HNP DISCUSSION PAPER

VERIFICATION OF PERFORMANCE IN RESULTS-BASED FINANCING (RBF):

The Case of Burundi

Adrien Renaud

July 2013

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Health, Nutrition, and Population (HNP) Discussion Paper

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Health, Nutrition, and Population (HNP) Discussion Paper

Verification of Performance in Results-Based Financing (RBF):

The Case of Burundi

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Abstract:

Paying health facilities incentives based on their performance is one form of results-based financing (RBF). Verification of the performance of the providers is a vital part of RBF program implementation. Burundi was one of the first African countries to introduce performance-based financing (PBF). The PBF scheme is implemented in the whole country and is led by the Ministry of Health (MoH). It pays incentives based on quantity of services provided as well as a quality of care component. This study describes the methods used for verification in Burundi, which include monthly verification of the quantity and technical quality of services provided on a quarterly basis; semiannual patient tracing and assessment of patient satisfaction; and counter-verification of the information provided by these three mechanisms. The results of verification are presented and obstacles to verification, how they have been addressed, and the challenges ahead are discussed. The case study is part of a broader analysis, which includes multiple country case examples, to expand knowledge about the verification process and practices to address the design and implementation needs of RBF programs.

Keywords: Verification, quality, health system, incentives, Burundi

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Table of contents

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List of acronyms

BDS	District health office (*Bureau du district de santé*)
BPS	Provincial health office (*Bureau provincial de la santé*)
CPVV	Provincial committee for verification and validation (*comité provincial de vérification et de validation)*
CT-FBP	Performance-Based Financing Technical Cell
DH	District Hospital
EU	European Union
HC	Health Center
HDP	Health, Development & Performance
HMIS	Health Management Information System
IUD	Intrauterin Device
MoH	Ministry of Health
NGO	Non-Governmental Organization
NH	National Hospital
PBF	Performance-based financing
RBF	Results-based financing
STI	Sexually Transmitted Infection
UNDP	United Nations Development Program
WB	World Bank
WHO	World Health Organization

Note: The exchange rate used in this document is the exchange rate in November 2012:

1 US$ = 1464 BIF.

Executive Summary

Burundi is a low-income country located in the African Great Lakes region. It has approximately 8.6 million inhabitants, and its economic and development indicators are among the weakest in the world. Health indicators are correspondingly very low. Burundi was one of the first African countries to introduce results-based financing (RBF). Its performance-based financing (PBF) scheme is led by the Ministry of Health (MoH), and is implemented countrywide, for all not-for-profit health centers and hospitals, public and private. Implementation at intermediary and operational levels is carried out by provincial committees— *comités provinciaux de vérification et de validation* (CPVV) and involves local offices of the MoH, Non Governmental Organizations (NGOs), local government, and civil society. Health facilities are paid a monthly fee-for-service–based subsidy, and a quarterly quality-of-care component based on adherence to clinical guidelines, patient tracing (verifying legitimacy of patients and treatment in the community), and patient satisfaction.

This study aims to describe the methods used to verify performance in this scheme, present the results of those efforts, and discuss obstacles they have faced, how these were addressed, and the challenges that lie ahead.

There are four types of verification mechanisms in the scheme:

- Verification of the quantity of services provided; performed monthly by the CPVVs for every directly contracted facility and every indicator. This verification consists of recounting cases in providers' registers.
- Assessment of the technical quality of the services provided; performed quarterly using a predefined checklist, in every facility, by district health offices for health centers and by peers for hospitals.
- Assessment of the extent to which patients actually received these services and their satisfaction with services; performed semiannually by local NGOs for every facility and for selected indicators. Eighty patients are randomly selected and interviewed for each facility every semester.
- Counter-verification of the information provided by these three mechanisms; performed quarterly by an independent organization (Health, Development, and Performance — HDP). Four provinces are selected every quarter, and the same tools that have been used for verification are used for counter-verification.

The following results of verification were identified by this study:

- The verification of quantity in health centers by CPVVs between January and August 2012 found that quantity performance was accurately assessed by providers in 69 percent of the cases. It was overestimated in 22 percent of the cases (average overestimation of 19 percent) and underestimated in 9 percent of the cases (average underestimation of 4 percent). The verification of quantity in hospitals by CPVVs between January and July 2012 found that quantity performance was accurately assessed by providers in 62 percent of the cases. It was overestimated in 26 percent of the cases (average overestimation of 13 percent) and underestimated in 12 percent of the cases (average underestimation of 7 percent).
- The assessment of technical quality by local offices of the MoH and by peers found that for the 2010–12 period, the average technical quality score for health centers was 70 percent, 77 percent for district hospitals, and 74 percent for national hospitals. However, these scores can vary greatly depending on the changes made in the quality assessment checklists.
- In the health centers of 13 provinces for which disaggregated data on household surveys could be collected, the proportion of patients that could not be located in the community varied from 8.6 percent to 6.9 percent between the first quarter of 2011 and the first semester of 2012. In the hospitals of these

same 13 provinces and during the same period, the proportion of patients that could not be located in the community varied from 9.8 percent to 15.4 percent.

- For health centers, no significant difference was found during the eight counter-verification rounds between quantity performance as verified by CPVVs and quantity performance as counter-verified by HDP. However, disaggregated data was not available, and overestimations were averaged with underestimations, which leads to underestimating the differences. Conversely, for hospitals, the differences between verification and counter-verification data are large and systematic: the average of the absolute values of the differences between quantity performance as verified by CPVVs and quantity performance as counter-verified by HDP is 31 percent. The study also found large and systematic differences between the technical quality as assessed by local offices of the MoH and by peers and the technical quality as assessed by HDP: compared to HDP results, MoH assessment of technical quality in health centers was overestimated in 79 percent of the cases (average overestimation was 20 percent) and underestimated in 21 percent of the cases (average underestimation was 24 percent). Compared to HDP results, peer assessment of technical quality in hospitals was overestimated in 84 percent of the cases (average overestimation was 24 percent) and underestimated in 16 percent of the cases (average underestimation was 20 percent).

The findings of the verification system are primarily used for paying providers: the results of quantity verification are used for paying monthly quantity subsidies, and technical quality assessment combined with household surveys can be translated into a quarterly top-up subsidy or sanction. The results of the counter-verification are used to assess whether CPVVs and local offices of the MoH fulfilled their tasks correctly. All sanctions that are defined in the PBF implementation manual are not enforced yet, because the verification system is not only a control tool, it is also seen as an educational tool for providers.

According to all interviewed people, the verification system in the Burundian PBF ensures a satisfactory level of fraud detection. There is a consensus that most errors are unintended mistakes rather than attempts by providers to cheat the system and increase their income. This is confirmed by the fact that underestimations of performance are frequent (although not as frequent as overestimations).

In Burundi, the strong integration of the verification system with the MoH regulatory system, combined with the existence of an independent counter-verification mechanism, ensures a degree of confidence such that most actors estimate that data is reliable, at a reasonable cost (about 16 percent of the total PBF expenses). This study found that the level of discrepancy between the results before and after verification was still high, but this could be solved by modifying the incentives system on the one hand (for example, implementing firmer sanctions), and by continuous training of CPVVs, BPS (*bureau provincial de la santé,* provincial health office), BDS (b*ureau du district de santé,* district health office), and hospital peers, on the other hand.

1. INTRODUCTION

Burundi is a low-income country located in the African Great Lakes region. It has approximately 8.6 million inhabitants and its economic and development indicators are among the weakest in the world: in 2011, its GDP per capita was approximately US$270,[1] 67 percent of the population lived under the poverty line. With a 0.316 Human Development Index, it ranked 185th out of 187 countries in the 2011 Human Development Report established by the United Nations Development Program (UNDP, 2011). Not surprisingly, health indicators are very low, too: the total health expenditure is around US$20 per capita, life expectancy at birth does not exceed 50 years, under-five mortality rate is above 140 per 1,000 live births, and the maternal mortality ratio is estimated at 800 per 100,000 live births.

Table 1: Basic Facts about Burundi

Basic Facts about Burundi	
Population (million)	8.6
GNI per capita (current US$)	271
Poverty rate (%)	67
Total health expenditure per capita (current US$)	21
Life expectancy at birth (years)	50
Under-five mortality (per 1,000 live births)	142
Maternal mortality ratio (per 100,000 live births)	800

Source: World Bank, 2011.

Burundi was one of the first African countries to introduce results-based financing (RBF), known as "performance-based financing," (PBF) in Burundi. It was second on the continent (after Rwanda) to make PBF a national policy and to decide to implement it nationwide. Burundian PBF has a dual objective:

- It aims to improve the performance of the health system
- It is a method to implement as national policy the removal of user fees for pregnant women and children under five years old.

Half of the budget is financed by the government (MoH 2012), which is a feature seldom found in RBF schemes in Africa. The other half is financed by various international donors (including the World Bank, European Union, Belgian Development Agency BTC, USAID), which necessitates an important effort of aid coordination. This unique environment gives the Burundian PBF a special interest in studying the various verification methods used in RBF schemes.

This study aims to describe the verification system in Burundi, but also to identify the results it has achieved, the obstacles it has faced, how it has solved them, and the challenges that still lie ahead.

1. In current US dollars. This figure, as well as all other figures presented in this section, is taken from World Bank, 2011 (unless otherwise indicated).

Figure 1: Burundi in Africa

Source: World Bank, 2011.

2. METHODOLOGY

Data collection for this study was carried out in two separate steps. First, at the end of year 2010, relevant documents (annex 1) were analyzed, major actors of the PBF scheme in Burundi were interviewed by telephone or by e-mail, and in agreement with the Ministry of Health (MoH), four provinces[2] were selected for telephone interviews with the people who actually implement verification, as well as with provincial health offices (*bureaux provinciaux de la santé*, BPS). This first step gave us a good description of how verification was carried out, but since it was conducted less than one year after PBF had been rolled out through the whole country, it could not give a satisfactory sense of the results of the verification.

Two years later, in 2012, an evaluation mission on PBF in Burundi provided another opportunity for data collection, particularly to document the changes that had been made to the verification process since 2010, to interview more field actors, and to collect in-depth quantitative data on the results of the various verification mechanisms at stake.

There are four verification mechanisms (see sections 3 and 4) in the Burundi PBF scheme, and the periods for which the quantitative data could be collected differed from one mechanism to another:

- For quantity verification, data on declared and verified services wereavailable from January to August 2012 for health centers, and from January to July 2012 for hospitals.
- For technical quality assessment, the results wereavailable from the beginning of PBF scale-up (second trimester 2010) to the third trimester of 2012.
- For household surveys, the results were available from the first quarter of 2011 to the first semester of 2012, and for only 13 provinces out of 17.

2.Bubanza, Muramvya, Muyinga, and Ruyigi.

- For counter-verification, the results were available from the beginning of PBF scale-up to the third trimester of 2012.

Moreover, data on the approximate cost of verification were also collected through the activity reports established by the MoH, which runs the scheme. All the data were made available by the MoH, and they encompass the whole country (except for household surveys). They were used, along with other sources, to calculate the level of error, defined as the difference between the data after verification and the data before verification. The calculation formulas for each verification method are presented in the relevant sections of this case study.

The analysis of the quantitative and qualitative data was done according to a framework that has been used in several other case studies on verification mechanisms in various countries (annex 6). This framework was designed to allow comparisons between the systems. It comprises five major elements that determined the major sections of this case study: overview of the PBF scheme (section 3), description of the verification systems at stake (section 4), findings of the verification methods (section 5), cost of verification (section 6), and finally, lessons that can be learned from implementing the verification methods (section 7).

3. CONTEXT: PBF IN BURUNDI

PBF was first introduced in Burundi as a pilot project in three provinces in 2006, with the support of Dutch NGOs Cordaid and HealthNet TPO. These pilots aimed at improving low health system performance by increasing and reshaping incentives for health care providers, and by shifting from an input-based to an output-based financing system. As encouraging results were achieved (Cordaid and MoH 2011), the experiment was gradually extended to other districts and provinces. More and more partners became interested in RBF in Burundi. In 2010, the government decided to roll out PBF to the whole country, and assigned it another objective: financing free treatment for pregnant women and for children under five years, a national priority since 2006. PBF benefits from strong support by international donors who, in addition to financing about half of the budget, ensure technical assistance at national and provincial levels.

Detailed descriptions of the Burundian PBF are available elsewhere (MoH 2011b); we will only give a brief snapshot here. Participation in the program is mandatory for all public providers in the country. Private providers can also choose to participate. In practice, all not-for-profit private providers do, and some private providers[3] have subcontracts with a not-for-profit or a public provider. The program involves a total of 565 health centers and 50 hospitals (45 district hospitals and 5 national hospitals), plus 151 private health centers with a subcontract.

PBF pays health facilities in two steps. The first step is a payment based on fee-for-services that aims to increase the volume of health services delivered (the underlying hypothesis is that health services are underutilized): a set of output indicators[4] has been defined, and a subsidy is attached to each indicator. Payment is not capped: the more the facility produces, the more it gets. Health facilities are paid every month, after verification of their

3.For-profit and not-for-profit: they generally are small health centers, or health centers that are located in remote areas.
4.The lists of indicators have been established during a national workshop, where various health actors listed all relevant indicators, and extracted the most important ones using the DELPHI prioritization method.

registers. The second step is a quarterly payment linked to the assessment of the quality of care. It has a dual objective:

- Motivating health care providers to adhere to norms ("technical quality")
- Assessing the relationship of providers with patients through the detection of potential "phantom patients" on the one hand (verifying services were actually received), and through the evaluation of patient satisfaction on the other hand ("subjective quality")

The assessment of "technical quality" is done every three months, and the assessment of "subjective quality" every six months, with the results used to determine payments for two quarters. The assessment results in a score, and subsequently a top-up quality subsidy (financial incentive) if the evaluation is deemed satisfactory (quality score greater than 70 percent). If, on the contrary, it is deemed unsatisfactory, (quality score smaller than 50 percent), part of the first payment (quantity incitation) can be deducted.

PBF money is not paid directly to health staff, but to health facilities. The latter have partial management autonomy and use the amounts they receive to finance general activities. PBF subsidies are a complementary income for health facilities, which already receive user fees from patients, public financing from the state (for salaries), and top-ups and inputs from international donors and vertical programs. PBF money represents between 30 and 35 percent of total cash income for hospitals, and 80 to 85 percent for health centers. Health facilities can allocate a share of it as staff incentives if their budget is balanced (which is generally the case) and if their bank account is sufficiently funded (funds for at least two month of general expenses). Financial incentives are supposed to motivate health staff to increase performance and can amount to as much as one-third of their base salary, as shown in table 2.

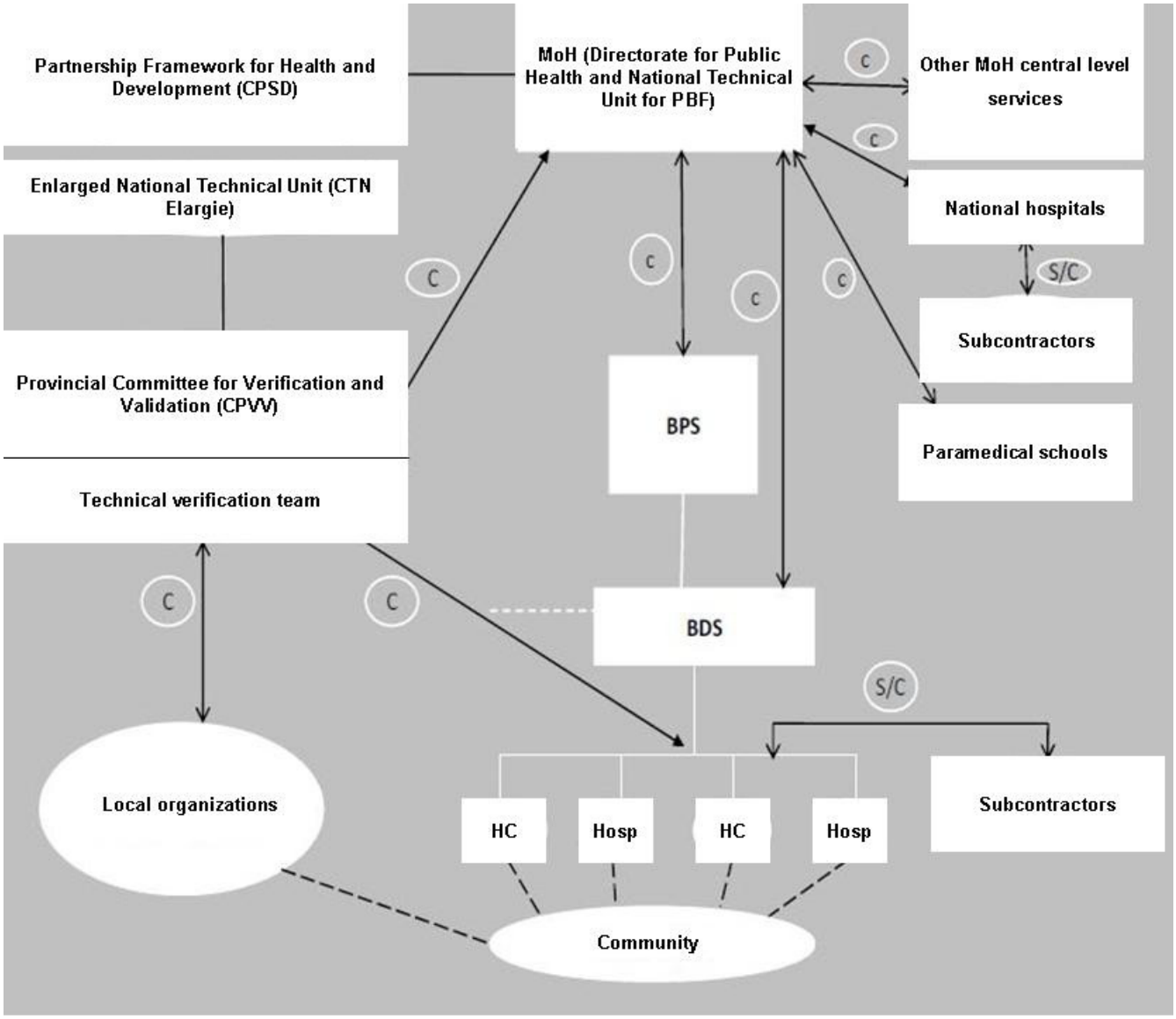
Table 2: Average Monthly PBF Incentive for Health Staff Compared to the Average Monthly Salary at the Beginning of the Career

	Average monthly salary at the beginning of the career (US$)	Average monthly PBF incentive in 2010 (US$)
Nurses	200	72
Physicians	400	100

Source: MoH, 2011a.

The scheme is led by the MoH, where a technical unit for PBF (*cellule technique du FBP*, CT-FBP), based at the General Directorate for Public Health and for AIDS Services coordinates its activities at the central level. Implementation at intermediary and operational levels is carried out by provincial committees for verification and validation (*comités provinciaux de validation et de vérification*, CPVVs), with district health offices (*bureaux de district de santé*, BDS) and BPS (the local offices of the MoH). Figure 2 presents interaction between the major actors of the PBF scheme.

Figure 2: PBF Institutional Set-Up



Source: MoH, 2011b.

Note: "C" = contract and "S/C" = subcontract.

It is not the aim of this paper to assess the effectiveness of the PBF program; rather the focus is on verification carried out in the Burundi program. Partial information on the evolution of performance since PBF was rolled out in the whole country can be found in the report on the technical reviews of the program (Cordaid, EU, WB, WHO 2012) or in the reports of the CT-FBP (MoH, 2011a and MoH, 2012), which indicate promising initial results based on verified data used for RBF payment.

4. MAJOR CHARACTERISTICS OF THE VERIFICATION METHOD

The PBF verification system was set up during the pilot projects between 2006 and 2010. When it was scaled up throughout the whole country, it was adapted by consensus among the actors involved: the MoH, international donors, vertical programs, and NGOs implementing the pilots. The results of this consensus have been summarized in an implementation manual (MoH 2010) that was later revised (MoH, 2011b). This document, combined with interviews with the people implementing the verification, is the primary source for this section. Verification is a constantly evolving system, and it should be noted that this study could not take into account the changes that might have happened after the end of year 2012.

4.1. General facts about the verification method

The system includes four types of verification:[5]

- Verification of the quantity of services provided (called "quantity verification" in the rest of this document): this verification determines whether declared services can be tracked back in the facilities' registers, and triggers the monthly fee-for-services payment.
- Assessment of the technical quality of the services provided (called "technical quality assessment" in the rest of this document). This assessment determines whether facilities are able to provide services that fulfill the norms of MoH, and also determines part of the quarterly quality top-up or sanction they can receive.
- Assessment of the extent to which patients actually received these services and of their satisfaction (called "household surveys" in the rest of this document): this verification has a dual objective. First, it determines whether declared patients actually exist and whether they confirm that they were treated in the facility. Thus, the assessment is a tool for fraud detection (identification of potential "phantom patients"). Second, it determines whether patients were satisfied with the care they received, and is thus a tool for assessing the perceived quality of health care. Together with the technical quality assessment, the household survey is the second part that informs the quality top-up or sanction facilities can receive.
- Counter-verification of the information provided by these three mechanisms (called "counter-verification" in the rest of this document) is performed by an independent organization. This counter-verification assesses the quality of the data produced by the PBF system, but also follows up on the implementation of the program.

To implement PBF at the decentralized level, the government of Burundi set up the above-mentioned CPVVs. These committees are the key bodies for implementation of the scheme at provincial level. They are responsible for contracting facilities in the name of MoH, for carrying out verification, for deciding to release PBF payment, for analyzing the data, for elaborating and following up on recommendations accordingly, and for implementing sanctions if necessary. At the beginning of the scale-up of PBF, discussions were held between the MoH, donors, and NGOs about whether the verifier should be a governmental agency rather than an independent institution as was the case in the pilots. As a compromise between these two options, it was decided that the CPVV would be a joint institution where both civil society and government are represented. The secretary of the CPVV is the head of the BPS, that is, the representative of the MoH at provincial level. The CPVV comprises two units:

5.A fifth type of verification exists: verification of the performance of regulation and implementation bodies at central, intermediary and operational levels: namely CT-FBP, BPS, BDS and CPVV). It has not been included in this study, which is focused on the verification of the performance of health facilities.

- A “verification unit” that is in charge of the implementation of the verification at facility level. It is composed of civil servants and of contracted workers.
- A “validation[6] unit” that is in charge of validating verification data at provincial level, of creating a combined provincial invoice, of monitoring contracts and, more generally speaking, of managing the PBF program at local level. It is composed of the following:
    - One representative from the local government administration
    - Representatives from the BPS and BDS
    - Representatives from donors
    - Representatives from the civil society

During the rollout of PBF to the whole country, the CPVV was not subdivided in such a way: it simply included a technical team in charge of the work currently performed by the verification unit. The decision to separate the validation and the verification functions was made to improve the incentives of both units for better performance. The separation was made to avoid conflicts inside the committee that had occurred in some provinces and were linked to the workload of the members. The objective of the reform was that every member of the CPVV should be rewarded according to his or her contribution to the collective performance of the committee.

CPVVs are supported by local technical assistance agencies, often led by the NGOs that implemented the pilot PBF projects in Burundi. CPVV members elect a chairperson and a vice chairperson, but decisions in the committee are made by consensus. One should note that public health facilities are hierarchically accountable to some of the members of the committee. No example of conflict of interest linked to this situation has been reported to the author of this study, but there are reasons to think it could lead to a certain form of complacency, especially for the technical quality assessment (see section 5.2). However, this institutional set-up was the only workable compromise between advocates of a verification carried out by the government and those who preferred it to be implemented by an independent team.

4.2. How is the quantity of services verified?

Providers declare the quantity of services they performed using the monthly routine Health Management Information System (HMIS): a manually filled-in form (annex 2) is attached to the HMIS form, and summarizes, for contracted indicators, the data that is relevant for PBF. This declaration is then verified by the verification unit of the CPVV, and the information is used to create an invoice. Every facility is verified every month, in correspondence with the monthly payment schedule. Random checks are not considered an option at this time in Burundi by the people interviewed for this study for at least two reasons:

- The monthly invoice on which payment is based is created during verification visits; thus the visits are indispensable to paying providers.
- Quantity verification is considered an educational tool to help facilities learn the processes and principles of PBF.

On a verification visit, the CPVV verifier(s) and the facility manager collect all registers, and recount all services provided by the facility during the month for relevant indicators: 22 indicators for health centers, 24 indicators

6.The word “validation” can be misleading. It also refers to the data provided by the verification unit (verified services that match the exact definitions of the indicators, see part 4.2).

for hospitals. If the verified facility has subcontracts with other health care provider(s), the registers of the latter are brought to the principal health facility, and its services are recounted. The team then establishes an invoice (annex 3) citing, for each indicator, three quantities:

- The quantity of declared services, which is the quantity that had been counted by the facility and reported in the declaration form before the arrival of the verification team.
- The quantity of verified services, which is the quantity of services that have been counted by the facility and the verification team in the registers for the month, not taking into account the exact definition of the indicator. Any service done during the month and reported in the register will be counted.
- The quantity of validated services, which is the one used to calculate payment. It is the quantity of services that is reported in the registers for the month and that matches the exact definition of the indicator. For example, if a delivery takes place at the health center and is registered without the date, or if a child is completely vaccinated but finishes the vaccination process after turning one year old, these services will be counted as verified services but not as validated ones. This validation should not be confused with the validation done by the CPVV validation team (see below).

The invoice also indicates, if the difference between the declared and verified quantity is too large, sanctions that apply, described in table 3. These sanctions did not exist in the initial verification system. They were introduced when the implementation manual was revised (2011), to begin increasing the rigor of the verification process among health providers.

Table 3: Criteria for the Sanctions in Case of Difference between Declaration and Verification

Difference between declared and verified quantities[7] (%)	Sanction
<5	No sanction
5-10	-5% of the subsidy for the indicator
10-20	-10% of the subsidy for the indicator
>20	No subsidy for the indicator

Source: MoH, 2011b.

It should be noted that these sanctions apply to the difference between declared quantity and verified quantity rather than, as might be expected, to the difference between declared quantity and validated quantity that complies with the full definition. The MoH preferred to refer to verified quantities to support its HMIS: the verified quantities are those reported in the HMIS (a woman who delivered at the facility but whose address has not been registered properly must still appear in HMIS data). However, validated quantities are more relevant from the point of view of PBF, since they determine provider payment.

Based on the invoice, the verification team can write a report giving recommendations to improve data quality if necessary. The facility and the team are both left with one copy of the invoice and one copy of the verification report, if any.

The CPVV verification unit is usually composed of nurses with various qualifications. Half of its members are civil servants, and half are contracted by donors.[8] The coordinator of this team is always a civil servant. The size of the team varies from four to five people.

7.Sanctions apply to both positive (underestimation) and negative (overestimation) differences.

Verifying quantity in one health center usually requires the participation of one to three team members, and takes two to three hours. Verifying quantity in one hospital usually requires four to five people, and takes four hours to the whole day. Verifying quantity for one province usually takes from one to two weeks. Monthly results are captured at provincial level in a national web-based database, and analysis is done by the CPVV validation unit in a monthly meeting. During this meeting, the performance of each facility is analyzed to detect possible underperformance, to analyze its causes, and to make recommendations. The meeting can also detect possible data inconsistency (compilation errors). At the end of the meeting, the compiled provincial invoice is established.

4.3. How is the technical quality of services assessed?

The technical quality of services is assessed quarterly. This assessment is performed by staff from the BPS accompanied by the BDS for health centers. It is performed by peers (that is, hospital professionals from other provinces) for hospitals; delegates from MoH at the central level began participating in 2012. Theoretically, health facilities with a subcontract[9] should be evaluated by the facility with which they have signed this contract. In practice, the technical quality of subcontractors is never assessed.

Part of the quarterly top-up that the BPS's receive from the PBF program is determined by the timeliness of their assessment of health centers' technical quality[10]. Provincial health offices were chosen for this activity because technical quality is linked to norms, verifying compliance to such norms isprecisely the role of the BPS. Peers were chosen to perform assessments in hospitals to enable hospitals to compare against each other. The choice of the assessors, for health centers as well as for hospitals, has been guided by the desire to use the technical quality assessment as an educational tool, enabling health facilities to improve themselves, as much as a verification instrument.

At the beginning of the PBF rollout to the whole country, hospital technical quality assessment was done by peers from the same province as the hospitals they were evaluating. It frequently happened that the assessors had themselves been evaluated by thosepeers from the hospitals they were evaluating. This system could facilitate collusion or, conversely, result in conflicts. For example, in several instances some evaluators gave bad grades in retaliation for a bad grade they had received in the past from the hospital they were assessing. From 2012 on, it was decided that evaluators could come from any hospital in the country that is involved in the PBF scheme. This has not eliminated the problem (only 50 hospitals are involved in the scheme), but it has reduced the scope of the problem. It was decided that a facilitator would be added to the evaluation team. He or she is a third-party observer, commissioned by the CT-FBP, is generally a member of the PBF technical assistance at provincial or central level, and represents the CT-FBP during the peer assessment. The facilitator is to prevent or solve potential conflicts during the assessment. During a quality assessment visit, which the author of this study observed, it was noticed that the role of this facilitator was crucial both for answering technical questions on how to interpret the checklist, and for easing tensions between evaluators and hospital staff.

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8. The coordinator and the other civil servants are chosen by the MoH. The contracted workers are members of supporting organization (such as Cordaid, HealthNet TPO, Pathfinder). All of them receive a salary. Civil servants can receive an additional top-up salary, based on quarterly evaluated performance of the CPVV (evaluators come from central level).

9.Subcontractors represent 20 percent of the total of the health centers that are involved in the scheme. They are usually small private facilities that are located in remote areas and are usually less frequented than those of primary contractors, but this is not always the case.

10.The remainder of this top-up subsidy is based on the routine tasks of the BPS.

