REPUBLIC OF RWANDA

MINISTRY OF HEALTH
P.O. BOX 84 KIGALI
www.moh.gov.rw

Rwanda Ministry of Health Private Health Facility Licensing Standards

First Edition

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Preface

This is the first edition of the Rwanda Ministry of Health Private Health Facility Licensing Standards. A license is defined as "a written authorization to operate a private health facility for a specific period". Provisional authorization is granted to private practitioners to construct, renovate, purchase equipment and supplies, prior to licensure inspection. The permit is granted for a two-year period for all health care facilities except for new hospital construction, whose permit is based on the construction plans (Ministerial Instructions Governing Private Healthcare Facilities, Article 2). When the person or institution is ready to provide services, they must apply for a license (Article 4). No private facility may provide services without a license issued by the Minister of Health (MOH) (Article 9).

In January 2016, an assessment of the health facility licensing process in Rwanda was done. One of the recommendations made in the assessment report was that basic licensing standards be developed so that facility owners, staff, and inspectors have a more objective way of achieving and measuring standards. The first step in response to the recommendation was to develop a framework for the standards. The framework was used as a guide to developing the licensing standards, which are generic standards that apply to all types of health facilities in Rwanda.

The Rwanda MOH is committed to providing high quality, safe patient care. The MOH has set accreditation of healthcare facilities as a priority for achieving this goal. Therefore, licensing is a first step for facilities to meet minimum standards and then, all private facilities will be expected to meet the accreditation standards. A schedule has been established to provide facility management sufficient time to organize and achieve the standards.

Dr Diane GASHUMBA

Minister of Health

Contents

Introduction

Heath facility licensure is a regulatory function of the government. It is a means of protecting the citizens of the country against unsafe physical structures and practices and low-quality health care services. Licensure is a means of ensuring that the infrastructure of the health facility is safe to enter. The intent of licensure is to confirm that the facility has the right kind and amount of equipment and supplies to provide the services. It also means that there is the appropriate number of qualified healthcare professionals to deliver the services projected, and that the services will be delivered at an acceptable level of quality. The process of licensing is based on an assessment of basic licensing standards that are assessed by qualified inspectors who submit a written report that indicates that all standards are met, and a license can be issued.

The MOH has identified healthcare accreditation as a priority for improving quality and safety in Rwanda. Thus, meeting licensure standards is an entry point to implement minimum standards and ensure patient safety. Following the initial licensure, facilities will be expected to work toward meeting the Rwandan Healthcare Accreditation Standards. The accreditation process is designed to be pursued over time. Facilities will meet three levels of standards to ultimately be awarded "accreditation". The Levels of Effort that represent progressive achievement in reaching the expectations are:

- At Level 1, the policies, procedures, protocols and plans have been developed that describe the expected quality of care/services to be provided..
- At Level 2, the processes (described in the policies, procedures, protocols, and plans) are implemented in a consistent way.
- At Level 3, there are data to confirm successful risk-reduction strategies and continued improvement.

Recognition is received upon achieving Level 1 & 2, and accreditation is achieved when Level 3 is succeeded.

Developing the Licensure Standards

The process for developing the licensing standards began with developing a framework. The next step was to gather data on licensing standards through a Google search. Standards written by organizations such as the World Health Organization (WHO) and the Center for Disease Control (CDC) were also reviewed. And finally, Rwandan government documents were reviewed to identify key priorities and expectations. Based on the framework and the literature review, a draft set of the health facility licensing standards was developed.

The draft licensing standards was discussed with the MOH Unit of Health Policy and Regulation to determine whether the draft set of standards would be achievable in Rwanda and acceptable to the MOH. Changes were made based on the recommendations of the MOH. Next, four task forces were appointed to vet the standards, which were consisted of representatives from the seven types of facilities, the MOH, the district health authorities, and the Rwanda Biomedical Center. A

workshop was conducted that was facilitated by an external consultant to present information about licensing and the process of developing the licensing standards.

The four task forces then met, each discussing one of the primary standards, to determine if the standards met the following criteria:

- **Valid** - Based on scientific evidence or other acceptable experience, expert consensus at a minimum.
- **Reliable** - Leads to the same result each time it is applied by anyone who uses it.
- **Clear** - Understood in the same way by everyone; not subject to misinterpretation.
- **Realistic** - Can be achieved with existing resources, suited to the setting.
- **Measurable** - Can be quantified or counted.

Once the task forces completed their work, the four groups came together to report on their acceptance of standards and any modifications they recommended. When the work of the task forces was complete, another draft edition of the standards was prepared and reviewed by an additional international standards development expert. In March 2019, a group of stakeholders met to review and make the final revisions (Appendix 3. Participant List). The last step was the approval by the MOH of the facility licensing standards for implementation.

Licensure Inspection Process

These standards apply to the creation of all new private health facilities in Rwanda. These standards are considered minimum. When relicensing is due, the facility will be assessed against the Level 1 accreditation standards. These standards and requirements are available in the Rwanda Healthcare Facility Standards manuals.

Licensure Decision Rules

1. Revision of the standards is the responsibility of the MOH every three years based on changes in practice, laws and regulations and private sector growth and modernization. Facilities will receive written notice of the new standards and a timeline for meeting them.

2. The facility must meet all of the critical licensing standards and at least achieve 85% or above in the overall assessment.

Definitions of Health Facilities

Licensing applies to all types of private health facilities. The definition of each type of facility in Rwanda is in Appendices 1) Private Medical Facilities and 2) Paramedical Facilities

Terminology Used in Licensing Versus Accreditation

Licensing standards are basic standards, and accreditation standards are optimal standards. To avoid confusion, the terminology used for licensing and the terminology used for accreditation, is different. For licensure, an inspection will be done by a team of inspectors who will produce a licensing inspection report. In accreditation, a survey is done by a team of surveyors that produce a survey report.

For licensing, the standard is measured using means of verification. Means of verification include: observation, interviews and review of documents. In accreditation, the way to measure if a standard is met is to determine if the levels of effort are met.

Health Service Packages

In January 2017, revised Rwandan health service packages were published that describe services to be provided at each type of health facility. The packages list the types of services and associated supplies and equipment needed to provide the services. As part of the licensing process, the health facility will need to have all the required supplies and equipment to provide the health service package for the type of facility for which it is seeking licensure.

The Framework for the Health Facility Licensing Standards

A framework is a way to organize the licensing standards.The intent of the framework is to create universal categories that can be used to group licensing standards that apply to all private healthcare facilities. Having standards that are common to all types of healthcare facilities will avoid duplication and ensure that there are standards that address all areas that are necessary for public safety and basic quality. The framework has four primary sets of standards and three cross-cutting sets of standards. Primary areas relate to standards that vary based on the type and size of the facility; whereas, cross-cutting areas are standards that apply regardless of the type and size. The framework is depicted in Table 2.

