services Score (sum of domain area scores)		
Level of Health Care and Clinical Services Domain Score (Total Level of Health Care and Clinical Services Score /2)		

*\*Physical space for ART clinic does not have to be a separate or stand alone ART clinic*

Measurements of each room should have a floor area of not less than 8.361 square metres, horizontal dimensions of not less than 2.1336 metres and minimum height of at least 2.5908 metres according to the Public Health (Building) Regulations.

### 3.4 Laboratory Capacity

The proposed site must have: -

**Capacity to do the recommended tests: -**

**Table-6**

<b>TYPE OF TESTS</b>	<b>Category</b>
<b>Basic Recommended Test</b>	
HIV test (including PCR) Hb, Creatinine, WBC's, B/S and Differential Count, T.B Screening, and RPR	A
CD4, LFT's, and pregnancy tests	B
<b>Advanced Recommended Tests</b>	
Viral Load, HIV Resistance Testing, Hepatitis B Antigen Test	C

**Or have referral access to a high level facility offering tests including CD4, LFT (ALT), FBC, Viral Load, PCR, and HIV-Resistance, as required by MoH/NAC protocols.**

**Table-7**

<b>Domain 4: Laboratory Capacity</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Staffing levels	Has no laboratory personnel	1
	Has laboratory staff not qualified to do basic recommended tests	2
	Has minimum of one laboratory Personnel not trained in HIV Test Logistics System	3
	Has minimum of one qualified lab personnel trained in HIV Test Logistics System	4
	Has qualified lab personnel trained HIV Test Logistics System, ART and is a Resource Person	5
Capacity to do investigations	Has no access to required labs as defined in national protocols	1
	Has limited access to required labs as defined in national protocols	2
	Has access to required category A basic recommended tests	3
	Has access to required category A and B basic recommended laboratory tests	4
	Has full spectrum of tests as in Category A,B and (1) in C	5
Quality control	Has no laboratory access	1
	Has laboratory access but no quality control	2
	Laboratory accessible and able to provide evidence of internal Quality Control(report or records) for HIV and Hb	3
	Laboratory accessible and able to provide evidence of internal Quality Control (report or records) for all the basic recommended tests	4
	Laboratory accessible and able to provide evidence of internal and external quality control	5
Total Laboratory Capacity Score (sum of domain area scores)		
Laboratory Capacity Domain Score (Total Laboratory Capacity Score /3)		

*\*Laboratory access means sending specimens to the laboratory and not the patient*

*\* Acceptable minimum standards for internal quality control are daily and External Quality is Quarterly.*

### 3.5 Health Management Information System (HMIS) and Monitoring & Evaluation

The proposed site must have: -

- A reliable data collection system for maintaining patient's medical records (including Patient tracking system and program monitoring & evaluation systems).
- The facility should have evidence of QA meetings and use data for decision making and submit to the Ministry of Health and National AIDS Council.
- Components of HIMS/SmartCare system(Procedures Manuals, Data Collection Tools and/or Computers, Software or Forms, Register and Trained Personnel)

**Table-8**

<b>Domain 5: Health Management Information System and Monitoring &amp; Evaluation</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
HMIS Staffing	Has no data staff/records clerk	1
	Has data management staff/records clerk but not computer literate	2
	Has minimum of one data management personnel/records clerk who is computer literate but not trained in HMIS/SmartCare	3
	Has minimum of one data management personnel/records clerk who is trained in HMIS/SmartCare	4
	Has HMIS/SmartCare trained data management personnel who is a resource person	5
ART Monitoring and Evaluation	Has no components of the HMIS/SmartCare system	1
	Has some components of the HMIS/SmartCare System	2
	Has all components of HMIS/SmartCare system (Procedures manuals, data collection tools and/or computers) but no HMIS/SmartCare trained data management personnel	3
	Has HMIS/SmartCare trained data management personnel and all HMIS/SmartCare system with M&E components for patient monitoring and decision making	4
	Has evidence of reports in period discussed, analysed and submitted to the next level ( DHO, PHO &/or MOH)	5
Total HMIS/SmartCare and M&E Score (sum of domain area scores)		
HMIS/SmartCare and M&E Domain Score (Total HMIS/SC and M&E Score/2):		

### 3.6 Human Resource Capacity and Experience

The proposed site must have: -

- Adequate number of trained staff with experience in providing HIV care services:
- Clearly defined job responsibilities and a plan for on-going Continuing Professional Development (CPD) trainings in HIV care and ART for staff according to the Ministry of Health appropriate and approved trainings.

