

TANZANIA NURSING AND MIDWIFERY COUNCIL



STANDARDS AND CONDITIONS FOR ESTABLISHING AND OPERATING PRIVATE NURSING HOME/MATERNITY/CLINICS SERVICES IN TANZANIA

Revised, 2020

**STANDARDS AND CONDITIONS FOR ESTABLISHING AND
OPERATING PRIVATE NURSING HOME/MATERNITY/CLINICS
SERVICES IN TANZANIA**

Revised, 2020

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronically, mechanical, photocopying or otherwise without permission from TNMC

Registrar
Tanzania Nursing and Midwifery Council
PSSSF Plaza, 5th Floor
Benjamin Mkapa Road
P.O. Box 1736
Dodoma

Mob: +255 737962691

Land line: 262966062/262966063

Email: Info@tnmc.go.tz

Website: www.tnmc.go.tz

© The Tanzania Nursing and Midwifery Council, 2019

Second Edition, 2019

TABLE OF CONTENT

Contents

List of abbreviations/Acronyms	6
FOREWORD.....	7
PREFACE	8
SECTION ONE- BACKGROUND INFORMATION.....	9
SECTION 3: STANDARDS FOR PRIVATE NURSING AND MIDWIFERY	13
SERVICES	14
SECTION 4: GORVENANCE AND MANAGEMENT	29
5.0 LIST OF ANNEXES.....	31

PAGE

List of abbreviations/Acronyms

ART	Anti -retroviral Therapy
FANC	Focused Antenatal Care
ICM	International Council of Midwives
ICN	International Council of Nurses
TNMC	Tanzania Nursing and Midwifery Council
NCDs	Non Communicable Diseases
CD	Communicable Disease

FOREWORD

These standards of proficiency for establishing and operating private nursing and maternity service in Tanzania were developed by working group assembled by the Tanzania Nursing and Midwifery Council constituted by Nurses and Midwives from education and practice settings. With mandate from the Nursing and Midwifery Act, 2010, part II (4) (1&2), Council realized a need to review the existing standards in order to accommodate new trends and support the initiative to ensure Tanzanians are receiving quality and safe services.

The elements in the standard of proficiency indicates the acceptable parameters for professional practice, areas of competencies, and standards for nursing and midwifery education and practice. They have been developed to be in line with the scope of practice of midwives in a Tanzanian context. In addition, these standards will help practitioner to establish private nursing and midwifery services which helps in showing experts, as they prescribe expected competencies and proficiency of establishing and operating private nursing and maternity service in Tanzania. Ultimately, they will also assist in monitoring and evaluating the quality of midwifery care.

The rationale of establishing private nursing and maternity services in Tanzania is to show important roles played by nurses and midwives in the society's effort to tackle the public health challenges of our time, as well as ensuring the provision of high quality, accessible, equitable, efficient and sensitive health services which ensure continuity of care and address peoples' rights and changing needs.

It is the TNMC hope that these standards of proficiency for establishing and operating private nursing and maternity services will be used in order to improve the quality of care provided to individuals, families and communities in Tanzania.

PREFACE

Establishing and operating private nursing and maternity services are undergoing many changes in response to political, social, technical, scientific and diseases trends and changes. In addition, reviewed priorities guided by national and international decisions such as the sustainable development Goals, Task Shifting, Trends of diseases like NCDs, Communicable diseases, advancement of professional and Rulling party Manifesto in the vision 2025 have necessitated TNMC to think of a need to review standards of proficiency for establishing and operating private nursing and maternity service in Tanzania.

This document consists of the following:

- The scope of Nursing and Midwifery practice
- *The rationale*
- The standards
- Areas of competences

TNMC hopes that this document will provide necessary guidance to nurses and midwives' trainer and practitioners who will subsequently like to operate private nursing and maternity services and trainer who would prepare nurses and midwives capable to function competently.

Agness Mtawa
Registrar

SECTION ONE- BACKGROUND INFORMATION

1.0 Introduction

Nursing and Midwifery encompasses an autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing and Midwifery includes the promotion of health, preservation and rehabilitation of illness and care of ill, disabled and dying people (ICN 2010). Also, the Midwifery is recognized as a responsible and accountable professional who works in partnership with parents and families to give the necessary support, care and advice during adolescence, pregnancy, labor and the postpartum period. This care includes preventive measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and carrying out emergency measures. A Nurse or a midwife may practice in any setting including home, community, hospitals, clinics or health units.