Table 1. Framework for the Healthcare Facility Licensing Standards

Primary Areas	Cross-cutting
1. Construction and Design **2. Human Resources** **3. Clinical Services** **4. Equipment and Supplies**	**5. Infection Prevention and Control** **6. Quality Improvement** **7. Administrative and Legal Requirements**

Primary Licensing Standards

The primary health facility licensing standards represent the four pillars of the health care facility. They address the construction and design of the facility, the human resources who will manage and deliver services, the equipment and supplies that will be used to diagnosis and treat patients, and clinical services that will be provided.

Construction and Design (CD)

Licensing standards for construction and design will ensure that the building has met all the legal and engineering requirements for construction of the facility and that the building is safe. The design of the facility must be appropriate for the services that will be provided.

Human Resources (HR)

The human resources standards are designed to ensure that the owner of the facility, or his/her delegate, has the education and clinical/administrative experience required to manage the facility. Also, the standards aim to ensure that the staff of the facility has the appropriate educational, experience qualifications and licenses, and that there are sufficient numbers of each category of staff to provide the services of the facility.

Clinical Service (CS)

The clinical services standards will address the scope of clinical services being provided, admission and discharge/referral processes (when applicable), standard protocols/treatment guidelines for management of expected patient populations, and patient records management. The intent is to be prepared to effectively manage or refer patients that present themselves for services and use resources efficiently.

Equipment and Supplies (ES)

The licensing standards for equipment and supplies will include the basic requirements for the types and number of equipment and supplies, including laboratory, radiology, and pharmacy. Also, it will address the need for systems to maintain these processes, e.g. inventory management system.

Cross-cutting Licensing Standards

Each of the primary sets of licensing standards has cross-cutting licensing standards that address issues of infection prevention and control; quality improvement; and legal requirements.

Infection Prevention and Control (IPC)

The infection prevention and control (IPC) standards address issues of preventing patients, staff, visitors, or the community from acquiring and transmiting infections. Potential infection sources are air, contaminated food or water, equipment or supplies, or person to person contact. Issues relate to having appropriate space, equipment and procedures for cleaning, disinfecting, sterilizing, storage, and housekeeping products and procedures, the ability to wash hands between touching patients and use of toilet facilities.

Quality Improvement and Patient Safety (QIS)

The licensing standards for quality improvement and patient safety (QIS) ensure that there is a QIS plan that has identified indicators to be tracked to show maintenance and improvements in quality and patient safety during the licensing.

Administrative and Legal Requirements (ALR)

The standards for administrative and legal requirements ensure that the executive-level management (governing body) has been organized and the mission of the organization established. The business plan and registration need to be in place and the rights of patients identified.

All policies and procedures, systems and processes need to be in place before opening the facility. Also, all documents necessary to guide staff in providing care and services including laws and

regulations for construction and design, human resources management, clinical services and equipment and supplies including medications need to be written.

The standards for patient, staff, and visitor safety and security ensure that patient flow has been taken into consideration. Further, the safety and security of staff that works in the facility: male and female adults and children who come to the facility, and others, including vendors who deliver goods and services is well thought-out. These standards also cover the safety and security of information, equipment, supplies, and the physical facility.

The Inspection Team

The licensing inspection team is made up of a representative from the MOH, an engineer/architect from the Rwanda Biomedical Center, the Director of Health and a Hospital Director within the district in which the health facility is located, a laboratory technician, and a specialty health professional (when the health facility provides a specialty service).

The Inspection Report

An inspection report is written by the inspection team. There are only three decisions that must be made by the inspector - the health facility meets the standard, the health facility does not meet the standard, or the standard is not applicable to the facility. The standard is met if all means of verification are in place. If not, the standard is not met.

If one of the means of verification is not met, the health facility staff will need to develop a corrective action plan. The facility will maintain communication with the MOH regarding progress toward meeting the standards. Once all means of verification are achieved the team can recommend a license be granted by the MOH.

Table 2. Licensing Standards and Criteria

Critical Standards are highlighted.

Number	Construction & Design	Human Resources	Clinical Services	Equipment & Supplies	Infection Prevention & Control	Quality Improvement	Administrative & Legal Requirements
1	Safe Environment	Personnel files	Patient Identification	Inventory management	Infection prevention & control program	Quality indicators	Business registration certificate
2	Fire safety	Staff qualifications	Patient medical record	Equipment & supplies	Clean environment	Customer care program	Business plan
3	Waiting room space	Sufficient staff	Admit/ discharge criteria	Emergency equipment & supplies	Disinfection & sterilization processes	Complaint system	Mission, vision and values
4	Toilet facilities	Job orientation	Treatment guidelines/ protocols	Medication management	Personal protective equipment	Reporting medical errors	Patient rights
5	Signage	Performance management	Emergency transport	Medication safety	Handwashing facilities		Costs posted
6	Privacy	Pre-employment physicals	Laboratory	Pediatric equipment & supplies	Hand hygiene		General management manual
7	Access & patient flow	Dress code	Diagnostic imaging	Sterilization supplies, equipment, space	Clean linen		Security plan
8	Safe water			Equipment maintenance	Medical waste management		
9	Stable electricity				Isolation precautions		

The Primary and Cross-cutting Health Facility Licensing Standards

The first column in the scoring tool lists the standard, the second describes how the standard is verified and column three provides specifics on what the inspector should look for to score the standard. The scoring is either met (m), not met (mn) or not applicable (na). The only time that a standard is not applicable is when the service is not provided in the facility, e.g. diagnostic imaging.