**Table-9**

<b>Domain 6: Human Resource and Continuing Professional Development</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Staffing Levels	No ART clinical team	1
	Has an incomplete ART clinical team	2
	Has a complete ART clinical team but not all members trained	3
	Has a complete ART clinical team with all members trained	4
	Has complete ART clinical team with all members trained and includes a resource person	5
Certified Staff	No clinical team members are certified (by an appropriate regulatory body) to provide ART services	1
	Has only one team member certified in the ART clinical team	2
	Has more than one team member certified in ART clinical team	3
	Has all team members certified in the ART clinical team	4
	All ART clinical team members are certified including the resource person	5
Continuing Professional Development	Has no CPD plans of any kind	1
	Has incomplete CPD plan	2
	Has CPD plan but does not address HIV and AIDS and ART	3
	Has CPD plan which addresses HIV and AIDS and ART	4
	Has evidence of implementing CPD plan which addresses HIV and AIDS and ART	5
Total Human Resource and CPD Score (sum of domain area scores)		
Human Resource and CPD Domain Score (Total Human Resource and CPD Score/3):		

*\* Clinical meetings are also recognised as part of the CPD program*

### 3.7 Pharmaceutical and Logistics Management System

The proposed site must have: -

- Secure and appropriate storage space for commodities (medicinal products and medical supplies etc)
- The standard national logistics management information system (LMIS) for HIV and AIDS commodities including antiretroviral drugs.
- The standard national procedures for forecasting/calculating re-supply orders, routine
- Stock status reporting, dispensing and ordering systems including emergency supplies.
- Personnel trained in the management of HIV and AIDS commodities, laboratory and Pharmacy including ARVs.
- Personnel trained in drug safety monitoring (pharmacovigilance)
- Personnel trained in rational drug use (drug utilization patterns)

**Table-10**

<b>Domain 7: Pharmaceutical and Logistics Management Systems (LMS)</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Staffing Levels	Has no pharmacy	1
	Has pharmacy but no pharmacy personnel	2
	Has minimum of one pharmacy personnel not trained in Management of National ARV Logistics System	3
	Has minimum of one pharmacy personnel trained in Management of National ARV Logistics System	4
	Has computer literate pharmacist trained in Management of National ARV Logistics System and ART and is a resource person	5
Logistics Management Information System	Has no established procedure for inventory management of drugs	1
	Has limited inventory management procedures for other essential drugs and no inventory management procedures for ARVs	2
	Has established inventory management procedures for other essential drugs but lacks all the ART LMIS system components	3
	Has established inventory management procedures for other essential drugs and have all ART LMIS system components	4
	Has all drug inventory management systems and a minimum of one ART trained pharmacist who is a resource person	5
Total Pharmaceutical and Logistics Management Systems Score(sum of domain area scores)		
Pharmaceutical and Logistics Management Systems Domain Score (Total Pharmaceutical and Logistics Management Systems Score/2):		

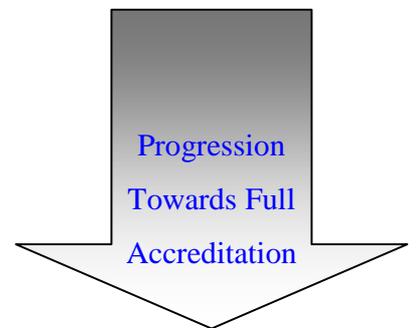
#### 4.0 Determination of Stages for ART Site Accreditation

The assessment tool, which is both qualitative and quantitative, evaluates an ART site for staging towards accreditation. Each domain area is scored according to findings based on evidence and key informants. It is required that a site attains at least a score of “4” in each domain area in order to be accredited. The overall score will determine the staging of the site into one of the following: -

- Stage 1 Mobilisation
- Stage 2 Service delivery planning
- Stage 3 Preparation
- Stage 4 Activation/Continuation Stage
- Stage 5 Centre of Good Standing

Table-11

Key to Scoring Range Stage	Stage	
7-13	1	Mobilisation
14-20	2	Service delivery planning
21-27	3	Preparation
28-34	4	Activation/Continuation
35	5	Centre of Good Standing



An overall score that places a site at Stage 4 or 5 with a minimum score of 4 in each domain area indicates that the site has the capacity to provide ART. A score that places a site at Stage 3 or below indicates that the site must seek technical assistance for progression. Below is the table for overall score and determination of staging:

**Table-12**

<b>Domain</b>		<b>Domain Score</b>	<b>Lowest Area Score in domain</b>
1	HIV Care and ART Team Leadership		
2	National Guidelines, Standard Operating Procedures and Quality Assurance for ART		
3	Level of Health Care and Clinical Services		
4	Laboratory Capacity		
5	HMIS/SMARTCARE, Monitoring & Evaluation Capacity		
6	Human Resource and Continuous Professional Development		
7	Pharmaceutical and Logistics Management Systems		
	Overall Program Total		
	Stage		

#### **4.1 RECOMMENDATIONS FOR SITES THAT DO NOT MEET THE REQUIRED STANDARDS**

The following are the specific activities and recommendations that will move a site to accreditation and they apply to sites in Stages 1, 2 and 3;

##### **4.1.1 HIV Care and ART Team Leadership**

- Identify or recruit a medical practitioner and implement training to embark on HIV care and ART service provision.
- Identify a focal point person preferably one who is trained in ART and is a resource person.

##### **4.1.2 National Guidelines and Standard Operating Procedures and QA Systems**

- Identify and adopt national guidelines for basic HIV care and OI prophylaxis and treatment.
- Access assistance in developing indicators and appropriate system for QA.

##### **4.1.3 Level of Health Care and Clinical Services**

- Identify critical areas that need immediate expansion to reach the next level (i.e. CT, OI treatment, etc.).
- Coordinate referral systems to ensure follow-up of clients to receive comprehensive services and continuum of care.
- Identify space for physical examination, adherence counselling, reception, pharmacy and laboratory.

##### **4.1.4 Laboratory Capacity**

- Seek access to reliable laboratory services with appropriately trained personnel (preferably a resource person) either on-site or off site.
- Capacity to do category A and B basic recommended laboratory tests.
- The accessed laboratory should provide consistent evidence of internal and external quality control.
- In addition seek assistance to provide laboratory training, co-ordinate supplies and logistics as per national minimum standards according to the level of care.

##### **4.1.5 HMIS/SmartCare, Monitoring & Evaluation Capacity**

- Seek technical assistance in management of HMIS/SmartCare and M&E components.
- Ensure availability of data management personnel/records clerk who is trained in HMIS/SmartCare (preferably one who is a resource person).
- Site should be able to use HMIS/SmartCare and M&E data for patient monitoring and decision making and should provide evidence of analysed reports and which are submitted to next level( DHO, PHO and MoH)

##### **4.1.6 Human Resource and Continuing Professional Development**

- Identify mechanisms to recruit or deploy a complete ART clinical team with all members trained (and includes a resource person).
- All clinical team members should be certified including the resource person.
- Develop and implement a CPD plan which addresses HIV and AIDS and ART

#### **4.1.7 Pharmaceutical and Logistics Management Systems**

- Identify mechanisms to recruit or deploy pharmacy personnel\* who is (are) trained in LMS, LMIS and ART (preferably a pharmacist who is a resource person).
- Site should ensure availability of all drug inventory management procedures for other essential drugs and all ART LMIS system components.

*\* refer to the definition of pharmacy personnel*

#### **4.1.8 Centre of Good Standing (Stage 5)**

These are sites that meet all the stipulated requirements as set in the Domains. They also serve as training centres for other sites, as models and provide technical assistance for replication at other sites locally or elsewhere (scale out).

**Annex I: MCZ Assessment Tool**

**Section 1: Assessment Tool for Health Facilities**

**Particulars of the Health Institution**

1. Name of facility: -----

2. Type of facility: -----

3. Owner of the facility: -----

4. Physical address: -----

5. (a) Telephone No -----

(b) Fax No -----

(c) Email -----

6. Are premises approved by Local/Provincial Planning Authority? **YES /NO**

*Comment:* -----

7. Is the location of the facility in relation to other business premises acceptable? **YES /NO**

*Comment:* -----

**Outpatient/Casualty Department**

**Reception/Waiting Area**

<b>Are the following items available?</b>	<b>Yes</b>	<b>No</b>
a) Sufficient sitting facilities?		
b) Good maintenance of the sitting facilities?		
c) Patient Register?		
d) Patient Cards?		
e) Filing Facility?		
f) Good record keeping?		
g) Adequate ventilation?		
h) Adequate lighting?		
i) A waste bin with tight fitting lid?		
j) Cleanliness in the room?		
k) Is structure in a good state of repair?		
<b>Comments: -</b> ----- ----- ----- ----- -----		

### Examination Room

Are the following items available?	Yes	No
a) A couch?		
b) Couch linen?		
c) A desk with adequate chairs?		
d) Adequate privacy?		
e) Adequate ventilation?		
f) Adequate lighting?		
g) A foot stool?		
h) A hand washing basin with adequate running water?		
i) Soap disinfectant?		
j) Disposable paper wipes or hot air driers?		
k) Waste bin with a tight fitting lid?		
l) Cleanliness in the room?		
m) A sink?		
Is structure in a good state of repair?		
<b>Comments: -</b> ----- ----- ----- ----- ----- -----		