There is no sampling: every facility is assessed every three months as required by the quality payment schedule. The assessment of hospitals is planned at central level, and facilities therefore know the date of their evaluation in advance. For health centers, the situation varies from one province to another, and the decision whether to notify facilities is up to the BPS. Some provinces notify facilities well in advance, others the day before, and others do not notify facilities at all. In any case, health centers know the period when the assessment will take place: during the first two weeks of the first month of each quarter. It would have been interesting to compare the scores of facilities that are warned in advance with the ones that are not, especially on areas such as medicine stocks and cleanliness, for which it is easy to prepare. Unfortunately, the data available did not allow such comparisons.

The supervisors use a checklist (annex 4) based on the norms defined by MoH. The checklist includes 13 domains for hospitals and 14 for health centers. A score is given for every item on the checklist, which results in a technical quality score (percentage). The list can be modified, but this rarely happens: the checklist has been substantially revised only once. In 2011, more clinical aspects, as well as elements linked to the patient records were added to the hospital checklist. In 2012, a smaller scale revision of the health center checklist was implemented.

The technical quality assessment of health centers mobilizes almost the whole staff of BPS, which is composed of nurses with various qualifications and one physician (the director). Assessing one health center mobilizes three to five people, and takes three to four hours. Technical quality assessment in hospitals usually mobilizes four people: the head of a provincial health office (physician), the director of a hospital (physician), the head of the administration services of a hospital (manager), and the head of nursing of a hospital (nurse). Every member of the team focuses on his domain of competence: the administrative staff assesses management, and clinicians assess technical aspects. The visit can take two hours to the whole day: the time it takes varies according to the size of the facility and the results of the assessment, but also in the level of meticulousness of the evaluators.

Before leaving the facility, the assessment team gives the manager a copy of the checklist, with recommendations to improve quality. Moreover, a quarterly meeting is organized at province level, where the results of the technical quality assessment are publicly presented. At this meeting, facilities can compare their strategies and share information about the best way to improve quality.

Assessing technical quality for one province usually takes one to two weeks. The results are captured in the same national database as the results of quantity verification.

4.4. How are household surveys performed?

In addition to its work on quantity verification, the CPVV technical team contracts local organizations (for example, local development associations, women's associations) at the facility catchment area level to carry out household surveys. These surveys have two main objectives:

- Determining whether care declared in the facilities' registers actually took place (detection of "phantom patients")
- Determining the degree of satisfaction of patients

Every semester, one or several members of the CPVV verification unit come to the facility and randomly choose a sample of 80 patients who visited the facility for selected services. It should be noted that for confidentiality reasons, three registers are excluded from the random choice: the HIV, tuberculosis, and family planning registers. Thus, the indicators linked to these activities are never verified by the household survey. This represents 9 out of 22 indicators for health centers, and 8 out of 24 for hospitals. Hence, a substantial part of the

facilities' activity is never verified by household surveys, which is a matter of concern that should be dealt with by MoH.

The random selection is done in the presence of a member of the health committee to ensure transparency. Local organizations then go to the field for interviews. Patients are not notified in advance about the survey. They do not have the chance to refuse to be on the list of randomly chosen patients, but they can refuse to answer questions in the interview. The questionnaire (annex 5) includes questions on the following:

- Whether the patient actually exists
- Whether he/she actually visited the facility for the relevant service
- Whether he/she was satisfied with care delivered
- Whether he/she found care affordable
- Whether he/she found waiting time reasonable
- Whether he/she was satisfied with reception
- Whether he/she was satisfied with the ability of the staff to treat him/her
- Whether he/she has suggestion to improve care at the facility

Only the first three items are taken into account in the calculation of the household survey score. The other five provide information to the facilities to help them improve according to the needs expressed by the patients.The three "paid" elements are linked to two different aspects of performance (fraud detection and patient satisfaction), which have been paired in the incentive system only because they are verified at the same time.

The household survey score is combined with the technical quality assessment score to obtain an "overall quality score," in which technical quality weighs 60 percent and household survey 40 percent. The 40 percent is distributed as follows:

- If more than 5 percent of the randomly selected patients are not found by the household survey, the facility loses 10 percent. If less than 5 percent are not found, it scores 10 percent.
- If more than 5 percent of the patients that were found do not confirm having been treated, the facility loses another 10 percent. If less than 5 percent do not confirm care, it scores another 10 percent.
- If more than 20 percent of the patients that confirmed having been treated declare that they were dissatisfied with the care received, the facility loses 20 percent. If less than 20 percent are dissatisfied, it scores 20 percent.

The global quality score can be translated in a quality top-up subsidy or a financial sanction, as defined in table 4.

Table 4: Criteria for Attributing Quality Top-Up Subsidies or Sanctions

Overall quality score (%)	Quality top-up subsidy or sanction
>90	Fee-for-services amount for the previous trimester × 30% × quality score
70% – 89,9	Fee-for-services amount for the previous trimester × 25% × quality score
50% – 69,9	No quality top-up subsidy
40% – 49,9	- 10% × fee-for-services amount for the previous trimester
30% – 39,9	- 20% × fee-for-services amount for the previous trimester
<30	- 25% × fee-for-services amount for the previous trimester

Source: MoH, 2011b.

It should be noted that the household survey is semiannual, while the technical quality assessment is quarterly. For quarters when no household survey is performed, the score of the preceding quarter is used to calculate the global quality score.

In 2011 this top-up and sanction system replaced a previous system, where there were no sanctions, only a top-up if the overall quality score exceeded 70 percent. The new system is tiered and is a stronger incentive to improve quality. However, combining the results of the household surveys with the ones of the technical quality assessment has a double disadvantage:

- Providers receive a positive incentive (more money in the pocket) for limiting the number of errantly (or fraudulently) listed patients in the registers. Instead of punishing fraud or error, the system rewards honesty and accuracy.
- The results of household surveys are seldom analyzed because they are not disaggregated from the results of the technical quality assessment: this means that there is little analysis of the proportion of "phantom patients," at least at national level.

There is one local verification organization contracted per health facility. Each of them has six members trained for the survey, four of which participate each semester (the remaining two are the "reserve" team). The qualifications required to perform this survey are stated as follows:

- To be able to read and write
- To be proven of "good morality"

The capacity of the people implementing the surveys is weak, but local organizations have been selected for this activity because a profound knowledge of the community is needed to perform the household survey. Local organizations are selected through a local tender, to which any association based in the catchment area of the facility can apply. The selection is usually very competitive. Local organizations are paid at the end of each survey on the basis of the number of randomly selected patients they managed to interview. It is a performance-based payment: local organizations do not get paid for clients they do not find to ensure they will do their best to find them. Moreover, in case of low compliance with requirements (for example systematic poor reporting quality), their contract can be terminated.

Every member of the local organization has approximately 20 patients to interview every semester. Patients are distributed among organization members according to their place of residence, to reduce transportation costs. Interviews last no more than 15 minutes, but a lot of time can be spent in finding the patient. Performing household surveys for one province takes from one to two weeks. The household surveys were formerly performed every quarter. This activity has been deemed too onerous and burdensome, and the schedule is now semiannual.

The results of the household survey are tabulated by the CPVVs and not by local organizations, because the latter do not have the required skills. They are presented to the facility together with the results of the technical quality assessment. They are captured at provincial level in the national database, but only aggregated survey scores are available in this database. Hence, it is currently not possible at national level toaccess disaggregated results for the three elements included in the incentive system (patient existence, health care confirmation and patient satisfaction). The absence of insight on the proportion of "phantom-patients" at national level was a major weakness of the Burundi BPF information system at the moment of data collection for this case study (the data

had to be collected and compiled at provincial level). Since then, the database has been modified to take this concern into account.

4.5. How is verification data counter-verified?

The quality of the data provided by the three verification processes we have described is ensured by several mechanisms. First, all actors have been trained for the tool they have to use. “Cascade-trainings” have been organized in the whole country in the event of rolling out PBF nationwide: heads of BPS and BDS have been trained at national level, and they have subsequently organized local training workshops. Moreover, all local organizations have pre-tested the survey before doing their first household survey. Additionally, CPVVs are accompanied by local technical assistance teams with PBF experience, that are financed by international donors (as described in section 4.1).

However, there is a need for more quality assurance since errors can occur in many circumstances (for example, all data collection processes are manual), and since the verification system is mainly implemented by stakeholders from within the health sector: counter-verification provides added assurance of transparency or validity. This is why the three verification/assessment systems are counter-verified by an organization, Health, Development, and Performance (HDP), which is selected through an international tender for a two-year contract.

The counter-verification was added as a control: it was a prerequisite set by donors to avoid paying for results with unknown reliability. Hence, every trimester, four provinces are randomly selected (so that at the end of the year, every province has been counter-verified once). HDP goes to these provinces, randomly selects one district, in which it re-performs quantity verification, technical quality assessment and household surveys[11] for the hospital and for 25 percent of the health centers (randomly selected). Counter-verification follows exactly the same rules as verification; the only differences are the people performing the verification and the degree of rigor. During the counter-verification process, the criteria used are strictly followed with no allowance for minor differences.

In theory, only a 5 percent discrepancy between the results of verification and the results of counter-verification are tolerated. If the actual difference is greater than this 5 percent margin of error, financial sanctions can be applied against the CPVV. In practice, these sanctions have never been applied yet. This study will show that this is a weakness of the Burundi PBF.

In addition to their reporting and analysis of the discrepancies between verification and counter-verification, HDP reports contain extensive comments on the performances of facilities themselves, and on their evolution. They analyze the reasons for possible underperformance and make recommendations to improve the quantity and quality of services delivered by health facilities, instead of focusing solely on data quality. This task has been added to the terms of reference for counter-verification at the request of the MoH, to diversify the channels that can help to improve the system. However, one can question the need for such comments, which are redundant given the analysis performed by the CT-FBP and the large technical assistance received by PBF in Burundi (evaluation or activity reports).

The HDP counter-verification team is composed of two physicians, one statistician, two nurses, and one accountant, plus four logistical staff. The average education level of the counter-verification team is greater than

11.The organizations that carry out household surveys for the counter-verification must be different from the ones that usually carry it out for the verification.

the level for verification, and they have more experience with RBF in general, and with verification in particular. Counter-verifying one province takes one week; as the counter-verification teams are more meticulous, they spend more time in every health facility than the verification teams do. Every round results in an extensive report, discussed at national level. HDP also delivers an annual report synthesizing the four rounds and encompassing all the provinces.

Table 5 summarizes the four types of verification implemented in the framework of PBF in Burundi.

Table 5: Summary of the Four Verification Mechanisms Used in the Framework of PBF in Burundi

	Quantity verification	Technical quality assessment	Household survey	Counter-verification
Institution in charge	CPVV	BPS and BDS	Local organizations	HDP
Objective	Verifying the accuracy of provider declarations	Assessing whether subsidized health care matches national norms	Assessment of patient satisfaction and fraud detection	Data quality audit and follow-up of the PBF process as a whole
Method	Recounting cases in providers' registers	Assessment based on a checklist	Patient survey	Every method used by verification
Frequency	Monthly	Quarterly	Semiannual	Quarterly
Sample size	No sampling (every facility is verified every month)	No sampling (every facility is assessed every quarter)	80 patients per facility	The hospital and 25% of health centers from 1 district within each of 4 provinces randomly selected every quarter
Number of people needed to verify one facility	1 to 3 for a health center, 4 to 5 for a hospital	3 to 5 for a health center, 4 for a hospital	6	10 for the whole country
Time needed to verify one facility	2 to 3 hours for a health center, 4 hours to 1 day for a hospital.	3 to 4 hours for a health center, 2 hours to 1 day for a hospital	15 minutes per patient	2 to 3 times as much as verification
Time needed to verify a whole province	1 to 2 weeks	1 to 2 weeks	1 to 2 weeks	1 week

Source: World Bank, 2011.

5. FINDINGS OF THE VERIFICATION METHODS

This section presents the results of the four verification mechanisms we have been describing. Unless mentioned, the data have been extracted from the national database (for practical reasons, an Excel version of this database was used rather than the official web-based version).

5.1. What are the results of the quantity verification?

Quantity verification in hospitals and in health centers is based on different indicators, and we will present data separately for these two types of facilities. The formula we used to calculate the differences for each facility is the following:

(Verified[12] quantity −Declared quantity) / (Declared quantity)

A negative difference therefore means that the facility overestimated its performance. We decided to ignore differences greater than 100 percent because they are probably mostly dueto transcription errors. The arithmetical average of the differences gave us an idea of their general tendency, but it does not give a satisfactory estimation of their size because it aggregates positive and negative differences. This is why we also calculated the average of the absolute values of the differences: negative differences have been counted as positive ones, so that they do not cancel the actual positive differences.

In health centers, it was possible to gather data on declared and verified quantities in every facility in the country for the January to August 2012 period. Before this date, data were compiled in a way that makes this calculation impossible. As 565 health centers are enrolled in the program, for 8 months and 19 indicators, this translates into a total of 85,580 possible observations. All services are not provided by all facilities every month, and some inconsistent observations have been ignored[13]. The resulting total number of observations is 50,790. The results are presented in table 6.

12. As mentioned above, the terminology in use in Burundi can lead to misunderstandings between verification and validation. We decided, in the rest of this document, to abandon the term “validated quantity” (unless mentioned), and to name “verified quantity” the data based on which payment is made (data verified by the verification unit and validated by the validation unit of the CPVV).

13. Most of the missing observations are lacking because services are not provided by the facilities, rather than because data was inconsistent. For example, few health centers in Burundi provide ART, which explains the low number of observations for this indicator.

Table 6: Differences between Services Declared by Health Centres in the Monthly Declaration Form and Services Paid by PBF after the Verification by CPVVs (January to August 2012)

	Average difference (%)	Average of the abs. val. of the diff. (%)	*N*[14]
Consultation (adult)	-2	4	4,085
Consultation (child)	-1	2	4,085
Observation day (adult)	-5	8	3,802
Observation day (child)	-4	8	2,896
Small surgery	-6	11	3,987
Reference	-12	14	3,424
Completely vaccinated child	-3	4	4,065
Anti-tetanus vaccination 2–5	0	3	4,055
Pregnant woman under ART (PMTCT)	-5	6	375
Newborn under ART (PMTCT)	-6	7	288
HIV VCT	-2	2	3,737
New ART patient	-7	8	253
Patient under ART since 6 months	-12	12	245
Sexually Transmitted Infections (STI)	-2	6	3,950
Tuberculosis detected	-1	1	599
Tuberculosis treated	-5	5	918
Consultation pregnant woman	-5	7	4,062
Normal delivery	-1	2	3,822
Family planning (pill or injection)	-1	2	3,458
Implant or IUD	-1	2	2,798
Postnatal consultation	-5	6	3,784
Prenatal consultation	-2	3	4,074
Total	**-4**	**5**	**50,790**

Source: Database cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

Note: Data is in regard to all health centres contracted in Burundi from January to August 2012

The average difference between declared and verified services in health centers was -4 percent between January and August 2012, which means that health centers have globally overestimated their performance. The average of absolute values of differences was 5 percent. It must be noted that the reasons for these differences are diverse (miscalculation, insufficient identification of patients in the registries, services not matching the exact definitions of indicators) and that they are not necessarily linked to fraud.The differences are not homogenous among indicators and facilities. Table 7 describes the distribution of errors between accurate, underestimated and overestimated declarations.

14.Note that *N* does not report the number of services declared (for example, number of consultations) but the number of declarations made (each health center is supposed to declare the number of consultations once each month).

Table 7: Distribution of the Declarations between Accurate, Overestimated and Underestimated Declarations as Compared to Services Paid after the Verification by CPVVs (January to August 2012)

	Accurate decl. (%)	Overestimation		Underestimation		*N*
		Overest. decl. (%)	*Average overest. (%)*	*Underest decl. (%)*	*Average underest (%)*	
Consultation (≥ 5 years)	22	54	-5	25	21	4,085
Consultation (< 5 years)	30	49	-2	21	19	4,085
Observation day (≥ 5 years)	44	40	-16	16	7	3,802
Observation day (<5 years)	69	23	-25	8	3	2,896
Small surgery	53	31	-28	16	5	3,987
Reference	70	26	-48	3	1	3,424
Completely vaccinated child	67	23	-13	10	5	4,065
Anti-tetanus vaccination 2–5	68	16	-8	16	8	4,055
Pregnant woman under ART (PMTCT)	91	8	-74	1	0	375
Newborn under ART (PMTCT)	91	8	-81	1	1	288
HIV VCT	71	21	-9	8	5	3,737
New ART patient	89	10	-71	1	1	253
Patient under ART since 6 months	82	17	-73	0	0	245
Sexually Transmitted Infection (STI)	72	18	-21	10	4	3,950
Tuberculosis detected	97	2	-53	1	0	599
Tuberculosis treated	93	6	-74	0	0	918
Consultation pregnant woman	44	40	-14	17	8	4,062
Normal delivery	85	11	-12	4	2	3,822
Family planning (pill or injection)	58	30	-4	12	8	3,458
Implant or IUD	90	6	-24	4	2	2,798
Postnatal consultation	78	18	-28	4	2	3,784
Prenatal consultation	67	23	-10	9	8	4,074
Total	**69**	**22**	**-19**	**9**	**4**	**50,790**

Source: Database cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

Note: Data is in regard to all health centres contracted in Burundi between January and August 2012

Between January and August 2012, in 69 percent of health center declarations, there was no error, which means that the amount declared by the health center at the beginning of the verification process was the same as the one that was paid after the verification process was completed. The 5 percent average error that was noted in table 6 is therefore due to only 31 percent of the declarations. Among these 31 percent of inaccurate declarations, more than two-thirds are overestimations: during the observation period, 22 percent of the declarations were overestimated (average overestimation was 19 percent), while 9 percent were underestimated (average underestimation was 4 percent).

In hospitals, it was possible to gather data on declared and verified quantities in every facility in the country for the January to July 2012 period, which yields a total of 8,400 possible observations for 50 hospitals and 25 indicators. As in the case of health centers, all services are not provided by all facilities every month, and some inconsistent observations were ignored; our total number of observations is 6,793. The results are presented in table 8.

Table 8: Differences between Services Declared by Hospitals and Services Paid by PBF after the Verification process is complete (January to July 2012)

	Average difference (%)	Average of the abs. val. of the diff. (%)	*N*
Consultation (adult)	-3	4	355
Consultation (child)	-2	3	355
Consultation (pregnant woman)	-5	8	346
Counterreference	-8	9	321
Major surgery	-2	3	275
Small surgery	-6	8	343
Normal delivery	-1	2	348
Caesarean section	0	0	338
Complicated delivery	-1	2	341
Hospitalization day (child)	0	3	348
Hospitalization day (adult)	0	3	348
Pregnant woman under ART (PMTCT)	-2	3	251
Newborn under ART (PMTCT)	-2	3	244
HIV VCT	-1	2	346
New ART patient	-2	2	261
Patient under ART since 6 months	-5	6	259
Sexually Transmitted Infections (STI)	-2	9	274
Tuberculosis detected	-1	2	231
Circumcision	-2	4	251
Implant or IUD	1	1	125
Family planning (pill or injection)	-2	4	209
Family planning (surgery)	-1	1	144
Postnatal consultation	-7	9	207
Prenatal consultation	-4	7	243
Total	**-2**	**4**	**6,763**

Source: Database cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

Note: Data is in regard to all hospitals contracted in Burundi between January and July 2012.

The average difference between the declaration by hospitals and verification by CPVVs was -2 percent between January and July 2012, which means hospitals globally overestimated their performance. As with health centers, the reasons for the errors are not necessarily linked to fraud (indicator definitions, patient identification), and the average size of the errors hides important differences between hospitals. Table 9 shows the distribution of errors between accurate, underestimated and overestimated declarations.

Table 9: Distribution of Declarations between Accurate, Overestimated and Underestimated Declarations Compared to Services Paid after Verification by CPVV (January to July 2012)

	Accurate decl. (%)	Overestimation		Underestimation		*N*
		Overest. decl. (%)	*Average overest.*	*Underest. decl. (%)*	*Average underest.*	
Consultation (≥ 5 years)	11	60	-6	29	3	355
Consultation (<5 years)	18	59	-4	23	4	355
Consultation (pregnant woman)	29	47	-14	24	6	346
Counterreference	60	36	-23	5	10	321
Major surgery	78	14	-19	8	6	275
Small surgery	47	40	-17	13	9	343
Normal delivery	69	22	-6	8	4	348
Caesarean section	92	6	-7	1	3	338
Complicated delivery	78	14	-14	8	7	341
Hospitalization day (child)	14	43	-4	43	4	348
Hospitalization day (adult)	26	39	-4	35	4	348
Pregnant woman under ART (PMTCT)	93	6	-43	1	43	251
Newborn under ART (PMTCT)	94	4	-57	2	19	244
HIV VCT	57	31	-6	13	3	346
New ART patient	93	5	-43	2	16	261
Patient under ART since 6 months	86	13	-40	1	56	259
Sexually Transmitted Infections (STI)	66	20	-25	14	25	274
Tuberculosis detected	96	3	-51	1	75	231
Circumcision	89	8	-39	3	33	251
Implant or IUD	95	3	-12	2	55	125
Family planning (pill or injection)	70	24	-11	6	19	209
Family planning (surgery)	99	1	-38	0	n.a.	144
Postnatal consultation	73	23	-33	4	25	207
Prenatal consultation	57	32	-18	12	14	243
Total	**62**	**26**	**-13**	**12**	**7**	**6,763**

Source: Database cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

Note: Data is in regard to all hospitals contracted in Burundi between January and July 2012

Between January and July 2012, there was no error in 62 percent of hospital declarations, which means that the amount declared by the hospital at the beginning of the verification process was the one that was paid after the verification process was completed. The 4 percent average error that was described in table 8 is therefore due to only 38 percent of the declarations. Among these 38 percent, more than two-thirds are overestimations: during the observation period, 26 percent of the declarations were overestimated (average overestimation was 13 percent), and 12 percent were underestimated (average underestimation was 7 percent).

There is general agreement among interviewed people that conscious fraud is rare in health centers as well as in hospitals. This is confirmed by the various reports available (MoH, 2011a; MoH, 2012; HDP counter-verification reports). Some of the interviewed CPVV members reported dishonest behaviors (for example, they discovered during verification visits that some providers tend to report patients who come to the facility for follow-up as new visits, to increase their income), but this is, according to them, very rare. They consider that most errors

presented in the above tables result from unintended mistakes: they are due to poor comprehension of indicators, manipulation errors, and errors in counting.

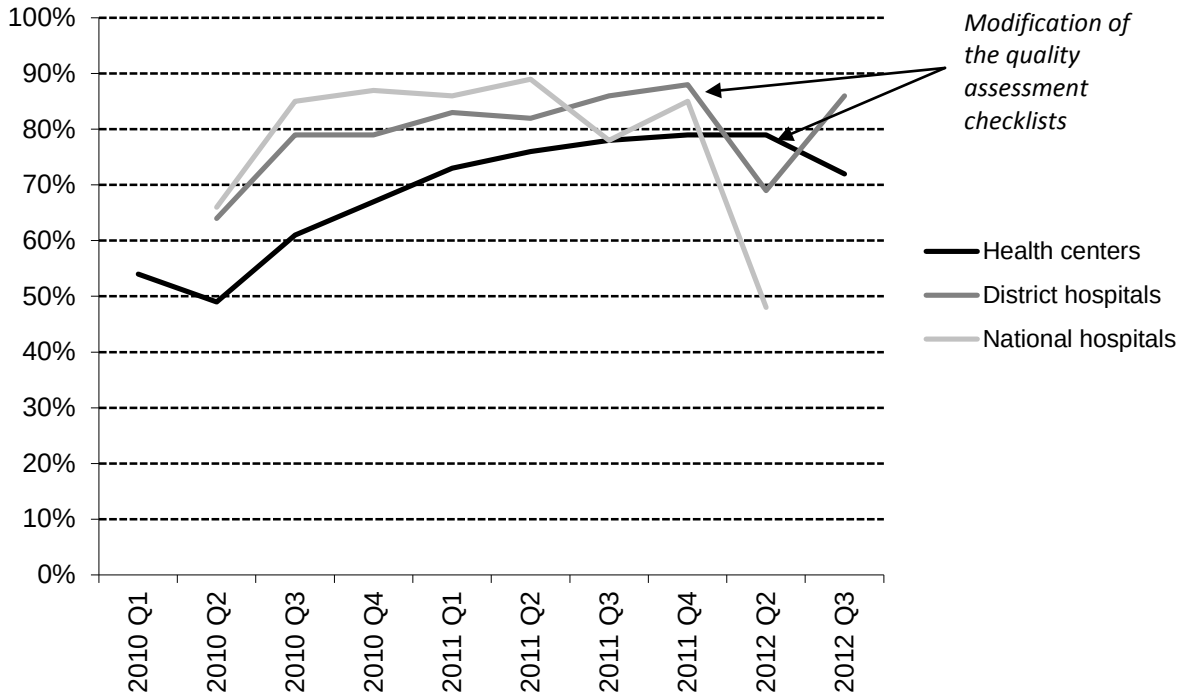
Data presented in tables 6 to 9 seem to confirm the statements made by interview participants. The highest level of error is found for indicators with a high rate of occurrence (for example, outpatient visits in health centers), that is to say, for indicators where the risk of error in counting is greater. Another factor that seems related to higher error is the definition of the indicators: when the definition is complicated, facilities are more likely to count a service that does not match the definition and that will not be validated by the verification team (for example, consultation for pregnant women in health centers: only consultations related to pregnancy must be counted, but many health centers record consultations given to pregnant women for other reasons).

Although this situation is not linked to fraud, it is surprising that after two years of PBF implementation in the country, the level of unintended mistakes is still so high. It would have been interesting to study the data for previous years, but this was unfortunately not possible. As explained above, the data compilation method for these calculations has only been implemented since 2012.

5.2. What are the results of the technical quality assessment?

During the 2010 to 2012 period, the average technical quality score for health centers was 70 percent, 77 percent for district hospitals, and 74 percent for national hospitals. The results of hospitals are better than those of health centers; however, according to interviewed people, the conclusions drawn from this observation are related more to the assessment methodology than to the performance of facilities themselves. Figure 3 shows the evolution of the scores since PBF was rolled out to the whole country for the three categories of health facilities.

Figure 3: Evolution of the Average Technical Quality Scores in Health Centers, District Hospitals and National Hospitals Contracted in Burundi (January 2010 to November 2012)



Source: Database cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

This graph shows that the results of the technical quality assessment improved for health centers until the second quarter of 2012, and for hospitals until the fourth quarter of 2011. Performance then diminished because of changes in the technical quality assessment checklists (major changes for hospitals and minor changes for health centers), for which health care providers were not prepared (for example, introduction of patient record analysis in the hospital assessment checklist). They soon recovered their earlier scores, indicating that there is a greater focus on items that are measured than on aspects that are not measured.

Some people interviewed pointed out some limits of the technical quality assessment. They especially mentioned that it is difficult to maintain the level of technical quality between two evaluations: it is very likely that health facilities, knowing the date or the period of the assessment, prepare themselves accordingly. Moreover, as the technical quality assessment for hospitals is implemented by peers, this probably creates a measure of complacency. Finally, we should note that the technical quality assessment checklists, however modified, are still very focused on the conditions in which the health care is provided, and not on the care itself.

In summary, the technical quality assessment might have encouraged providers, especially at the beginning of PBF implementation, to improve their behavior. However with the passage of time, gaming possibilities — opportunities for providers to play with the rules to improve their score without modifying their real quality — can emerge. The MoH must look for mechanisms to curb this tendency. Some possibilities include the regular

modification of assessment checklists or generalization of unannounced visits, which were implemented at the beginning of 2013 after data collection for this study was complete.

5.3. What are the results of household surveys?

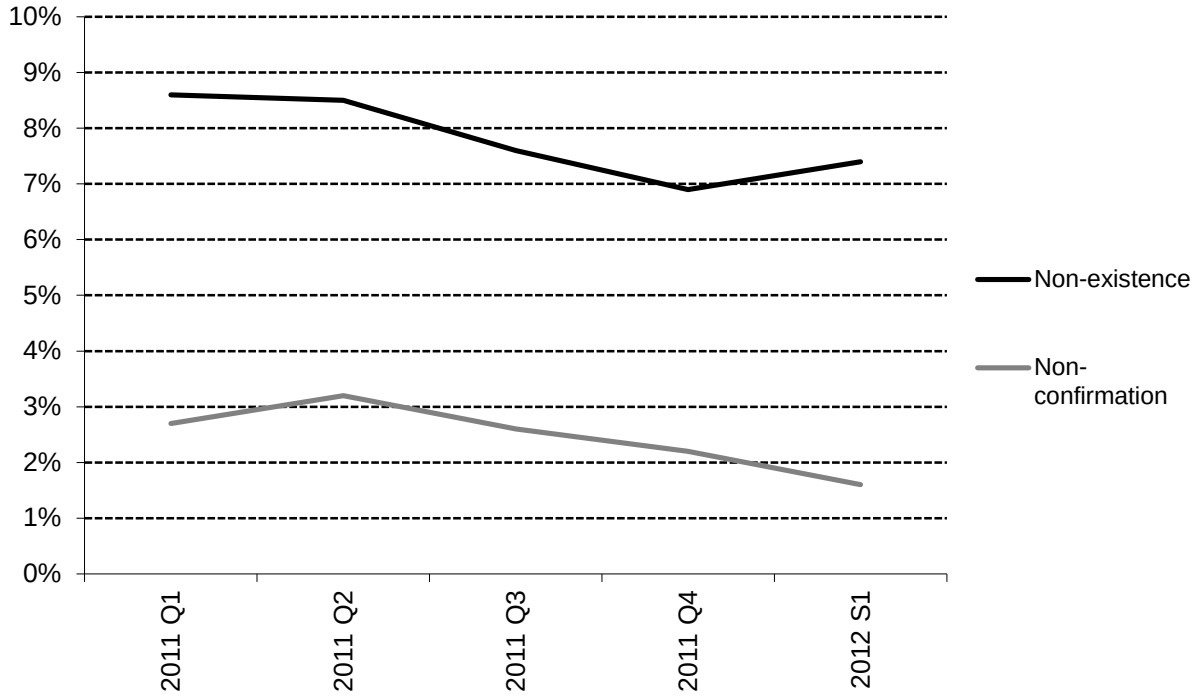
As seen in section 4.3, the results of the household survey include three types of data related to PBF:

- Existence: Could the patient who has been randomly selected in the facilities' registries be found in the community?
- Confirmation: Does the patient confirm that he/she actually visited the facility for the relevant service?
- Satisfaction: Was he/she satisfied with care delivered?