Construction and Design (CD)

Standard	Means of Verification	Look for:	Score: M, NM, or NA
CD1: The environment is safe for patients, staff and visitors.	**CD1a.** Documentation that the facility meets the construction requirements of the city of Kigali and/or the district health or any other relevant authority. **CD1b.** Observe whether the environment is safe.	**CD1a.** The health facility has acquired the permits and approvals to construct the facility. **CD2b.** Observe for leaking ceilings, plumbing, security, obstruction of fire exits or equipment, safe storage of chemicals, ventilation systems (inside and outside of the building).	
CD2. A fire safety plan is written and all elements in place to carry it out.	**CD2a.** The fire safety plan is written to provide guidance to staff in the event of a fire.	**CD2a.** A fire safety plan has been developed and reviewed by the fire brigade (or other relevant organization) that is specific to the facility and includes: a. orientation of all staff to the plan b. fire prevention c. early detection (e.g., by smoke detectors or regular patrols) d. communication (e.g. by electronic or manual alarm or use of whistles) e. abatement (e.g. by extinguishers and/or functional fire hose) f. safe exit routes for staff and patients	

	CD2b. Observe the placement and functioning of fire extinguishers, fire hoses and exit signs. **Note: if the health facility is within a building with other businesses, the fire plan needs to consider how the people in their health facility will exit the building.**	**CD2b.** Sufficient fire equipment (extinguishers, water hoses, water supply, and exit signage) is available and functioning.	
CD3. Waiting room space is available for the type of services being provided.	**CD3a.** Observe whether there are defined areas marked as "waiting area". **CD3b.** Observe whether there is sufficient seating available. (The size of the space will be determined by the level of care provided by the facility.)	**CD3a.** Signs designate waiting areas including admission area, outpatient, emergency department, surgical, and intensive care units, as applicable. **CD3b.** Seating is available as projected in the construction/renovation plans.	
CD4. Sufficient toilet facilities for patients, staff, people with physical disabilities, and visitors are available and designated with a sign or recognizable symbol.	**CD4a**. Observe whether there are separate toilet facility staff. **CD4b.** Observe whether there are separate toilet facilities for patients and visitor use. **CD4c.** Universally understood signs are used to identify patient/visitor toilets. **CD4d.** Observe if the toilets allow access to people with physical disabilities. **CD4e**. One toilet/latrine is available for patients/visitors in clinics and one	**CD4a-b.** Toilets have functioning flush mechanism (mechanical or bucket/water). a. Each facility has a commode, toilet paper, hand washing sink, soap dispenser, and paper towels or electric dryers. b. All toilets provide privacy. c. Signs are located on or next to the door identifying the toilets. **CD4d.** Access includes: a. Doorways are wide enough to permit access by a wheelchair (82 cm) and there is sufficient turning radius (e.g. 1500mm). b. Patient toilets have sturdy grab rails. c. Faucets are easily operable and within reach of someone in a wheelchair.	

	for every 20 inpatient beds,[1] with functional handwashing facilities.		
CD5. The signage in the facility is clearly visible and understood by the majority of the population.	**CD5a.** Observe whether there are signs indicating the facility entrance and services available. **CD5b.** Observe whether all doors and areas have signs or recognizable symbols. **CD5c.** Observe whether the signs are written in at least one of the national languages and Kinyarwanda /or use symbols that are familiar to the people who use the health facility.	**CD5a-c.** The facility has: • External signage provides guidance for people unfamiliar with the facility to locate the entrance and a list of services available. • Emergency services are boldly visible. • Parking areas for staff, visitors and emergencies is well marked. • Internal facility signs include the name of the facility and a list of services provided. • Clear, visible internal signage includes the names and directions for main facility areas and services. • Signs are written in Kinyarwanda and French and/or English.	
CD6. Verbal and visual privacy of patients is ensured when stating their primary complaint and when receiving treatment or information in patient settings.	**CD6a.** Observe that where patients give information about themselves they cannot be heard by others (reception, cashier, appointments, exam, radiology, & pharmacy) **CD6b.** Diagnosis and treatment space is observed to be private so that patients cannot be seen or heard by others.	**CD6a.** A process needs to be in place to protect patient privacy when registering, making payments, appointments and picking up medications. **CD6b.** Each patient care area provides privacy from casual observation by other patients or visitors: • Consultation/treatment rooms with windows have curtains. • Screens are available for patient's undressing. • Drapes or gowns are available for patients that are undressed.	
CD 7. There is easy access to the health facility for all patients	**CD7a.** Observe whether there is space available for vehicles for physically challenged patients that is marked.	**CD7a. Handicapped parking includes:**	

[1]Retrieved 6 April 2016: http://spherehandbook.org/en/appendix-3/

including patients who have difficulty with mobilization.	**CD7b.** Parking lots and walkways are well lit. **CD7c.** There are wheelchair ramps and/or a lift for upstairs clinical units. **CD7d.** Paved roads are provided within the property for access to all entrances. (Ministerial instructions Norms Common to all Categories of Private Health Facilities, Article 2.1, Jan 26, 2017)	• At least 10% of parking spaces are dedicated to handicapped; the spaces are allocated among the various entrances. • The spaces are at least 2.5 meters wide. • The parking spaces are marked with the international symbol of accessibility, either with a sign or painted on the cement. **CD7b.** The lighting plans are on the site plan and showing the areas for which lighting is planned, itemizing each area (e.g. parking lot, doorways, walkways, and signage). **CD7c.** The ramp slope is manageable (approximately 1:20 or not too steep). **CD7d.** Asphalt or cement roadway leading to all entrances. Pot holes are filled; some surface roughness is tolerated.	
CD8. A stable source of clean water is available to the health facility.	**CD8a.** Review the policy and procedure and observe the system of storing clean water that serves the facility. **CD8b.** Safe drinking water is available for staff and patients.	**CD8a.** The water management policy and procedure includes: • Current water sources • Suppliers • Availability of drinking water • Arrangements for emergency drinking water supplies, if needed • Testing and treatment **CD8b.** Observe the following: • All drinking water is treated with a disinfectant. • Drinking water dispensers with spigots for patient use are available in all patient care areas.	

		• Water is protected from contamination (completey covered with lid) • Sufficient supplies (disinfectant, water containers, water). • An alternative supply of water is available when needed (e.g. water tanks).	
CD 9. A stable source of electricity is available to the health facility.	**CD9a.** A power management plan and an alternative source of electricity is present to ensure a consistent supply of electricity.	**CD9a.** There is a plan for power management that describes the processes for maintaining electrical power to meet emergency needs. • A site plan showing electrical service entrance, distribution system, service transformer, and emergency generator location is posted. • Critical areas and equipment requiring back up have been identified in the plan, e.g. NICU, ventilators, when applicable. • Alternate sources of power are available, e.g. generator.	