Since coming into effect in 1953, the Nurses and Midwives (Registration) Ordinance, CAP 325 of the law allowed for operating private nursing and maternity services in this country. This Act was repealed in 1997 and the Parliament enacted a new law known as the Nurses and Midwives Registration Act, 1997 whereby a provision for providing a more detailed clarification on Nurses and Midwives private practice was incorporated. The most recent statute was passed in year 2010 after repealing the 1997 statute and this also accommodated more provisions on private nursing and midwifery practice.

One of the function of the Council as spelt out by section 6(m) of the Nursing and Midwifery Act (2010) says that the Council shall prescribe standards and conditions for establishing private nursing and midwifery services including nursing homes, nursing clinics, maternity homes and maternity clinics, home based care, RCHS services etc. The Council derives powers to grant licences to private services from part II (6) (n). In addition, the Council provided more detailed elaboration in the part II of regulation known as “Nursing and Midwifery (Practice) Regulations, 2010

The Council also produced a document known as ‘Standards and Conditions for Establishing and Operating Private Nursing home/ Maternity home/Clinics services in Tanzania’ which has incorporated general regulation for the private

Nursing and Midwifery services, prescribed the type of services that can be provided, the type of management expected and a checklist for inspection.

However, due to the requirements of the ongoing health sector reforms and changes in the socio-economic, technological and medico-legal fields and health needs of the families and women there has been expressed and felt needs to review this standards guideline in order to make them address the current situation effectively.

Specifically, these standards and conditions will:

- Provide guidelines that facilitate a clear procedure for the registration of private nursing and maternity services in Tanzania
- Put in place a regulatory environment that promotes the establishment of private nursing and midwifery services
- Stipulate the range of private nursing home/midwifery home and clinics services that may be provided by a nurse or midwife for a fee.
- Put in place a regulatory environment conducive to effective management of private nursing and midwifery services, including referral of clients.
- Map the requirements for human resources, building infrastructures, security, safety and communication, environmental sanitation, equipment and supplies, medicine, referral systems and record keeping and,
- Establish procedures for capacity building, availability of guidelines and protocols, supportive supervision, inspection monitoring/evaluation of private nursing home midwifery home and clinic services.

SECTION TWO- REGULATION

2.0 Regulation

A registered nurse or midwife who has practised the profession for a period of not less than three years with valid licence to practice and intends to be engaged in private practice in order to provide health promotional, preventive, curative and rehabilitative services, according to his or her competencies. Such practice may include a nursing home /maternity home/ clinics, nursing or maternity homes, RCH service and home based care, convalescent home, domiciliary maternity services, maternal and child health services, counselling and consultancies, adolescents or youth friendly services.

In order to ensure that only qualified persons are allowed to operate private services, the Nursing and Midwifery Act, 2010 under section 40 has prescribed penalties for an individual who will operate private nursing and midwifery services without permission from the Council.

2.1 Registration and licensing of Private Nursing home/ Maternity home and clinic Services

In establishing Private Nursing home/ Maternity home/and clinic Services the following process should be adhered to:

- Clear guidelines detailing requirements and conditions for establishing private nursing midwifery practice should be made available to the owners of the private practice in order to maximize transparency.
- The procedure for registration of a private practice shall involve applications being lodged through online system of health facility registration (HFRS) and where by the application will pass through all the stages from District level, Regional level and later National level with subsequent oversight by the Nursing and Midwifery Council.
- Applicants must clearly state the type of health facility applied and services they plan to provide and submit supporting documentation through online system
- The Supervisory Authority shall be responsible on behalf of the Council to provide technical support, conduct inspection and advice the council for

approval of establishing and operating private nursing home/ maternity home and clinics service in Tanzania.

- Approval shall base on the reported inspection of premises and the owner qualification that allow to be granted a registration certificate and license to practice upon payment of prescribed fees.
- The procedure for inspection of the premises shall include a team of not less than 3 persons including the supervisory authorities at the respective area and other two representatives from Council or Regional Health Management Team.
- In conducting the inspection for the purpose of granting permission to establish a private practice or subsequently supportive supervision, the inspection team will use a checklist prescribed by the Nursing and Midwifery Council. This shall be counter-signed by both parties, the supervisor and the supervisee.
- Applications should be processed as quickly as possible; preferably the whole exercise should be completed within a period of 3 (three) months from the date of submission.