**Treatment Room Emergency Tray**

<b>Are the following items available on the emergency tray?</b>	<b>Yes</b>	<b>No</b>
a) Hydrocortisone?		
b) Adrenaline?		
c) Diazepam?		
d) Aminophyline?		
e) Phenobarbitone?		
f) Atropine?		
g) Potassium Chloride?		
h) Calcium gluconate?		
i) 50% Dextrose?		
<b>Comments: -</b> ----- ----- ----- ----- ----- -----		

## Emergency Equipment

Are the following items available?	Yes	No
a) A full oxygen cylinder with working gauge?		
b) Suction machine?		
c) Ambu bag?		
d) Cannulae?		
e) Giving sets?		
f) Endo Tracheal Tube?		
g) Laryngoscope?		
h) Airway?		
i) ECG?		
j) Syringes?		
k) Needles?		
l) Spatula?		
<b>Comments: -</b> ----- ----- ----- ----- -----		

### Out Patient/Casualty Equipment

Are the following items available and in good working condition?	Yes	No
a) Adult weighing scale?		
b) Infant weighing scale?		
c) Blood pressure machine?		
d) Stethoscope?		
e) Clinical thermometer?		
f) Auriscope?		
g) Ophthalmoscope?		
h) Laryngoscope?		
i) Foetal scope?		
j) Sterilizer?		
k) Refrigerator?		
l) Patella hammer?		
m) Wheel chair?		
n) Stretcher?		
o) Fire extinguisher?		
p) Couch?		
<b>Comments: -</b> ----- ----- ----- ----- -----		

## Outpatient Dispensary

Are the following items available?	Yes	No
a) A Dispensing room?		
b) Is there a counselling room?		
c) Qualified staff dealing with dispensing?		
d) Adequate shelves for storing drugs?		
e) A lockable cupboard for storage of restricted drugs?		
f) A register for control of dangerous drugs?		
g) Adequate ventilation?		
h) Adequate lighting?		
i) Security?		
j) A dispensing impervious bench?		
k) Sink with access to both hot and cold water supply?		
l) A weighing scale?		
m) A refrigerator?		
n) Reference material		
o) Graduated glass measures		
p) Suitable range of labels for labelling re-parked medicines?		
q) Suitable means of counting tablets?		
r) A container of distilled water for reconstitution?		
s) A good dispensing practice?		
t) A stock surveillance system?		
u) Procedure for the disposal of drugs?		
v) Fire extinguisher?		
w) Good repair of the structure?		
x) Expired drugs?		
<b>Comments: -</b>		
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## Toilets

Are the following available?	Yes	No
a) Separate toilets for both sexes?		
b) Adequate female toilets?		
c) Adequate male toilet with a urinal?		
d) Toilets in good working condition?		
e) Toilets kept clean?		
f) Are the toilets: - i. Water borne type? ii. Dry closets type? (VIP) iii. Are they labelled?		
g) Is there a sluice room in the OPD/Casualty Department?		
h) Adequate lighting?		
i) Adequate ventilation?		
j) Good state of repair of the structure?		
k) Hand wash basins with adequate running water?		
<b>Comments: -</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**Provision of Disaster/Epidemic Care Services to the Patients**

<b>Are the following available?</b>	<b>Yes</b>	<b>No</b>
a) Does the hospital have a disaster/epidemic preparedness plan?		
b) Does the hospital have a disaster/epidemic preparedness committee?		
c) Does the staff receive appropriate education on their role and responsibility during an emergency e.g. bus accident or cholera?		
d) Are the initial assessment, medical history and physical examination completed in a timely manner to meet patient needs?		
e) Are the services available in a timely manner to meet patient needs?		
f) Are there ambulances?		
g) Is there intra-facility communication?		
<p><b>Comments: -</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>		

**Observation of Case Management of Patients in Out-Patient/Casualty Department**

<b>Are the following issues addressed during case management?</b>	<b>Yes</b>	<b>No</b>
a) Is the taking of history and physical examination adequate and comprehensive?		
b) Is the admission assessment conducted by physician/clinical officer?		
c) Is admission assessment performed in a manner that respects privacy?		
d) Has a working diagnosis been made?		
e) Are relevant investigations ordered?		
f) Is patient assessment documented in the patient record?		
g) How long did the assessment of the patient take?		
<p><b>Comments: -</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>		