Human Resources (HR)

Standard	Means of Verification	Look for:	Score: M, NM, or NA
HR1. A personnel filing system has been established.	**HR1a.** A policy & procedure regarding personnel files is present. **HR1b**. Personnel files are arranged in an organized standard format. **HR1c.** The personnel files are in a secured filing cabinet	**HR1a.** A policy & procedure describes the contents & personnel filing system, including security of the record. **HR1b**. Files are set up and ready to use for the required content including: a. Personal information including national ID, address, telephone, and emergency contact person information. b. Job description c. Curriculum vitae (CV)/resume, as applicable d. Education diplomas/certificate e. Valid professional license, as appropriate f. References g. Employment contract document between the employee and employer h. Other requirements according to job/position **HR1c.** Check to see if the personnel file cabinet can be locked and find out who will have access to the key.	
HR2. All staff members have the appropriate qualifications to carry out their roles and responsibilities.	**HR2a**. Job descriptions have been written for each position in the facility. **HR2b.** A policy describes the process to ensure personnel have qualifications according to the job descriptions and have a valid license when required.	**HR2a-b.** A current policy indicates that the job description contains at least a. Education, training and experience required b. Reporting relationship (who they report to) c. Roles and responsibilities d. Job contract Description of the process of validating that professional staff have a current, valid license.	

HR3. There is a sufficient number of qualified staff to meet the needs of the patients and services provided.	**HR3a.** A written staffing plan is present with projected needs based on anticipated workload.	**HR3a**. The facility has a staffing plan, which includes the number and categories of staff needed per shift. • When staffing levels do not meet the needs, policies and procedures are in place that describe actions to be taken, e.g. reassign staff, on-call staff. • The staffing plan is based on workload, e.g. nurse to patient ratio or number of patient visits, number of tests performed, or number of rooms to be cleaned	
HR4. All staff has been oriented to the organization and their role and responsibilities.	**HR4a.** An orientation program is established to prepare new and employees assuming new positions to carry out their duties. **HR4b.** There is a check-list for general, departmental and job specific orientation for each employee.	**HR4a**. A policy and procedure describes orientation expectations for new and reassigned staff, volunteers and contracted workers. • The general orientation program includes facility quality and safety policies and procedures. • A job-specific orientation program is developed for each type of position within a department/service. **HR4b.** Review checklists for at least 3 types of positions planned for the facility.	
HR5. A performance evaluation system has been designed.	**HR5a.** There is a performance evaluation policy and procedure. **HR5b.** There is a performance evaluation tool.	**HR5a.** A policy and procedure describes that: a. the performance appraisal links with the job description b. Requires employee annual goals c. Employees provide feedback d. An action plan is developed **HR5b.** The tool includes areas to document the above elements.	
HR6. All employees of the health facility receive a pre-employment physical and mental	**HR6a** There is a policy and procedure regarding pre-employment physical and mental assessments to be done to determine	**HR6a.** Review the policy and procedure to determine what types of physical and mental assessments will be required and that the assessment will be performed from a facility approved by competent authority recommended by the employer.	

assessment to determine fitness to work.	fitness for work in the health facility.		
HR7. Staff adhere to the facility dress code.	**HR7a.** A dress code is developed for staff to present a professional image to the public.	**HR7a.** The dress code includes expectations regarding: clothing, shoes, nail care, jewelry, hair and hygiene.	

Clinical Services (CS)

Standard	Means of Verification	Look for:	Score: M, NM, or NA
CS1. There is a system in place for accurate patient identification.	**CS1a.** A patient identification policy and procedure is present. CS1b. If babies are delivered in the facility, the procedure describes how they are identified.	**CS1a.** A policy and procedure on patient identification is prepared that indicates how and when at least two patient identifiers will be used. Options include: full names, date of birth and national ID No.). CS1b. Babies also need two identifiers. Some options include an ID bracelet with mother's name and ID number, footprints, or fingerprints.	
CS2. A medical (patient) record is maintained for every individual evaluated and treated at the facility (inpatient and outpatient)	**CS2a.** There is a policy and procedure regarding the management, initiation, content, processing and security of the medical record.	**CS2a.** The policy and procedure includes: • coding and indexing medical records • ensuring confidentiality of the records • completion of medical records prior to filing • filing, record retrieval and tracking systems • archiving and destruction of medical records	
CS3. Admission and registration, discharge and referral criteria have been established.	**CS3a.** Policies and procedures for admission/registration processes are written, including admission and discharge and referral criteria.	**CS3a.** Admission and registration policies and procedures are written: • Inpatient and emergency admissions • Admission/discharge (for inpatients) • Outpatient registration • Continuity of care tools in mental health • Referral criteria and process	
CS4. Current treatment guidelines/protocols are developed for the top 10 presenting conditions.	**CS4a.** Treatment guidelines/protocols for all key populations anticipated to be seen in the health facility are present based on current evidence.	**CS4a.** Current treatment guidelines, protocols, and algorithms have been adopted (primarily from MOH or other internationally recognized source	

	CS4b. The treatment guidelines/protocols are approved by the facility medical staff. **CS4c.** The treatment guidelines/protocols are observed to be accessible to all professional staff.	such as WHO) based on the anticipated populations. **CS4b.** Protocols include signatures and dates of approval by the facility medical staff. **CS4c.** Treatment guidelines/protocols are available in the relevant clinical areas.	
CS5. A system for emergency and non-emergency transport of patients to another health facility is written.	**CS5a.** There is a written policy and procedure for the transport of patients to other health facilities available to all staff. **CS5b.** If transport services are contracted, there is a written contract. **CS5c.** A transport register is available to record all transfers. **CSR5d.** A patient transfer form is available.	**CS5a-b.** Review the policy and procedure/contract, which should include: • Criteria for use • Personnel during transport • Patient assessment prior to transport • Communication to receiving facility • Scheduling procedure • Use of personal transportation **CS5c.** Transfer (ambulance) register is available with the following columns: a. Full name and the address of patients transported b. Name of the clinical staff accompanying the patient c. Name and signature of the responsible authorizing the departure d. Name of the person who has called **CSR5d.** The patient transfer form includes but is not limited to: • Patient personal identification and contact information • Initial diagnosis and diagnosis when transferred • Treatments • Tests • Medications	