The score for these three indicators represent what is known as the "subjective quality score." Between 2010 and 2012, this score raised on average from less than 50 percent to more than 75 percent for health centers, and from less than 40 percent to approximately 60 percent for hospitals. But this aggregated progression does not document the evolution of the proportion of potential"phantom-patients"who could be added by facilities in their registries to maximize their income. As stated above, the disaggregated data on household surveys is not available at central level yet. Only the combined score for the three elements of the household survey ("subjective quality score") is recorded in the national web-based database. Hence, for the purpose of this study, CPVVs were asked to capture the disaggregated results in an Excel worksheet. Out of the 17, 13 CPVVs submitted data for 2011 and for the first semester of2012.

While not a random sample, the data that has been gathered is informative. Figure 4 shows the evolution of the proportion of patients that could not be found in the community (existence) and that did not confirm having received care (confirmation) in 389 health centers of the 13 provinces of the sample (that is, 75 percent of the total number of health centers in the country).

Figure 4: **Proportion of Patients in Household Surveys who are Non-existent or Non-confirmed in Health Centers of 13 Provinces (first quarter, 2011 to first semester, 2012[15])**



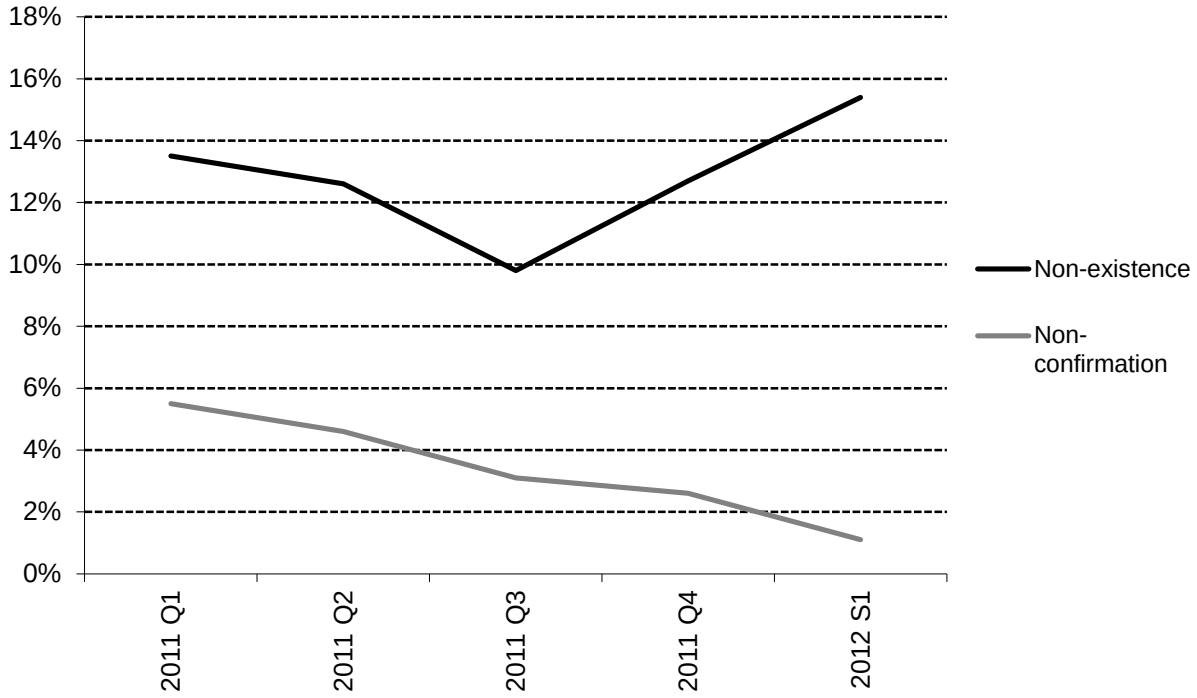
Source: Information from CPVVs provided by Cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

In the health centers of the 13 provinces of the sample, the proportion of patients that could not be located in the community during household surveys varied from 8.6 percent to 6.9 percent between the first quarter of 2011 and the first semester of 2012, with a slight downward trend. The average, however, stays higher than the 5 percent threshold above which health centers lose 10 percent of the overall quality score. The proportion of health facilities for which the percentage was higher than 5 percent decreased from more than 50 percent in the first quarter of 2011 to 40 percent in the first semester of 2012. Among the patients who could be found, the proportion of those who did not confirm having been treated at the health center varied from 3.2 percent to 1.6 percent, with the same downward trend. The average in this case is lower than the 5 percent threshold above which health centers lose another 10 percent of the overall quality score.

Figure 5 shows the evolution of the proportion of patients who could not be found in the community (existence) and that did not confirm having received care (confirmation) in the 38 hospitals of the 13 provinces of the sample (that is, 84 percent of district hospitals in the country).

15.As explained above, the schedule of the household survey used to be quarterly, but became semiannual starting 2012.

Figure 5: Proportion of Patients who are Non-existent or Non-confirmed in 38 Hospitals, 13 Provinces, First Quarter, 2011 to First Semester, 2012



Source: Information from CPVVs provided by Cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

In the hospitals of the 13 provinces of the sample, the proportion of patients that could not be located in the community during household surveys varied from 9.8 percent to 15.4 percent between the first quarter of 2011 and the first semester of 2012, and contrary to what was noticed with health centers, no downward trend could be observed. The average remains much higher than the 5 percent threshold above which hospitals lose 10 percent of the overall quality score. The proportion of hospitals for which the percentage was higher than 5 percent varied between 60 percent and 80 percent between the first quarter of 2011 and the first semester of 2012. Among the patients who could be found back, the proportion of those who did not confirm having been treated at the health center varied from 5.5 to 1.4 percent, with a strong downward trend. Similar to health centers, the average in this case is lower than the 5 percent threshold above which hospitals lose another 10 percent of their overall quality score.

The fact that the proportion of patients not found back is higher in hospitals than in health centers can be explained by the kind of patients who come to visit hospitals: they come from further-flung areas, possibly travelling larger distances to seek care than health center patients and thus more difficult to trace. The relatively high proportion of patients who are not found back during household surveys is a matter of concern and should be addressed seriously, but it does not mean that an equally high proportion of patients are “phantom patients.” Many reasons can explain why a patient is not located:

- He/she may have been insufficiently identified at the health facility (for example, inaccurate or incomplete address. Patients even intentionally give wrong addresses to the facility).
- He/she may have temporarily or permanently moved from the area, (this is especially true for areas with a high number of refugees or seasonal workers).
- He/she may refuse to answer the survey.

However, as stated earlier, the main concern with household surveys is not their results but their process: they omit a large number of indicators for confidentiality reasons, and their results could not be analyzed in a disaggregated fashion at central level when data for this study was collected to enable assessment and monitoring of trends in individual health facilities.

5.4. What are the results of the counterverification?

HDP, the external organization implementing counterverification, gives an account of its activities in quarterly reports that were reviewed and are the source of the data presented in this section. In these reports, unfortunately, the results of the quantity counterverification in health centers were presented in an aggregated fashion (at provincial level). Such a presentation of the results has two consequences:

- It underestimates the average error by aggregating the results of the two or three health centers that are randomly selected at provincial level, and by summing up positive and negative differences (under and overestimations).
- It makes it impossible to analyze the evolution of the results of counter-verification over time for any individual health center that would be randomly selected more than once.

Both of these weaknesses can easily be corrected in the next counter-verification reports. Table 10 gives the results of counter-verification over two years in health centers at provincial level. There is a maximum of 32 observations for each indicator: every province has been counter-verified twice. For each province, the formula used to calculate the differences is the following:

(Provincial quantity counter-verified by HDP− Provincial quantity verified by CPVV) / (Provincial quantity verified by CPVV)

Table 10: Difference between Provincial Number of Services Verified and the Provincial Number of Services Counter-verified for Health Center Indicators

	Average of provincial differences (%)	*N*
Consultation (adult)	0	32
Consultation (child)	0	32
Consultation (pregnant woman)	0	32
Observation day (adult)	2	32
Observation day (child)	-1	29
Small surgery	0	32
Reference	3	32
Completely vaccinated child	1	32
Anti-tetanus vaccination 2-5	-2	32
Distribution of bed nets	1	32
Sanitation construction	0	32
Pregnant woman under ART (PMTCT)	0	12
Newborn under ART (PMTCT)	0	14
HIV VCT	0	31
New ART patient	0	14
Patient under ART since 6 months	0	14
Sexually Transmitted Infections (STI)	-1	32
Tuberculosis detected	6	18
Tuberculosis treated	1	27
Normal delivery	0	32
Family planning (pill or injection)	0	30
Implant or IUD	0	28
Postnatal consultation	1	32
Prenatal consultation	0	32
Total	**0**	**665**

Source: HDP Reports, 2012.

Note: Difference between the provincial number of services verified by the CPVVs and paid by the scheme, and the provincial number of services counter-verified by HDP for health center indicators (*N*) in all provinces counter-verified during the eight counter-verification rounds

The results presented in table 10 are underestimated because they aggregate positive and negative differences. However, they show that the differences between counter-verification and verification are on average smaller than the differences between declaration and verification. Except for one indicator (tuberculosis detected), the average differences are (at provincial level) not greater than the 5 percent margin of error defined in the implementation manual. The counter-verification indicates little variation between counter-verification and verification for health centers, although it would be desirable to study the disaggregated data to have a more precise idea on this point: this would allow both a more detailed study of the results and an analysis of their evolution over time.

As far as hospitals are concerned, the counter-verification reports do give disaggregated data at facility level. We could thus calculate the average differences exactly with the same methodology as we did for the results of verification presented in section 5.1, which leads to no underestimation of the level of error. Table 11 gives the

results of the counter-verification in hospitals. There is a maximum for each indicator of 32 observations: every province has been counter-verified twice. For every hospital, the calculation formula is the following:

(Quantity counter-verified by HDP−Quantity verified by CPVV) / (Quantity verified by CPVV)

Table 11 Difference between Verification and Counter-verification for Hospital Indicators

	Average difference (%)	Average of the abs. val. of the diff. (%)	*N*
Consultation (adult)	-10	21	32
Consultation (child)	-12	18	32
Consultation (pregnant woman)	0	27	32
Counterreference	-65	77	31
Major surgery	-18	26	29
Small surgery	-2	27	32
Normal delivery	-4	12	32
Caesarean section	-2	3	31
Complicated delivery	-28	37	30
Hospitalization day (child)	-13	20	32
Hospitalization day (adult)	-12	18	32
Sexually Transmitted Infections (STI)	50	74	30
Tuberculosis detected	22	32	29
Tuberculosis treated	-46	63	7
Implant or IUD	4	21	17
Family planning (pill or injection)	-9	16	18
Family planning (surgery)	-9	41	22
Postnatal consultation	-19	27	24
Prenatal consultation	-35	42	23
Circumcision	8	66	7
Total	**-9**	**31**	**522**

Source: HDP Reports, 2012.

Note: Difference between verification by CPVVs and counter-verification by HDP for hospital indicators in all hospitals counter-verified in Burundi during the eight counter-verification rounds.

In hospitals, the differences between verification and counterverification data are large and systematic. The quantity performance is overestimated by CPVVs on average by 9 percent, the average of the absolute values of the differences is 31 percent, and the average difference for all indicators but one (caesarean sections) is greater than the 5 percent margin of error defined in the implementation manual. If the sanctions determined in this manual were implemented, the subsidy to CPVVs would have been diminished.

Seven hospitals have been counter-verified twice between 2010 and 2012: they were randomly selected for both counter-verification rounds. This allows us to analyze the evolution of the results of counter-verification for this subsample, to detect a possible learning effect (CPVVs are expected to improve themselves and the level of error is expected to diminish). Table 12 presents the results of this analysis. There are 20 counter-verified indicators, which for seven hospitals and two counter-verification rounds yields a total number of possible observations of

280. Because all services are not provided by all hospitals every month, our total number of observations is only 103.

Table 12: Error by CPVVs as Detected by Counterverification in Seven Hospitals Selected from Two Counter-verification Rounds

	N	%	Average error round 1 (%)	Average error round 2 (%)	Difference (%)
Indicators for which the level of error increased between rounds 1 and 2	**58**	56	-6	-21	14
Indicators for which the level of error decreased between rounds 1 and 2	**45**	44	-26	-12	-13
Total	**103**	**100**	**-15**	**-17**	**2**

Source: HDP Reports, 2012.

Note: Hospitals randomly selected in both counter-verification rounds (seven hospitals).

Between round 1 and 2 of the counter-verification, for indicators that could be counter-verified twice in the same hospital, the average level of error increased from an average 15 percent overestimation to an average 17 percent overestimation. It should be noted that the average level of error in the sample of hospitals that have been counter-verified twice is lower than the results for the whole country presented in table 11. For 56 percent of these indicators, the level of error was higher in the second round than in the first round (average increase was 14 percentage points). For the remaining 44 percent, the level of error was lower in the second round than in the first round (average decrease was 13 percentage points). Table 12 thus shows that there was no learning effect, and that CPVVs did not improve their performance in verifying the quantity of hospital services between counter-verification rounds 1 and 2.

These results show that the performance of CPVVs in verifying hospital quantity is insufficiently rigorous, but according to people interviewed for this study, the differences that they highlight can largely be attributed to the absence of standardized registers at hospital level. Hospitals build their registers themselves, which leads to great variability in the way results are reported. Also, counter-verification applies the greatest rigor, and is therefore sometimes obliged to cancel a whole indicator. Another explanation is that counter-verification happens long after care has been delivered (six months on average): registers in which services have been reported may not be accessible any longer (for example, they may be archived in a room for which an absent staff holds the key). One MoH mission, carried out after a hospital counter-verification, found, for instance, that the reason for the large discrepancy at this hospital was that three registers could not be found by HDP: the counter-verification therefore could not count or include services recorded in those registers, which the CPVV verification had included, rendering the level of error artificially high.

These reasons explain the results presented in table 11, which are negative on average (overestimation of the performance by the CPVVs). They also explain why the MoH preferred not to implement the sanctions against CPVVs defined in the PBF implementation manual. It can however be argued that these sanctions could incite CPVVs to demand more rigor or better management from hospitals, to improve their own results and ensure registers are available. Hence, it seems desirable to consider implementing such sanctions with clear explanations of what CPVV should demand of hospitals.

Counter-verification is not limited to the verification of quantity. It also re-performs the technical quality assessments done by BPS and BDS in health centers, and by peers in hospitals. In counter-verification reports, the results are compared to the results of the preceding quarter. Given that counter-verification generally happens long after verification, technical quality in facilities may have varied in the facilities. This is why in the framework of this study, we preferred to compare the results of the technical quality assessment performed by the counter-verification teams to those of the closest assessment performed by the verification teams (be it before or after counter-verification). This comparison still has problems, because even if the time lag between verification and counter-verification is reduced, the technical quality may have changed in health facilities. However, we estimate that this comparison is more adapted than the one presented in counter-verification reports. The results are presented in table 13.[16] For every facility, the following formula has been used to calculate the difference:

(Score established by HDP −Score established by BPS, BDS or peers) / (Score established by BPS, BDS or peers)

Table 13: Difference between Technical Quality Assessment and Counterverification in All Hospitals and Health Centers from Eight Counter-Verification Rounds

	Average difference (%)	With overestimation[17] (%)	Average overestimation (%)	With underestimation[18] (%)	Average underestimation (%)	*N*
Health centers	-11	79	-20	21	24	101
Hospitals	-17	84	-24	16	20	32

Source: Author, comparing HDP Reports with database cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

Note: Difference between technical quality assessment performed by the BPS, BDS, or peers and counter-verification performed by HDP in all hospitals and health centers counter-verified in Burundi during the eight counter-verification rounds.

When compared to HDP results, the technical quality as assessed by BPS, BDS, or peers is overestimated by 11 percent in health centers and by 17 percent in hospitals. This conclusion must be nuanced because, as stated above, both evaluations were made at different points in time. However, this overestimation is systematic (it happens in 79 percent of counter-verified health centers and in 84 percent of counter-verified hospitals), which suggests that the results presented in table 13 cannot be explained solely by the time difference between verification and counter-verification.

This overestimation can be explained by the rigor applied by counter-verification teams, but interview participants also pointed out institutional factors: BPS and BDS are above health centers in the MoH hierarchy, and they have no interest in highlighting their shortcomings. For hospitals, peers are likely to think that their assessment will influence the way they, in turn, are assessed by their colleagues. For health centers, these institutional issues could be partly addressed by extending (and applying) to the BPS and BDS the sanctions

16. Contrary to what happens for quantity counter-verification, the counter-verification reports present results of the technical quality assessment in health centers in a disaggregated way. We could therefore perform the same calculations for health centers and for hospitals.
17. Percentage of counter-verifications that concluded that technical quality was overestimated by BPS, BDS, or peers.
18. Ibid.

defined against CPVVs in the PBF implementation manual: if the income of BPS and BDS was linked to the results of the counter-verification, they could increase their levelof rigor in the quality assessment.

As for household surveys, the counter-verification reports do not compare their results with the surveys performed by local organizations under the supervision of the CPVVs. This is justified by the fact that the sample of interviewed patients is not the same for both surveys: the results are by nature different. Under these conditions, one wonders why the counter-verification performs household surveys at all; this is a costly activity that necessitates hiring another local organization to re-perform the work that has already been done. It would be preferable either to exclude the household surveys from the counter-verification, or to counter-verify them with the same sample that has been used during verification.

5.5. What are the findings used for?

The findings of the verification system are used primarily for paying providers: the results of quantity verification are used for paying monthly quantity subsidies, and technical quality assessment combined with household surveys can be translated into a quarterly top-up subsidy or sanction.

As for quantity verification, we tried to assess the amounts saved by the verification by comparing the amounts that would have been paid in the absence of verification (declared amounts) to those that have actually been paid. This comparison is theoretical for two reasons:

- Verification, especially frequent and comprehensive verification as done for quantity in Burundi, has a deterrent effect on fraud: it is likely that declared amounts would be much greater in the absence of verification.
- To achieve this result, we had to calculate a theoretical declared amount; the declared amount is not registered in the databases. Only declared quantities are available, but it was not possible to use these to calculate the exact monetary value of declared services, as the monetary value of each indicator varies between provinces — the discrepancy exists to attract health staff to work in remote areas. Moreover, monetary values can vary over time. Hence, we had to consider that indicators had the same monetary value in every province: this assumption is not true and leads to small underestimation of the total monetary value of declared and verified quantities, but it has little impact on the percentage of the budget that is saved since it affects both declared and verified amounts.

The results of these calculations are presented in table 14.

Table 14: Estimation of the Amounts Saved Due to Quantity Verification (in US$)

	Health centers	Hospitals	Total
Estimation of declared amounts (US$)	9,695,185	7,179,405	**16,874,590**
Verified amounts (US$)	9,480,727	7,098,941	**16,579,668**
Estimation of the saved amounts (US$)	214,458	80,464	**294,922**
Percentage saved (%)	2	1	**2**

Source: Author, using database cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

Note: Extrapolations for year 2012 based on available data, January–August for health centers and January to July for hospitals.

According to our calculations, quantity verification saved about 2 percent of the amount paid to health centers and 1 percent of the amounts paid to hospitals. These percentages are surprisingly low given the level of error shown in tables 7 and 9. This can be explained by the fact that positive and negative errors cancel each other's effects. It is another indication of the importance of underestimation of performance by providers.

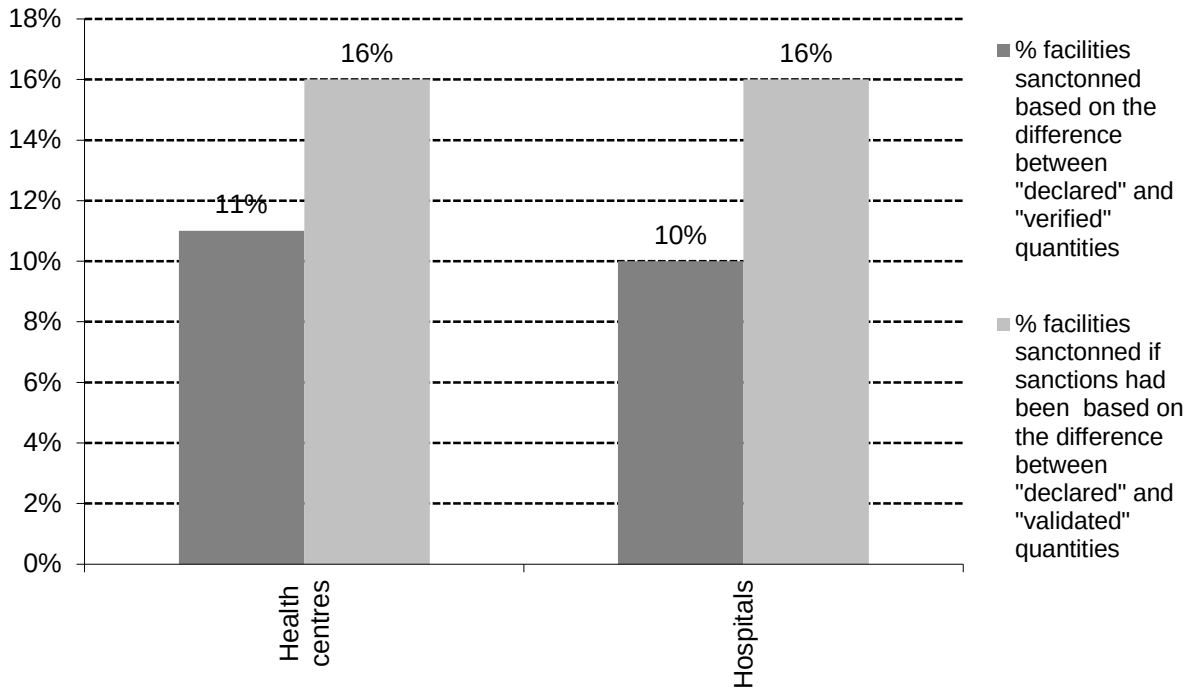
However, these percentages are also different from the error percentages presented in tables 6 and 8 that sum up overestimations and underestimations. This can easily be understood because in both these tables, every declaration has the same weight, regardless of the number of services it represents and thus of its monetary value. In table 14 on the contrary, results are weighed by the quantity declared and by the amount of the subsidy that is attached to each indicator. For example, if a health center declares that it attended 11 deliveries and if only 10 are verified by the CPVV, the overestimation will be 10 percent, exactly the same as another health center that would have attended 22 deliveries but for which only 20 would be verified. But the savings due to the quantity verification in the first health center will be half as much as the second one.

The results of PBF verifications are also used to sanction health care providers. This was rare during the first months of PBF implementation in Burundi, but financial sanctions are increasingly being applied. As described earlier (see table 3), if any difference greater than 5 percent between declared and verified quantity is found for an indicator, part of the funds that the facility should have earned for this indicator are cut. In the framework of these sanctions, the difference that is taken into account is not the difference between the quantity as self-assessed by the facility (named "declared" quantity in the facilities' invoice), and the quantity as assessed after the verification process is complete (named "validated" quantity in the facilities' invoice), but the difference between "declared" quantity and the quantity that is reported in the registries, irrespective of the exact definitions of the indicators (named "verified" quantity in the facilities' invoice)[19]. Figure 6 presents the proportion of declarations that were sanctioned between January and August 2012[20] (based on the difference between "declared" and "verified"quantities), as well as the proportion of declarations that would have been sanctioned if the difference between "declared" and "validated" data had been taken into account instead of the one between "declared" and "verified" data.

19. See section 4.2 for further elaboration on "declared," "verified," and "validated" quantities.

20. Between January and July 2012 for hospitals. Moreover, for health centers, data on verified quantities for June were missing, and this month could not be taken into account. The total number of declarations considered by figure 6 is 44,291 for health centers and 6,762 for hospitals.

Figure 6: Proportion of Declarations Sanctioned between January and August 2012



Source: Database cellule technique du FBP (CT-FBP), MoH Burundi, 2012

Note: Proportion of declaration that were sanctioned between January and August 2012 (January and July 2012 for hospitals) because the difference between "declared" and "verified" data was greater than 5 percent, compared with the proportion of declarations that would have been sanctioned if sanctions had been based on the difference between "declared" and "validated" data.

Between January and August 2012, 11 percent of declarations made by health centers and 10 percent of declarations made by hospitals were sanctioned because the difference between "declaration" and "verification" was greater than 5 percent. These proportions would have been much higher if "validated" data had been taken as the basis of these sanctions instead of verified data (16 percent of declarations made by health centers and hospitals would then have been sanctioned). This option would have been more relevant from the PBF point of view, since validated data determine payment. Therefore, the sanction system should in the future be structured to take into account the differences between "declared" and "validated" data instead of the difference between "declared" and "verified" data. Unfortunately, it has not been possible to calculate the amounts saved by the PBF program due to these sanctions, nor the amounts that would have been saved if sanctions had been based on validated data; the available databases do not register this information.

Since the first quarter of 2011, a quality financial sanction was also introduced for facilities whose overall quality score (technical quality score and household survey score) is less than 50 percent. Table 15 presents the number of facilities for which this was the case.

Table 15: Number of Health Facilities Financially Sanctioned for Quality since the First Quarter of 2011

	Health centers		Hospitals	
	Number	Share (%)	Number	Share (%)
2011 quarter 1	33	6	1	2
2011 quarter 2	12	2	1	2
2011 quarter 3	33	6	1	2
2011 quarter 4	6	1	0	0
2012 quarter 1	6	1	9	18
2012 quarter 2	3	1	2	4
Average	**16**	**3**	**2**	**5**

Source: Database cellule technique du FBP (CT-FBP), MoH Burundi, 2012

Before analyzing these sanctions, one should note that they are not entirely due to misreported information: 60 percent of the score on which they are based assesses technical quality, and 20 percent assesses user satisfaction. Only 20 percent assesses the actual receipt of services; the main reason for these sanctions is underperformance. However, in the absence of disaggregated information on sanctions linked to "phantom-patients" one can only rely on the overall quality scores. On average, 3 percent of health facilities have been financially sanctioned every quarter because their overall quality score was less than 50 percent. This percentage has been consistently decreasing since the first quarter of 2011, when these financial sanctions were introduced (except for the first quarter of 2012 for hospitals, when the new technical quality checklist was introduced). On average, the quality financial sanctions represent 2 percent of the total amount of the quality incentive for health centers, and 4 percent for hospitals (the quality incentive represents between 10 and 15 percent of the total incentive). These amounts could be different if the sanctions linked to "phantom-patients" (as detected by household surveys — about 7 to 9 percent of patients not found back in health centers, and 10 to 15 percent in hospitals) were separate from sanctions linked to technical quality or user satisfaction.

Moreover, as discussed above, sanctions should apply against CPVVs when HDP counter-verification findings are different from CPVV findings by more than 5 percent. The modalities and amounts of these sanctions are defined in the implementation manual, but we could not calculate the amounts that would have been saved had they been implemented: as explained earlier (see part 5.4), the counter-verification reports do not provide the differences between verification and counter-verification at health center level, which makes it impossible to calculate hypothetical sanctions.

In addition to these sanctions linked to the facilities' financial incentives, the verification system can detect problems that can lead to administrative sanctions. Table 16 shows the number of contract terminations observed in 2010 and 2011 for facilities with a principal contract, facilities with a secondary contract, and local organizations.

Table 16: Number of Contract Terminations in 2010 and 2011 for Facilities with a Principal Contract, Facilities with a Secondary Contract, and Local Organizations

	2010	2011
Contract termination with a facility with a principal contract	0	0
Contract termination with a facility with a secondary contract	2	1
Contract termination with a local organization	11	6

Source: Cellule technique du FBP (CT-FBP), MoH Burundi, 2012.

This table shows that contract terminations with health facilities are rare they are nonexistent with facilities with a principal contract. Instead of implementing hard sanctions, the PBF system in Burundi supports facilities, so that they can improve their results. The system takes advantage of the fact that regulation bodies at intermediate and operational levels (BPS and BDS), as members of the CPVV, are strongly involved in the validation of results, and can act to solve discrepancies in data. Usually, if repeated errors are noticed, recommendations are made by the CPVV, further investigations are carried out, and the provincial and district health offices try to find a way, in collaboration with the facility, to improve the quality of data. For example, district health offices can check registers during their monthly supervision visits if the CPVV verification unit reports that they have trouble identifying patients. It should be emphasized that contract termination can be problematic for the health system as a whole in terms of financial accessibility: the PBF system also finances the removal of user fees for pregnant women and children. If a contract is broken with one of the providers, the latter will have to charge the population.

The policy toward local organizations implementing the household survey is different: contract terminations with them are more frequent, and usually motivated by substandard conduct of members. This can be explained by lower capabilities of their members, but also by the fact that they are not providing care that is vital for the population: terminating their contract raises fewer problems, and it is easier to find other organizations to perform the job. Sanctions against them, however, became less frequent in the second year of implementation, which could be due to a learning effect or to hiring better organizations.

In summary, sanctions still have a marginal impact in the PBF system in Burundi:

- Quantity sanctions apply to only 16 percent of declarations; generally (in 92 percent of the cases for health centers and 94 percent for hospitals) they are due to errors that are smaller than 20 percent, hence not necessitating suppression of the complete subsidy for the indicator (as described in table 3).
- Quality sanctions are only implemented against 3 percent of health centers and 5 percent of hospitals every quarter.
- Sanctions against CPVVs are not applied.
- Administrative sanctions are rare.