**Infection Control in Patient Care Areas (e.g. Wards, Laboratory, Radiology, Pharmacy and OPD)**

<b>Are the infection control procedures in place?</b>	<b>Yes</b>	<b>No</b>
a) Is the place of operation kept clean?		
b) Is the procedure explained to the patient?		
c) Are fresh wounds protected from contamination?		
d) Are all necessary instruments present?		
e) Are instruments sterile?		
f) Is dressing and bandage correctly applied?		
g) Are instruments cleaned after use?		
h) Are dirty dressings properly disposed of?		
i) Is patient made comfortable?		
j) Is health education given to the patients?		
k) Is equipment that is reused appropriately cleaned, sterilized or disinfected between uses?		
l) Does staff monitor sterilizer equipment (e.g. steam under pressure) for time, temperature and pressure to achieve sterilization?		
m) Is the solution for disinfecting instruments in correct amount and concentration?		
n) Are the instruments sterilised for the proper duration?		
o) Is there availability and use of supplies such as gloves, soap, masks and disinfectant?		
p) Is laundry and linen management carried out properly?		
q) Is handling and disposal of "sharps" and needles done properly?		
r) Is the infection control process documented in written policies and procedures?		
s) Is there an Infection control Committee?		
t) Is there a system that ensures effective infection control?		
u) Is there proper disposal of blood wastes?		
<b>Comments: -</b>		
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**State of the Building and General Observations in all Areas of the Hospital**

<b>Are the following in good condition (cleanliness and good state of repair)?</b>	<b>Yes</b>	<b>No</b>
a) External walls?		
b) Internal walls?		
c) Floors?		
d) Ceiling?		
e) Roof?		
f) Doors?		
g) Windows?		
<b>Are the following items available?</b>		
h) Artificial lighting?		
i) Natural lighting?		
j) Artificial ventilation?		
k) Natural ventilation?		
l) A copy of relevant Fire Safety Laws and Regulation?		
<b>Comments: -</b>		
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## Laboratory Services

Are the following available?	Yes	No
a) Management of the laboratory services by a qualified and licensed individual?		
b) Critical and essential laboratory equipment?		
c) Essential laboratory reagents and supplies at all times?		
d) Use of standard operating procedures?		
e) Evidence of quality assurance and control procedures?		
f) Is equipment used in the laboratory appropriate for the level of laboratory and tests performed?		
g) Is infection control measures practised in the laboratory?		
h) Is protective clothing available to staff?		
i) Is there proper documentation and record keeping?		
j) Is there a system that ensures a timely release of laboratory results to appropriate clinical staff?		
k) Is there a Laboratory Safety Committee?		
l) Is there infection control and safe disposal of water?		
m) Is there a Laboratory Register?		
n) Is there good record keeping?		
o) Adequate ventilation?		
p) Adequate lighting?		
q) A waste bin with a tight fitting lid?		
r) Cleanliness of the room?		
s) Hand washing basin with adequate running water?		
t) Soap/disinfectant?		
u) Sharp boxes?		
v) Adequate hygienic hand drying facilities?		
w) Good repair of the structure?		
<b>Comments: -</b> ----- ----- ----- ----- -----		

### Patient Satisfaction

Are the following issues addressed?	Yes	No
a) Is there a written document that addresses patient rights that reflect National Policy?		
b) Are complaint handling and resolution addressed?		
c) Are confidentiality and privacy addressed?		
d) Is written information consent for surgical procedures obtained from a patient or a close relative?		
e) Does the hospital distribute patient rights documents to patients and staff?		
f) Are patients also informed verbally about their rights and responsibilities?		
g) Does hospital leadership evaluate patient satisfaction?		
<b>Comments: -</b> ----- ----- ----- ----- ----- -----		

### Fire Services

Are the following items available?	Yes	No
a) Clearly marked location of fire extinguishers in all patient areas?		
b) Sprinkler system?		
c) Safe storage and handling of potentially inflammable materials?		
d) Is the staff trained and knowledgeable in the event of a fire outbreak?		
e) Do the staff members participate in a fire drill at least twice a year?		
<b>Comments: -</b> ----- ----- ----- ----- -----		