CS6. The facility has available, adequate laboratory services according to needs of patients.	**CS6a.** A written description of laboratory services available is present. **CS6b.**Policies and procedures are written for collection, proper labeling, and transport of lab specimens. **CS6c.** A list of normal ranges, turnaround times and critical values are defined and made available to all clinical areas.	**CS6a-c.** Review the written description of laboratory services and whether policies and procedures are written for collection, proper labeling, and transport of lab specimens and a list of normal ranges, turnaround times and critical values are defined and made available to all clinical areas. **NOTE: If there are any lab services, e.g. checking urine or blood with dipsticks, check the process.** **If specimens are sent out to a lab, check the process.**	
CS7. Diagnostic imaging services are consistently available to meet patient needs and are safely provided by qualified individuals **Mark not applicable if no imaging performed.**	**CS7a.** There is a list of the types of imaging services provided. **CS7b.** Current policies and procedurs are written for each imaging service provided. **CS7c.** A radiation safety manual is available. **CS7d.** A quality control manual is available. **CS7e.** An imaging register is present. **CS7f.** Review the job descriptions for diagnostic imaging.	**CS7a-d.** Review documents to determine whether they are current and thorough. **CS7e.** The register includes the number, date, given name and family name, sex, age, address (sector, cell and district), type of x-ray requested, requesting doctor and number of retakes. **CS7f.** Job descriptions for the imaging department should include job qualifications including educaiton, certifications and experience required.	
CS8. Surgical service policies, procedures, and/or protocols are available for the types of surgeries performed. **Mark not applicable if no surgeries performed.**	**CS8a.** The policies, procedures and/or protocols cover: pre-operative patient assessments, monitoring patients during surgery, and the content of the surgical report.	**CS8a.** Policies, procedures or protocols are in place regarding: • Conducting pre-op assessments • Recording a pre-op diagnosis • Monitoring patients during surgery • Operative report content and timely completion	

	CS8b. The MOH surgical safety checklist is present.	**CS8b.** Check whether copies of the surgical site checklist are available in quantities required by the projected surgeries to be performed.	

Equipment and Supplies (ES)

Standard	Means of Verification	Look for:	Score: M, NM, or NA
ES1. An equipment inventory management system is in place.	**ES1a.** The facility has a list of all the equipment and supplies required for the relevant facility health package. **ES1b.** A written policy and procedure on equpment inventory managment is available.	**ES1a.** A list of all equipment is available that contains: • equipment ID number • type of equipment • brand name/manufacturer • model & serial numbers (manufacturer) • brief description of function/purpose • date of purchase • cost • physical location within facility • condition (in service or out of service & reason if out of service) • power requirements (voltage) • service requirements • date entered into inventory • maintenance service provider • purchase supplier **ES1b.** The policy and procedure includes: • controls regarding requesting and receiving stock at central stock. • equipment identification numbering • equipment standardization • donated equipment • updating records with any changes • annual review of all equipment disposal	

ES2. Essential functioning equipment & supplies are available in the health facilities.	**ES2a.** A list of equipment, supplies & instruments is present. **ES2b.** Equipment and supplies are well organized and stored in clean cabinets/rooms. **ES2c.** Observe that all the equipment and supplies are available, and within the expiration date.	**ES2a.** A list of essential equipment, supplies & instruments is present based on the health service packages. **ES2b.** The equipment and supplies are observed to be stored in a clean closed cabinet or room, organized and supplies labeled. **ES2c.** The supplies are within expiry date and the essential equipment is available and in good working order – and standardized throughout the organization.	
ES3. Essential functioning **emergency** equipment & supplies are available in the health facilities.	**ES3a.** There is a list of **emergency** equipment & supplies. **ES3b.** An emergency container that are in the health facility to manage emergencies. **ES3c.** A policy and procedure describes the process for maintenance of emergency supplies and equipment. **ES3d.** Observe that all the equipment and supplies are available, and within the expiration date.	**ES3a.** A list of essential **emergency** supplies and equipment is present based on the level of care and resuscitation provided by the facility and populations served. (Refer to health service packages) **ES3b.** The emergency container may be a trolley, box, or other type of container that is easy to access and use yet secure. **ES3c.** A policy and procedure outlines the process for maintenance of emergency supplies and equipment. **ES3d.** The emergency supplies are observed to be organized, labeled and within expiry date and the essential equipment is available and in good working order – and standardized throughout the organization.	
ES4. Emergency medications that are allowed for the health facility are on site and in the quantities required.	**ES4a.** There is a current list of emergency medications consistent with the health service package (approved by the MOH). **ES4b.** The medications are organized, labeled and with expiry date.	**ES4a.** The list of medications is based on the level of care and types of services provided and projected patient volumes. **ES4b.** Observe that emergency medications are available and in the quantities required, and the medications have a valid expiration date. **ES4c-d.** The policy and procedure includes:	

	ES4c. A policy and procedure for medication inventory management is present. **ES4d.** The responsibilities for who is managing the medications is clear.	• Reordering supplies (person responsible, how often, process) • Use of stock cards/registers (maximum/minimum levels) • How to obtain medications not in formulary • Who is responsible for managing the medications.	
ES5. Medication use complies with current safety guidelines.	**ES5a.** Policies and procedures on managing medications are present that are consistent with laws/regulations, ministerial instructions and WHO guidelines. **ES5b.** Medications and syringes are in secured cabinets. **ES5c.** A refrigerator is present and temperature controlled If the facility has medications that require refrigeration.	**ES5a.** There are policies and procedures that describe medication management processes within the facility, which include at least: a. look-alike sound-alike drugs b. medication accuracy at transitions of care c. who can prescribe medications d. who can administer medications e. how medications are verified before administration (5 rights) f. storage of medications g. injection safety h. telephone orders (read back policy) i. avoiding use of abbreviations j. patient instructions k. narcotics and psychotropic drugs, if applicable l. reporting medication adverse events m. cold chain management (when relevant) **ES5b.** Observe whether there is a locked cart, locked room, medication refrigerator or controlled drug storage area. **ES5C.** Check the medication refrigerator to see if the temperature is being monitored at least twice a day and recorded. The monitoring tool should have the expected ranges and who to call if the	

		temperature is out of range. ONLY medications should be in the refrigerator, NO food or drinks.	
ES6. If services for pediatric patients are provided, all special equipment and supplies are available in the health facility	**ES6a.** Lists of equipment and supplies required for the emergency and normal treatment of pediatric patients is available. **ES6b.** Observe that all items on the list are available and stored properly.	**ES6a.** Lists of equipment & supplies include: • A checklist of emergency pediatric medications, their route, strengths and amounts to be kept in stock is present based on current clinical protocols for emergency conditions (e.g. resuscitation). • Job aides/charts for calculating or determining dosages for pediatric patients is present. • A list of stock pediatric medications, their route, strengths and minimum/maximum amounts to be kept in stock is present based on current clinical protocols for common conditions (e.g. integrated management of childhood illnesses). **ES6b.** Emergency trolley/box and stock medication storage are stocked according to the list. • Medications are stored according to manufacturer's recommendations, e.g. refrigerated, protected from light.	
ES7. Supplies, equipment and dedicated space is available for sterilization of equipment and instruments.	**ES7a.** A sterilization area is available for dirty, clean and sterile materials, which is not used for other purposes. **ES7b.** Policies and procedures for cleaning, disinfecting and sterilizing medical/surgical supplies and equipment are in place.	**ES7a.** The soiled and clean work areas are physically separated. • Sterilization room. This room is used exclusively for the inspection, assembly, and packaging of medical/surgical supplies and equipment for sterilization. • Access to the sterilization room is restricted. **ES7b.** Current evidence-based policies and procedures are written for: • Decontamination and disinfection processes for surgery, CSSD, and patient care units.	