Before being approved to establish and operate a private practice, the owner of the facility should show evidence of adhering to the minimum requirements for the services to be provided. These are detailed in Section 3 and include human resources, building infrastructures, security, safety and communication, environmental sanitation, equipment and supplies, medicine and referral systems.

- The Council may deny to grant approval to an applicant who didn't fulfil the requirement for establishing Nursing home/ Maternity home/clinics services. In such situation, the council shall save a denial order stating the grounds on which such order is made. The applicant, if not satisfied with the notice, may appeal to the Minister within 30 days.

2.2 Management

- Operation and management of Private Nursing and Midwifery services shall be supervised and inspected on regular basis by the Supervisory Authority, CHMT, and TNMC in order to determine the quality of care provided and adherence to relevant standards.
- All private practices falling under the scope of the Nurses and the Nursing and Midwifery Act, 2010 must be licensed; this license shall be renewed annually.
- In case of complications, emergencies and conditions beyond the capacity of the practitioner and facility, it is the responsibility of the practitioner to refer patients to a facility capable of providing such care as soon as possible. An appropriate system for referrals must be in place.
- The Council, under section 49 (2) (f), of the Nursing and Midwifery Act, 2010 is mandated to regulate the private practice of the licensed nurses or midwives. Furthermore, section 14(4) of the Nursing and Midwifery (Practice) Regulation, 2010 gives powers to the Council to withhold registration of a private nursing and midwifery services who fails to comply with the standards of operation
- In case a person who is registered in respect of Private Nursing /Maternity services dies; the services may continue to operate provided another qualified professional is identified to manage the facility.
- Each Nursing /Maternity facility should be applied and authorised separately and the registrants should not own or manage more than one facility.
- Every registered private nursing and midwifery services is required to abide to Health Management Information System (HMIS) guidelines as provided by the Ministry of Health and Social Welfare.
- Maternal and perinatal deaths reviews should be conducted within 24 hours as per national guidelines.

SECTION 3: STANDARDS FOR PRIVATE NURSING AND MIDWIFERY

STANDARDS AND CONDITIONS FOR ESTABLISHING AND OPERATING PRIVATE

SERVICES

3.1 Type of services

A nurse/midwife where appropriately qualified, licensed, and equipped, may provide the following services:

1. Normal deliveries
2. Ophthalmic Nursing care
3. Basic emergency obstetric care
4. Home delivery care
5. Focused Antenatal Care (FANC)
6. Postnatal care
7. Vaccination Services
8. Family planning services
9. Post Abortion Care (cPAC)
10. PMTCT
11. Syndromic Management of STI's
12. Growth monitoring
13. Counselling in:
 - STI / HIV-AIDS,

3.2 Infrastructure

With the exception of Domiciliary Delivery Care, Home Based Care, Counselling and Home visiting, all other services will require buildings in appropriate location and site especially in reaching underserved communities.

This must be a safe and permanent structure made of durable materials with at least 4 rooms, with 4 x 4 square meters

- Well ventilated
- Standard ceiling,
- Walls well painted and adequate area (inside and outside)
- Area or space for client food preparation
- Laundry
- Floor pattern that support smooth movement of clients
- There must be at least two toilets and two bath rooms for male and female for a Nursing/Maternity
- Reliable water supply.

3.2.1 Safety, Security and Communication

- General security of environment
- Fire fighting equipment
- Accessibility of public transport, phones

3.2.2 Referral system in place

- Referral plans in place and all staff aware of the existing plans
- Availability of referral health facility
- Appropriate transport available at easy access

- Appropriate communication to the referral point

3.2.3. Environmental sanitation

- Drainage system functioning
- Availability of waste disposal facilities including incinerator and placenta pit
- General cleanliness of environment

Maternity/Nursing facility is allowed to have laboratory services for rapid tests procedures like UPT, urine for protein, Glucose and malaria tests.