## Section 2: Assessment Tool for Accreditation of ART Sites

Table-1

Domain 1: HIV Care and ART Team Leadership		
Domain Area	Capacity	Score
Supervision	Has no medical practitioner at the site	1
	Has medical practitioner available but not for ART services	2
	Has medical practitioner available for ART, but needs assistance with setting up HIV care/ART and training	3
	Has an ART trained medical practitioner stationed at the site or accessible for Consultation and Supervision	4
	Has an ART trained medical practitioner stationed at the site or accessible for Consultation, Supervision and is Resource Person	5
Focal Point Person	Has no focal point person at site	1
	Focal point person identified	2
	Focal point person orientated in ART service provision	3
	A medical practitioner, medical licentiate, clinical officer or nurse as a focal person trained in ART	4
	Focal point person trained and is a resource person	5
Total Leadership Score (sum of domain area scores)		
Leadership Domain Score (Total Leadership Score/2)		

*\* Supervisor and focal point person could be the same person depending on service level of the facility*

**Table -2**

<b>Domain 2: National Guidelines and Standard Operating Procedures and QA systems</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
National Guidelines and SOPs	Has no documents in any of the categories	1
	Has only documents in category (B)	2
	Incomplete documents in category (A)	3
	Have all the category (A) documents	4
	Have all documents in both category (A) and (B)	5
Quality Assurance Systems	Has no QA system	1
	Has committee for QA	2
	Has committee for QA and some tools	3
	Has committee and supervisors for QA	4
	Has all components of a QA systems	5
Total National Guidelines/SOP/QA Score (sum of domain area scores)		
National Guidelines/SOP/QA Domain Score (Total National Guidelines/SOP/QA Score/2)		

*\*For satellite sites evidence of affiliation to an accredited site suffices*

**Table - 3**

<b>Domain 3: Level of Health Care and Clinical Services</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Comprehensive services	Has no services in any of the categories	1
	Has only services in category B	2
	Incomplete category A services	3
	Have all the category A services	4
	Have all category A and at least 2 in category B	5
Physical Space*	Has no room for Examination , adherence counselling, pharmacy, laboratory and reception	1
	Has room for Examination and reception but overall space is limited	2
	Has room for Examination , adherence counselling and reception	3
	Has room for Examination ,adherence counselling, reception and pharmacy	4
	Has room for Examination ,adherence counselling, reception , pharmacy and laboratory	5
Total Level of Health Care and Clinical Services Score (sum of domain area scores)		
Level of Health Care and Clinical Services Domain Score (Total Level of Health Care and Clinical Services Score /2)		

*\*Physical space for ART clinic does not have to be a separate or stand alone ART clinic*

Measurements of each room should have a floor area of not less than 8.361 square metres, horizontal dimensions of not less than 2.1336 metres and minimum height of at least 2.5908 metres according to the Public Health (Building) Regulations.

**Table 4**

<b>Domain 4: Laboratory Capacity</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Staffing levels	Has no laboratory personnel	1
	Has laboratory staff not qualified to do basic recommended tests	2
	Has minimum of one laboratory Personnel not trained in HIV Test Logistics System	3
	Has minimum of one qualified lab personnel trained in HIV Test Logistics System	4
	Has qualified lab personnel trained HIV Test Logistics System ,ART and is a resource person	5
Capacity to do investigations	Has no access to required labs as defined in national protocols	1
	Has limited access to required labs as defined in national protocols	2
	Has access to required category A basic recommended tests	3
	Has access to required category A and B basic recommended laboratory tests	4
	Has full spectrum of tests as in Category A,B and (1) in C	5
Quality control	Has no laboratory access	1
	Has laboratory access but no quality control	2
	Laboratory accessible and able to provide evidence of internal Quality Control(report or records) for HIV and Hb	3
	Laboratory accessible and able to provide evidence of internal Quality Control (report or records) for all the basic recommended tests	4
	Laboratory accessible and able to provide evidence of internal and external quality control	5
Total Laboratory Capacity Score (sum of domain area scores)		
Laboratory Capacity Domain Score (Total Laboratory Capacity Score /3)		

*\*Laboratory access means sending specimens to the laboratory and not the patient*

*\*Acceptable minimum standards for internal quality control are daily and External quality control is Quarterly.*

**Table- 5**

<b>Domain 5: Health Management Information System and Monitoring &amp; Evaluation</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
HMIS Staffing	Has no data staff/records clerk	1
	Has data management staff/records clerk but not computer literate	2
	Has minimum of one data management personnel/records clerk who is computer literate but not trained in HMIS/SmartCare	3
	Has minimum of one data management personnel/records clerk who is trained in HMIS/SmartCare	4
	Has HMIS/SmartCare trained data management personnel who is a resource person	5
ART Monitoring and Evaluation	Has no components of the HMIS/SmartCare system	1
	Has some components of the HMIS/SmartCare System	2
	Has all components of HMIS/SmartCare system (Procedures manuals, data collection tools and/or computers) but no HMIS/SmartCare trained data management personnel	3
	Has HMIS/SmartCare trained data management personnel and all HMIS/SmartCare system with M&E components for patient monitoring and decision making	4
	Has evidence of reports in period discussed, analysed and submitted to the next level ( DHO, PHO &/or MOH)	5
Total HMIS/SmartCare and M&E Score (sum of domain area scores)		
HMIS/SmartCare and M&E Domain Score (Total HMIS/SC and M&E Score/2):		

\* The Facility should have evidence of QA meetings and use data for decision making and submit to the Ministry of Health and National AIDS Council.