	ES7c. Equipment and supplies necessary to carry out the policies and procedures are present and in good working order. **ES7d.** Job decriptions for staff who will perform sterilization include qualifications for this function.	• Decontamination and disinfection processes for laundry, kitchen, and cleaning (housekeeping). • Sterilization techniques (e.g., sterilization times, temperatures, and humidity) • Reuse of single use devices **ES7c.** Disinfectants, a sterilizer, mechanical and chemical monitors, sterilization containers and covered storage areas are present. necessary to carry out the policies and procedures are present and in good working order. **ES7d.** Each person who reprocesses instruments should receive competency-based training.	
ES8. There is an equipment maintenance policy and procedure.	**ES8a.** There is a policy and procedure that describes how preventive and regular maintenance of equipment will be managed. **ES8b.** The health facility has a contract with a company or companies to provide periodic preventive maintenance and to calibrate and repair any equipment, as needed.	**ES8a.** The policy and procedure includes: a. acceptance testing b. calibration c. corrective maintenance (repair) d. inspection and preventive maintenance e. replacement planning **ES8b.** The health facility has a contract	

Infection Prevention and Control (IPC)/Environmental Protection (EP)

Standard	Means of Verification	Look for:	Score: M, NM, or NA
IPC1. The health facility has policies and procedures for preventing and controlling infections.	**IPC1a.** There is an infection prevention and control policy and procedure manual. **IPC1b.** A person or persons is designated as infection control focal person to develop and implement policies to control infections and communicable diseases. **IPC1c.** A policy and procedure describes identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	**IPC1a.** IPC policies and procedures include (as relevant to the services provided): 1. Hand hygiene 2. Use of PPEs: gloves, gowns, masks, etc. 3. Surgical antisepsis 4. Cleaning, disinfection, sterilization 5. Waste management 6. Processing linen 7. Reprocessing disposable (single-use) items 8. Housekeeping 9. Laboratory and blood bank 10. Isolation precautions 11. Sharps and needle disposal 12. Prevention of infections, e.g. tuberculosis, cholera, surgical site, urinary tract, fetal and newborn. **ICP1b.** A document describes management of IPC activities, including the surviellance process.	
IPC2. The health facility has a system to maintain a clean environment	**IPC2a.** There is policy and procedures that describes how the health facility maintains a clean environment. **IPC2b.** There is a contract or job description with a cleaning company or individuals who provide cleaning services. **IPC3c.** The environment is observed to be visibly clean, orderly, uncluttered	**IPC2a.** Current evidence-based policies and procedures are written for: a. Cleaning and disinfection processes for general housekeeping, including toilets. b. Cleaning and disinfection processes for patient care areas: • Cleaning patient equipment, e.g. B/P cuffs, thermometers.	

	(free of unnecessary equipment), furnishings in good repair and no foul odors.	• Mixing, using and refreshing disinfectant solutions on floors, beds, trolleys, etc. c. Cleaning of ventilation units, e.g. fans, air-conditioners, furnace filters, and ducts. **IPC2b.** Check for a cleaning contract or job description for: • Expectations of quality & safety • Terms of enforcement if quality or safety conditions not met **IPC2c.** All inspectors to observe cleanliness during assessment.	
IPC3. Disinfection and sterilization processes are carried out according to policy and procedure.	**IPC3a.** Observation of the sterilization areas shows no cross contamination. **IPC3b.** A competency checklist is present that will be used for all staff members who perform sterilization.	**IPC3a.** Dirty equipment/instruments are separated from clean and clean items are stored properly. **IPC3b.** Review the competency checklist to see if it covers the steps for sterilization based on the type of equipment present. Interview the manager to determine that the planned staff are or will be trained by compent trainers.	
IPC4 Personal protective equipment (PPE) is available.	**IPC4a.** There is a list of PPEs that must be available for the specific services is present . **IPC4b.** Observe that the PPE is available within the relevant services that they are required.	**IPC4a.** PPE supplies and equipment are available and convenient to staff in all locations. **IPC4b.**Check to see if the PPEs are consistent with the types of services provided and there are sufficient quantities.	
IPC5. Hand washing facilities are available for washing hands before and after treating patients	**IPC5a.** Observe that there is a sink, soap, and paper towel dispenser or hand disinfection gel dispenser available in the diagnostic and treatment areas for use by doctors, nurses and other staff who have physical contact with patients or patient specimens.	**IPC5a.** Handwashing stations located: • in or immediately accessible at the nurse's station. • Hand-washing stations are evenly distributed for every 4 patient care rooms in a hospital and 1 in each outpatient treatment room.	

		• Each station should have soap with hand towels or electric hand dryer; or hand disinfectant dispenser.	
IPC6. Hand hygiene is promoted as part of the infection prevention and control system of the health facility.	**IPC6a.** Hand washing signs are posted in the treatment areas and the staff, patient, and visitor washrooms.	**IPC6a.** Hand hygiene procedures are posted in treatment areas and washrooms.	
IPC7. There is a system in place for consistent supply of clean linen.	**IPC7a.**There is a policy and procedure on laundry.	**IPC7a.** There is a policy and procedure for collecting, labeling, and laundering of linen contaminated with hazardous materials or body fluids.[2]	
IPC8. There is a system in place for the safe disposal of medical waste.	**IPC8a.** A policy and procedure to manage medical waste is written. **IPC8b.** There are separate trash bins for medical waste and non-medical waste that are color coded bags. **IPC8c.**There is an functionnal incinerator or a contract with a company that incinerates and properly disposes of medical waste.	**IPC8a.** The policy and procedure includes: • color-coding • separation • labeling • transporting • sharps disposal • managing spills • storage • container cleaning • incinerating/burying **IPC8b.** Observe for separate trash bins for medical waste and non-medical waste that are color coded bags. **IPC8c.**Check contract with the company that incinerates and disposes of medical waste according to the MOH Medical Waste Management Plan.	

[2] Health Care Laundry Accreditation Council. Accreditation Standards for Processing Usable Textiles for Use in Healthcare Facilities. 2006: Health Care Laundry Accreditation Council, Frankfort, Il

IPC9. Isolation precautions are available.	**IPC9a.** A policy and procedure is in place regarding use of isolation precautions. **IPC9b.** Isolation rooms are can be made available and equipped according to policy & procedure, when needed.	**IPC9a.** Look for the MOH policy and procedure regarding isolation precautions. **IPC9b.** Interview facility manager regarding managing patients with symptoms of an infectious disease. Responses should include: • screening patients upon arrival • taking patients out of common waiting room • using approriate PPE, closing door to treatment room, etc. For hospitals, visit an isolation room and determine if they are equipped according to level of care.	

