



Uganda Community Based Health Care Association

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REGISTRATION FORM FOR PNFP HEALTH FACILITIES

Date:

Name of Health Facility:

Level of Health Facility:

Physical location:

Address:

Telephone:

Email:

Name of District:

Name of County:

Name of Sub county:.....

Parish:

Population served:

Names of in charge:

When did you start your health facility?.....

Do you have a board of directors at least not less than seven members (and not relatives) Yes✓/No
(tick as appropriate), If no why

Do you have a bank account in the names of the health facility with signatories from board of directors?
Yes✓/No (tick) If no why.....

What services do you provide at the HC, list

Is your HC registered by District health office? Yes✓/No (tick), If no why?.....

Does your HC building meet the required standards recommended by Ministry of Health? Yes/ (tick)

If not approved why: A new OPD block is under construction

How many staff do you have? Total number:

Doctors:, Mid wives, Nurses....., Others.....

Do your staff have legal licenses from Uganda Medical and Dental practitioners Yes✓/No (tick)

If no why.....

Do you fill HMIS reports and send them timely to DHO Yes/No (tick),

If yes how often: If no why: HMIS reports are always compiled late and sent to DHO's office late because of inadequate health workers at the facility

Is your HC inspected by any legal authority to check quality health services provided in facility? Yes✓/No

Do you keep any books of accounts Yes /No (tick), If no why.....

Are you aware about the PHC Government subsidy given to NGO health facilities Yes✓/No (tick)

Have you received any PHC subsidy Yes/No (tick), If yes how often? Irregular, like we haven't received PHC funds for the last two quarters

The Government of Uganda has introduced PHC subsidy to be given to NGOPNFP health facilities to help them to reduce their costs. If you want to get this subsidy you must be willing to do the following to access funding and other benefits through the Ministry of Health by ticking yes or no in the list below:

- Must have legal license from Uganda Medical and Dental practitioners for both practitioner and health facility: Yes/No
- Must be operating in a legally approved standard building health facility as recommended by Ministry of Health: Yes/No
- Registered by District health office: Yes/No
- Must be serving a wider population without discrimination and charging lower medical bills on essential drugs: Yes/No
- Must not sell ACT drug: Yes/No
- Must have a board of directors at least not less than seven members (and not relatives): Yes/No
- Operating bank account in the names of the health facility with signatories from board of directors: Yes/No
- Shall provide financial reports to Ministry of Health regularly as required, Yes/No
- Shall fill HMIS and send timely reports to DHO to be compiled and to MOH, Yes/No
- Shall be audited routinely as required by Ministry of Health (MOH), Yes/No

- Shall implement PHC guidelines recommended by the Ministry of Health, Yes/No
- Shall be monitored by Ministry of Health and UCBHCA regularly, Yes/No
- Shall send quarterly reports to UCBHCA regularly on the performance and any challenges: Yes
- Shall attend meetings organized by UCBHCA and MOH regularly as required, Yes/No
- Shall send monthly reports to DHO: Yes/No
- Shall be fully registered with UCBHCA and fulfilling aims and objectives of UCBHCA: Yes
- Shall be trained by UCBHCA regularly to improve performance: Yes/No
- Shall attend UCBHCA meetings: Yes/No

Signature Stamp.....