This illustrates once more that the Burundian verification system is an internal verification system rather than an independent one; it focuses on educational aspects of the process over its punitive aspects.

6. VERIFICATION COSTS

In its 2011 report (MoH 2012), the CT-FBP calculates that payment to providers amounts to 88 percent of the total cost of the PBF scheme, but its estimation of the latter omits a number of items affecting cost: salaries of civil servants working in CPVVs and in the CT-FBP, technical assistance to the CT-FBP, donor contributions to running costs of CPVVs, depreciation of investments. In table 17, we tried to reconstitute most of these costs for year 2011.

Table 17: Estimation of the Verification Cost of PBF for 2011

	US$	%
Health centers	10,300,743	45
Hospitals	7,675,419	33
BPS and BDS	1,357,278	6
Total payment to providers	**19,333,440**	**84**
CT-FBP (including technical assistance)	581,787	3
CPVV	978,601	4
Counterverification	281,108	1
Technical assistance at province level[21]	1,393,443	6
Local organizations	344,970	1
Capacity building	113,697	0
Verification cost	**3,693,605**	**16**
Total cost	**23,027,045**	**100**

Source: Author, using information from annual report cellule technique du FBP (CT-FBP), MoH Burundi, 2011.

Note: Estimation excludes depreciation of investment and part of the technical assistance at provincial level.

These costs show that verification costs are around 16 percent of total PBF expenditures. This is still an approximation, because of the following:

- We could not estimate depreciation of investment.
- We could not estimate some part of the technical assistance at provincial level.
- Some costs included in the verification costs are not entirely dedicated to verification and could not be disaggregated (the CT-FBP is also in charge of the general management of the scheme, CPVVs are also in charge of signing contracts).

However, this figure can be compared to the verification costs of pilot PBF projects in Burundi, which amounted to between 25 and 30 percent of the total budget according to Cordaid estimates. Rolling out PBF at national level seems to have yielded substantial economies of scale, but costs can still be rationalized. Of the total budget 6 percent (that is, 38 percent of the verification costs) is currently allocated to technical assistance at province level, that is, to capacity building of CPVVs by the NGOs that implemented the pilot PBF projects. Given the

21. Excluding technical assistance provided by donors such as the European Union or the Belgian cooperation, for which it has not been possible to distinguish between PBF technical assistance and the one that had a more general purpose.

current debates on the actual services rendered by these NGOs (see section 4.1), their cost-effectiveness and alternative use of this technical assistance budget could be studied.

It should also be noted that the total budget for verification is much greater than the amount saved from quantity verification (about $300,000 in 2012, see table 14) or from quality assessment. However, verification also has a deterrent effect, and the amount saved cannot be adequately estimated nor directly compared to the amounts spent on verification. Moreover, as described above, the monetary value of all sanctions could not be calculated, and since some sanctions are not applied, these result in smaller amounts saved. Lastly, verification contributes to the accuracy of the data in the HMIS, can be used ex-post for evidence-based decision making and constitutes a mechanism to focus all facilities and actors on results. Hence, the contribution of verification is not only in the amount saved.

7. LESSONS LEARNED

The scaling-up of PBF to the whole country was (and still is) a major challenge for Burundi. In shifting from input-based financing to output-based incentives, PBF is gradually modifying the whole health system by increasing provider autonomy, separation of functions, and transparency.

The very existence of the verification process is a key improvement of the governance of the health system. *Verification forces providers to open their doors to external scrutiny* (although this usually happens in a hierarchical context), which is in the interest of both providers and patients. This could have been felt as a control and disregarded by providers, but testimonies from verification teams and providers show that there is no or little tension between verifiers and providers: verification is mostly seen as an incentive for providers to improve the quantity and quality of their care.

Verification teams testify that their work has induced change in the practices of providers. For instance, *more attention is paid to the proper management of registers* (although considerable progress is still to be made, as described earlier): providers know that any patient that cannot be identified in the registers can result in a lower income (due to the provision of quantity or quality top-up subsidies). In the long run, this will improve the HMIS. Moreover, many PBF actors claim that the quality of care has improved in Burundi since PBF was scaledup (Cordaid, EU, WB, WHO 2012), thanks to both technical quality assessment and household surveys (where patient satisfaction is 50 percent of the score).

This study found that the original verification model chosen by Burundi, in which MoH participation is key, made it possible to *use the process as an educational tool* for providers: the regulator takes an active part in the verification system (the BPS and BDS are preeminent members of the CPVV validation unit, and they are in charge of the technical quality assessment), which greatly helps it to improve its own performance. Capacity building is prioritized over sanctions as a problem solving method. This allows greater ownership of the process by providers as well as by the regulator.

Any RBF verification system needs to balance priorities for transparency, independence, integration, and rigor (Ergo and Paina 2012): Burundi has chosen an original method, which is based on strong involvement of the MoH, but also allows civil society to play a role. This *verification method is evolving:* it first laid the emphasis on supporting contracted health facilities rather than on punishing them, but it gradually introduced firmer sanctions. It is however still based more on dialogue than on sanction.

This being said, numerous aspects of verification can be improved in Burundi. First, in spite of the relatively low cost of verification seen in section 6, *there is room for cost reduction*. For example, the usefulness of the technical

assistance provided by NGOs to CPVVs is disputed in the country: their contribution to the quality of the verification system depends on the skills of their staff which, some interviewed stakeholders report, do not always match the skills required. Their cost is relatively large (6 percent of the total PBF budget, see section 6), and discussions are being held on whether their mission will be renewed in the future.

On another note, analysis of the results of verification shows that the choice of a verification system that is integrated into the health system (as opposed to an independent verification) is accompanied by a measure of tolerance as*the level of error is still high*. Regarding quantity verification, 69 percent of the declarations in health centers and 62 percent in hospitals are accurate when compared to amounts paid at the end of the verification process, but this leaves about one-third of declarations inaccurate. When performance is overestimated, the average overestimation is still above 10 percent, while underestimations are on average greater than 5 percent. The factors that explain these errors are linked to indicator definitions, patient identification, and harmonization of data collection tools, which should have been solved after two years of PBF implementation in the country. Little attention is paid to declared data and the difference between declared and verified numbers. The penalty system introduced after one year of implementationto sanction declared data that is 5 percent greater or lower than verified data does not seem to be tough enough to solve these problems.

The MoH (and especially the HMIS, in collaboration with the CT-FBP) must urgently, for every indicator with systematic errors, identify the roots of the problems and propose solutions (for example, building a nomenclature of small surgery services, modifying the tools in which services are registered, and in some cases creating standardized registers). *Strengthening the financial sanctions against providers in case of inaccurate declaration can also be considered*, for instance, by basing them on validated data instead of on verified data, as is currently the case.

With regard to quality assessment, one of the major drawbacks of the Burundian set-up is that *technical quality assessment is not implemented in every facility, and patient tracing does not encompass all indicators*. First, the technical quality of subcontractors, which represent more than 20 percent of health centers, is never assessed. Moreover, some registers are excluded from household surveys for confidentiality reasons; as a result, the existence of “phantom patients” for almost half of the health center indicators and one-third of hospital indicators is never assessed. Performing the technical quality assessment in all facilities and for all indicators has a cost and raises confidentiality issues, which will need addressing. To reduce the costs of extending technical quality assessment and household surveys to more facilities and indicators, a random sampling of facilities and indicators could be considered: all facilities and indicators would have a chance of being verified, not all of them would be but none would be systematically excluded.

This study also noticed that *the quality assessment combines in one incentive system, elements linked to technical quality, patient satisfaction, and fraud detection*. The reason for this is that the elements linked to patient satisfaction and to fraud detection are assessed by the same actors and by the same means during the household surveys. But the result is inappropriate, for at least two reasons. First, it merges the detection of “phantom patients” with other elements, which makes them less visible as shown by the fact that there is no analysis of the proportion of “phantom patients” at national level. Second, *this system rewards facilities for not cheating*: in the current set-up, if patients are found back and confirm that they have received care, the provider earns points and money. It would seem more consistent to link the results of the detection of “phantom patients” to the sanction system that applies when declared quantity is different from verified quantity. However, the system is currently taking a different direction: the relative proportions of “technical quality” and “perceived quality” will soon be reduced from 60 percent/40 percent to 70 percent/30 percent. While this will reduce the positive financial

incentive for not cheating, it will also reduce the importance of the detection of "phantom patients" in the verification system as a whole.

Our study also showed that the technical quality assessment is still highly vulnerable*. It seems that providers are tempted to concentrate their efforts on the aspects of quality that are measured, without necessarily increasing the overall quality of the care they provide*. Two examples illustrate this statement. First, the technical quality score of hospitals fell dramatically at the beginning of year 2012 after the technical quality assessment checklist was modified. This shows that hospitals were used to an assessment mode rather than making an effort on quality. Such modifications are still too rare; it is important that providers do not get used to a routine assessment methodology. On the contrary, the level of requirement must increase with the skills of providers. Modification in the checklist should also more regularly be enforced for health centers. The main challenge on this aspect will be to make room for the patient in the assessment, in particular by including care observation aspects. The verification process still very much focuses on the conditions in which care is delivered, rather than on care itself: there is no mystery-patient, for instance. In the whole verification process, the only occasion where the patient is present is the household survey. Progress has already been made on this aspect, with the inclusion of clinical aspects linked to the patients' medical records in the technical quality assessment checklist, and they should be continued. It is important to remember that measuring quality is a complex activity, and that there cannot be ready-made solutions; on the contrary, constant experimentation is needed.

Another example challenging *the technical quality assessment is the difficulty in maintaining the level of quality between two assessments*, which was pointed out by various interview participants. This difficulty is possibly linked to the fact that providers know the period, and sometimes even the date, of their assessment, and are thus able to prepare themselves. One possible solution for this would be to stop advance announcements of assessment visits to health centers, and to make them happen "randomly" during the trimester rather than in a given couple of weeks. This would modify the climate in which the technical quality assessment is done, and it would probably lose some if its educational aspect, but it would on the other hand, force providers to increase their effort to maintain quality. As far as hospitals are concerned, it seems hard to consider a shift toward unannounced visits without abandoning the peer assessment mechanism, since the peer assessment cannot be done without planning. Moreover, the hospital sector in Burundi is relatively small with a limited number of people involved, which makes surprises difficult. However, the credibility of the hospital technical quality assessment must be improved, as shown by the results of the counter-verification in this field. The Burundi verification system must find a compromise between rigor and credibility of the process on the one hand (technical quality assessed by an independent third-party organization) and its integration into the health system on the other hand (peer assessment).

Counter-verification brought many positive elements to the system. In spite of some methodological problems, it showed that CPVV quantity verification in health centers was globally reliable. It should be noted that the way health center data are presented in counter-verification reports is problematic: by aggregating health centers by province, the counter-verification underestimates the level of error because it averages both under and overestimations. Moreover, it makes it impossible to analyze the evolution of the level of error over time, for those health centers that would have been selected for several counter-verification rounds. *Disaggregated data, with over- and underreporting separated, are needed to assess the reliability of CPVV verification in health centers*, as assessed by HDP counter-verification. Such data could also help pinpoint problems, identify error trends and outliers, and assist in performance improvement.

Counter-verification results are still underutilized. They show great levels of discrepancy in CPVV quantity verification for hospitals, but this did not lead to a proportionate action against CPVVs or hospitals. They also

showed high levels of discrepancy between the technical quality assessments done by BPS, BDS, and peers and the ones done by HDP; once again, this led to no sanctions. Implementing sanctions against CPVVs, BPS, and BDS linked to the counter-verification process could greatly improve the quality of the data provided by the PBF system.

Moreover, it would seem relevant to clarify the role of the counter-verification. It currently has a double role of data quality assessment and of PBF implementation process follow-up, and makes recommendations that are meant to improve both the quality of data and the PBF system itself. The fact that counter-verification performs household surveys, but does not compare their results with those of household surveys performed under CPVV supervision is a vivid illustration of this ambiguity: not comparing the results is justified for methodological reasons (the samples are not the same), but does raise the question of why counter-verification performs household surveys at all. It would be preferableif counter-verification focused on the quality of data, and not on the quality of the system; the MoH indeed benefits from a strong technical assistance at central level that allows it to ensure a satisfactory follow-up. More attention to data quality is crucial, and the counter-verification's external eye can help on this aspect.

Numerous long-term development opportunities for the verification system exist beyond the short-term solutions that have been suggested above.

The next step for quantity verification would, for example, lead to random sampling of health facilities rather than implementing systematic monthly verification of all facilities. The latter is very costly in time and resources that are better used elsewhere. Health facilities could then be paid on the basis of their declarations rather than on the basis of the systematic verification, as is currently the case. Given the high discrepancy between data declared by providers and verified data, noticed in this study, this may not yet be possible in the short term. When discrepancies are reduced, experimentation of this sampled verification must naturally be done very cautiously, and should be implemented first in a pilot zone before being rolled out throughout the whole country. Burundi probably has not yet reached the level of confidence in its institutions that would allow such a reform to be rapidly implemented.

According to all interviewed people, the verification system in the Burundian PBF ensures a satisfactory level of fraud detection. A strong integration of the verification system inside the MoH regulatory system, combined with the existence of an independent counter-verification mechanism, ensures a degree of confidence so that most actors estimate that data is reliable, at a reasonable cost (about 16 percent of the total PBF expenses). This study shows that the discrepancy between the results before and after verification was still high. Improvements can be made by modifying the incentive system on the one hand (for example, implementing tougher sanctions), and by continuous training of CPVVs, BPS, BDS, and hospital peers on the other hand. The major challenge will be to continueto make gradual improvements to the system, to avoid transforming it into a routine exercise, and to maintain the confidence of the actors who use the data it produces.

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Annex 2: Quantity Declaration Forms in Health Centers and Hospitals

REPUBLIQUE DU BURUNDI
MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LE SIDA
PROVINCE SANITAIRE DE :
DISTRICT SANITAIRE DE :
CENTRE DE SANTE DE :

FICHE DE DECLARATION DES DONNEES MENSUELLES MOIS : ANNEE :

N°	Indicateur	Quantité Déclarée
1	Nouvelle Consultation Curative (>=5 ans)	
2	Nouvelle Consultation Curative (< 5 ans)	
3	Une journée d'observation (>=5 ans)	
4	Une journée d'observation (< 5 ans)	
5	Petite chirurgie	
6	Référence et patient arrivé à l'hôpital	
7	Enfants complètement vaccinés	
8	VAT 2-5	
9	Femme enceinte VIH+ mise sous protocole ARV prophylactique	
10	Prise en charge du nouveau né d'une femme VIH +	
11	Dépistage volontaire du VIH/SIDA	
12	Nombre de nouveaux cas sous ARV	
13	Nombre de clients ARV suivi pendant 6 mois	
14	Cas d'IST traités	
15	Dépistage des cas TBC positifs	
16	Nombre de cas TBC traités et guéris	
17	Nouvelle consultation curative pour les femmes enceintes	
18	Accouchement eutocique	
19	FP: Tot. Nouvelles + Anciennes Acceptantes	
20	FP: Implants et DIU	
21	Consultation postnatale	
22	Consultation prénatale et standard	
	TOTAL	

Fait à …… ; le ……

Le Titulaire du CDS (ou son délégué)……..
(Nom, Prénom et signature)

REPUBLIQUE DU BURUNDI
MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LE SIDA
PROVINCE SANITAIRE DE :
DISTRICT SANITAIRE DE :
HOPITAL DE DISTRICT/HOPITAL NATIONAL DE :

FICHE DE DECLARATION DES DONNEES MENSUELLES MOIS : ANNEE :

N°	Indicateur	Quantité Déclarée)
1	Nouvelle Consultation Curative par un médecin (> =5 ans)	
2	Nouvelle Consultation Curative par un médecin (< 5 ans)	
3	Nouvelle consultation curative d'une femme enceinte par un médecin	
4	Contre référence arrivée au CDS	
5	Chirurgie majeure	
6	Petite chirurgie	
7	Accouchement eutocique	
8	Césarienne	
9	Accouchement dystocique	
10	Une journée d'hospitalisation pour les >= 5 ans	
11	Une journée d'hospitalisation pour les < 5 ans	
12	Femme enceinte VIH+ mise sous protocole ARV prophylactique	
13	Prise en charge du nouveau né d'une femme VIH +	
14	Dépistage volontaire du VIH/SIDA	
15	Nombre de nouveaux cas sous ARV	
16	Nombre de clients ARV suivi semestriellement	
17	Cas d' IST traitées	
18	Dépistage des cas TBC positifs	
19	Circoncision masculine	
20	FP: Implants et DIU	
21	FP: Tot. Nouvelles + Anciennes Acceptantes	
22	PF : méthode définitive	
23	Consultation prénatale	
24	Consultation post natale	

Fait à ..... ; le ……..

Le Directeur de l'Hôpital (ou son délégué) …….
(Nom, Prénom et signature)

Source: MoH 2011b.

Annex 3: Monthly Invoices for Health Centers and Hospitals

REPUBLIQUE DU BURUNDI
MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LE SIDA
PROVINCE SANITAIRE DE :
DISTRICT SANITAIRE DE :
CENTRE DE SANTE DE :

FACTURE MENSUELLE PMA **MOIS :** **ANNEE :**

N°	Indicateur	Quantité Déclarée (**a**)	Quantité Vérifiée (b)	Quantité Validée (c)	Ecart (en chiffre) : d= (a-b)	Ecart (en %) e=d/a *100	Tarif unitaire (f)	Montant (Fbu) g=(f*c) si écart ≤5% g= (f * c)-(f*c*5%) si écart > ±5% et ≤ à ±10% g= (f *c)-(f*c*10%) si écart > ±10% et ≤ à ±20% g=0 si écart > ±20%
1	Nouvelle Consultation Curative (>=5 ans)							
2	Nouvelle Consultation Curative (< 5 ans)							
3	Une journée d'observation (>=5 ans)							
4	Une journée d'observation (< 5 ans)							
5	Petite chirurgie							
6	Référence et patient arrivé à l'hôpital							
7	Enfants complètement vaccinés							
8	VAT 2-5							
9	Femme enceinte VIH+ mise sous protocole ARV prophylactique							
10	Prise en charge du nouveau né d'une femme VIH +							
11	Dépistage volontaire du VIH/SIDA							

12	Nombre de nouveaux cas sous ARV							
13	Nombre de clients ARV suivi pendant 6 mois							
14	Cas d'IST traités							
15	Dépistage des cas TBC positifs							
16	Nombre de cas TBC traités et guéris							
17	Nouvelle consultation curative pour les femmes enceintes							
18	Accouchement eutocique							
19	FP: Tot. Nouvelles + Anciennes Acceptantes							
20	FP: Implants et DIU							
21	Consultation postnatale							
22	Consultation prénatale et standard							
	TOTAL							

Le Titulaire du CDS…….
Les vérificateurs (Noms, Prénoms et Signatures):

1……..
Nom et Prénom
2…….
Signature
3…….

REPUBLIQUE DU BURUNDI
MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LE SIDA
PROVINCE SANITAIRE DE :
DISTRICT SANITAIRE DE :
HOPITAL DE :

FACTURE MENSUELLE PCA **MOIS :** **ANNEE :**

N°	Indicateur	Quantité Déclarée (a)	Quantité Vérifiée (b)	Quantité Validée (c)	Ecart (en chiffre) : d= (a-b)	Ecart (en %) e=d/a *100	Tarif unitaire (f)	Montant (Fbu) **g**=(f*c) si écart ≤5% **g**= (f * c)-(f*c*5%) si écart > ±5% et ≤ à ±10% **g**= (f *c)-(f*c*10%) si écart > ±10% et ≤ à ±20% **g**=0 si écart > ±20%
1	Nouvelle Consultation Curative par un médecin (> =5 ans)							
2	Nouvelle Consultation Curative par un médecin (< 5 ans)							
3	Nouvelle consultation curative d'une femme enceinte par un médecin							
4	Contre référence arrivée au CDS							
5	Chirurgie majeure							
6	Petite chirurgie							
7	Accouchement eutocique							
8	Césarienne							
9	Accouchement dystocique							
10	Une journée d'hospitalisation pour les >= 5 ans							
11	Une journée d'hospitalisation pour les < 5 ans							
12	Femme enceinte VIH+ mise sous protocole ARV prophylactique							

13	Prise en charge du nouveau né d'une femme VIH +							
14	Dépistage volontaire du VIH/SIDA							
15	Nombre de nouveaux cas sous ARV							
16	Nombre de clients ARV suivi semestriellement							
17	Cas d' IST traitées							
18	Dépistage des cas TBC positifs							
19	Circoncision masculine							
20	FP: Implants et DIU							
21	FP: Tot. Nouvelles + Anciennes Acceptantes							
22	PF : méthode définitive							
23	Consultation prénatale							
24	Consultation post natale							

Le Directeur de l'Hôpital (ou son délégué)

Les vérificateurs (Noms, Prénoms et Signatures):

Nom et Prénom

1…….

Signature

2…….

3…….

Source: MoH 2011b.

Annex 4: Technical Quality Assessment Checklists for Health Centers and Hospitals

Former versions:

Quarterly Assessment Template on the Technical Quality of Health Centers
–DRAFT-
REPUBLIC OF BURUNDI

MINISTRY OF PUBLIC HEALTH
GENERAL DIRECTORATE OF PUBLIC HEALTH
QUARTERLY ASSESSMENT TEMPLATE ON THE TECHNICAL QUALITY OF HEALTH CENTERS
GENERAL INFORMATION

IDENTIFICATION OF HEALTH CENTER

<table>
<tr><td colspan="4">Name of health center:

CDS</td></tr>
<tr><td colspan="2">Health district:</td><td colspan="2">Province:</td></tr>
<tr><td>Telephone:</td><td>Fax:</td><td colspan="2">P.O. Box:</td></tr>
<tr><td colspan="4">Status: Public ☐ Accredited ☐ Private ☐</td></tr>
<tr><td>Pop. served:

Ratio qualified personnel /2000 inhab.:</td><td>Number of beds:

Number of beds/ 1000 inhab.:</td><td colspan="2">Number of personnel A0:
Number of personnel A1:
Number of personnel A2
Number of personnel A3
Number of personnel non-qual.(A4/A5):
Number of personnel non-qual. (A6)</td></tr>
<tr><td colspan="2">Name of person responsible:</td><td colspan="2">Telephone:</td></tr>
<tr><td>P.O. Box:</td><td colspan="3">E-mail:</td></tr>
</table>

EVALUATORS

No.	FIRST AND LAST NAMES	FUNCTION	SIGNATURE

QUARTERLY SUMMARY OF QUALITY OF HEALTH CENTER

No.	ACTIVITY ASSESSED	Available points	Points obtained	%	Comments
1	General activities	230			
2	Follow-up assessment /SIS	190			
3	Hygiene, environment, and sterilization	230			
4	Outpatient and inpatient consultation	180			
5	Maternity ward	140			
6	Prenatal consultation	140			
7	Family planning	110			
8	Vaccination and monitoring of newborns	130			
9	HIV/AIDS control	270			
10	Tuberculosis and leprosy	150			
11	Laboratory	66			
12	Minor surgery	53			
13	Drug management	205			
14	Financial management	200			
TOTAL		**2 294**			

SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS ON HEALTH CENTERS

Health office_____Health center_____ Date _____
Recommendations from preceding quarter not implemented, and explanation
Strong and weak points identified during current quarterly assessment
Recommendations concerning weak points
Technical supervision recommended

Evaluator's signature_____ Date_____

1. GENERAL ACTIVITIES (…)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
1	**Availability and posting of the Health Map for the geographical health area:** Health map of public health facilities (FOSA) showing: Hills or neighborhoods Main roads Natural barriers Special points and distances	All 4 criteria met = 10 One criterion missing = 0	10	
2	**Availability of work schedule and duty roster:** Work schedule and duty roster are posted and available to the public	Criterion met = 10	10	
3	**Availability of portable radio or telephone for communication with the local FOSA [health facility]:** Radio with charged battery (test functionality) and/or telephone with call units of at least BIF 1000 [BIF: Burundian Franc]	Criterion met = 40	40	
4	**Availability of list of fees charged** List of fees charged is posted and accessible to the public	Criterion met = 10	10	
5	**Inventory of equipment and material for each service exists and is updated each quarter**	Updated inventory exists = 10 Inventory missing or out-of-date = 0	10	
6	**Services available with staff on duty 24/7, including holidays:** Evaluator will confirm: The permanent duty roster is prepared and accessible to the public (posted) The recording of cases for 3 non-working days selected at random during the quarter being assessed	Open status confirmed = 100	100	
7	**Existence of a source of lighting at night: electricity, generator, or solar power**	Criterion met = 20	20	
8	**Proper reception is provided to patients:** **1)** Waiting rooms with chairs or benches **2)** Existence of a triage system, with numbering system and guidance **3)** Presence of a staff member conducting triage according to seriousness of case and numbered order	One element present = 10 (Max. 3 elements)	30	
			MAXIMUM POSSIBLE = 230	**POINTS OBTAINED =**

2. FOLLOW-UP ASSESSMENT/SIS				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
1	**Existence of an Annual Action Plan (AAP) based on Minimal Package of Activities (MPA)** Minutes of meeting to prepare Annual Action Plan with signed list of participants Involvement of key stakeholders in preparation of Annual Action Plan, such as heads of service of FOSA, COSA [health center committee], and BDS [provincial health office] Annual Action Plan based on annual action plan of the health district (using indicators from the health district results) Annual Action Plan transmitted to BDS in the first month of the year	One criterion met = 5	20	
2	**Existence of a Quarterly Action Plan approved by ECD:** Minutes of meeting to prepare Quarterly Action Plan with signed list of participants Involvement of key stakeholders in preparation of Quarterly Action Plan, such as heads of service of FOSA, COSA, and FOSA subcontractors[22] Quarterly Action Plan based on Annual Action Plan (including and developing main points of AAP)	One criterion met = 5	15	
3	**Monthly minutes of 3 technical meetings of FOSA during the current quarter:** Each set of minutes should contain: **1)** Date and time of opening and closing of meeting **2)** Agenda or order of the day **3)** Signed list of participants **4)** Development of meeting and decisions taken **5)** Follow-up of decisions taken at preceding meeting	One set of minutes meeting all criteria = 10 One set of minutes with even one criterion missing = 0	30	
4	**Monthly minutes of 3 meetings of Health Committee (COSA) during the quarter being assessed:** Each set of minutes should contain: **1)** Date and time of opening and closing of meeting **2)** Agenda or order of the day **3)** Signed list of participants **4)** Development of meeting and decisions taken **5)** Follow-up of decisions taken at preceding meeting	One set of minutes meeting all criteria = 10 One set of minutes with even one criterion missing = 0	30	

[22] Note on this issue (GF: 18 March 2010): In the Burundian PBF system, there are those who hold the prime purchase contract, and those facilities, predominantly in the private for profit sector, but also those non-for-profit health facilities that offer perhaps a more limited package of services, who are so-called 'second tier' contractors. They pass on their production to the prime contract holder, who claims the service production, and passes on the earnings to these second-tier contractors, after charging certain, limited administrative fee. The prime contract holders are responsible for the supervision for the quality and quantity of care of these second-tier contractors. During the verification processes, controllers check also the registers of these second-tier contractors. Community client surveys are also sampled from their registers.