Quality Improvement (QI)

Standard	Means of Verification	Look for:	Score: M, NM, or NA
QI1. Indicators have been identified to be tracked during the operation of the health facility.	**QI1a.** There is a list of indicators that will be tracked and the method and frequency of the monitoring, which are aligned with the MOH healthcare management information system.	**QI1a.** An initial set of at least two clinical indicators are set: a. selected based on important elements of practice (may be input, process or outcome) b. operationally defined c. evidence-based	
QI2. A customer care program is in place.	**QI2a** A customer care program describes the workplace expectations and performance guidelines for customer service. **Q12b.** All staff are oriented on customer care before hire.	**QI2a.** The program includes: a. People-centered care b. Orientation of patients and their families to their environment c. Responding and resolving complaints **Q12b.** Interview the manager regarding the planned orientation of staff to customer care. Ask for the content and materials that will be used.	
QI3. A system is in place to review and resolve patient and family complaints or respond to recommendations for improvement of services.	**QI3a**. An effective process is in place to collect and act upon patient & family compliants and recommendations. **QI3b.** There is a written procedure stating how complaints will be managed.	**QI3a.** A process is in place for patients and family to comment on services, e.g., suggestion box, interviews, exit surveys. **QI3b.** The procedure includes: a. How patients/families are informed of the procedure b. How complaints are received (verbal or written) c. Confidentiality d. How staff are to respond/manage complaints	

		e. Types of complaints received are tracked to see if there are trends that need to be investigated. f. How data is used to improve customer service	
QI4. The facility has a process to identify and reduce medical errors.	**QI4a**. An incident reporting policy and procedure is written.	**QI4a.** The policy and procedure includes: a. List of incidents to report b. Responsibilities in reporting and follow up c. Making the patient safe d. Investigating issue e. Documentation/reporting	

Administrative and Legal Requirements (ALR)

Standard	Means of Verification	Look for:	Score: M, NM, or NA
ALR1. A governing body has been organized that is responsible for the facility.	**ALRIa.** An organizational chart identifies the leadership structure of the facility. **ALR1b.** A description of the facility governing body/leadership and the roles & responsibilities are described in the managment manual.	**ALR1a.** Review the organizational chart for reporting relationships. (If there is only one person in charge of the facility – go to ALR1b. **ALR1b.** Look in the management manual for the description of the leadership structure of the facility.	
ALR2. The health facility has a business plan written.	**ALR2a.** There is a business plan that identifies the projected business, the resources needed to provide the services, and the challenges to achieving the business goals.	**ALR2a.** The business plan includes: a. Facility description b. Market analysis c. Organization & management d. Services planned/availbable e. Marketing plan f. Funding request g. Financial projections h. Appendix: e.g. resume, permits, leases (Source: Ministerial Instructions-Governing Private Health Facilities, Article 2)	
ALR3. The health facility has a business registration certificate.	**ALR3a.** A business registration certificate is available.	**ALR3a.** A business registratiion certificate is posted in the administration office.	
ALR4. A managment manual of facility policies, plans, standing operating	**ALR4.** A management manual is organized that includes all of the policies,plans and standing operating procedures (SOPs)	**ALR4a.** Locate the management manual. It should have an index listing the content, a consistent format is used for writing policies and standing operating procedures. Content would include:	

procedures is available.		• Description of the leadership structure • Mission, vision and values of the facility • Description of operating hours • Patient rights declaration • Policies such as "no smoking", visitors, dress code, leave time, etc. • SOPs such as: hiring, billing, orientation of new employees, confidentiality, inventory managment. • Plans: fire, security, IPC, etc. (If a large facility, these may be located in separate manuals.	
ALR5. The facility has a written mission (purpose), values, and code of ethics and strategic objectives.	**ALR5a.** Observe the mission, values, code of ethics and strategic objectives of the health facility. **ALR5b.** Observe whether the mission, values, code of ethics are posted	**ALR5a.** The mission statement (or purpose), values, code of ethics and strategic objectives are specific to this facility. **ALR5b.** The mission, values and code of ethics are posted for public view.	
ALR6. The services available at the facility are posted.	**ALR6a.** The facility informs patients and families about its care and services and how to access those services.	**ALR6a.** Observe whether the information on services and hours of operation are posted for public view.	
ALR7. The health facility supports patient rights.	**ALR7a.** A list of the patients' rights and responsibilities has been established. **ALR7b.** A visiting policy has been written for inpatient facilities. **ALR7c.** A list of prices of services is accessible to patients.	**ALR7a.** Check for a list of the patients' rights and responsibilities posted in the public areas. **ALR7b.** A visiting policy is posted in inpatient facilities. **ALR7c.** A list of prices is posted in the reception and billing areas.	
ALR8. Smoking is not permitted within the facility.	**ALR8a.** Observe whether permanent no smoking signs are fastened to the wall in public areas of the facility. **ALR8b.** Observe that there are no ashtrays in the facility.	**ALR8a.** Observe whether the no smoking signs are securely fastened to the wall the main public areas, with lettering large enough to be easily seen. **ALR8b-c.** Observe whether there is evidence of smoking within the facility, e.g. ashtrays or cigarette butts on the stairwells/halls.	

	ALR8c. Observe that there is no one smoking.		
ALR9. The health facility has a security plan.	**ALR9a.** There is a written security plan.	**ALR9a.** The security plan includes: Access to facility, e.g. entrance; staff identification; visitor control; protection of facility access/resources; and security threats.	

