



Uganda Community Based Health Care Association

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ACCREDITATION CHECKLIST FOR UCBHCA MEMBER NGO HEALTH FACILITIES

1. Organization Background Information	
Name of Health Unit/Organization	
Founding Year	
2. Location and Address of the organization/health facility	
Parish	
Sub-county	
Health Sub-district	
District	
Postal Address	
Physical location of HC Facility	
Telephone number(s)	
Fax number	
E-mail	
Website	
3. Population served	
4. Type of organization, affiliation, level of health facility	
4.1 Type of organization	Community Based Organization /Non-Governmental Organization/Private Company/Faith Based Organization
4.2 Organization is affiliated to	
4.3 Level of health facility	
5. Organization Representative Contact person	
5.1 Names of In charge	
5.2 Title	
5.3 Telephone number	
5.4 E-mail Address	

6. Legal Registration of the organization/health facility

(a) Which regulating body is the organization/health facility registered with? Tick that apply all.

6.1 The Uganda Medical and Dental Practitioners Council/Ministry of Health

6.2 The Allied Health Professionals Council/Ministry of Health

6.3 The Nurses and Midwives Council/Ministry of Health

6.4 The National NGO Board/Ministry of Internal Affairs

6.5 The Registrar of Companies/Uganda Bureau of Registration Services

6.6 District Local Government

(b) Is the organization/license /certificate of registration renewed? Yes/No.....

(c) When was certificate of registration/license renewed?.....

(d) Which professional body is your health facility registered with?.....

7. Governance, Leadership and management

(a) Governance and Leadership

7.1 Does the organization have Board of Directors? Yes/No.....

7.2 Does the organization have health unit management committee? Yes/No

7.3 Does the board of directors conduct regular meetings at least every three months? Yes/No.....

7.4 Does the staff have monthly meetings? Yes/No.....

7.5. Does facility have a feedback mechanism (suggestion box) ? Yes/No if no why?.....

7.6. Does facility have referral mechanism? Yes/No if no why.....

(b) Human Resource Capacity

What category of staff does the organization have?

Cadre	Number	Full-time	Part-time	Qualification
Medical Officers				
Dentists				
Pharmacists/dispensers				
Radiologists				
Radiographers				
Midwives				
Nurses				
Medical Clinical Officers				
Laboratory Technologists				
Laboratory Technicians				
Laboratory Assistants				
Administrator/Administrative Assistant				
Records Officer/Assistant				
Accountants				
Cashiers/Accounts Assistants				
Counselors				

(b) Community –based services

9. Infrastructure and equipment

(a) Buildings appearance

- (i) Does the facility have clean, tidy and attractive appearance of walls, floor and roof? Yes/No.....
- (ii) Does the facility of have adequate ventilation and lightening? Yes/No.....
- (iii) Does the facility have privacy in examination room, treatment room, theatre, and laboratory and counseling rooms Yes/No.....
- (iv). Does the facility have ample space for easy movement? Yes/No.....
- (v) does facility have mortuary? Yes/No.....

(b) Water supply

Is there a reliable and clean supply of water from a protected water source? Yes/No.....

(c) Latrines/toilets

- (i) Does the facility have functional clean latrines /toilets? Yes/No.....
- (ii) Does the facility have patients latrines/toilets separate from the staff? Yes/No.....

(d) Hand washing facilities

Does the facility have hand washing facilities in examination/consultation room, treatment rooms, delivery rooms/labour ward, and laboratory/theatre? Yes/No.....

(e) Waste disposal facilities

Does the facility have the following waste disposal facilities?

- (i) Non-medical wastes bins? Yes/No.....
- (ii) Medical Wastes bins? Yes/No.....
- (iii) Rubbish pit? Yes/No.....
- (iv) Incinerator? Yes/No.....
- (v) Placenta pit? Yes/No.....

(f) Professional Equipment

- (i) Does the facility have basic diagnostic equipment such as BP machine, stethoscope, clinical thermometer, patella hammer, tongue depressor torch, weighing scale? Yes/No.....
- (ii) Does the facility have basic nursing care/midwifery equipment such as treatment trays, trolleys, kidney dishes, bowels, galley pots, drums for swabs, dressing forceps? Yes/No.....
- (iii) How often do you get Officer from Ministry of Health national level visiting your facility?.....
- (iv) How often do you get district health officers inspecting you ?.....
- (v) How often do you get officers from UCBHCA monitoring your facility.....
- (vi) Have you registered/renewed your membership with UCBHCA Yes/No, If no why?.....

(g) Health facility Challenges

(1) What are your most pressing challenges please rank them?.....
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(2) What do you think are some of the possible solutions to your challenges?
.....

(h) Your question

1. Do you have any question regarding the above?.....

2. Would like to say any thing else?.....

Thank you very much for your time

Recommendations

Approved as UCBHCA Member/ Not approved as UCBHCA Member.

If not approved, reasons not approved.....
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Signed by:

Date:.....