2. FOLLOW-UP ASSESSMENT/SIS				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
5	**Health Information System (SIS) data analysis report for the quarter being assessed concerning priority problems** (CPC [first curative consultation], vaccination, PC [prenatal care], family planning, maternity) **containing: 1)** Graph curve or table of data **2)** Comments on evolution of activities compared to targets	One data analysis report for 5 activities meeting both criteria = 5 One report with even one criterion missing = 0	15	
6	**SIS report transmitted to BDS on schedule:** **Monthly SIS report transmitted to BDS by 5th of following month and 100% complete (i.e., all items are filled out correctly)** **Weekly report on 7 diseases that could lead to epidemics (report to be transmitted outside of epidemics to BDS each Monday following week of notification)** **Monthly report on 16 diseases under surveillance transmitted to BDS**	All expected reports for one month correctly filled out and on time = 10	30	
7	**Proper filing of usual FOSA documents (action plans, monthly activity reports, minutes of meetings, personnel administration files, ROI [internal rules and regulations], and administrative letters, etc.):** Filed on labeled shelves Accessible to authorized personnel Documents are easy to find within 5 minutes	All criteria met = 20 One criterion missing = 0	20	
8	**Availability of tools (documents) for use by different services:** 1) SIS report forms (at least 3 copies) 2) Reference/counter-reference cards (at least 10) 3) PC cards (notebooks for mothers) (at least 20) 4) FP cards (at least 20) 5) Blank partograms (at least 10) 6) Inpatient cards (at least 10)	One criterion met = 5	30	
			MAXIMUM POSSIBLE = 190	**POINTS OBTAINED =**

3. HYGIENE, ENVIRONMENT, AND STERILIZATION (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
1	**Existence of well-kept fencing around FOSA buildings** If hedge: trimmed without openings for unauthorized passage If made of wood or cement: no openings	Criterion met = 10 Criterion not met = 0	10	

2	**Presence of mosquito nets on all windows**	Criterion met = 10	10	
3	**Clean rooms, courtyard, and yard: 1)** presence of trash receptacles (in waiting room and corridor) **2)** Absence of scattered trash **3)** Presence of receptacles for injection supplies in treatment rooms **4)** Environment in health center entirely swept clean with drainage of stagnant water	Each cleanliness criterion met = 10	40	
4	**Existence of an incinerator:** functional, utilized, and emptied (triage and destruction, etc.)	Criterion met = 20	20	
5	**Existence of a placenta pit:** with slab and cover that can be locked	Criterion met = 10	10	
6	**Availability of water** (running water, well, pump, covered tank/cistern/barrel of water)	Available water source = 10	10	
7	**Water points available in consultation and inpatient rooms, in laboratories, and near latrines**	Water points available = 10	10	
8	**Presence of latrines 1)** usable **2)** smooth floor with single hole and cover **3)** absence of organic matter in area **4)** door that can be locked from the inside	All latrines meet criteria = 30 One criterion missing for even one latrine = 0	30	
9	**Presence of showers 1)** usable with running water or tub holding at least 20 liters of water **2)** absence of organic matter in the area **3)** door that locks from inside **4)** drainage of used water in a soakaway	All showers meet criteria = 20 One criterion missing for even one shower = 0	20	
10	**Availability of functional sterilization materials:** 1) functional steam, autoclave, or Poupinel sterilizer 2) sterilization protocol posted	Criterion met = 50 Criterion not met = 0	50	
11	**Reserve disinfectant product. Solution labeled with formula and date of preparation**	Product present, solution labeled with formula and date of preparation. Materials used (if any) soaked in disinfectant solutions = 10	10	
12	**Regulation clothing in good condition worn by all personnel**	Proper clothing worn by all personnel = 10	10	
			MAXIMUM POSSIBLE = 230	**POINTS OBTAINED =**

4. OUTPATIENT/EMERGENCY CONSULTATION (OC) AND INPATIENT CARE (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
1	**Functional supplies available in consultation room**: **1)** thermometer **2)** blood pressure cuff **3)** stethoscope, **4)** otoscope, **5)** gloves, **6)** adult and Salter scale, **7)** tongue depressor **8)** examination table **9)** height gauge **10)** height/weight charts and tape for measuring arm circumference	Consultation room equipped with 10 functioning supplies = 20 One item missing or not working = 10 More than one item missing or not working = 0	20	
2	**Privacy assured:** individual examination room with curtains or painted windows, room divider (if room is shared), doors that close	Privacy assured = 20	20	
3	**Support documentation for consultation available to caregiver**: **1) IST** flowchart **2)** National protocol for treatment of malaria **3)** Tuberculosis Guide **4)** Flowchart for treatment of diarrhea **5)** Flowchart for treatment of acute respiratory infections (ARI)	Each document present in the room = 4	20	
4	**All outpatient consultations are done by a qualified nurse** Consultations conducted by at least a nurse A3	Criterion met = 20	20	
5	**Proper treatment of pathologies according to flowchart or protocol:** Proper treatment of 10 cases selected at random from outpatient records	Proper treatment of 100 cases = 10 Betw. 9 and 5 cases = 50 Fewer than 5 cases = 0	100	
6	**Integrated Management of Childhood Illnesses (IMCI) strategy is applied**	Criterion met = 40	40	
7	**Outpatient records correctly filled out:** Proper numbering (registration) of cases Provision of all information required according to general format	Both criteria met = 10 One criterion missing = 0	10	
8	**Availability of supplies and equipment in inpatient room: 1)** beds with mattresses with waterproof, impermeable covers **2)** mosquito nets for all beds **3)** clean, untorn sheets and blankets **4)** at least 1 cupboard available for 4 patients	All criteria met = 10 One criterion missing = 0	10	
9	**Proper treatment of 5 inpatient cases** (analysis of admission cards chosen at random): **1)** identification of patient **2)** complaints or symptoms on admission **3)** clinical examination guided by admissions flowchart **4)** laboratory tests according to flowchart **5)** diagnosis **6)** proper treatment according to flowchart or protocol **7)** monitoring of vital signs **8)** absence of signs of danger **9)** length of stay no longer than 2 days	One case with all criteria met = 10 One case with even one criterion missing = 0	50	
10	**Admission card correctly filled out:** Proper numbering (registration) of cases Provision of all information required according to general format	Both criteria met = 5 One criterion missing = 0	5	

4. OUTPATIENT/EMERGENCY CONSULTATION (OC) AND INPATIENT CARE (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
11	**Determination of nutritional status of all children under 5 who come for consultation**		15	
12	**Determination of nutritional status of all women with a sick child under 6 months of age**		10	
13	**Screening record of nutritional status available, up-to-date and properly filled out**		5	
14	**Treatment of malnutrition according to national protocol**		5	
			SCORE MAXIMUM POSSIBLE = 215	**SCORE OBTAINED =**

5. MATERNITY WARD (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
1	**Room in good condition, ensuring privacy**: plastered and painted walls of solid material without cracks; cement floor, without cracks; curtains or painted windows; room divider (if shared room); doors that close	All criteria met = 10 One criterion missing = 0	10	
2	**Equipment and supplies available and functional: 1)** Delivery table manageable and clean **2)** at least 3 sterile delivery kits *(with needle holder, two Kocher clamps, serrated forceps, two pairs of scissors)* **3)** obstetrical stethoscope **4)** suture thread **5)** local anesthesia (at least 50 ml in reserve) and ergometrine **6)** infant scale **7)** sterilizing drum **8)** ophthalmic ointment **9)** gauze drum **10)** plastic apron **11)** source of light **12)** infant ventilator **13)** boots **14)** mask **15)** goggles **16)** impermeable gloves **17)** umbilical cord clamp **18)** placenta container **19)** neo-natal resuscitation table **20)** adequate water point with soap	One material available and functional = 3 If even one material from (1) to (5) is unavailable or non-functional = 0	60	
ANALYSIS OF PARTOGRAMS FOR LAST THREE MONTHS				
3	**Analysis of 10 partograms selected at random**: **1**) Partogram properly filled out (each hour, blood pressure indicated, etc.) **2)** Decision taken if alert line is passed within one hour **3)** Apgar score is measured and included in partogram at 1st, 5th, and 10th minute **4)** Delivery by qualified personnel (at least a nurse A3)	One partogram meeting all criteria = 10 One partogram with even one criterion missing = 0	50	
4	**Adequate inpatient rooms:** Mattresses covered with impermeable plastic Sheets, blankets, and mosquito nets on each occupied bed	All criteria met = 20 One criterion missing = 0	20	

6. PRENATAL CONSULTATION (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
PRENATAL CONSULTATION (PC) PERSONNEL, ROOM AND SUPPLIES				
1	**Privacy assured:** individual consultation rooms with curtains or painted windows, room divider (if rooms are shared), doors that close	Privacy assured = 10	10	
2	**Available and functional equipment and supplies**: **1)** Examination table **2)** blood pressure cuff **3)** stethoscope **4)** readable measuring tape **5)** scale with height gauge **6)** fetoscope **7)** impermeable gloves	All supplies available and working = 20 One material unavailable or not working = 0	20	
3	**Group IEC/CCC**: **1)** Group meeting held before PC **2)** existence of updated IEC report with: **a)** topic **b)** number of participants **c)** leader of activity **d)** date, and **e)** signature	IEC/CCC meeting all criteria = 10 Even one criterion missing = 0	10	
4	**PC conducted by qualified personnel** *(qualification: at least a nurse A3)*	Yes = 5 No = 0	5	
VERIFICATION OF 10 PC CARDS SELECTED AT RANDOM (at time of prenatal consultations)				
5	**Proper questioning technique**: **1)** gyneco-obstetric history on pregnancies (including TETANUS SHOT) and previous childbirths **2)** fever **3)** convulsions **4)** medical and surgical history : **a)** diabetes **b)** heart disease **c)** hypertension (HTA) **d)** nephropathies **e)** tuberculosis **f)** asthma **5)** date of last menstruation **6)** general medical history	One case meeting all criteria = 1 One case with even one missing criterion = 0	10	
6	**Systematic plan for HIV screening (should be marked on PC card)**	Exists = 10 Does not exist = 0	10	
7	**Physical examination conducted**: **1)** weight **2)** height **3)** blood pressure **4)** breast examination **5**) palpation **6)** PB	One case with 5 elements = 1 One case with even 1 element missing = 0	10	
8	**Obstetrical examination conducted: 1)** height of uterus (HU) **2)** presentation (from 36 weeks) **3)** fetal heartbeat (from 20 weeks) **4)** fetal movement	Examination of one case meeting all criteria = 1 Examination of one case with even one missing criterion = 0	10	
9	**Additional tests requested, systematic tests for: 1)** syphilis **2)** hemoglobin, albumin if signs of HTA **3)** glucose	One case with all additional tests = 1 One case with even one test missing = 0	10	
10	**Administration of tetanus shot according to directions: 1)** proper intervals **2)** unexpired vaccine **3)** local preservation in compliance with standards **4)** administration of vaccine follows directions indicated on vial and injection site is in compliance with standards	One case of VAT administration meeting all criteria = 0.5 One case with one missing criterion = 0	5	
11	**Correct prescription of**: **1)** iron and folic acid **2)** mebendazole **3)** insecticide-treated mosquito netting	One case with all prescriptions done correctly = 0.5 One case with even one incorrect prescription = 0	5	

12	**Management of cases with risk factors: 1)** risk factors identified **2)** decision taken correctly according to PC card **3)** information communicated to the patient	Management of one case meeting all criteria = 2 Management of one case with even one missing criterion = 0	20	
13	**PC card correctly filled out:** Proper numbering (registration) of cases Provision of all information required according to general format	Both criteria met = 0.5 One criterion missing = 0	5	
			MAXIMUM POSSIBLE = 130	**POINTS OBTAINED =**

7. FAMILY PLANNING (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
DIRECT VERIFICATION OF ROOMS AND SUPPLIES				
1	**Privacy assured:** individual consultation rooms with curtains or painted windows, doors that close	Privacy assured = 10	10	
2	**Consultations are conducted by qualified personnel:** at least a nurse A3 (check at least 5 FP cards)	Criterion met = 5	5	
3	**Contraceptive methods:** Pills Injectables Implants Condoms IUD with clamp and hysterometer **1)** Availability of contraceptive (theoretical stock corresponding to actual stock) **2)** Alert threshold determined and respected	One contraceptive method meeting both criteria = 4 One contraceptive method with even one criterion missing = 0	20	
4	**Availability of wall posters or image box to demonstrate FP methods**	Criterion met = 5	5	
5	**FP card available:** **1)** up-to-date **2)** all blanks filled out	Criteria met = 5	5	
6	**Group IEC/CCC**: **1)** Group meeting held before FP consultation **2)** existence of updated IEC report with: **a)** topic **b)** number of participants **c)** leader of activity **d)** date **e)** signature	IEC/CCC meeting all criteria = 10 Even one criterion missing = 0	10	

7. FAMILY PLANNING (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
7	**Health center has reached at least 90% of quarterly target for oral and injectable contraceptives established in the Action Plan**	Criterion met = 5	5	
ANALYSIS OF 10 FP CARDS FOR PAST THREE MONTHS SELECTED AT RANDOM				
8	**FP card available:** **1)** blanks filled out **2)** classified by month of scheduled appointment	Criteria met for 1 card = 1	10	
9	**Justification of methods recommended, chosen, and prescribed compared to methods indicated on basis of questioning, history, and physical examination**	Proper justification = 3 Not justified = 0	30	
10	**Control and follow-up:** Appointment made	Yes = 1 No = 0	10	
		MAXIMUM POSSIBLE = 110		**POINTS OBTAINED =**

8. VACCINATION AND MONITORING OF NEWBORNS (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
OBSERVATION OF ROOMS AND SUPPLIES				
1	**Available and functional equipment and supplies in health center: 1)** refrigerator **2)** cold accumulators **3)** insulated foam cooler **4)** petrol reserve (5 liters minimum) and/or generator **5)** thermometer	All equipment and supplies available and functional = 20 Even one piece of equipment or supply missing or non-functional = 0	20	
2	**Availability of vaccines and diluents**: BCG Polio Rabies Pentavalent Tetanus Diluents **1)** Physical presence of unexpired, labeled antigens **2)** No disruption of stock for past 3 months	Availability of all antigens and diluents meeting both criteria = 30 Expiry or disruption of supply of even one antigen or diluent = 0	30	
3	**Preservation of vaccines:** No products other than vaccines, accumulators, and dilution water in refrigerator	Preservation meeting criterion = 20 Preservation together with any other product = 0	20	

8. VACCINATION AND MONITORING OF NEWBORNS (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
4	**Available consumables and printed forms: 1)** self-blocking syringes **2)** dilution syringes (2 and 5 ml) **3)** receptacles **4)** absorbent cotton **5)** vaccination charts **6)** control sheets **7)** vaccination record	Availability of all items = 10 Even one item missing = 0	10	
5	**Cold chain: 1)** Max. and min. temperatures of refrigerator (from +2°C to +8°C) **2)** Unbroken cold chain during past three months	Chain meets both criteria = 20Even one day's disruption = 0	20	
6	**Management of vaccine stock: 1)** theoretical stock of vaccines corresponds to physical stock **2)** minimum stock determined and respected	Management meeting both criteria = 5 Even one criterion missing = 0	5	
7	**Group IEC/CCC: 1)** group meeting held before vaccination **2)** existence of updated IEC report with: topic, number of participants, leader of activity, date, and signature **3)** available and appropriate teaching materials **4**) meeting held in adequate conditions (covered site, benches or chairs, etc.)	IEC/CCC meeting all criteria = 5 Even one criterion missing = 0	5	
8	**System for identifying children expected for meeting**	**System exists = 5** **System does not exist = 0**	5	
9	**System for recovering drop-outs** (e.g., schedule, record of appointments, classified individual charts)	**System exists = 10** **System does not exist = 0**	10	
10	**Expanded immunization program (EIP) record available:** **1)** up-to-date **2)** all blanks filled in	Criteria met = 5 One criterion missing = 0	5	
			MAXIMUM POSSIBLE = 130	**POINTS OBTAINED =**

9. HIV CONTROL (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
1	**Well-equipped counseling room ensuring privacy**: **1)** Plastered and painted walls of solid material **2)** smooth cement floor **3)** ceiling in good condition **4)** windows with glass and curtains **5)** doors that close	One criterion met = 2	10	
2	**Respect for voluntary screening protocol: 1)** pre-test counseling **2)** use of a sensitive test (Hexagon or Determine) and confirmation by specific test (Genie II) **3)** Post-test counseling with delivery of results	3 criteria met = 40 One criterion missing = 0	40	
3	**Antiretroviral (ARV) treatment protocol available and utilized: 1)** criteria and conditions for ARV treatment are met **2)** pre-therapeutic assessment has been made **3)** first-line regimen in naive patients **4)** gradual introduction of nevirapine	4 criteria met = 20 One criterion missing = 0	20	
4	**Proper monitoring of PLHIV under ARV:** **1)** Appointment kept on 14th day (for treatment including nevirapine), each month up to 6 months, and every three months thereafter **2)** Immunobiological assessment done according to protocol **3)** Clinical examination during each visit **4)** Questioning and assessment of compliance during each visit	4 criteria met = 40 One criterion missing = 0	40	
5	**Reliable supply of reagents, drugs, and ARV:** **1)**Existence of reserve stock (AMC/2) **2)** Stock cards are up-to-date and theoretical stock corresponds to physical stock	2 criteria met = 20 One criterion missing = 0	20	
6	**PMTCT protocol available and utilized:** **1)** ARV prophylaxis properly administered in 28 delivery rooms **2)** Low-risk obstetrical practices used **3)** ARV prophylaxis properly administered to newborns	3 criteria met = 20 One criterion missing = 0	20	
7	**Proper monitoring of infants born to seropositive mothers:** **1)** Monthly medical appointment **2)** Administration of cotrimoxazole **3)** Monitoring of infant's growth **4)** Clinical examination at each visit	4 criteria met = 30 One criterion missing = 0	30	
8	**Psychological support for seropositive pregnant or nursing mothers:** **1)** Counseling on infant feeding **2)** FP counseling for nursing mothers	2 criteria met = 40 One criterion missing = 0	40	
9	**Patient's file is available and no monitoring element is missing**	Criterion met = 30	30	
10	**All records are available, properly filled out and well-classified**	Criteria met = 10	10	
11	**Presence of qualified caregivers trained in HIV, PMTCT, and PEC counseling and screening**	Criteria met = 10	10	
		MAXIMUM POSSIBLE = 270	**POINTS OBTAINED =**	

10.TUBERCULOSIS AND LEPROSY (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
OBSERVATION OF SUPPLIES, PRINTED MATERIALS, AND PRODUCTS				
1	**Management of antitubercular drugs (*Rifampicine, Streptomycine, Ethambutol*):** **1)** presence of antitubercular drugs based on patients under treatment **2)** theoretical stock corresponds to physical stock	Management meeting both anti-TB criteria = 30 One criterion missing = 0	50	
2	**Availability of printed materials: 1)** record of TB cases (for Screening and Treatment Center (CDT)) **2)** treatment card **3)** laboratory record (for CDT) **4)** transfer card **5)** cross-reference card (for CDT) **6)** laboratory record **7)** requisition register for antitubercular drugs **8)** requisition register for laboratory supplies and reagents **9)** requisition record for printed materials **10)** leprosy register **11)** short-course and retreatment protocol posted in consultation room	Presence of all printed materials = 20 Absence of even one printed material = 0	20	
ANALYSIS OF 2 CASES SELECTED AT RANDOM FROM CARDS AND RECORDS				
3	**Proper treatment according to guidelines of the National Leprosy and Tuberculosis Program (PNLT): 1)** at least 2 sputum tests are positive and recorded on treatment chart for new PTB+ cases (laboratory results attached to chart) **2)** treatment in accordance with PNILT protocols *(initial phase, continuation, relapse)* **3)** sputum monitoring if required, in accordance with PNILT instructions **4)** HIV test completed (or referred)	One case meeting all criteria = One case with even one criterion missing= 0	70	
4	**Existence of a patient recovery system in case of irregularity determined by PNILT (within 6 days)**	Strategy exists = 1	10	
			MAXIMUM POSSIBLE = 150	**POINTS OBTAINED =**

11. LABORATORY (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
DIRECT OBSERVATION OF ROOM AND SUPPLIES				
1	**Available and functional equipment and supplies**: **1)** microscope **2)** centrifuge **3)** hemoglobinometer **4)** new razor blades **5)** cover slips **6)** source of light **7)** time switch **8)** sputum cups **9)** stool vials **10)** inoculation loop **11)** alcohol lamp **12)** diamond-point scriber **13)** laboratory bench	One piece of equipment or supply available and functional = 2	26	
2	**Presence of unexpired reagents and test strips: 1)** giemsa **2)** fuchsin, sulfuric acid, methylene blue, immersion oil, and alcohol (for CDT) **3)** test strips for albumin and sugar **4)** pregnancy test **5)** immersion oil **6)** KOP **7)** Hb **8)** HIV	Each product present = 3	24	
3	**Sputum bottles, stool vials eliminated in sealable and sealed waste receptacle**	Waste eliminated in trash receptacle = 5	5	

11. LABORATORY (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
4	**Presence of environmentally sound wastewater disposal system**	Presence of proper system = 5	5	
5	**Parasite demonstration is available** (thick drop, stools, sputum): on laminated paper, in a colored picture book, or on a poster	Criterion met = 5	5	
6	**Recording of results in laboratory records: 1)**correct **2)** in conformity with results on test slip	Criterion met = 6	6	
7	**Presence of laboratory technician or nurse (multi-role) at least A3 level and trained in microscopy**	Criterion met = 5	5	
			MAXIMUM POSSIBLE SCORE = 76	**SCORE OBTAINED =**

12. MINOR SURGERY (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
DIRECT OBSERVATION OF ROOM AND SUPPLIES				
1	**Room for minor surgery available and in good condition:** - Plastered, painted walls of solid material - Smooth cement floor	Criteria met = 10 One criterion missing = 0	10	
2	**Examination bed available:** - Easy to handle, with foam mattress covered with impermeable material	Criterion met = 5	5	
3	**Basic equipment available in room:** **1)** Local anesthesia available (at least 20 ml) **2)** Drum with sterile dressings **3)** Kit containing needle holder, anatomical forceps, Kocher clamp, at least 3 pairs of scissors **4)** Sterile gloves (at least 3 pairs) **5)** Absorbable sutures (at least 2) **6)** Bistouries (at least 3) **7)** Sterile surgical drapes in drum **8)** Kidney basins (at least 2) **9)** Disinfectant	Each available supply = 2	18	
4	**Record of minor surgery filled out and up-to-date**	Criterion met = 10	10	
5	**Hygienic conditions assured in minor surgery room** **1)** Covered containers for infectious materials **2)** Safety container (for needles) well-located and utilized	Criteria met = 4 One criterion missing = 0	10	

12. MINOR SURGERY (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
			MAXIMUM POSSIBLE SCORE = 53	**SCORE OBTAINED =**

13. DRUG MANAGEMENT (---)

No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
1	**Pharmacy premises comply with standards**: **1)** shelves **2)** well-ventilated **3)** protection against direct sunlight **4)** protection against theft	Premises meeting all criteria = 10 Even one criterion missing = 0	10	
2	**Cleanliness of pharmacy** *(no dust on shelves and products, no cobwebs)*	Cleanliness assured = 5	5	
3	**Stocking procedures meet all standards**: **1)** Arrangement of products on shelves, not on floor **2)** logically arranged products (alphabetical order or by type of therapy) **3)** on basis of expiry date **4)** with labels on shelves according to International Common Denomination (generic names) **5)** concordance between theoretical and physical stock **6)** stock cards indicate AMC	Stocking meets all criteria = 60 Even one criterion missing = 0	60	
4	**Management of tools:** stock card order forms record of receipt of drugs delivery note record of internal requisition monthly drug inventory **1)** Presence of tool in pharmacy **2)** Filled out according to standards	One tool meeting both criteria = 5 One tool with even one criterion missing = 0	30	
5	**Availability of tracer drugs and consumables (take sample of 10 products): 1)** Availability of molecules and consumables **2)** no disruption of stock since last assessment **3)** no threat of shortage (check that remaining stock is more than AMC) for 10 tracer drugs	Tracer drugs and consumables available from sample = 60 Disruption of supply of one drug or consumable = 0	60	
6	**Compliance with procedure for destruction of outdated products**: **1)** inventory card for outdated products **2)** Acknowledgment of receipt of outdated drugs and reagents by BDS	Procedure meeting both criteria = 20 Even one criterion missing = 0	20	
7	**Available equipment and supplies for drug distribution: 1)** water filter **2)** spatulas **3)** spoons **4)** beaker **5)** cutting tool **6)** packaging	Supplies available = 5	5	
8	**Use of tools and updated records:** Record of daily use of drugs (RUMER) Daily tracking record	One tool meeting both criteria = 5	15	

13. DRUG MANAGEMENT (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
	Internal requisition book **1)** Presence of tool **2**) Records up-to-date	One tool with even one criterion missing = 0		
			MAXIMUM POSSIBLE = 205	**POINTS OBTAINED =**

14. FINANCIAL MANAGEMENT (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
1	**Fees for services, drugs, and consumables: 1)** posted **2)** legible **3)** at reception desk and cashier **4)** complied with **5)** within profit margins specified in ministerial instructions	All criteria met = 20 Even one criterion missing = 0	20	
2	**Billing records: 1)** available **2) specifying: a) client's name b) amount received in figures and letters c) reason for payment (denominated) with amount**	All criteria met = 10 Even one criterion missing = 0	20	
3	**Cash receipts journal: 1)** available **2)** in agreement with billing records **3)** up-to-date **4)** without erasures or alterations	All criteria met = 20 Even one criterion missing = 0	20	
4	**Expenditure record: 1)** available **2)** in agreement with documentary evidence of expenditures **3)** up-to-date **4)** without erasures or alterations	All criteria met = 20 Even one criterion missing = 0	20	
5	**Documentary evidence of expenditures (10 randomly selected documents)**: **1)** classified and easy to find within 5 minutes for each document **2) specifying**: **a)** name of purchaser **b)** amount received in figures and letters **c)** reason for expenditure 3) signatures of cashier, owner, and purchaser	One voucher meeting all criteria = 20 One voucher with even one criterion missing = 0	20	
6	**Bank ledger: 1)** available **2)** in agreement with documentary evidence of expenditures and bank statements and cash receipts journal **3)** up-to-date **4)** without erasures or alterations	All criteria met = 20 Even one criterion missing = 0	20	
7	**Treasury situation**: **1)** Concordance between theoretical situation (bank ledger) and real situation (bank book or statement or actual cash holdings) **2)** Concordance between monthly SIS treasury report with receipts and expenditures journals	Treasury meeting both criteria = 40 Even one criterion missing = 0	40	
8	**Quarterly budget estimate: 1)** drawn from the annual budget estimate **2)** co-signed by the official and the president of the Health Committee	One budget estimate meeting both criteria = 20 Even one criterion missing = 0	20	
9	**System for calculating staff bonuses: 1)** established **2)** made known to personnel	Criteria met = 20	20	

14. FINANCIAL MANAGEMENT (---)				
No.	CHECKLIST	SCORE CRITERIA	MAXIMUM POSSIBLE POINTS	POINTS OBTAINED
			MAXIMUM POSSIBLE = 200	**POINTS OBTAINED =**

Source: MoH 2010.

REPUBLIQUE DU BURUNDI MINISTERE DE LA SANTE PUBLIQUE

GRILLE DE QUALITE TECHNIQUE DES SOINS DE L'HOPITAL SYNTHESE D'EVALUATION

ENSEMBLE DES COMPOSANTES	Nombre d'indicateurs composites	Points disponibles
1. Indicateurs généraux	8	300
2. Gestion du malade	4	150
3. Plan d'action	3	40
4. Gestion du budget, des comptes et des biens	5	380
5. Gestion des médicaments	9	400
6. Hygiène & stérilisation	8	220
7. Consultation Externe / Urgences	20	400
8. Planification Familiale	10	45
9. Laboratoire	14	115
10. Salles d'hospitalisation	7	80
11. Maternité	12	190
12. Bloc opératoire	9	200
13. Médicaments traceurs		16
TOTAL	109	2 534

Date: … / ... / 200..	Province de ……..	District de ……..
Hôpital : public / agrée / privé	Nom de l hôpital: ……	
Nombre de médecins	Nombre de lits : ……	Population du district sanitaire : …….
Nombre personnel A0 : ……	Nombre personnel A1 : …….	Nombre personnel A2 : ……..
Nombre personnel A3: ……..	Pers. non qualifié A4/A5[11] : ……..	Pers. non qualifié A6: …….
Ratio de personnel qualifié / 2000 habitants : …….	Nombre de lits / 1000 hab. :…..	xxxx

EVALUATEURS

N°	NOM ET PRENOM	FONCTION	SIGNATURE

[11] Personnel non qualifié A4 = Aide Soignant – Agent Formation Rapide (AFR) ; A5 = garçon, fille de salle - stérilisation – maintenance ; A6 = jardinier – sécurité – buanderie.

1. INDICATEURS GÉNÉRAUX	Points disponibles	Points obtenus
1 Les infrastructures de l'hôpital sont en bon état, c'est-à-dire qu'elles ne nécessitent pas de travaux importants de • reprise générale de la peinture extérieure • reprise générale de la peinture des chambres des malades • réfection de la toiture • réfection du circuit électrique • réfection du système d'adduction d'eau	 10 10 10 10 10	
2 L'hôpital dispose d'un plan annuel d'action centré sur les prestations du paquet complémentaire d'activités (PCA)	30	……. / 30
3 L'hôpital dispose d'un plan annuel de maintenance précisant les activités de maintenance à effectuer pour les bâtiments, le matériel, l'équipement et les personnes internes ou externes (contrats de maintenance) responsables	50	……. / 50
4 Les réunions de l'équipe de direction de l'hôpital ont lieu au moins une fois par mois, avec rapport de réunion disponible	20	……. / 20
5 Le rapport SIS du mois précédent est envoyé au BDS (au plus tard le 5 du mois suivant)	30	……. / 30
6 Une garde médico-chirurgicale est organisée par l'hôpital, c'est-à-dire que • le rôle de garde est affiché dans un endroit immédiatement visible par les malades • les responsabilités des individus et des services (y compris l'ambulance et le bloc opératoire) dans l'organisation de la garde fait l'objet d'une directive du médecin directeur de l'hôpital • un système d'écoute des appels (radiophoniques ou téléphoniques) est effectif 24h/24 (vérifier la fonctionnalité de la radio et du téléphone portable avec tous les CDS)	 10 20 70	
7 Une cuisine pour les patients hospitalisés est disponible et propre • poubelle pour évacuation des déchets • robinet à moins de 5 m ou réserve d'eau d'au moins 50 l	 5 5	……. / 10
8 Une morgue est disponible (chambre ou petit bâtiment)	10	……. / 10
Total des points	300	……. / 300

2. GESTION DU MALADE	Points disponibles	Points obtenus
9 La référence des malades est organisée au sein de l'hôpital en fonction du PMA et PCA, c'est-à-dire qu'il y a • Une consultation de triage des consultations externes confiée à un infirmier pour les patients non référés des centres de santé • Un accès direct gratuit au médecin (ou au service des urgences) des patients référés des centres de santé • Un accès direct payant au médecin des patients qui le souhaitent, sans être référés par un centre de santé	10 25 15	
10 Le dossier médical individuel existe pour tous les malades hospitalisés	25	..... / 40
11 Les fiches de référence et de contreréférence existent et sont archivées • Fiches de référence • Fiches de contreréférence	25 25	..... / 50
12 L'hôpital dispose d'une signalétique claire des services et des circuits (panneaux, flèches)	10	..... / 10
Total des points	150	..... / 150
3. PLAN D'ACTION TRIMESTRIEL	Points disponibles	Points obtenus
13 La cohérence du Plan d'action avec le plan annuel d'activités est assurée. Vérifier si (1) le Plan d'action reprend / développe les lignes du PAA (2) des rapports trimestriels existent faisant le point sur la mise en œuvre du PAA/Plan d'action	10 10	..... / 20
14 L'élaboration du Plan d'action trimestriel implique les chefs de services de l'hôpital [vérifier la liste des présences jointe au rapport de réunion d'adoption du Plan d'action]	10	..... / 10
15 Le Plan d'action montre une analyse de l'accessibilité financière [vérifier si le Plan d'action montre une négociation des tarifs avec le Conseil d'Administration (hôpitaux autonomes) ou le Conseil de Gestion (hôpitaux non autonomes) de l'hôpital].	10	..... / 10
Total des points	40	..... / 40
4. GESTION DU BUDGET, DES COMPTES ET DES BIENS	Points disponibles	Points obtenus
16 La gestion financière et comptable répond aux normes et aux bonnes pratiques : (3) L'hôpital tient une comptabilité à partie double		

(4) Le nombre de comptes bancaires est inférieur à cinq (BRB + fonctionnement + pharmacie + compte facultatif supplémentaire) [12] (5) Les livres de banque sont complets et à jour (6) Les livres de caisse (une caisse par compte) sont complets et à jour (7) Les dépenses donnent lieu à un document d'autorisation de dépense (8) Les recettes donnent lieu à un document d'enregistrement de recette (9) Le rapprochement bancaire mensuel est effectué (10) Le classement des pièces comptables est correct (numérotation en continu + classement chronologique) (11) Le suivi de la caisse (inventaire de caisse) est au moins mensuel [procès verbal signé] (12) L'hôpital dispose d'un fichier de suivi de ses dettes (13) L'hôpital dispose d'un fichier de suivi de ses créances (14) L'hôpital dispose d'un manuel des procédures financières et comptables (ou de directives équivalentes du médecin directeur)	20 points car critère bien rempli	
17 La gestion budgétaire repose sur (15) Un budget réaliste établi en fonction des ressources disponibles et en concordance parfaite avec le PAA (16) Des fiches de suivi de l'exécution du budget, pour les recettes comme pour les dépenses, rubrique budgétaire par rubrique budgétaire	40 40	..... / 80
18 La gestion des véhicules est assurée, c'est-à-dire qu'il existe • un règlement précisant les responsabilités (tâches) et les règles dans l'utilisation du charroi de l'hôpital • un dossier par véhicule (y compris les motos) reprenant les fiches de suivi de la maintenance (cf. documents de la DGR) • une synthèse mensuelle des carnets de bord des véhicules (y compris les motos) reprenant au moins leur utilisation, leur kilométrage et leur consommation de carburant mois par mois	10 15 15	/ 40
19 Un tableau des investissements (immobilisations) existe et est à jour, avec les apports de l'Etat et des partenaires	20	..... / 20
Total des points	380	..... / 380
5. GESTION DES MEDICAMENTS	Points disponibles	Points obtenus
20 Les fiches de stock sont tenues correctement c'est-à-dire • comportent la mention de la consommation mensuelle moyenne (CMM) • mentionnent les inventaires mensuels • mentionnent un stock restant à jour [vérifier le stock restant théorique de la fiche de stock avec le stock restant réel sur les étagères, pour 5 produits]	20 20 20	/ 60

[12] Instructions ministérielles permanentes du 17.06.2009.