Appendix 1. Definitions of Private Medical Facilities in Rwanda

Type of Facility	Description	Parameters
Dispensary	First level curative, preventive and laboratory activities, which is staffed by an A1 nurse. Deliveries and hospitalization are not allowed in dispensaries, some emergency medicines according to MOH list.	Not to exceed 12 hours
Medical Practice	Consultation, diagnostics, prescriptions of treatment and emergency laboratory tests are carried out, run by medical doctors.	Not to exceed 4 hours, transfer if necessary
Medical Clinic	Diagnosis and/or curative consultation, preventive care and hospitalization is carried out, which is operated by a general practitioner or a specialist in the field.	Maximum 7 hospital beds; night duty mandatory
Specialized Clinic	Diagnosis and specialized consultative care is provided and is operated by a specialist in the field. Hospitalization is permitted. Examples of specialized clinics include ophthalmology, pediatrics, gynecology, ENT, stomatology/ dental surgery, dermatology, psychiatry, neuropsychiatry, geriatrics, cardiology, endocrinology, urology and medical imaging.	Hospital beds, night duty mandatory (optional beds and night duties)
Polyclinic	Diagnosis, consultation, curative and preventive care as well as hospitalization in different specialized domains are available. The clinic may be operated by a general practitioner or a specialist in the field.	May have 10-50 beds; night duty is mandatory and services must be available 24/7.
Hospital	A hospital has a clear clinical governance structure and provides the following services but not limited to: general medicine, surgery, gynecology-obstetrics, pediatrics, stomatology, ophthalmology, physiotherapy, dermatology, medical imaging, laboratory, a stock of health products and a dispensing room. A hospital has different departments operated by permanent qualified health professionals. An intensive care unit is mandatory.	Mininum number of beds 50
Specialized Hospital	Diagnosis, consultation, specialized treatment and/or specialized care is provided according to the specialization. Outpatient, inpatient, and investigation services as well as an intensive care unit are mandatory or clear written agreement	Mininum number of beds 20

	with a hospital which has intensive care unit. The subspecialty services are operated by specialized professionals. Some health products and a dispensing facility are available; the list of health products is established by the Minister of Health.	

(Private Health Facilities in Rwanda: Health Service Packages, January 2017)

Appendix 2. Definitions of Private Paramedical Facilities

Type of Facility	Description
Biomedical Laboratory	Analysis of biological samples from the human body is exclusively carried out without providing consultations, health care or distributing health products. The lab is managed by a biomedical laboratory scientist with a Bachelor's degree.
Antenatal Care	Consultations, antenatal and postnatal care are carried out. The clinic is operated by at least a midwife with advanced diploma.
Nursing Home	A nursing home is a place for people who do not need to be in a hospital but cannot be cared for at home. Most nursing homes have nursing aides and skilled nurses on hand 24 hours/day. Some nursing homes are set up like a hospital. The staff provides nursing care, as well as physical, speech and occupational therapy.
Physiotherapy	Diagnosis and/or consultation treatment and physical exercises are carried out in the areas of narco-therapy, thermotherapy, cryotherapy, pulley therapy, physical re-education and/or physiotherapy. The clinic is managed by a holder of at least a Bachelor's degree in physiotherapy.
Dental	Diagnosis and/or consultation and care in the domain of the odontology is provided. The clinic is managed by a person with at least a Bachelor's degree in dental therapy.
Ophthalmic Technician	Consultation and treatment in the areas of ophthalmology is provided and is managed by at least an ophthalmic technician with a Bachelor's degree.
Optometry	Only a clinical optometrist having academic qualification of at least A0 level is permitted to prescribe and sell medical eyeglasses or contact lenses; they examine, prescribe and dispense.

Imaging Center	Medical imaging techniques are carried out by a medical imaging officer with at least a Bachelor's degree.
Health Post	Health posts serve a catchment area of a cell population and provides promotion, preventative, curative health services according to a package of services defined by the Ministry of Health.

(Private Health Facilities in Rwanda: Health Service Packages, January 2017, except for "health post" which was derived from Rwanda Ministry of Health. (April 2017) Health Post Management Manual.)

Appendix 3. List of Participants

Names of Participants	Facility/Institution	Position Title
NIZEYIMANA Dhiof	Ubizima Polyclinic	DAF
MUSABYIREMA Christine	Clinique Medicale Isango	Assistant Manager
Dr MUKANDOLI Alphonsine	Kigali Citizens Polyclinic	Board Director
Dr BANYANGILIKI Vincent	Clinique Odonto-Stomatologie	Manager
UDAHEMUKA Alain	Clinique Bien Naitre	Administration
UWICYEZA Rose	Polyclinic de Plateau	Executive Manager
MUSABARARA Solange	RPMFA	Executive Secretary
ZIBONUKURI Joseph	Clinique St Ange	LOB
UWIMBABAZI Francine	BMC Polyclinic	Administration
NDAYIZEYE MUTESA Pascal	RPNCA Representative of Dispensary	President of RPNCA
UWINGABIRE Esther	RPNCA Representative of Dispensary	Manager
NSHIMIYE Olivier	IRAMIRO Clinic	Administrator of HR
Dr NKURUNZIZA Aaron	Clinique Solamer	Medical Director
Dr John NKURIKIYE	Dr. Agarwal's Eye Hospital	Medical Director
Dr Francoise RWAKUNDA	RWANDA EYE CLINIC	Clinical Director
MBARUSHIMANA Innocent	Lancet Laboratory	Laboratory Manager
Dr Jules MUKESHIMANA	Baby Health Rwanda	Associate Medical Director
Dr GAHIGI Athanase	Kigali Medical Center	Director General
Dr TUGILIMANA Musa	Hopital la Croix du Sud	Medical Director General Surgery

Twagirimana Jean Baptiste.	Clinique Don de Dieu	Deputy Managing Director
Bizimana Butarow	FCD	Managing Director
UWAMARIYA Yolande	Baho International Hospital	Administrative Assistant
Dr Pierre Celestin KANIMBA	Polyclinique La Medicale de Kigali	Managing Director
Dr GATSINGA Jean de Dieudonne	Polyclinique du Carrefour	Deputy Director
GATSINZI Charles	Centre Medicale ORKIDE	Managing Director
Dr.Georges NTAKIYIRUTA	Ejo Heza Surgical Centre Hospital	Managing Director
Dr KAYITESI Kayitenkore	Kigali Dermatology Clinic	Managing Director
Dr MUSABEYEZU Emmanuel	Glamerc Polyclinic	Deputy Managing Director
Pasteur Bones CYUZUZO	Africa Healthcare Network	Finance Manager
Dr NDIZEYE Ntwali	Legacy Clinics	Medical Director
Dr MULINDWA Patrick	Clinique Bien Naitre	Medical Doctor
Dr NKERAMIHIGO Emmanuel	Salus Polyclinic	Managing Director
Dr TETELI Raissa	Clinic Harmony	Medical Doctor
Dr MUNYARUGAMBA Protais	Citizen Polyclinic	Managing Director
Dr MUYOMBANO Antoine	Polyclinic du Plateau	Managing Director
Rugira Guillaume	Ministry of Health	Private Health Facilities Supervisor
Kamuhangire Edward	Ministry of Health	Director of Health Quality Assurance Unit
Dr UMUTONI Nathalie 0788469306	Ministry of Health	Director of Health Policies and Regulation Unit

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