3.3 Furniture/Equipment and Supplies

There following minimum furniture/equipment should be available and in good order

- 3 tables and chairs 6
- Examination bed 1
- Stretcher/wheel chair (at least one of the two)
- Screens 2
- Bedpans 2
- Urinal bottles 2
- Brooms, mops, scrubbing brush and soap
- Buckets, basins, cups, spoons for patient's use
- Buckets for decontamination according to IPC standards,
- Trays (at least 2)
- One delivery beds and 2 patients beds which may increase depending with the need

- Benches /chairs for visitors
- Hand washing facilities
- Shelves and cupboards for storage
- Waste disposal bins according to colour coding

3.4 General Equipment/Supplies for Nursing and Maternity Services

These general equipment and supplies applies to all Nursing and Maternity units

- Delivery set 3
- Dressing set 2
- Drums for sterile supplies storage
- Neonatal resuscitation set
- Adult resuscitation set
- 2 Vital signs trays
- 4 Mackintosh
- 4 bed sheets for each bed
- 2 blankets per bed (where applicable)
- Drapers
- Sterilizers/autoclave
- Medication tray
- Instruments trays
- Suction machine
- Sucker eg. penguin

- Trolley
- Register book (HMIS)
- Syringes/needles 50 pcs each size
- A box of sterile gloves (surgical gloves) and long sleeves sterile gloves
- Safety boxes
- Light source - lamp torch or hurricane lamp
- Clock
- Drip stand 2
- Bed accessories
- Antiseptics and disinfectants as per IPC Standard
- Cheattle forceps and jars
- Basins
- Weighing scales and height measure

3.5 Spacing/Arrangement of Nursing/ Maternity Services

It is the duty of owner of the Nursing /Maternity Unit to arrange the services by considering scientific principles and good flow pattern of the unit. The example of the proposed arrangement is as follows:

NURSING UNIT	MATERNITY UNIT	RCH UNIT
Room one: <ul style="list-style-type: none"> ➤ Reception ➤ Registration/records ➤ Examination/ Consultation 	Room one: <ul style="list-style-type: none"> ➤ Reception/Registration ➤ Examination/FANC ➤ PMTCT ➤ Nurse station 	Room one: <ul style="list-style-type: none"> ➤ Reception ➤ Weighing ➤ Registration and recording ➤ Nurse station
Room two: <ul style="list-style-type: none"> ➤ Dispensing ➤ Store ➤ Injection 	Room two: <ul style="list-style-type: none"> ➤ Dispensing ➤ Store ➤ Injection ➤ Sterilization 	Room two <ul style="list-style-type: none"> ➤ Consultation ➤ Assessment/ Examination ➤ Health education/ Counselling ➤ Dispensing ➤ Store
Room three: <ul style="list-style-type: none"> ➤ Dressing/Wound care 	Room three: <ul style="list-style-type: none"> ➤ Delivery room 	Room three: <ul style="list-style-type: none"> ➤ Vaccination ➤ Other injection

<p>Room four:</p> <ul style="list-style-type: none"> ➤ Observations/Resting room ➤ Nurses' station 	<p>Room four:</p> <ul style="list-style-type: none"> ➤ Observation/ ➤ Resting or postnatal room ➤ PAC 	<p>Room four:</p> <ul style="list-style-type: none"> ➤ Family Planning ➤ Youth health Education ➤ PMTCT ➤ PAC
--	--	---

3.5 Requirement for Specific Services

THE FOLLOWING ARE MINIMUM REQUIREMENTS ADDITIONAL SPECIFIC SERVICE AND CLINICS

Antenatal Care:	
Weighing scales and height measure	Gloves
Tape measure	Ledger books
Foetoscope	RCH cards
BP machine and stethoscope	Thermometer
Relevant guidelines	
Domiciliary Delivery care	
Delivery kit	Blood pressure machine and stethoscope
Pint measure	Baby weighing scales
Foetoscope	Records –HMIS Book / Birth notification forms
Tape measure	Syringes and needles
Cord ties (sterile)	Spirit (70% alcohol)
Chlorine	Surgical blade
Gloves, including Utility, Sterile, long sterile for manual removal of placenta	Swabs and gauze Thermometer HBV –KIT
Facility Based Delivery Care	
Staffing	