\* Components of HIMS/SmartCare system includes, Procedures Manuals, Data Collection Tools and/or Computers, Software or Forms, Register and Trained Personnel.

<b>Domain 6: Human Resource and Continuing Professional Development</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Staffing Levels	No ART clinical team	1
	Has an incomplete ART clinical team	2
	Has a complete ART clinical team but not all members trained	3
	Has a complete ART clinical team with all members trained	4
	Has complete ART clinical team with all members trained and includes a resource person	5
Certified Staff	No clinical team members are certified (by an appropriate regulatory body) to provide ART services	1
	Has only one team member certified in the ART clinical team	2
	Has more than one team member certified in ART clinical team	3
	Has all team members certified in the ART clinical team	4
	All ART clinical team members are certified including the resource person	5
Continuing Professional Development	Has no CPD plans of any kind	1
	Has incomplete CPD plan	2
	Has CPD plan but does not address HIV and AIDS and ART	3
	Has CPD plan which addresses HIV and AIDS and ART	4
	Has evidence of implementing CPD plan which addresses HIV and AIDS and ART	5
Total Human Resource and CPD Score (sum of domain area scores)		
Human Resource and CPD Domain Score (Total Human Resource and CPD Score/3):		

*\* Clinical meetings are also recognised as part of the CPD program*

**Table- 7**

<b>Domain 7: Pharmaceutical and Logistics Management Systems (LMS)</b>		
<b>Domain Area</b>	<b>Capacity</b>	<b>Score</b>
Staffing Levels	Has no pharmacy	1
	Has pharmacy but no pharmacy personnel	2
	Has minimum of one pharmacy personnel not trained in Management of National ARV Logistics System	3
	Has minimum of one pharmacy personnel trained in Management of National ARV Logistics System	4
	Has computer literate pharmacist trained in Management of National ARV Logistics System ,ART and is a Resource Person	5
Logistics Management Information System	Has no established procedure for inventory management of drugs	1
	Has limited inventory management procedures for other essential drugs and no inventory management procedures for ARVs	2
	Has established inventory management procedures for other essential drugs but lacks all the ART LMIS system components	3
	Has established inventory management procedures for other essential drugs and have all ART LMIS system components	4
	Has all drug inventory management systems and a minimum of one ART trained pharmacist who is a resource person	5
Total Pharmaceutical and Logistics Management Systems Score(sum of domain area scores)		
Pharmaceutical and Logistics Management Systems Domain Score (Total Pharmaceutical and Logistics Management Systems Score/2):		

**Table 8**  
**Determination of Stages for ART Site Accreditation**

Domain		Domain Score	Lowest Area Score in domain
1	HIV Care and ART Team Leadership		
2	National Guidelines, Standard Operating Procedures and Quality Assurance for ART		
3	Level of Health Care and Clinical Services		
4	Laboratory Capacity		
5	HMIS/SmartCare, Monitoring & Evaluation Capacity		
6	Human Resource and Continuous Professional Development		
7	Pharmaceutical and Logistics Management Systems		
	Overall Program Total		
	Stage		

Table- 9

Key to Scoring Range Stage	Stage	
7-13	1	Mobilization
14-20	2	Service delivery planning
21-27	3	Preparation
28-34	4	Activation/Continuation
35	5	Centre of Good Standing

## Annex II: Implementation Plan

### Guiding Principles

This plan will focus on the following interventions: -

- Putting in place an efficient quality assurance system.
- Ensuring use of routine health information and patient-level data analyses.
- Accrediting public and private health care institutions.
- Certifying health care providers providing ART.
- Ensuring availability and quality of Pharmaceutical, nutrition supplements, reagents and other medical supplies.
- Ensuring rational use of ART medicines and other medical supplies.
- Putting in place national ARV drug resistance surveillance and pharmacovigilance systems.
- The program will observe and promote equity in accessing of ART services. Every client will be offered a package of essential health services on the basis of nothing else, but need.
- The program will recognize the synergy inherent in a multi-disciplinary approach, and will therefore elaborate an overarching approach to include public-public and public-private partnerships.
- The program will encourage and support community participation.
- The program will be structured in such a way that it wins universal acceptability among users.
- The program will borrow from the constitutional imperatives on the bill of rights that, every citizen has a right to good health and a legal duty of right of access to healthcare.
- To promote sustainability, the program will not constitute one off events, but will have continuous processes, a dedicated budget and adequately trained staff.