21 Les commandes sont correctes c'est-à-dire • Sont mensuelles [vérifier dans le classeur des bons de commande] • Reposent sur la formule Commande = CMM x 2 – SR (où SR est le stock restant) [vérifier en comparant le dernier bon de commande et les fiches de stock de 10 produits commandés]	20 30	..... / 50
22 La réception des produits est correcte c'est-à-dire est accompagnée • d'un bon de livraison (CAMEBU ou grossistes) • d'un bon de réception signé par un Comité de réception	20 20	..... / 40
23 Le stockage des produits est correct c'est-à-dire • Le local est propre, ventilé, protégé • Le rangement des produits se fait par classe (médicaments, consommables, matériel), puis par voie d'administration (per os ou inhalation, injectables, voie cutanée), puis par dosage • La règle du « premier périmé, premier sorti » est appliquée [vérifier sur 5 produits sur els étagères si les produits périmant le plus tôt sont au devant des rayons des étagères]	10 10 20	
24 La livraison des produits est correcte, c'est-à-dire • répond à un bon de commande (réquisition) des services ou de la pharmacie de détail • donne lieu à la production d'un bon de réception signé par le service ou la pharmacie de détail	10 10	..... / 20
25 La gestion des produits périmés ou détériorés est correcte, c'est- à-dire • est suivie par un registre • donne lieu à des procès verbaux de destruction	10 20	..... / 30
26 La délivrance des médicaments par les services ou par la pharmacie de détail est suivie par une fiche de consommation journalière	20	..... / 20
27 La gestion globale de la pharmacie de l'hôpital est efficace, c'est-à-dire • Il n'y a pas de rupture de stock dans le trimestre [vérifier l'absence de « stock restant = 0 » sur les fiches de stock des 16 médicaments traceurs] • Il n'y a pas de surstockage [vérifier que le « MAD » est inférieur à 2 mois pour les 16 médicaments traceurs] • Il n'y a pas de menace de pénurie [vérifier que le stock restant est supérieur à ½ CMM pour les 16 médicaments traceurs]	2 points par traceurs = 32 2 points par traceurs = 32 2 points par traceurs = 32 4 points de bonus si tous ces critères sont remplis	..... / 100

28 La fiche de synthèse de la gestion de la pharmacie est complétée et envoyée chaque mois au directeur de l'hôpital [voir modèle dans le module approuvé par le MSP]	40	..... / 40
Total des points	400	..... / 400
6. HYGIENE & STERILISATION	Points disponibles	Points obtenus
29 Existence et entretien de la clôture • Si la clôture est une haie, vérifier si la clôture est bien taillée et ne laisse pas de passage non contrôlé • Si la clôture est faite en sticks ou en dur, vérifier si la clôture ne laisse pas de passage non contrôlé	10	..... / 10
30 Présence de latrines en nombre suffisant et en bon état • 1 latrine pour 10 lits • sol sans fissure • murs en briques • toit en tôles ou en tuiles • portes fermant correctement • nettoyage récent • absence de matières fécales visibles	Tous les critères remplis=30 Un seul critère manque=0	
31 Présence de douches en nombre suffisant et en bon état • 1 douche pour 10 lits • eau courante ou récipient avec au moins 20 l • évacuation vers puits perdu	Tous les critères remplis=30 Un seul critère manque=0	..... / 30
32 Présence d'un incinérateur et d'une fosse à placentas. • incinérateur fonctionnel, utilisé et vidé • fosse à placentas avec couvercle • incinérateur et fosse à placentas sont dans un enclos sans passages bien construit, avec une porte qui ferme à clé .	Tous les critèes remplis=20 Un seul critère manque=0	/ 20
33 Présence d'une fosse à déchets pour les détritus décomposables non bio-médicaux • fosse d'au moins 3 m de profondeur • sans déchets non décomposables ni déchets infectés • dans un enclos	Tous les critèes remplis=10 Un seul critère manque=0	..... / 10
34 Entretien de la cour intérieure de l'hôpital • absence de déchets • absence de produits dangereux (aiguilles, compresses, gants, seringues…) • présence de poubelles : accessibles, avec couvercle, non pleines • gazon coupé • jardin entretenu • absence d'excréta	Tous les critèes remplis=30 Un seul critère manque=0	/ 30

35 La stérilisation des instruments est correcte • Il y a un système de stérilisation en bon état et effectivement utilisé (Poupinel ou casserole à vapeur) • Le protocole de stérilisation est affiché	40 20	..... / 60
36 Les conditions d'hygiène sont assurées dans toutes les salles de soins • Poubelles avec couvercle pour matériel infecté • Boites de sécurité pour les aiguilles, bien placées et utilisées	10 20	..... / 30
Total des points	220	..... / 220
7. CONSULTATION EXTERNE ET URGENCES	Points disponibles	Points obtenus
37 Le service d'urgence est disponible 24h/24 et 7j/7 avec rôle de garde affiché	100	..... / 100
38 La salle de consultation externe présente de bonnes conditions d'attente • Les murs sont en dur avec crépissage et peinture • Le pavement est en ciment • Les murs et le pavement sont sans fissures • Le plafond est en bon état • Les fenêtres sont en vitres avec rideaux • Les portes sont fonctionnelles avec serrures • Les bancs ou chaises sont suffisants pour 30 personnes • L'endroit est protégé du soleil et de la pluie	Tous les critèes remplis=30 Un seul critère manque=0	
39 La salle de la consultation externe et l'espace d'attente sont séparés pour assurer la confidentialité, avec porte qui ferme, rideaux à la fenêtre, sans passage	20	..... / 20
40 Les principaux tarifs du recouvrement de coût sont affichés et visibles pour les malades avant la consultation	5	..... / 5
41 L'ordre d'arrivée est respecté, avec un système de jetons Numérotés	5	..... / 5
42 La salle de consultation externe et / ou des urgences est éclairée pendant la nuit (électricité ou lumière solaire)	5	..... / 5
43 L'accueil est assuré par un personnel qualifié qui oriente les patients vers les services appropriés	5	..... / 5
44 Le personnel est en tenue conforme • blouse propre, boutonnée • cartes d'identification (badge) • chaussures	Tous les critèes remplis=5 Un seul critère manque=0	..... / 5

45 La numérotation mensuelle des patients est correcte dans le registre de consultation externe est correcte et clôturée à la fin du mois	5	……. / 5
46 La disponibilité de l'équipement est assurée dans la salle de consultation externe : • Stéthoscope • Tensiomètre • Otoscope • Thermomètre • Table d'examen • Pèse-personne pour adulte • Pèse-bébé • Toise • Ruban pour périmètre brachial	Tous les critèes remplis=20 Un seul critère manque=0	
47 Les divers protocoles de prise en charge des maladies sont disponibles et/ou affichés sur le mur • Paludisme • Diarrhée • IRA • Tuberculose • Tables poids-taille • Tous les critères doivent être présents	Tous les critèes remplis=20 Un seul critère manque=0	
48 La prise en charge du paludisme simple est correcte Le programme doit préciser les critères et la méthode de contrôle	20	……. / 20
49 La prise en charge du paludisme grave est correcte (selon le protocole national)	20	……. / 20
50 La prise en charge des IRA est correcte (selon le protocole national)	20	……. / 20
51 La prise en charge de la diarrhée est correcte (selon le protocole national)	20	……. / 20
52 La détermination de l'état nutritionnel de tout enfant de moins de 5 ans est faite à la consultation externe (selon le protocole national)	20	……. / 20
53 La détermination de l'état nutritionnel de la mère de tout enfant de moins de 6 mois est faite à la consultation externe (selon le protocole national)	20	……. / 20
54 La prise en charge de la malnutrition est correcte (selon le protocole national)	20	……. / 20
55 La proportion de malades traités avec des antibiotiques < 50% Voyez le registre les 30 derniers cas en analysant le diagnostic et calcule le taux – pas plus de 14	20	……. / 20
56 Les critères de détection précoce de la tuberculose sont connus par le personnel soignant chargé de la consultation externe Réponse doit contenir : Amaigrissement, Asthénie, Anorexie – Température – Toux de 15 jours – Transpiration	20	……. / 20

Total des points	400	……. / 400
8. PLANIFICATION FAMILIALE	Points disponibles	Points obtenus
57 Présence d'au moins une infirmière A3 formée dans la PF	5	……. / 5
58 Local disponible et garantissant la confidentialité (salle avec porte fermée – rideaux à la fenêtre – pas de passage)	5	……. / 5
59 Affiche murale ou boite à images disponible pour la démonstration des méthodes de PF	5	……. / 5
60 Le personnel calcule correctement le nombre de femmes attendues mensuellement pour DIU, ligature ou vasectomie	5	……. / 5
61 La disponibilité des contraceptifs est assurée Critère : 10.000 hab. = 147 doses DEPO et pilule 3 plaquettes / 4 = 36 doses	5	……. / 5
62 Les méthodes de DIU sont disponibles et le personnel est capable de les placer	5	……. / 5
63 Les méthodes d'implants sont disponibles et le personnel est capable de les fixer	5	……. / 5
64 Le registre de la PF est disponible et bien rempli	5	……. / 5
65 La fiche de la PF est disponible et bien remplie Vérifier 5 fiches : tension artérielle, hépatomégalie, varices, poids	5	……. / 5
Total des points	45	……. / 45
9. LABORATOIRE	Points disponibles	Points obtenus
66 Laborantin ou infirmier (polyvalent) d'au moins du niveau A2 disponible	5	……. / 5
67 Le laboratoire est fonctionnel tous les jours et 24h/24 Vérifier les 2 derniers dimanches dans le registre du labo	5	……. / 5
68 Transfusion sanguine • Disponibilité d'une chaine de froid avec fiche de vérification de la température à jour • Disponibilité d'au moins 5 sachets du groupe O+ • Disponibilité d'au moins 2 sachets par autre groupe sanguin	Tous les critères remplis=30 Un critère manque=0 30	/ 30
69 L'enregistrement des résultats dans le registre du labo est correct et conforme aux résultats dans le carnet du malade ou bon d'examen	5	……. / 5
70 La liste des examens possibles est affichée dans le laboratoire et est visible pour le public	5	……. / 5
71 La démonstration des parasites est disponible Sur papier plastifié ou dans un livre en couleur, ou affichés (goutte épaisse : P. Vivax, Ovale, Falciparum, Malariae) (selles : amibes, ascaris, ankylostome, schistosome)	5	……. / 5

72 Au moins un microscope fonctionnel est disponible • les différents objectifs sont fonctionnels • l'huile à immersion est disponible • la solution de GIEMSA est disponible • l'apport de lumière existe (miroir ou électricité) • les lames et lamelles sont disponibles	Tous les critères remplis=10 Un critère manque=0	..... / 10
73 Disponibilité d'une centrifugeuse fonctionnelle	5	..... / 5
74 Disponibilité d'un appareil d'examens de biochimie fonctionnel	5	..... / 5
75 Disponibilité d'un appareil de numération sanguine fonctionnel	5	..... / 5
76 Disponibilité de tests rapides pour le diagnostic de VIH/sida	5	..... / 5
77 Maintenance régulière des appareils attestée par les rapports de maintenance signés	15	..... / 15
78 Evacuation des déchets • Déchets organiques dans une poubelle avec couvercle • Boites de sécurité disponibles et détruites dans l'incinérateur	Tous les critères remplis=10 Un critère manque=0	..... / 10
79 Les lames et pipettes utilisées sont plongées dans un récipient contenant un désinfectant	5	..... / 5
Total des points	115	..... / 115
10. SALLES D'HOSPITALISATION	Points disponibles	Points obtenus
80 Le programme de garde est affiché et respecté Vérifier le rapport de garde – noms et signatures	5	..... / 5
81 L'équipement est disponible et en bon état • Tous les lits occupés ont des matelas recouvert d'une protection lavable • Le revêtement des matelas n'est pas déchiré • Tous les lits ont des supports pour une moustiquaire • Tous les lits occupés ont une moustiquaire • Tous les lits occupés ont des draps • Tous les lits ont une table de nuit • Une armoire est disponible pour 4 malades au maximum	Tous les critères remplis=20 Un critère manque=0	
82 Les conditions d'hygiène sont bonnes dans toutes les salles d'hospitalisation. • Toutes les salles d'hospitalisation sont nettoyées régulièrement • Les malades et garde-malades ont accès à l'eau potable à moins de 20m • Les lits sont espacés d'au moins 1m • Les salles sont aérées et sans mauvaises odeurs	Tous les critères remplis=20 Un critère manque=0	

83 Toutes les salles d'hospitalisation peuvent être éclairées pendant la nuit (électricité, groupe électrogène, lumière solaire ou lampe à batterie rechargeable) Appuyer sur les interrupteurs pour vérifier s'il y a du courant	5	..... / 5
84 La confidentialité est assurée • Les salles d'hospitalisation des femmes, des hommes et des enfants sont séparées • Les malades hébergés ne sont pas vus de l'extérieur	Tous les critères remplis=15 Un critère manque=0	..... / 15
85 Le registre d'hospitalisation est disponible et rempli selon les normes techniques et de gestion	5	..... / 5
86 Les fiches d'hébergement sont disponibles et bien remplies • Il y a au moins 10 fiches vierges en réserve • Sur 5 fiches choisies au hasard, le personnel soignant marque : poids, température, TA, examens de labo • Le suivi du traitement est coché	Tous les critères remplis=10 Un critère manque=0	..... / 10
Total des points	80	..... / 80
11. MATERNITÉ	Points disponibles	Points obtenus
87 La salle d'accouchement est en bon état • murs en dur, sans fissures avec crépissage et peinture • pavement en ciment sans fissures • plafond en bon état • fenêtres vitrées avec rideaux • portes fonctionnelles	Tous les critères remplis=10 Un critère manque=0	..... / 10
88 La salle d'accouchement est fonctionnelle • tables d'accouchement en bon état • eau disponible en suffisance avec savon • éclairage possible pendant la nuit (électricité, groupe électrogène, lumière solaire ou lampe à batterie rechargeable) • poubelle avec couvercle • boite de sécurité pour les aiguilles • seau à placenta • seau pour le linge souillé • toise • pèse-bébé • table de réanimation néonatale • stéthoscope obstétrical • désinfectant • compresses stériles • gants stériles (au moins 10 paires) • au moins 2 boites d'accouchement stérilisées	Tous les critères remplis=30 Un critère manque=0	
89 Le matériel d'épisiotomie est disponible Au moins 2 boites d'épisiotomie avec ciseaux, pinces anatomique et chirurgicale, aiguilles, porte-aiguille, fil catgut et fil non résorbable	15	..... / 15

90 La ventouse est disponible et fonctionnelle • Au moins un médecin, un infirmier ou une sage-femme est formé à son utilisation • La ventouse est utilisée (voir registre ou fiches)	Tous les critères remplis=15 Un critère manque=0	..... / 15
91 L'équipement et les médicaments suivants sont disponibles pour les soins au nouveau-né • Fil stérile de ligature du cordon • Bande ombilicale stérile • Aspirateur (poire plongée dans un désinfectant non irritant ou aspirateur manuel ou électrique fonctionnel) • Lampe chauffante • Onguent ophtalmique de tétracycline 1% (appliqué à chaque nouveau né)	Tous les critères remplis=20 Un critère manque=0	
92 Le partogramme est disponible et utilisé • Au moins 10 partogrammes vierges sont en réserve • Le partogramme est rempli une fois par heure • La tension artérielle est indiquée Vérifier 10 partogrammes	 10 10 10	..... / 30
93 Le partogramme donne lieu à un suivi actif de l'accouchement : une décision figure lorsque la courbe de suivi de l'accouchement entre dans la zone « action » disponible et utilisé Vérifier 10 partogrammes du trimestre.	20	..... / 20
94 Le score d'Apgar est mesuré et figure dans le partogramme à la 1e, la 5e et la 10e minutes	10	..... / 10
95 Tous les accouchements sont effectués par du personnel qualifié Vérifier sur base des registres et recouper avec la liste du personnel	20	..... / 20
96 La salle d'attente est adéquate Au moins 4 lits avec matelas	10	..... / 10
97 La salle d'hébergement est adéquate • Lits avec matelas recouverts de toile cirée sans déchirure • Draps et couverture à chaque lit occupé • Moustiquaire à chaque lit occupé	Tous les critères remplis=10 Un critère manque=0	..... / 10
Total des points	210	..... / 210
12. BLOC OPERATOIRE	Points disponibles	Points obtenus
98 La salle d'opérations est en bon état • murs en dur, sans fissures avec crépissage et peinture à l'huile • pavement en ciment sans fissures • plafond en bon état • fenêtres vitrées opaques • portes fonctionnelles	Tous les critères remplis=20 Un critère manque=0	/ 20

99 La table d'opération est en bon état • Facilement maniable • Revêtement de mousse avec toile cirée • Manettes fonctionnelles des membres	Tous les critères remplis=20 Un critère manque=0	..... / 20
100 L'éclairage est en bon état • Lampe scialytique avec ampoules fonctionnelles • Lumière de réserve assurée (groupe électrogène, énergie solaire, lampe avec batterie rechargeable)	Tous les critères remplis=20 Un critère manque=0	..... / 20
101 L'équipement de base est disponible • Appareil d'anesthésie générale • Kit de rachianesthésie • Respirateur • Aspirateur électrique • Bistouri électrique et cautérisation	Tous les critères remplis=30 Un critère manque=0	..... / 30
102 Deux kits d'intervention stérilisés sont prêts pour les urgences (césarienne – chirurgie viscérale, traumato-orthopédie, fixateur externe facilement maniable)	30	..... / 30
103 Disponibilité d'un vestiaire et d'un espace de lavage et brossage adéquats • Dispositif de désinfection approprié à pédale ou à coude • Disponibilité de l'eau courante • Disponibilité de brosses avec savon	Tous les critères remplis=20 Un critère manque=0	..... / 20
104 Disponibilité de tenues adéquates (blouses chirurgicales, masques, bonnets, sandales)	20	..... / 20
105 Registre opératoire bien rempli et à jour	20	..... / 20
106 Conditions d'hygiène assurées dans la salle d'opération • Poubelles pour matériaux infectés avec couvercle • Boites de sécurité pour les aiguilles	20	..... / 20
107 Existence d'une petite salle de plâtrage et présence du matériel nécessaire (rouleaux de différentes tailles, bassin, coupe plâtre, bandes ouatées	20	..... / 20
Points TOTAUX -	200	...../220

13. MEDICAMENTS TRACEURS Stock de Sécurité = Consommation Moyenne Mensuelle (CMM) / 2	Disponible OUI > CMM / 2	Disponible NON < CMM / 2
1. Ampicilline injectable 1g ou 500mg	1	0
2. Cotrimoxazole comp 480 mg	1	0
3. Diazepam 10 mg / 2ml – injectable	1	0
4. Poche de sang	1	0
5. Methergine amp 10 Unités	1	0
6. Metronidazole comp 250 mg	1	0
7. Paracetamol comp 500 mg	1	0
8. Quinine comp 500 mg	1	0
9. Quinine injectable	1	0
10. SRO / oral sachet	1	0
11. Ringer Lactate	1	0
12. Glucosé 5%	1	0
13. Fils résorbable elt non résorbable	1	0
14. Gants stériles	1	0
15. Compresses	1	0
16. Bombone d'oxygène	1	0
Points TOTAUX	16	…… /16

VERIFIER QUE TOUTES LES QUESTIONS SONT REMPLIES

L'évaluateur remercie le personnel

Problèmes prioritaires identifiés

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Actions urgentes d'amélioration proposées

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Current versions:

REPUBLIQUE DU BURUNDI

MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LE SIDA

DIRECTION GENERALE DE LA SANTE PUBLIQUE

GRILLE D'EVALUATION TRIMESTRIELLE DE LA QUALITE

TECHNIQUE DU CENTRE DE SANTE

INFORMATIONS GENERALES

IDENTIFICATION DU CENTRE DE SANTÉ

<table>
<tr><td colspan="3">Centre de santé de :

CDS</td></tr>
<tr><td colspan="2">District Sanitaire:</td><td>Province :</td></tr>
<tr><td>Téléphone :</td><td>Fax :</td><td>B.P :</td></tr>
<tr><td colspan="3">Statut : Public ☐ Agréé ☐ Privé</td></tr>
<tr><td>Pop. desservie :

Ratio personnel qual/2000 hab.:</td><td>Nombre de lits:

Nombre lits/1000 hab.:</td><td>Nb personnel A0:
Nb personnel A1:
Nb personnel A2
Nb personnel A3
Nb personnel non qual(A4/A5):
Nb personnel non qual. (A6)</td></tr>
<tr><td colspan="2">Nom du Responsable :</td><td>Téléphone :</td></tr>
<tr><td>B.P :</td><td colspan="2">E-mail :</td></tr>
</table>

MEMBRES DE L'EQUIPE D'EVALUATION

No	NOMS ET PRENOMS	FONCTION	SIGNATURE

PARTICIPANTS DU CDS

No	NOMS ET PRENOMS	FONCTION	SIGNATURE

SYNTHESE TRIMESTRIELLE DE L'EVALUATION DE LA QUALITE DU CENTRE DE SANTE

N	ACTIVITÉ EVALUEE	Points Disponibles	Points attribués	%	Observations
1	Activités générales	230			
2	Suivi évaluation/SIS	190			
3	Hygiène, Environnement et Stérilisation	230			
4	Consultation externe et Hébergement	330			
5	Maternité	140			
6	Consultation Prénatale	130			
7	Planning familial	110			
8	Vaccination et suivi des nourrissons	130			
9	Lutte contre le VIH/SIDA	270			
10	Tuberculose et Lèpre	150			
11	Laboratoire	76			
12	Petite chirurgie	53			
13	Gestion des Médicaments	205			
14	Gestion financière	200			
15	Santé communautaire	56			
TOTAL		**2 500**			

SYNTHESE DES OBSERVATIONS ET DES RECOMMANDATIONS SUR LES SERVICES DU CDS

BDS_____CDS_____ Date _____
Recommandations non-appliquées du trimestre précédent et leurs justifications
Points forts et points à améliorer identifiés au cours de l'évaluation de ce trimestre
Recommandations par rapport aux points à améliorer
Supervisions techniques recommandées

_____ _____

Signature de l'évaluateur Date

1. Activités générales (…)				
No	RESULTATS A EVALUER	CRITERES DE COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	**Disponibilité de la Carte Sanitaire de l'aire géographique de santé et affichée:** Carte sanitaire de la FOSA montrant : Collines ou quartiers Routes principales Barrières naturelles Points spéciaux et distances	Tous les 4 critères remplis= 10 Un des critères manque=0	10	
2	**Disponibilité de l'horaire de travail et rôle de garde :** Horaire de travail et rôle de garde affichés et accessibles au public	Critère rempli=10	10	
3	**Disponibilité de Radio ou téléphone portable pour la communication avec la FOSA de première référence :** Radio avec batterie chargée (tester la fonctionnalité par appel) **et/ou** Téléphone avec unités d'appel d'au moins 1000Fbu	Critère rempli= 40	40	
4	**Disponibilité des tarifs de recouvrement des couts** Tarifs de recouvrement des couts affichés et accessibles au public	Critère rempli=10	10	
5	**Inventaire de l'équipement et matériel pour chaque service existe et actualisé chaque trimestre**	Inventaire existe et à jour = 10 Inventaire manque ou non à jour = 0	10	
6	**Services disponibles avec personnel en permanence 24h/24h, 7/7 jours, y compris les jours féries :** L'évaluateur confirme par vérification : de l'horaire de permanence élaboré et accessible au public (affiché) de l'enregistrement des cas pour 3 jours non ouvrables tirés au hasard au cours du trimestre évalué	Permanence confirmée = 100	100	
7	**Existence d'une source d'énergie d'éclairage pendant la nuit** : électricité, groupe électrogène ou énergie solaire	Critère rempli=20	20	
8	**Bon Accueil assuré aux bénéficiaires des services :** **1)** Lieux d'attente couverts avec chaises ou bancs **2)** Existence d'un système de triage avec numéro d'ordre et orientation **3)** Présence d'une personne faisant le triage selon la gravité et le	Un élément présent = 10 (Max 3 éléments)	30	

1. Activités générales (…)				
No	RESULTATS A EVALUER	CRITERES DE COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
	numéro d'ordre			
			MAXIMUM POSSIBLE = 230	**POINTS OBTENU =**

2. Suivi évaluation/SIS				
No	RESULTATS A EVALUER	CRITERES DE COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	**Existence du Plan d'Action Annuel centré sur les prestations du PMA** Compte rendu de la réunion d'élaboration du Plan d'Action Annuel avec liste des participants signée Implication des acteurs clés dans l'élaboration du Plan d'Action Annuel, tels que les responsables de services de la FOSA, le COSA et le BDS. Plan d'Action Annuel basé sur le Plan d'Action Annuel du District Sanitaire (reprend les indicateurs de résultats du District Sanitaire Plan d'action annuel transmis au BDS le premier mois de l'année	Un Critère rempli=5	20	
2	**Existence du Plan d'Action Trimestriel approuvé par l'ECD :** Compte rendu de la réunion d'élaboration du Plan d'Action Trimestriel avec liste des participants signée Implication des acteurs clés dans l'élaboration du Plan d'Action Trimestriel, tels que les responsables de services de la FOSA, le COSA, et les responsables des FOSA sous contractées. Plan d'Action trimestriel basé sur le Plan d'Action Annuel (reprend et développe les lignes du PAA)	Un critère rempli=5	15	

2. Suivi évaluation/SIS				
No	RESULTATS A EVALUER	CRITERES DE COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
3	**Les PV mensuels des 3 réunions techniques de la FOSA au cours du trimestre évalué :** Chaque PV doit contenir : **1)** la date, l'heure de début et de fin de la réunion **2)** l'agenda ou l'ordre du jour **3)** la liste de présence des participants signée **4)** Déroulement de la réunion et décisions prises 5) suivi des décisions prises lors de la réunion précédente	Un PV remplissant tous les critères = 10 Un PV avec même un critère non-rempli = 0	30	
4	**Les PV mensuels des 3 réunions du Comité de Santé (COSA) au cours du trimestre évalué :** Chaque PV doit contenir : **1)** la date, l'heure de début et de fin de la réunion **2)** l'agenda ou l'ordre du jour **3)** la liste de présence des participants signée **4)** Déroulement de la réunion et décisions prises 5) suivi des décisions prises lors de la réunion précédente	Un PV remplissant tous les critères = 10 Un PV avec même un critère non-rempli = 0	30	
5	**Rapport d'analyse mensuelle des données SIS du trimestre évalué sur les problèmes prioritaires** *(Vaccination, CPN, PF, Accouchement)* **contenant : 1)** Courbe d'évolution ou tableau de données **2)** Commentaires de l'évolution des activités par rapport aux cibles.	Un rapport d'analyse de données pour 5 activités remplissant les 2 critères = 5 Un rapport avec même un critère non rempli = 0	15	
6	**Rapport SIS transmis au BDS dans les délais :** **Rapport mensuel SIS transmis au BDS avant le 5ème jour du mois suivant et <u>rempli à 100%</u> (c'est- à dire toutes les rubriques sont remplies et correctement remplies)** **Le rapport hebdomadaire des 7 maladies à potentiel épidémique (rapport à transmettre en dehors des épidémies au BDS chaque lundi suivant la semaine notifiée)** **le rapport mensuel des 16 maladies sous surveillance transmis au BDS**	Tous les Rapports attendus pour un mois correctement remplis et dans les délais = 10	30	