3 Skilled Nurse and Midwife 1 Watchman.	2 Supporting staff Other cadres according to the need
Equipment and Supply	
Delivery bed: a bed that supports the woman in a semi-sitting or lying in a lateral position, with removable stirrups (only for repairing the perineum or instrumental delivery)	
High stool for stitching	Curtains if more than one bed in a room
Clean surface (for alternative delivery position)	Work surface for resuscitation of newborn near delivery bed
Light source: Lamp, torch or hurricane lamp	Heat source (where necessary)
Blood pressure machine and stethoscope Pulse Oximeter Glucose machine HB machine	Body thermometer VDRL KIT MRDT KIT BLOOD GROUP KIT
Foetal stethoscope	Baby weighing scales
Tape measure Screen HIV KITS Drip stand	Disposable mucus extractor with suction tube (size 8-10)
Resuscitation tray adult and neonatal - list from WHO	1 Cocksers forceps
2 Artery forceps	Dissecting forceps

Sponge forceps	MVA-KIT
1 Episiotomy scissors	1 Mayo scissors or razor blades
Needle holder	Curved cutting or round curved needles
Vaccine Carrier	Sutures, Lignocaine
1 Kidney Dish	Pint measure
1 Galipot	Vaginal speculum
Dressing drums	Wrappers
Torch with extra batteries and bulb	Clock
Hand washing	
Clean running water supply	Disposable towel
Liquid Soap	
Waste	
Receptacle for soiled linens	Bucket for soiled pads and swabs
Container for sharps disposal	Bowl and plastic bag for placenta
Sterilization	
Instrument sterilizer (kerosene / charcoal stove + saucepan and tight lid)	1 drum for sterile cotton wool and gauze Container for pads
4 buckets for high level decontamination	Jar for forceps
Supplies	
Gloves: Utility, Sterile, Long sterile for manual removal of placenta	Long plastic apron Boots 2 pairs

Syringes and needles	Urinary catheter
IV tubing	Cord ties (sterile)
Suture material for tear or episiotomy repair	Spirit (70% alcohol)
Antiseptic solution (iodophors or chlorhexidine)	Bleach (chlorine-base compound)
Swabs	Sanitary pads / perineum pads
Clean (plastic) sheet to place under mother	Sterile gauze
Clean towels for drying and wrapping the baby	
Recording	
Miscellaneous	
Partograph	Records – MTUHA Book 12 / Birth notification forms, MTUHA NAMBA 6

OPHALMIC NURSING EQUIPMENT

1.TORCH
2.SCHIOR TONOMETER
3.OPHALMOSCOPY
4.VA CHART ADULT
5.VA CHART CHILDREN
6.READING NEAR CHART
7.MAGNIFYING LOOPE
8.LENSE ASSERT SIZE
9.TRIAL SET
10.TRIAL FLAME FOR ADULT
12.TRIAL FLAME FOR CHILDREN
13.POINTER

Drugs Prescribed by Nurses/Midwife where appropriately trained

ANALGESICS	
Paracetamol, All non opiod drugs, Ibuprofen, and Mefenamic acid caples	Diclofenac injection.
Acetyl salicylic acid	
ANTIBIOTIC	
Ciproflaxine	Trimethoprim/sulfamethoxazole (co-tramadol)
X-pen	Metronidazole
Erythromycin	Doxycycline Gentamycin injection Benzathine benzyl penicilline, Cephalexine
Amoxicillin	Ampiclox
Chloramphenicol	Gentamicin injection, Cephalexine, Nitrofurantoin, Cotrimoxazole (septrine)
Erythromycine	Ampiciline
	Ceftriaxone injection
ANTIMALARIA	
Sulphadoxine	Sulpha pymethamine
Quinine	Arthemeter injection
ALU	Artesunate
ANTIFUNGAL DRUGS	
Nystatin	Miconazole, Fluconazole, Griseofulvin, Intraconazole and Candistate
Cotrimazole	G.V paint
Fluconazole	
ANT-CONVULSANTS	
Phenobabitone	Valium
	Carbamazepine
Phenytoin	
ANT-WORMS	
	Albendazole
Mabendazole	Tetramisole/levamisole (KETRAX)
ANTIPROTOZOAL	Tinidazole -secnidazole -metronidazole