## **Aim and Objectives for Accreditation of ART Sites**

### **Aim**

To establish an accreditation system that will respond to the demands of providing ART and other health services.

### **General Objective**

The main objective of the accreditation system is to assess a site's ability to provide antiretroviral therapy and other services.

### **Strategic Objectives**

- To ensure high standards of practice in ART services
- To ensure adherence to policies and procedures for accreditation
- To develop the accreditation database
- To provide capacity building to surveyors/inspectors on accreditation
- To roll out of the accreditation programme
- To strengthen the awareness on accreditation among stakeholders

## **Activity Description by Strategic Objective**

### **To ensure high standards of practice in ART services**

This objective shall be achieved through the following activities: -

1. Adoption of the approved guidelines on implementation of ART services
2. Ensure dissemination of guidelines on implementation of ART services
3. Establish a library at MCZ for guidelines/policy documents on implementation of ART services
4. Collaborate with MoH in ensuring that all guidelines are available to all stakeholders providing ART services
5. Monitor the compliance to the prescribed standards of practice in ART services
6. Strengthen the CPD with the help of the Professional Associations

### **To ensure adherence to policies and procedures for accreditation**

It shall be mandatory for all stakeholders to adhere to the policies and procedures for accreditation of facilities providing ART. MCZ will conduct the following activities: -

1. Conduct periodic updates of the rules as need arises.
2. Facilitate alignment of accreditation to the Medical & Allied Professions Act.
3. Collaborate with professional associations in dissemination of information on the Act
4. Assess all practitioners/facilities on the knowledge of the Act prior to registration.

### **To develop the accreditation database**

The process of accreditation is data-driven and uses multiple data sources. It involves data collection, data review and analysis. Therefore, it will be required that the MCZ refurbishes its office with new equipment for use in support of the accreditation program.

1. Hire a consultant to develop a database and train staff in IT, HMIS and LMIS.
2. Purchase office equipment.
3. Acquire new office premises (with the help of MoH).
4. Create a website.
5. Recruit additional staff for Monitoring and Evaluation.

### **To provide capacity building of surveyors/inspectors on accreditation**

To achieve this objective the following activities shall be taken:

1. Develop training manuals for Inspectors/Surveyors.
2. Recruit field Inspectors/ Surveyors.
3. Conduct training of Inspectors/Surveyors and familiarize them with the harmonized inspection guidelines.
4. Conduct an international study tour focused on the aspects of accreditation program such as field education, scheduling, certification and legal activities.

### **To roll out of the accreditation program**

The roll out of accreditation process will start in March 2007 with facilities in Lusaka and the Copperbelt provinces and eventually scale up to the other areas. The accreditation exercise for the existing facilities is expected to be completed by the end of December 2007. Accreditation will eventually be a prerequisite for registration of a facility five years after the launch of this programme. The following are some of the activities to be conducted: -

1. Launch the Accreditation programme in December 2006.
2. Conduct inspection field visits.
3. Conduct a survey on knowledge and practices about the quality of ART services.
4. Conduct an annual evaluation of the accreditation system.

### **To strengthen the awareness on accreditation among stakeholders**

1. Conduct dissemination seminars to the entire professional associations, the media, and health care institutions on accreditation of ART sites.
2. Publish a periodic newsletter on the implementation of accreditation.
3. Conduct advocacy to all professional bodies on sensitization of accreditation

## **Institutional Arrangements**

The MCZ is responsible for setting, promoting and regulating ethical and professional standard of practice of health care professional so as to ensure the provision of quality health services to the public within the framework of the Medical and Allied Professions Act, Cap. 297 of the Laws of Zambia. This statutory mandate includes the registration and certification of practitioners and health facilities so that standards are maintained. .

The existing internal structural arrangements within the Council will be the same with an expansion of the Inspectorate Unit to cover for the expanded responsibilities. Additional staff within the Inspectorate Unit will be needed in line with the approved establishment.

The Consultative Committee and Expert Panel Committee will be offering technical support and recommendations to Council for action.

## **Programme Financing**

The ART Accreditation Programme is supported by the Ministry of Health and Co-operating Partners.