2. Suivi évaluation/SIS				
No	RESULTATS A EVALUER	CRITERES DE COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
7	**Archivage correct des documents usuels de la FOSA (Plans d'Actions, Rapports mensuels d'activités, PV des réunions, Dossiers administratifs du personnel, ROI, et lettres administratives…) :** Classeurs dans les étagères étiquetés Accessibles au personnel habileté Documents faciles à retrouver dans un délai ne dépassant pas 5 minutes	Tous les critères remplis=20 Un critère manque=0	20	
8	**Disponibilité des outils (documents) d'usage pour différents services :** 1) Formulaires de rapports SIS (au moins 3 copies) 2) Fiches de référence/Contre référence (au moins 10) 3) Fiches (carnets pour la mère) CPN (au moins 20) 4) Fiches PF (au moins 20) 5) Partogrammes vierges (au moins 10) 6) Fiches d'hébergement (au moins 10)	Un critère rempli=5	30	
			MAXIMUM POSSIBLE = 190	**POINTS OBTENU =**

3. HYGIENE, ENVIRONNEMENT ET STERILISATION (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	**Existence d'une clôture des bâtiments de la FOSA et bien entretenue** Si haie vive : taillée sans passage non contrôlé Si en sticks ou en durs : sans passage	Critère rempli=10 Critère non rempli=0	10	
2	**Présence de moustiquaires au niveau de toutes les fenêtres**	Critère rempli=10	10	

3	**Propreté des salles, de la cour et du terrain assurée: 1)** présence de poubelles (dans le hall d'attente et le couloir) **2)** Absence de déchets dispersés **3)** Présence des réceptacles pour matériel d'injection dans les salles de soins **4)** Environnement dans l'enceinte du CS entièrement débroussaillé avec drainage d'eau stagnante	Chaque critère de propreté rempli = 10	40	
4	**Existence d'un Incinérateur** : fonctionnel et utilisé et vidé (triage et destruction …)	Critère rempli= 20	20	
5	**Existence d'une Fosse à placenta :** avec dalle et couvercle qui se ferme a clé	Critère rempli= 10	10	
6	**Disponibilité d'une source d'eau** (Eau courante ou puits ou pompe ou château/citerne d'eau/ fût d'eau bien couvert)	Source d'eau disponible = 10	10	
7	**Points d'eau disponibles dans les salles de consultations, d'hébergement, laboratoire et près des latrines**	Points d'eau disponibles = 10	10	
8	**Présence des latrines 1)** utilisables **2)** Plancher sans fissures avec un seul trou et couvercle **3)** absence de matières organiques autour **4)** porte qui se ferme une fois à l'intérieur	Toutes les latrines remplissent les critères = 30 Un critère manque pour même une latrine=0	30	
9	**Présence des douches 1)** utilisables avec eau courante ou récipient avec au moins 20 litres **2)** absence de matières organiques autour **3)** porte qui se ferme une fois à l'intérieur 4) évacuation des eaux usées dans un puits perdu	Toutes les douches remplissent les critères = 20 Un critère manque pour même une douche=0	20	
10	**Disponibilité des matériels de stérilisation et fonctionnels :** 1) cocotte ou autoclave ou poupinel fonctionnel 2) protocole de stérilisation affiché	Critère rempli = 50 si critère 1 n'est pas rempli=0	50	
11	**Réserve de produit de décontamination. Solution étiquetée avec formule et date de préparation**	Produit présent, solution étiquetée avec formule et date de préparation. matériels utilisés trempés (s'il y en a) dans les solutions de décontamination = 10	10	
12	**Tenue réglementaire propre et en bon état portée par tout le personnel**	Tenue portée par tout le personnel = 10	10	

	MAXIMUM POSSIBLE = 230	**POINTS OBTENU =**

CONSULTATION EXTERNE (CE)/URGENCE ET HEBERGEMENT (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	**Matériels d'examens disponibles dans la salle de consultation et fonctionnels** : **1)** thermomètre **2)** tensiomètre **3)** stéthoscope, **4)** otoscope, **5)** gants, **6)** balance adulte et Salter, **7)** abaisse langue **8)** table d'examen **9)** Toise **10)** Tables de rapport Poids/Taille et ruban pour PB	Salle de consultation équipée de 10 matériels fonctionnels = 20 Un matériel manque ou non-fonctionnel = 10 Plus d'un matériel manque ou non-fonctionnel = 0	20	
2	**Conditions de confidentialité assurées:** Local de consultation individuel avec rideaux ou fenêtres peintes, paravent (si salle partagée) portes fermant	Confidentialité assurée = 20	20	
3	**Documentation d'appui à la consultation à la portée du prestataire** : **1)** Ordinogramme **IST 2)** Protocole national de prise en charge du paludisme **3)** Guide de la Tuberculose **4)** Ordinogramme de prise en charge de la diarrhée **5)** Ordinogramme de prise en charge des IRA	Chaque document présent dans la salle = 4	20	
4	**Toutes les consultations externes sont faites par un Infirmier qualifié** Consultations faites par un Infirmier au moins de niveau A3	Critère rempli=20	20	
5	**Prise en charge correcte des pathologies selon l'ordinogramme ou le protocole :** Prise en charge correcte pour 10 cas tirés au hasard dans le registre de CE	Pris en charge correcte de 100 cas= 10 Entre 9-5 cas=50 Moins de 5cas=0	100	
6	La stratégie de prise en charge intégrée des maladies de l'enfance PCIME est appliquée	Critère rempli=40	40	
7	**Registre de CE correctement rempli :** numérotation (enregistrement) des cas correcte remplissage de toutes les informations requises selon le canevas	Les 2 critères remplis=10 Un critère manque=0	10	
8	**Disponibilité du matériel et équipement de la salle d'hébergement : 1)** lits avec matelas plastifiés non déchirés **2)** moustiquaires pour tous les lits **3)** draps et couvertures propres et non déchires 4) au moins 1 armoire disponible pour 4 malades	Tous les critères remplis=10 Un critère manque=0	10	
9	**Prise en charge correcte des 5 cas hébergés** (Analyse des Fiches d'hébergement choisies au hasard) : **1)** identification du patient **2)** plaintes ou symptômes à l'entrée**, 3)** examen clinique orienté	Un cas avec tous les critères remplis = 10	50	

CONSULTATION EXTERNE (CE)/URGENCE ET HEBERGEMENT (---)				
	par l'ordinogramme à l'admission **4)** examens de laboratoire selon l'ordinogramme **5)** diagnostic **6)** traitement correct selon l'ordinogramme ou protocole **7)** suivi de signes vitaux **8)** absence de signe de danger **9)** durée de séjour ne dépassant pas 2 jours	Un cas avec même un critère non-rempli = 0		
10	**Registre d'hébergement correctement rempli :** numérotation (enregistrement) des cas correcte remplissage de toutes les informations requises selon le canevas	Les 2 critères remplis=5 Un critère manque=0	5	
11	Détermination des cas de malnutrition sur chaque colline (l'état nutritionnel) de tous les enfants de moins de 5 ans qui viennent en consultation	Réalisé=15 Non réalisé=0	15	
12	Détermination de l'état nutritionnel de toute femme dont l'enfant malade est âgé de moins de 6 mois	Réalisé=10 Non réalisé=0	10	
13	Cahier de dépistage de l'état nutritionnel disponible et bien rempli (à jour)	Critère rempli=5 Critère non rempli=0	5	
14	Prise en charge de la malnutrition selon le protocole national	Critère rempli=5 Critère non rempli=0	5	
			SCORE MAXIMUM POSSIBLE = 330	**SCORE OBTENU =**

MATERNITE (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	**Salle en bon état et rassurant les conditions de confidentialité** : Murs en dur sans fissure avec crépissage et peinture, Pavement en ciment sans fissure, Rideaux ou fenêtres peintes, paravent (si salle partagée), portes fermant	Tous les critères remplis = 10 Un critère manque=0	10	
2	**Equipements et matériel disponibles et fonctionnels :** 1) table d'accouchement maniable et propre 2) au minimum 3 boîtes d'accouchement stériles *(avec pince porte aguille, deux pinces de Kocher, pince chirurgical à griffes, deux ciseaux)* 3) stéthoscope obstétrical 4) fil de suture, 5) anesthésique local (au moins 50ml de réserve) et ergométrine 6) balance pèse-bébé 7) tambour avec champs stériles 8) pommade ophtalmique 9)tambour avec gaze 10)	Un matériel disponible et fonctionnel = 3 Si même un matériel de (1) à (5) non disponible ou non-	60	

MATERNITE (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
	tablier en plastique 11) source de lumière 12) embu bébé 13) bottes 14) masque 15) lunettes 16) gants non déchirés 17) Fil de ligature du cordon 18) Sceau a placenta 19) Table de réanimation néonatale 20) point d'eau en suffisance avec savon	fonctionnel = 0		
ANALYSE DES PARTOGRAMMES DES TROIS DERNIERS MOIS				
3	**Analyse de 10 partogrammes choisis au hasard** : **1**) Partogramme rempli selon les normes (remplissage chaque heure, TA indiquée, …) **2)** Décision prise en cas du dépassement de la ligne d'alerte endéans une heure **3)** Le score d'APGAR est mesure et figure dans le partogramme a la 1ere, 5eme et 10eme minute ***4)*** Accouchement fait par un personnel qualifié *(au moins un infirmier A3)*	Un partogramme remplissant les 4 critères = 5 Un partogramme avec même un critère non-rempli = 0	50	
4	**Salle d'hébergement des accouchées adéquate :** lits avec matelas plastifiés non déchirés draps et couvertures et moustiquaire à chaque lit occupé	Tous les critères remplis=20 Un critère manque=0	20	
		MAXIMUM POSSIBLE = 140	**POINTS OBTENU =**	

6. CONSULTATION PRENATALE (--)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
PERSONNEL, SALLE ET MATERIEL DE LA CPN				
1	**Conditions de confidentialité assurées**: Local de consultation individuel avec rideaux ou fenêtres peintes, paravent (si salle partagée) portes fermant	Confidentialité assurée = 10	10	
2	**Equipement et matériel disponible et fonctionnel** : **1)** Table de consultation **2)** Tensiomètre **3)** stéthoscope **4)** Mètre ruban lisible **5)** Balance avec Toise **6)** Fœtoscope **7)** Gants non déchirés	Tous les matériels disponibles et fonctionnels = 20 Un matériel manque ou non-fonctionnel = 0	20	
3	**IEC/CCC de groupe** : **1)** causerie de groupe réalisée avant la CPN **2)** existence d'un cahier de rapport d'IEC à jour avec : **a)** thème **b)** nombre de participants **c)** responsable d'activité **d)** date et **e)** signature	IEC/CCC remplissant tous les critères = 10 Même un critère non-rempli = 0	10	

6. CONSULTATION PRENATALE (--)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
4	**CPN faite par un personnel qualifié** *(qualification: au moins un infirmier A3)*	Oui = 5 Non = 0	5	
VERIFICATION DE 10 FICHES DE CPN CHOISIES AU HASARD (lors de la réalisation des CPN)				
5	**Interrogatoire correctement mené**: **1)** antécédents gynéco – obstétricaux sur les grossesses (y compris le VAT) et accouchements antérieures (GPAvEV) **2)** fièvre 3)convulsions **4)** antécédents médico-chirurgicaux : **a)** diabète **b)** cardiopathies **c)** HTA **d)** néphropathies **e)**TBC **f)** asthme **4) 5)** DDR 6) Anamnèse générale	Un cas remplissant tous les critères = 1 Un cas avec même un critère non-rempli = 0	10	
6	**Proposition systématique de dépistage VIH (doit être marquée sur la fiche CPN**	Existe=10 N'existe pas=0	10	
7	**Examen physique effectué**: **1)** poids 2) taille 3) TA 4) examen des seins et 5) recherche des œdèmes 6) PB	Un cas avec 5 éléments = 1 Un cas avec même 1 élément qui manque = 0	10	
8	**Examen obstétrical effectué : 1)** HU **2)** présentation (à partir de 36 semaines) **3)** BCF (à partir de 20 semaines) **4)** Mouvement fœtaux	Un examen d'un cas remplissant les critères = 1 Un examen d'un cas avec même un critère non rempli = 0	10	
9	**Examens complémentaires demandés, Recherche systématique de :** 1) syphilis 2) hémoglobine, Albumine si signe de HTA 3) Glucose	Un cas avec tous les examens complémentaires = 1 Un cas avec un même examen qui manque = 0	10	
10	**Administration du VAT selon les directives : 1)** intervalle respecté **2)** vaccin non périmé **3)** conservation selon les normes dans le lieu de vaccination **4)** voie d'administration du VAT correspond à celle indiquée sur le flacon et lieu d'injection selon les normes.	Un cas d'administration du VAT remplissant tous les critères = 0,5 Un cas avec un critère non rempli = 0	5	
11	**Prescription correcte du** : 1**) fer** et acide folique **2)** Mebendazole **3)** moustiquaire imprégnée d'insecticide	Un cas avec toutes les prescriptions faites correctement =0,5 Un cas avec même une prescription incorrecte = 0	5	

6. CONSULTATION PRENATALE (--)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
12	**Gestion des cas avec facteurs de risque assuré: 1)** facteurs de risque identifiés **2)** décision prise correctement selon la fiche CPN **3)** information communiquée à la femme	Gestion d'un cas remplissant tous les critères = 2 Gestion d'un cas avec même un critère non rempli = 0	20	
13	**Registre de CPN correctement rempli :** numérotation (enregistrement) des cas correcte remplissage de toutes les informations requises selon le canevas	Les 2 critères remplis=0,5 Un critère manque=0	5	
		MAXIMUM POSSIBLE = 130	**POINTS OBTENU =**	

7. PLANIFICATION FAMILIALE (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
VERIFICATION DIRECTE DE LA SALLE ET MATERIEL				
1	**Conditions de confidentialité assurées**: Local de consultation individuel avec rideaux ou fenêtres peintes, portes fermant	Confidentialité assurée = 10	10	
2	**Les consultations sont faites par un personnel qualifié :** au mois un Infirmier A3 (voir au moins 5 fiches de PF)	Critère rempli=5	5	

7. PLANIFICATION FAMILIALE (---)

No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
3	**Méthodes Contraceptives :** Pilules Injectables Implant Préservatif DIU avec pince à col et hystéromètre **1)** Disponibilité du contraceptif avec stock théorique correspondant au stock physique **2)** Seuil d'alerte déterminé et respecté.	Une méthode contraceptive remplissant les 2 critères = 4 Une méthode contraceptive avec même un critère non rempli = 0	20	
4	**Disponibilité des affiches murales ou boite a image** pour la démonstration des méthodes de PF	Critère rempli=5	5	
5	**Registre PF disponible:** 1) a jour 2) toutes les rubriques remplies	Critères remplis=5	5	
6	**IEC/CCC de groupe** : **1)** causerie de groupe réalisée avant la séance de consultation **2)** existence d'un cahier de rapport d'IEC à jour avec : **a)** thème **b)** nombre de participants **c)** responsable d'activité **d)** date et **e)** signature	IEC/CCC remplissant tous les critères = 10 Même un critère non-rempli = 0	10	
7	**Le CDS atteint au moins 90% de la cible trimestrielle en contraceptifs oraux et injectables fixés dans le Plan d'Action**	Critère rempli=5	5	
ANALYSE DE 10 FICHES DE PF DES TROIS DERNIERS MOIS CHOISIS AU HASARD				
8	**La fiche PF disponible :** 1) rubriques remplies 2) classées par mois de rendez vous dans l'échéancier	Critères remplis pour 1 fiche= 1	10	
9	**Justification des méthodes recommandées, retenues et prescrites par rapport aux méthodes indiquées par l'interrogatoire, antécédents, examen physique.**	Justification correcte = 3 Non justifiée = 0	30	
10	**Contrôle et suivi :** Rendez vous fixé	Oui = 1 Non = 0	10	
		MAXIMUM POSSIBLE = 110		**POINTS OBTENU =**

8. VACCINATION ET SUIVI DES NOURRISSONS (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
OBSERVATION DE LA SALLE ET DU MATERIEL				
1	**Equipement et matériel disponible au** CS **et fonctionnel : 1)** réfrigérateur **2)** accumulateurs de froid **3)** boîte isotherme avec mousse **4)** réserve de pétrole (5 litres minimum) et/ou générateur **5)** thermomètre	Tous les équipements et matériels disponibles et fonctionnels = 20 Même un équipement ou matériel manque ou non fonctionnel = 0	20	
2	**Disponibilité des vaccins et diluants**: BCG VAP VAR DTC+HepB+Hib VAT Diluants **1)** Présence physique des antigènes non périmés avec étiquette **2)** Absence de rupture de stock pendant les 3 derniers mois	Disponibilité de tous les antigènes et diluants remplissant les 2 critères = 30 Péremption ou rupture même d'un antigène ou un diluant = 0	30	
3	**Conservation des vaccins 1)** Absence des produits autres que vaccins, accumulateurs et eau de dilution dans le frigo.	Conservation remplissant le critère = 20 Conservation avec tout autre produit = 0	20	
4	**Consommables et imprimés disponibles : 1)** seringues autobloquantes **2)** seringues de dilution (de 2 et 5 ml) **3)** réceptacles **4)** ouate **5)** fiches de vaccination **6)** fiches de pointage **7)** registre de vaccination	Disponibilité de tous les éléments = 10 Même un élément manque = 0	10	
5	**Chaîne de froid: 1)** Température du frigo dans les limites (entre +2°C et +8°C) **2)** Absence de rupture de la chaîne de froid au cours de 3 derniers mois.	Chaîne rempli les 2 critères = 20 Même un jour de rupture = 0	20	
6	**Gestion de stock vaccins : 1)** stock théorique de vaccins correspond au stock physique **2) stock minimum** déterminé et respecté.	Gestion remplissant les 2 critères = 5 Même un critère non rempli = 0	5	

8. VACCINATION ET SUIVI DES NOURRISSONS (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
7	**IEC/CCC de groupe : 1)** causerie de groupe réalisée avant la vaccination **2)** existence d'un cahier de rapport d'IEC à jour avec : thème, nombre de participants, responsable d'activité, date et signature **3)** matériel didactique disponible et adapté **4**) séance tenue en conditions adéquates (lieu couvert, bancs ou chaises…)	IEC/CCC remplissant tous les critères = 5 Même un critère non rempli = 0	**5**	
8	**Système d'identification des enfants attendus pour la séance**	**Existence du système = 5** **Non-existence du système = 0**	**5**	
9	**Système de récupération des abondons** (par ex : échéancier, registre avec colonne rendez vous, fiche individuelle classée)	**Existence du système = 10** **Non-existence du système = 0**	**10**	
10	**Registre de PEV disponible:** 1) a jour 2) toutes les rubriques remplies	Critères remplis=5 Un critère manque=0	5	
		MAXIMUM POSSIBLE = 130	**POINTS OBTENU =**	

9. LUTTE CONTRE LE VIH (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	**Salle de counseling équipée et garantissant la confidentialité**:1) Murs en dur avec crépissage et peinture, 2) pavement en ciment sans fissures 3) plafond en bon état 4) fenêtres en vitres avec rideaux 5) portes fermant	Un critère rempli=2	10	
2	Respect du protocole de dépistage volontaire:1) Conseil pré test 2) utilisation d'un test sensible (Hexagon ou Détermine) et confirmation par un test spécifique (Génie II) 3) Conseil post test avec remise de résultat	3 critères remplis=40 Un critère manque=0	40	

9. LUTTE CONTRE LE VIH (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
3 4	**Suivi correct des PVVIH sous ARV** *1)RDV respecté le 14 ième jour (pour traitement incluant la Névirapine), chaque mois jusqu'à 6mois et tous les trois mois après 6 mois* *2)Bilan immunobiologique fait selon le protocole appliqué* *3) Examen clinique fait à chaque visite* *4) Recherche et mesure de l'observance à chaque visite*	4 critères remplis=20 Un critère manque=0	20	
5	**Approvisionnement sans faille des réactifs, des médicaments et ARV** *1)Existence du stock de sécurité (CMM/2)* *2) Les fiches de stock sont à jour et concordance du stock théorique et physique*	4 critères remplis=40 Un critère manque=0	40	
6	**Protocole de la PTME disponible et utilisé** *1) Prophylaxie antirétrovirale correctement conduite à 28 SA* *2)Pratiques obstétricales à moindre risques appliquées* *3) Prophylaxie antirétrovirale correctement conduit chez le NNé*	2 critères remplis=20 Un critère manque=0	20	
7	**Suivi correct des NRS nés des femmes séropositives** 1) *RDVmédical mensuel respecté* *2) Administration du cotrimoxazole* *3) Suivi de la croissance de l'enfant* *4) Examen clinique à chaque visite*	3 critères remplis=20 Un critère manque=0	20	
8	**Accompagnement psychosocial de la femme enceinte ou allaitante séropositive** *1) Conseils sur l'alimentation du nourrisson* *2) Conseils sur la PF chez les femmes allaitantes*	4 critères remplis=30 Un critère manque=0	30	
9	**Le dossier du malade existe et aucun élément de suivi ne manque**	2 critères remplis=40 Un critère manque=0	40	
10	**Tous les registres sont disponibles et sont bien remplis et bien classés**	critère remplis= 30	30	
11	**Présence de prestataires qualifiés formés sur le conseil et dépistage du VIH, la PTME et la PEC du VIH**	critère remplis=10	10	
	MAXIMUM POSSIBLE = **270**	critère remplis=10	10	

9. LUTTE CONTRE LE VIH (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
		MAXIMUM POSSIBLE = 270	**POINTS OBTENU =**	

10. TUBERCULOSE et LEPRE (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
OBSERVATION DU MATERIEL, IMPRIMES ET PRODUITS				
1	**Gestion de stock des antituberculeux (*Rifampicine, Streptomycine, Ethambutol*):** **1) présence des antituberculeux en fonction des malades sous traitement 2)** stock théorique correspond au stock physique	Gestion remplissant les 2 critères pour anti-TBC= 50 Un critère manque=0	50	
2	**Disponibilité des imprimés : 1)** registre des cas de tuberculose (pour CDT) **2)** fiche de prise en charge **3)** registre de laboratoire (pour les CDT) **4)** fiche de transfert **5)** fiche de contre référence (pour les CDT) **6)** bon de labo **7)** registre de réquisition des antituberculeux **8)** registre de réquisition de matériels et réactifs de laboratoire. **9)** registre de réquisition des imprimés **10)** Registre Lèpre **11)** Protocole schéma court et retraitement affiché dans la salle de consultation	Présence de tous les imprimés = 20 Absence même d'un imprimé = 0	20	
ANALYSE DE 2 CAS CHOISIS AU HASARD SUR LES FICHES ET REGISTRE				
3	**Prise en charge correcte selon les directives PNLT : 1)** au moins 2 examens de crachat sont positifs et enregistrés sur la fiche de traitement pour les nouveaux cas TPM+ (résultat de laboratoire annexé à la fiche) **2)** traitement conforme aux protocoles PNLT *(phase d'initiation, de continuation, de rechute)* **3)** crachat de contrôle si indiqué fait conformément aux instructions PNLT **4)** test VIH effectué (ou référé)	Un cas remplissant tous les critères = 70 Un cas avec même un critère non rempli = 0	70	
4	**Existence d'une stratégie de récupération des malades en cas d'irrégularité défini par le PNLT (endéans 6 jours)**	Stratégie existe = 1	10	
			MAXIMUM POSSIBLE = 150	**POINTS OBTENU =**

11. LABORATOIRE (---)

No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
OBSERVATION DIRECTE DE LA SALLE ET DU MATERIEL				
1	**Equipement et matériel disponible et fonctionnel** : **1)** Microscope **2)** centrifugeuse **3)** Hemoglobinomètre **4)** lames neuves **5)** lamelles **6)** source de lumière **7)** Minuterie **8)** Flacons à crachat **9)** flacons à selles **10)** Anse de platine **11)** Lampe à alcool **12)** Crayon diamant **13)** Paillasse	Un équipement ou un matériel disponible et fonctionnel = 2	26	
2	**Présence de produits réactifs et de bandelettes non périmés :** 1) Giemsa 2) Fuchsine, Acide Sulfurique, Bleu de méthylène, Huile à immersion et Alcool (pour CDT) 3) Bandelettes pour albumine et sucre 4) Test de grossesse 5) Huile à immersion 6) KOP 7) Hb 8) VIH	Chaque produit présent = 3	24	
3	**Crachoirs, récipients à selles éliminées dans une poubelle fermable et fermée**	Déchets éliminés dans la poubelle = 5	5	
4	**Présence du système d'évacuation des eaux usées garantissant la protection de l'environnement**	Présence du système conforme =5	5	
5	**Disponibilité des démonstrations des parasites (GE, Selles, crachats) :** (sur papier plastifié, dans un livre en couleurs, ou affiches)	Critère rempli=5	5	
6	**Enregistrement des résultats dans le registre de labo :** Correct **2)** conforme aux résultats du bon d'examen	Critère rempli=6	6	
7	**Présence d'un laborantin ou Infirmier polyvalent d'au moins de niveau A3 formé en microscopie**	Critère rempli=5	5	
			SCORE MAXIMUM POSSIBLE = 76	**SCORE OBTENU =**

12. PETITE CHIRURGIE (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
OBSERVATION DIRECTE DE LA SALLE ET DU MATERIEL				
1	**Salle pour la petite chirurgie disponible et en bon état** *- Murs en dur avec crépissage et peinture* *- Pavement en ciment sans fissures*	Critères remplis=10 Un critère manque=0	10	
2	**Lit d'examen disponible** *- Facilement maniable avec mousse garnie de toile cirée*	Critère rempli=5	5	
3	**Equipement de base disponible dans la salle** : *1)Anesthésie locale disponible (au moins 20 ml)* *2)Tambour avec compresses stériles* *3) Boite à pince avec porte aiguille, pince anatomique, pince de cocher, paire de ciseaux (au moins 3)* *4) Gants stériles (au moins 3 paires)* *5) Fils résorbables (2 au minimum)* *6) Bistouri (au moins 3)* *7) Champs stériles dans un tambour* *8) Bassins réniformes (au moins 2)* *9) présence d'un désinfectant*	Chaque matériel disponible = 2	18	
4	**Registre de petite chirurgie bien rempli et à jour**	Critère rempli =10	10	
5	**Conditions d'hygiène assurées dans la salle de petite chirurgie** *1) Poubelles pour matériaux infectés avec couvercle* *2) Boite de sécurité (pour les aiguilles) bien placé et utilisé*	Critères remplis=10 Un critère manque=0	10	
			SCORE MAXIMUM POSSIBLE = 53	**SCORE OBTENU =**

13. GESTION DES MEDICAMENTS (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	**Local de la pharmacie conforme aux normes** : **1)** Etagères **2)** local aéré **3)** protection contre la lumière directe du soleil **4)** protection contre le vol.	Local remplissant tous les critères = 10 Même un critère non rempli = 0	10	
2	**Propreté de la pharmacie** *(absence de poussière sur les étagères et les produits, de toiles d'araignée)*	Propreté assurée= 5	5	
3	**Stockage conforme aux normes** : **1)** Rangement de tous les produits sur l'étagère et non par terre **2)** Ordre de rangement logique (ordre alphabétique ou par forme thérapeutique) **3)** En fonction de la date de péremption **4)** avec étiquette sur l'étagère de la dénomination Commune Internationale (noms génériques) **5)** Concordance entre le stock théorique et le stock physique **6)** Fiches de stock indiquant la CMM	Stockage remplissant tous les critères = 60 Même un critère non rempli = 0	60	
4	**Gestion des outils :** fiche de stock bons de commande registre d'entrées des médicaments bon de livraison registre de réquisition interne inventaire mensuel des médicaments **1)** Présence de l'outil dans la pharmacie de stock **2)** Remplissage conforme aux normes	Un outil remplissant les 2 critères = 5 Un outil avec même un critère non rempli = 0	30	
5	**Disponibilité de médicaments et consommables traceurs** (**prendre un échantillon de 10 produits)** : **1)** Disponibilité des molécules et consommables **2)** Absence de rupture de stock à partir de la dernière évaluation **3)** Absence de menace de pénurie (vérifier que le stock restant est supérieur à la CMM) pour les 10 médicaments traceurs)	Les médicaments et consommables traceurs de l'échantillon disponibles = 60 Rupture même d'un médicament ou consommable = 0	60	
6	**Respect de la procédure de destruction des produits périmés** : **1)** Fiche d'inventaire des produits périmés **2)** Accusé de réception des médicaments et réactifs périmés reçus par le BDS	Procédure remplissant les 2 critères = 20 Même un critère non rempli = 0	20	
7	**Equipements et matériel disponibles pour la distribution des médicaments : 1)** filtre à eau **2)** spatules **3)** cuillères **4)** gobelet **5)** objet coupant **6)** emballages.	matériels disponibles = 5	5	
8	**Utilisation des outils et remplissage à jour :** Registre d'utilisation journalière des médicaments (RUMER) Registre de pointage journalier Cahier de réquisition interne **1)** Présence de l'outil **2**) Remplissage à jour	Un outil remplissant les 2 critères = 5 Un outil avec même un critère non rempli = 0	15	

13. GESTION DES MEDICAMENTS (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
		MAXIMUM POSSIBLE = 205	**POINTS OBTENU =**	

LISTE DES MEDICAMENTS TRACEURS DU NIVEAU CENTRE DE SANTE

Albendazole co 400 mg
Amoxycilline co 500 mg
Amoxicilline sirop
Paracétamol sirop
Mebendazole sirop
Métronidazole sirop
Chlorhexidine solution
Artésunate-amodiaquine Cp enft 2 - 11 mois
Artésunate-amodiaquine Cp enft 1 - 5 ans
Artésunate-amodiaquine Cp enft 6 – 13 ans
Artésunate-amodiaquine Cp enft 14 ans et plus
Cotrimoxazole co 480 mg
Ergométrine ampoule
Fer / Acide folique co
Hydroxide d'aluminium co
Indométhacine co 25 mg
Mébendazole co 100 mg
Métronidazole co 250 mg
Paracétamol co 500 mg
Pénicilline V co 250 mg
Quinine co 500 mg
Sérum glucosé 5% 500ml
SRO sachets