EYE TREATMENT/CARE	
1% silver Nitrate eye drops	Phemidex eye drops
1% tetracycline eye ointment	Gentadex eye drops
Neodex eye drops	
Phemidex eye drops	Largactil (Chlorpromazine)
Gentadex eye drops	
ANTI-PSYCHOTIC	
Thioridazine	Haloperidol
Modicate	Largactil
SUPPLEMENTS	
Vitamin A	Iodine, Hemovit, Mult vitamins
All supriments	Folic Acid
Ferrous Sulphate	
ANTIDEPRESANTS	
Aminitriplyine	Imipramine
ANTICONVULSATS	
Carbamazepine	Phenytoin
Diazepam	
LOCAL ANAESTHESIA	
Lignocaine	Adrenaline
Adrenalline	Plain Lignocaine
Lignocaine Adrenaline	
ANTICOAGULANT	
Vitamin K, Trixnamic acid	
INTRAPARTUM	
Sodium bicarbonate 8.4%	Inj. Calcium gluconate (as antidote)
Injection Magnesium Sulphate	Sodium bicarbonate 8.4%
MUSCLE RELAXANTS	
Tabs Salbutamol	Diazepam tabs and Injection
Hyoscine tabs and injection	
POSTPARTUM MANAGEMENT	
Syntromentine	Ergometrine

STANDARDS AND CONDITIONS FOR ESTABLISHING AND OPERATING PRIVATE

Oxytocin	Misoprostol
Inj. Magnesium Sulphate	
BRONCHODILATORS	
Aminophylline	Hydrocortisone
Salbutamol	
ANTI-INFLAMMATORY	
Dexamethasone	Prednisolone
ANTI-EMETICS /ANTIDOTE	
Promethazine	Chlorpheniramine (Piritone)
Chlorpromazine	
ANTT-ALLERGY	
Apricrom	Citizen
INTRAVENOUS FLUID	
Normal saline	Dextrose Saline
Dextrose 5%	Ringer Lactate
Darrow's Solution	All fluids
EYE ANTIBIOTICS	
Tetracycline eye ointment	Gentamycin eye drops
Neomycin eye drops	Chloramphenicol eye drops
	Ciprofloxacin eye drops -Chlorophenical eye drops -gutt atropine -gutt amithocaine
VACCINATIONS	
Recommended vaccines Vaccine Refrigerator	Relevant Vaccines carrier Syringe and needles
Post Abortion Care	

N:B

ART both syrup and Tabs are recommended

SECTION 4: GORVENANCE AND MANAGEMENT

4.1 Establishment

Private Nursing and Midwifery services/Clinic shall be upon the individual fulfil the requirement as directed by the Council. No person will be allowed to enact any service before the Council permit

The applicants shall be required to submit report attached with all relevant informations such as copies of relevant certificates, infrastructure and payments slip.

4.2 Supervision

Supervision is a process in which a practice is subjected to periodic or routine assessment either from a supervisor or through peer assessment/review, clinical practice audit or some other similar mechanism.

Supportive supervision is that which allows for free exchange of ideas and feedback on performance that can be positive as well as negative and not seen as punitive in nature. However, regardless of the type of supervision used, it is necessary to ensure that the process is transparent and fair. Therefore, for private midwifery and nursing practice, appropriate staff shall do supervision regularly utilizing objective structured tools.

4.3 Training

Nursing and midwifery is dynamic profession, practitioners need to continuously update their knowledge and skills in order to provide comprehensive and high quality care. To ensure this, they must strive to update their knowledge and skills by attending seminars, workshops or even self-learning initiatives

4.4 Diagnosis and treatment of Common/Minor Illnesses

Many patients get treatment and other health care services at the first level health facilities. Timely and continuity of management make a difference in disease prognosis. This can be achieved if all health professionals in first level health facilities are utilized effectively.

Most of health facilities are well manned with nursing staff. These nurses and midwives are first liners in rendering health services to the public including dealing with obstetric emergencies, accidents, outbreaks etc

Nurses/Midwives are capable of making diagnosis and treatment of common/minor illnesses since they have the knowledge and skills. Moreover, Nurses/Midwives specialized in deferent categories such as Midwifery, Psychiatry, Paediatric, Ophthalmology and Anaesthesia are trained in diagnosis and treating patients in respective fields.

Therefore, in the absence of appropriate clinician and/or during emergencies Nurses/Midwives should give the desired first line management and refer as soon as possible.

4.5 Referral system

Most nursing and midwifery practices are at the first level health services. Clients with complications must be referred to second or third level health care service delivery points. It is therefore necessary for the practitioner to have appropriate referral skills. It is the responsibility of the practitioner to ensure he or she never practices beyond his or her level of competency and refers complex cases in a timely manner. The practitioner and any other staff must all be able to demonstrate the referral strategy and related provision to the satisfaction of the inspection

5.0 LIST OF ANNEXES

Annex 1: Checklist for Assessing and/or Supervising Nursing /Maternity Services.

INFORMATION FOR THE UNIT

Name of the Health facility

Village/Street

Ward

District

Region

Date

Permanent address

.....

.....

.....

INFORMATION FOR THE OWNER OF THE HEALTH FACILITY

Name

Qualification

Telephone number

E-mail address

Fax

Permanent address

.....

.....

.....

Annex 2: Checklist for Nursing/Maternity Services

a. Type of Unit (Nursing/Maternity/Clinic applied (specify))

.....

NURSING SERVICES		MATERNITY SERVICES	
Type of Service	Tick available only	Type of Service	Tick available only
Diagnosis and treatment of common/minor illness		Delivery care including emergency obstetric care	
Ophthalmic services		Domiciliary delivery care	
Treatment of minor wounds		Focused antenatal care	
Syndromic treatment STI's		Post-natal care	
Health education/IEC		PMTCT	
Counselling		Family planning services	
ART care		Vaccination services	
Referral services		Post abortion care	
Home based care		Syndrome treatment of STI	
Home visiting		Counselling/youth health family services	
Occupational Health services		Postnatal	
Mental health services rehabilitation		Growth monitoring	
Geriatric services		Home based care	
		Home visiting	
		Health education/IEC-birth preparedness/nutrition breast feeding	

		Diagnosis and treatment of minor/common illnesses	
		Treatment of minor wounds.	

b. Verification Criteria

	Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
	<p>Building infrastructure</p> <ul style="list-style-type: none"> • Appropriateness of location and site of the building • General Conditions of the building (painting, ceiling wall etc) • Safety and durability • Ventilation • Spacing • Water supply (specify source • Lighting (specify type of source • Toilets and bath room • Laundry • Floor pattern • Stores • Number and size (4X4m) of rooms (.....) 					

<p>SECURITY, SAFETY AND COMMUNICATION</p> <ul style="list-style-type: none"> • General security of the environment • Fire fighting equipment available (eg sand buckets) • Condition and availability of road to referral health facility • Accessibility of public transport • Referral plan in place, 					
---	--	--	--	--	--

	Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
	Environment sanitation <ul style="list-style-type: none"> • Drainage system functioning • Waste disposal facilities available and in good order - Incinerator and placenta pit • General cleanliness of environment/surrounding 					
	Equipment and supplies <ul style="list-style-type: none"> • Almost all the necessary equipment and supplies available and in good order • Secure and adequacy of storage space 					
	Drugs and Utilities Necessary drugs and utilities available in stock					
	Human Resources <ul style="list-style-type: none"> • Adequate number of skilled personnel • Adequate number of supporting staff available • Uniforms worn as prescribed 					
	Record keeping and management system <ul style="list-style-type: none"> • Daily records available • Monthly reports indicated 					

STANDARDS AND CONDITIONS FOR ESTABLISHING AND OPERATING PRIVATE

	<ul style="list-style-type: none">• 3 monthly reports indicated• Annual reports indicated• Licensing documentation					
--	--	--	--	--	--	--

	Item	4 Excellent	3 Good	2 Satisfactory	1 Poor	Comments
	<p>Training</p> <ul style="list-style-type: none"> • Continuing education to staff indicated • Clients and families well informed on relevant health issues e.g. Posters on wall sessions on progress schedules for sessions 					
	<p>Referral system</p> <ul style="list-style-type: none"> • Referral plans in place, all staff aware • Appropriate transport available at an easy access • Appropriate communication to the referral point available. 					
	Guidelines / Protocols present – where relevant:	Yes	No	Comments		

0	<ul style="list-style-type: none"> • Antenatal Assessment Guideline – FANC/MoH • Infection Prevention and Control – IPC • IMCI Guideline – WHO/MoH • Nursing & Midwifery Guidelines for Practice - MoH • National list of essential equipment for nursing and midwifery procedures – MoH • Treatment Protocols: Malaria, STI's, • Post abortion care guidelines • Guidelines for care of Patients of HIV/AIDS – MoH • Guidelines for PMTCT 			
1	<ul style="list-style-type: none"> • Guidelines / Protocols in use? 			

General comment of supervisors

.....
.....
.....
.....
.....
.....
.....
.....
.....

Statement of Agreement after supervision

Owner of the private practice:

Name.....

Signature.....

Supervisors.....