14. GESTION FINANCIERE (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	**Tarifs des actes, médicaments et consommables : 1)** affichés **2)** lisibles **3)** à la réception et à la caisse **4)** respectés 5) respectant les marges bénéficiaires selon les instructions ministérielles	Tous les critères remplis = 20 Même un critère non	20	

14. GESTION FINANCIERE (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
		rempli = 0		
2	**Quittanciers : 1)** disponibles **2) spécifiant : a)nom du client b) le montant reçu en chiffres et en lettres c) le motif de payement (libellé) avec quantification**	Tous les critères remplis = 20 Même un critère non rempli = 0	20	
3	**Journal des recettes : 1)** disponible **2)** concordant avec le quittancier **3)** à jour 4) sans surcharge d'écritures	Tous les critères remplis = 20 Même un critère non rempli = 0	20	
4	**Journal des dépenses : 1)** disponible **2)** concordant aux justificatifs de dépenses **3)** à jour **4)** sans surcharge d'écritures	Tous les critères remplis = 20 Même un critère non rempli = 0	20	
5	**Pièces justificatives de dépenses (sur 10 pièces choisies au hasard)** : 1) classées et retrouvable endéans 5 min par pièce 2) **spécifiant** : a)nom de l'acquéreur b) le montant reçu en chiffres et en lettres c) le motif de dépense, 3) Les signatures du caissier, du titulaire et de l'acquéreur	Une pièce remplissant tous les critères = 20 Une pièce avec même un critère non rempli pour une pièce = 0	20	
6	**Livre caisse banque : 1)** disponible **2)** concordant avec les pièces justificatives de dépenses et les extraits bancaires et le journal de recettes **3)** à jour **4)** sans surcharge d'écritures	Tous les critères remplis = 20 Même un critère non rempli = 0	20	
7	**Situation de trésorerie** : **1)** Concordance entre situation théorique (livre caisse banque) et réelle (livret ou extrait bancaire ou caisse physique) **2)** Concordance entre Rapport mensuel SIS de trésorerie avec les journaux de recettes et dépenses	Trésorerie remplissant les 2 critères = 40 Même un critère non rempli = 0	40	
8	**Prévision budgétaire trimestrielle : 1)** tirée de la prévision budgétaire annuelle **2)** cosignée par le responsable et le président du Comité de santé	Une prévision budgétaire remplissant les 2 critères = 20 Même un critère non rempli = 0	20	
9	**Système de calcul des primes de performance 1)** établi **2)** connu par le personnel	Critères remplis= 20	20	
			MAXIMUM POSSIBLE = 200	**POINTS OBTENU =**

15. SANTE COMMUNAUTAIRE (---)				
No	RESULTATS A EVALUER	INDICATIONS POUR LA COTATION	POINTS MAXIMUM POSSIBLE	POINTS OBTENUS
1	Disponibilité au CDS des copies des rapports mensuels (3 rapports) des TPS indiquant (1) le **Nombre de nouvelles latrines hygiéniques aménagées** au cours du trimestre évalué, (2) Identification complète des ménages (Nom et Prénom du chef de ménage, colline et sous-colline…) (3) date de visite du ménage par le TPS (4) Nom, prénom et signature du TPS	Un rapport remplissant tous les critères=5	15	
2	Disponibilité au CDS des copies des rapports mensuels des ASC (3 rapports) indiquant notamment le **% de ménages de la ZR avec les MII suspendus sur le lit**	Critère rempli pour un rapport=5	15	
	Le CDS dispose (1) d'un système de collecte des informations dans la communauté et (2) des rapports mensuels concernant : le % des collines dont les Batwa font partie des ASC et COSA le % des enfants de moins de 2 ans ayant terminés la vaccination (tous les antigènes) au sein des groupes vulnérables en général et la communauté Batwa en particulier l'identification de cas de malnutrition sur la colline de recensement l'identification de cas de TBC sur la colline de recensement l'identification et la relance de cas de tuberculeux par les COSA et ASC	Les 2 critères remplis pour : (a)=6 (b)=5 (c)=5 (d)=5 (e)=5	56	
			MAXIMUM POSSIBLE = 56	**POINTS OBTENU =**

REPUBLIQUE DU BURUNDI
MINISTERE DE LA SANTE PUBLIQUE ET DE LA LUTTE CONTRE LE SIDA
GRILLE D'EVALUATION TRIMESTRIELLE DE LA QUALITE TECHNIQUE DE L'HOPITAL

SYNTHESE D'EVALUATION

ENSEMBLE DES COMPOSANTES	Nombre d'activités à évaluer	Points disponibles	POINTS OBTENUS	
Indicateurs généraux	9	90		
Plan d'action semestriel	1	40		
Gestion financière et Comptabilité	3	70		
Gestion des médicaments et produits pharmaceutiques	7	80		
Hygiène, salubrité de l'environnement et stérilisation	16	100		
Laboratoire et transfusion sanguine	8	60		
Consultations Externes et Urgences	9	120		
Maternité	8	200		
Bloc opératoire	10	140		
Hospitalisation	3	100		
TOTAL	74	1000		% ……

Date: … **/ ... / 200..**	**Province de** ……	**District de** ……
Hôpital : public / agrée / privé	Nom de l hôpital: ……	
Nombre de médecins	Nombre de lits : ……	Population du district sanitaire : ……
Nombre personnel A0 : ……	Nombre personnel A1 : ……	Nombre personnel A2 : ……
Nombre personnel A3: ……	Pers. non qualifié A4/A5[23] : ……	Pers. non qualifié A6: ……
Ratio de personnel qualifié / 2000 habitants : ……	Nombre de lits / 1000 hab. :…..	……

EQUIPE D'EVALUATION

N°	**NOM ET PRENOM**	**FONCTION**	**SIGNATURE**

[23] Personnel non qualifié A4 = Aide Soignant – Agent Formation Rapide (AFR) ; A5 = garçon, fille de salle - stérilisation – maintenance ; A6 = jardinier – sécurité – buanderie.

PARTICIPANTS DE L'HOPITAL EVALUE

N°	NOM ET PRENOM	FONCTION	SIGNATURE

INDICATEURS GENERAUX				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Gestion des ressources de l'hôpital	**Planification annuelle des activités**	L'hôpital dispose d'un **plan d'action annuel** centré sur les prestations du Paquet Complémentaire d'Activités (PCA)	**Critère rempli=5**	
	Tenue de réunions de l'équipe de direction de l'hôpital	Une réunion a lieu au moins une fois par mois, avec compte rendu contenant : *ordre du jour détaillé* *suivi des recommandations de la dernière réunion* *évaluation de l'exécution du plan d'action de l'hôpital* *recommandations de la réunion avec responsable du suivi et délais d'exécution* *liste de présence signée* *dirigée par le Médecin Directeur de l'hôpital*	**Tous les critères remplis pour 1 mois=5** **Même un critère non rempli pour 1 mois=0** **Max-15**	
	Entretien des infrastructures de l'hôpital	Les **infrastructures** de l'hôpital sont en bon état, c'est-à-dire qu'elles ne nécessitent pas de travaux importants de reprise générale de la peinture extérieure reprise générale de la peinture des chambres réfection de la toiture réfection du circuit électrique réfection du système d'adduction d'eau	**Tous les critères remplis=10** **Même un critère non rempli=0**	
	Maintenance du matériel et	Existence d'un **plan annuel de maintenance** précisant les activités de maintenance à effectuer	**Critère rempli=5**	

	équipements	pour les bâtiments, le matériel, l'équipement et les personnes internes ou externes (contrats de maintenance) responsables		
	Gestion du charroi	La gestion rationnelle des véhicules est assurée : un règlement précisant les responsabilités (tâches) et les règles dans l'utilisation du charroi de l'hôpital un dossier par véhicule (y compris les motos) reprenant les fiches de suivi de la maintenance (cf. documents de la DGR) une synthèse mensuelle des carnets de bord des véhicules (y compris les motos) reprenant au moins leur utilisation, leur kilométrage et leur consommation de carburant mois par mois	**Tous les critères remplis=10** **Même un critère manque=0**	
	Disponibilité d'infrastructures complémentaires	Une **cuisine** pour les patients hospitalisés est disponible et propre, avec (1) poubelle pour évacuation des déchets, (2) robinet à moins de 5 m ou réserve d'eau d'au moins 50 litres	**Tous les critères remplis=5** **Un des critères manque=0**	
		Une **morgue** est disponible (chambre ou petit bâtiment)	**Critère rempli=5**	
Permanence des services	**Assurance de la garde médico-chirurgicale**	Une **garde médico-chirurgicale** est organisée par l'hôpital, c'est-à-dire que le *rôle de garde* est affiché dans un endroit immédiatement accessible au public les *responsabilités* des individus et des services (y compris l'ambulance et le bloc opératoire) dans l'organisation de la garde fait l'objet d'une directive du médecin directeur de l'hôpital un *système d'écoute des appels* (radiophoniques ou téléphoniques) est effectif 24h/24 (vérifier la fonctionnalité de la radio et du téléphone portable avec <u>tous</u> les CDS)	**Tous les critères remplis=15** **Chaque critère rempli=5** **Max=15** *(note possible : 5-10-15)*	
Gestion de l'information sanitaire	**Transmission des rapports mensuels SIS**	**Pour chaque mois du trimestre présentement évalué, le *rapport mensuel du SIS*** a été transmis au BDS au plus tard le 25eme jour du mois suivant	**Critère rempli=10**	
	Analyse des données SIS de l'hôpital des périodes antérieures	Rapport d'analyse trimestrielle des données SIS comprenant : *La liste signée de présence des participants a la séance d'analyse des données* *résultats d'analyse sous forme de graphiques avec commentaires, au moins pour 5 indicateurs jugés prioritaires (comparaison avec cibles, détection des situations particulières, recherche de causes éventuelles, décision ou actions*	**Tous les critères remplis=10** **Même un critère manque=0**	

		entreprises/corrections éventuelles des erreurs)		
	SOUS-TOTAL	**INDICATEURS GENERAUX**	**90**	
PLAN D'ACTION SEMESTRIEL DE L'HOPITAL				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Planification semestrielle	**Elaboration et suivi du Plan d'Action semestriels**	Existence du Plan d'Action Semestriel : Cohérent avec le PAA (reprend / développe *les lignes du PAA)* implication des chefs de services de l'hôpital [vérifier la liste des présences jointe au rapport de réunion d'adoption du Plan d'action] Existence d'un rapport trimestriel de suivi de l'exécution du Plan d'Action semestriel indiquant : le niveau d'exécution des activités planifiées pour le trimestre évalué les forces/les opportunités dans l'exécution du PA les difficultés/les défis rencontrés dans la mise en œuvre du PA les solutions/les stratégies envisagées pour faire face aux difficultés/défis	**Critère (1) rempli=10** **Critère (2) rempli=20** **Max=30** **(Note possible : 0 ; 10 ; 20 ; 30)**	
		Le Plan d'action montre une **analyse de l'accessibilité financière** : respecte les tarifs fixés au niveau national existence d'un plan de recouvrement des coûts	**Critères remplis=10** **Un critère manque=0**	
	SOUS-TOTAL	**PLAN D'ACTION SEMESTRIEL**	**40**	
GESTION FINANCIERE ET COMPTABILITE				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Budget	**Gestion budgétaire**	La gestion budgétaire repose sur : Un budget réaliste établi en fonction des ressources disponibles et en concordance parfaite avec le PAA Un tableau des investissements (immobilisations) existe et est à jour, avec les apports de l'Etat et des partenaires Des fiches de suivi de l'exécution du budget, pour les recettes comme pour les dépenses, rubrique budgétaire par rubrique budgétaire	**Tous les critères remplis=15** **Chaque critère rempli=5** **Note possible : 0 ; 5 ; 10 ; 15)**	
Comptabilité	**Gestion de comptes de l'hôpital**	La comptabilité répond aux normes et aux bonnes pratiques : L'hôpital tient une comptabilité à partie double L'hôpital dispose d'un logiciel de comptabilité	**Tous les critères remplis=25**	

		Un(e) comptable qualifié(e) (Niveau A1 au minimum) tient la comptabilité de l'hôpital Le nombre de comptes bancaires est inférieur à cinq (BRB + fonctionnement + pharmacie + compte facultatif supplémentaire) Les livres de caisse sont complets et à jour Les dépenses donnent lieu à un document d'autorisation de dépenses Les recettes donnent lieu à un document d'enregistrement de recettes Le classement des pièces comptables est correct (numérotation en continu + classement chronologique) Le suivi de la caisse (inventaire de caisse) est au moins mensuel [procès verbal signé] L'hôpital dispose d'un fichier de suivi de ses dettes L'hôpital dispose d'un fichier de suivi de ses créances L'hôpital dispose d'un manuel des procédures financières et comptables (ou de directives équivalentes du médecin directeur)	**De critère (1) à (11)=2 points par critère rempli** **Critère (12) rempli=3** **(Max=25)**	
Rapport financier	**Elaboration et transmission du rapport financier mensuel**	Existence d'un rapport financier mensuel : conforme au canevas standard du SIS transmis au BDS avec accusé de réception (3 rapports transmis au cours du trimestre évalué)	**Tous les critères remplis pour 1 mois=10** **(Max=30)**	
	SOUS-TOTAL	**GESTION FINANCIERE ET COMPTABILITE**	**70**	
GESTION DES MEDICAMENTS ET PRODUITS PHARMACEUTIQUES				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Stock	**Gestion du stock de médicaments de l'hôpital**	Le **stockage des produits** est correct : Le *local* est propre, ventilé, protégé Le *rangement* des produits se fait par classe (médicaments, consommables, matériel), puis par voie d'administration (per os ou inhalation, injectables, voie cutanée), puis par dosage et par ordre alphabétique La *règle du « premier périmé, premier sorti »* est appliquée [vérifier sur 5 produits sur les étagères si les produits périmant le plus tôt sont au devant des rayons des étagères]	**Tous les critères remplis=10** **Même 1 critère non rempli=0**	

		Les **fiches de stock** sont tenues correctement : comportent la mention de la *consommation mensuelle moyenne* (CMM) les *inventaires mensuels* mentionnent un *stock (quantité) restant* à jour [vérifier le stock restant théorique de la fiche de stock avec le stock restant réel sur les étagères, pour au moins 5 produits]	**Tous les critères remplis=5 Même 1 critère non rempli=0**	
		La gestion des **produits périmés ou détériorés** est correcte est : suivie par un registre spécifique donne lieu à des procès verbaux de destruction ou Accusé de réception du BDS des produits périmés ou détériorés	**Tous les critères remplis=5 Même 1 critère non rempli=0**	
Commande	**Assurer les commandes des médicaments**	Les **commandes** sont effectuées selon les normes : reposent sur la formule **Commande = CMM x 2 – SR** (où SR est le stock restant) [vérifier en comparant le dernier bon de commande et les fiches de stock de 10 produits commandés] les instructions pour l'achat des médicaments ont été respectées	**Critères remplis=10 Même 1 critère non rempli=0**	
Réception	**Assurer la réception des médicaments**	La **réception des produits** est accompagnée : d'un *bon de livraison* (CAMEBU ou grossistes) d'un *bon de réception* signé par un Comité de réception	**Critère rempli=10 Critère non rempli=0**	
Livraison	**Assurer la livraison des médicaments**	La **livraison des produits** : répond à un *bon de commande* (réquisition) des services ou de la pharmacie de détail donne lieu à la production d'un *bon de réception* signé par le service ou la pharmacie de détail	**Critère rempli=10 Critère non rempli=0**	
Distribution	**Suivi de la consommation des médicaments**	La **délivrance des médicaments** par les services ou par la pharmacie de détail est suivie par une fiche de consommation journalière	**Critère rempli=10 Critère non rempli=0**	
Médicaments traceurs	**Assurer la disponibilité permanente des médicaments traceurs**	*Absence de rupture de stock* dans le trimestre [vérifier l'absence de « stock restant = 0 » sur les fiches de stock des médicaments traceurs] Il n'y a *pas de sur-stockage* [vérifier que le « MAD » est inférieur à 2 mois pour les 23 médicaments traceurs] Absence *de menace de pénurie* [vérifier que le stock restant est supérieur à ½ CMM pour les médicaments traceurs] (voir liste EPISTAT)	**Tous les critères remplis=15 Chaque critère rempli=5 (Max=15)**	
Gestion globale de la pharmacie	**Suivi mensuel de la gestion de la pharmacie**	La **fiche de synthèse de la gestion de la pharmacie** est complétée et envoyée chaque mois au directeur de l'hôpital pour approbation [voir modèle dans le module approuvé par le MSPLS]	**Critère rempli=5 Critère non rempli=0**	
	SOUS-TOTAL	**GESTION DES MEDICAMENTS ET PRODUITS PHARMACEUTIQUES**	**80**	

HYGIENE, SALUBRITE DE L'ENVIRONNEMENT ET STERILISATION				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Comité d'hygiène, santé et sécurité en milieu de travail	**1. Mise en place et fonctionnement d'un comité d'hygiène, santé et sécurité de l'hôpital (CHSST)**	Existence de comité fonctionnel d'hygiène, santé et sécurité a l'hôpital avec: de procès-verbaux de réunions mensuelles de plan d'action et d'un rapport trimestriel du CHSST	**Les 2 critères remplis=5 Même 1 critère non rempli=0**	
Promotion de la Santé	**Assurer la promotion de la santé au niveau de l'hôpital**	Existence d'un technicien de promotion de la santé dans l'hôpital Affichage accessible au public et au personnel de l'hôpital des instructions relatives à l'hygiène, environnement et stérilisation	**Critère (1)=3 Critère (2)=2 (Max=5)**	
Maladies et accidents professionnels en milieu de travail	**Notification des maladies et accidents professionnels**	Existence d'un système (directives) de Notification des maladies et accidents professionnels au sein de l'hôpital	**Critère rempli=5**	
Protection de l'enceinte l'hôpital	**Mise en place et entretien de la clôture des bâtiments de l'hôpital**	Existence d'une clôture des bâtiments de l'hôpital et bien entretenue : Si haie vive : taillée sans passage non contrôlée Si en briques ou en durs : sans passage Si en fil barbelé, présence de treillis métalliques	**Critère rempli=5 Critère non rempli=0**	
	Dispositifs de treillis sur les ouvertures des bâtiments	Présence de treillis moustiquaires à petite maille au niveau de toutes les fenêtres et sur les combles	**Critère rempli=5 Critère non rempli=0**	
	Utilisation de MII	Existence de montants sur les lits pour servir de support aux moustiquaires Moustiquaire rectangulaire imprégnée d'insecticide pour chaque lit occupé	**2 critères remplis=5 Même 1 critère non rempli=0**	
Etat des salles, de la cour et du terrain	**Entretien de la propreté des salles, de la cour et du terrain**	Propreté des salles, de la cour et du terrain assurée: (A) Absence de mauvaises odeurs dans les salles (B) existence d'un système de triage préalable des déchets placés dans différentes poubelles étiquetées, de préférence de différentes couleurs (C) présence dans les salles de soins de différentes poubelles avec étiquettes, de préférence de différentes couleurs remplies au ¾ maximum **Au niveau de la production des déchets ces poubelles sont les suivantes :** 1. Boîtes de sécurité des injections pour déchets pointus, tranchants ou coupants (aiguilles, seringues et bistouris ; généralement de couleur jaune) de 5 litres; 2. Poubelle pour déchets infectieux (pansement,	**Critère (A) rempli=5 Critère (B) rempli=2 Critère (C) rempli= 5 Critère (D) rempli=3 Critère (E) rempli=5 Critère (F) rempli=5 (NB : si critères (A) et (F) non remplis à la**	

		ouate, sparadraps, compresses) de couleur bleue ; 3. Poubelle pour déchets anatomiques (placentas et amputations), de couleur rouge de 20 litres ; 4. Poubelle pour déchets de récupération ou recyclables (bouteilles, flacons, plastics, ferrailles), de couleur marron de 20 litres; 5. Poubelle pour déchets ordinaires ou ménagers ou décomposables (épluchures, restes d'aliments, etc..) de couleur verte ou noire de 20 litres. **Au niveau du stockage :** Présence des mêmes types de poubelles que ci-haut à l'exception de la poubelle n°1 et n°3 où les déchets sont immédiatement acheminés dès leur production respectivement à l'incinérateur et dans les fosses biologiques construites pour cette fin. La capacité de ces quatre types de poubelles est de 90 litres. (D) Présence d'autres poubelles étiquetées ou de différentes couleurs dans le hall d'attente et le couloir pour éviter de jeter des déchets par terre (Vérifier si l'introduction de déchets dans les poubelles se fait après le triage préalable) (E) Environnement dans l'enceinte de l'hôpital entièrement débroussaillé avec drainage d'eau stagnante (F) Absence de déchets dispersés NB : Au niveau de l'entreposage pratiqué en ville, il s'agit des mêmes caractéristiques qu'au niveau du stockage mais la capacité des containers sera de 500 litres	**fois=0)** **(Max=25)**	
Traitement des déchets	**Utilisation et entretien de l'incinérateur**	Existence d'un incinérateur avec: (1) porte de chargement et porte d'évacuation de la cendre en fonctionnelles (2) l'intérieur de la chambre de combustion nettoyé et bien entretenu ; (3) disponibilité d'alcool ou carburant pour la combustion de déchets (4) absence de déchets sur le plancher et dans le voisinage immédiat de l'incinérateur ; (5) existence de brosses, balais de rigole, râteaux, pelles et brouettes pour l'entretien de l'incinérateur (6) présence de clôture avec porte fonctionnelle (7) Existence d'une fosse à cendre d'une profondeur supérieure à 1,50m (excepté en mairie de Bujumbura)	**Tous les critères remplis =5 Même 1 critère non rempli=0**	
	Utilisation et entretien d'une	Existence d'une fosse biologique à placentas et amputations :	**Tous les critères**	

	fosse à déchets biologiques	(1) d'une profondeur de 6 m (là où c'est possible compte tenu de la nature du sol) dont les parois sont bétonnées et la couverture portera une dalle en béton armé ; (2) avec couvercle qui se ferme à clé. (3) clôturée, non accessible aux personnes non autorisées et animaux.	**remplis =5** **Même 1 critère non rempli=0**	
	Mise en place d'une fosse organique ou à compost	Existence d'une fosse organique ou à compost d'une profondeur supérieure à 1, 50m (excepté en mairie de Bujumbura)	**Critère rempli =5** **Critère non rempli=0**	
Source d'eau	**Mise en place et entretien de point d'eau au sein de l'hôpital**	Disponibilité en permanence de point d'eau : eau courante ou puits ou pompe ou château/citerne d'eau/ fûts d'eau bien couvert Absence de fuites d'eau (robinetterie en bon état)	**Les 2 critères remplis=5** **Même 1 critère non rempli=0**	
Latrines	**Mise en place et entretien des latrines**	Existence des latrines bien nettoyées et entretenues pour le personnel et patients : 1) utilisables (accessibles) 2) plancher sans fissures et lavables 3) murs avec peinture à huile ou carrelés 4) absence de matières fécales sur le plancher, autour du trou de défécation et sur les murs 5) portes en bon état qui se ferment à l'intérieur 6) existence d'un dispositif de lavage des mains avec savon 7) Fosse septique bien couverte et régulièrement entretenue	**Tous les critères remplis =5** **Même 1 critère non rempli=0**	
Douches	**Mise en place et entretien des douches**	Existence des douches pour le personnel et patients : 1) utilisables avec eau courante ou récipient d'une capacité d'au moins 20 litres 2) portes qui se ferment à l'intérieur 3) évacuation des eaux usées dans un puits perdu pour les structures non connectées au réseau public, 4) absence de fuite d'eau aux robinets et douches	**Tous les critères remplis =5** **Même 1 critère non rempli=0**	
Stérilisation	**Assurer la disponibilité des matériels de stérilisation**	Disponibilité des matériels de stérilisation et fonctionnels : 1) cocotte ou autoclave ou four poupinel fonctionnel 2) protocole de stérilisation affiché	**Les 2 critères remplis =5** **Même 1 critère non rempli=0**	
	Assurer la disponibilité des produits de décontamination	Présence de réserve de produit de décontamination : Solution étiquetée avec formule et date de préparation. Matériels utilisés trempés (s'il y en a) dans les	**Les 2 critères remplis =5** **Même 1 critère non rempli=0**	

		solutions de décontamination		
Tenue règlementaire, vestiaire et buanderie	**Port et entretien de la tenue règlementaire**	Tenue réglementaire propre et en bon état portée par tout le personnel soignant Existence d'une buanderie Existence des matériels de protection adaptés pour chaque service : gants, blouse, bottes, bonnets Existence de vestiaire fermant à clé avec deux casiers dont un pour la tenue de service et l'autre pour la tenue de ville pour chaque personnel soignant	**Tous les critères remplis =5 Même 1 critère non rempli=0**	
	SOUS-TOTAL	**HYGIENE, SALUBRITE DE L'ENVIRONNEMENT ET STERILISATION**	**100**	
Laboratoire et transfusion				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Personnel du service	**1. Assurer le service par un personnel qualifié**	Le service dispose d'au moins **un laborantin ou infirmier de niveau A2** (ayant bénéficié d'une formation en technique labo avec certificat)	**Critère rempli=6**	
Capacité du service	**2. Affichage de la liste des examens disponibles**	La **liste des examens possibles** est affichée dans le laboratoire et est visible pour le public	**Critère rempli=4**	
Documentation	**Assurer la disponibilité de la documentation d référence (de base) au labo**	La **démonstration des parasites** est disponible Sur papier plastifié ou dans un livre en couleur, ou affichés (goutte épaisse : P. Vivax, Ovale, Falciparum, Malariae) (selles : amibes, ascaris, ankylostome, schistosome)	**Critère rempli=4**	
Matériel	**Assurer la disponibilité du matériel de base au labo**	Au moins un **microscope** fonctionnel est disponible les différents objectifs sont fonctionnels l'huile à immersion est disponible la solution de GIEMSA est disponible l'apport de lumière existe (miroir ou électricité) les lames et lamelles sont disponibles	**Critère rempli=5**	
		Disponibilité d'une **centrifugeuse** fonctionnelle	**Critère rempli=5**	
		Disponibilité d'un **appareil d'examens de biochimie** fonctionnel	**Critère rempli=5**	
		Disponibilité d'un **appareil de numération sanguine** fonctionnel	**Critère rempli=5**	
		Disponibilité de **tests rapides** pour le diagnostic de VIH/sida	**Critère rempli=5**	
Permanence du service	**Assurer la permanence du service de laboratoire**	Le laboratoire est **fonctionnel tous les jours et 24h/24,** y compris les week-ends et les jours fériés (vérifier dans le registre de labo)	**Critère rempli=5**	
Les résultats des examens	**Enregistrement des résultats des examens**	L'**enregistrement des résultats dans le registre de labo** est correct et correspond aux résultats inscrit sur le bon d'examen	**Critère rempli=4**	
Maintenance du	**Assurer la**	**Maintenance régulière des appareils** attestée par	**Critère**	

matériel	**maintenance du matériel de laboratoire**	les rapports de maintenance signés	**rempli=4**	
Transfusion sanguine	**Assurer la disponibilité du service de transfusion sanguine**	Disponibilité d'une chaine de froid avec fiche de vérification de la température à jour Disponibilité d'au moins 5 sachets du groupe O+ Disponibilité d'au moins 2 sachets par autre groupe sanguin	**Tous les critères remplis=8** **Même 1 critère non rempli=0**	
	SOUS-TOTAL	**LABORATOIRE ET TRANSFUSION SANGUINE**	**60**	
CONSULTATIONS EXTERNES ET URGENCES				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Infrastructure, équipement et Plateau technique	**1. Entretien et équipement de chaque salle de consultation externe**	Chaque salle de consultation externe présente de bonnes conditions suivantes: Les murs sont en dur avec crépissage et peinture Le pavement est en ciment Les murs et le pavement sont sans fissures Le plafond est en bon état Les fenêtres sont en vitres avec rideaux Les portes sont fonctionnelles avec serrures Les bancs ou chaises sont suffisants pour au moins 10 personnes L'endroit est protégé du soleil et de la pluie La salle de la consultation externe et l'espace d'attente sont séparés pour assurer la confidentialité, avec porte qui ferme, rideaux à la fenêtre, sans passage Existence d'une source de lumière pendant la nuit (électricité ou lumière solaire)	**Tous les critères remplis =10** **Un critère manque=0**	
	2. Affichage des tarifs de recouvrement des couts	Les principaux tarifs du recouvrement des coûts sont affichés et visibles pour le public avant la consultation	**Critère rempli =5**	

	Existence d'un service d'accueil et orientation	L'accueil et orientation des patients sont assurés en permanence : Disponibilité d'un personnel infirmier qualifié qui oriente les patients vers les services appropriés L'ordre d'arrivée est respecté, avec un système de jetons numérotés Les portes sont fonctionnelles avec serrures Les bancs ou chaises sont suffisants pour 30 personnes au moins L'endroit est protégé du soleil et de la pluie La salle de la consultation externe et l'espace d'attente sont séparés pour assurer la confidentialité, avec porte qui ferme, rideaux à la fenêtre, sans passage Existence d'une source de lumière pendant la nuit (électricité ou lumière solaire)	**Tous les critères remplis =10** **Un critère manque=0**	
	Gestion du patient	L'organisation du service permet: un ***service de triage*** des consultations externes confié à un infirmier pour **les patients non référés** des centres de santé un ***accès direct gratuit au médecin*** (ou au service des urgences) des **patients référés** des centres de santé un ***accès direct payant au médecin*** des **patients** qui le souhaitent, **non référés** par un centre de santé	**Tous les critères remplis=15** **Un critère manque=0**	
	Disponibilité d'équipement et matériel dans chaque salle de consultation externe	**La disponibilité de l'équipement suivant est assurée dans chaque salle de consultation externe :** Stéthoscope Tensiomètre Otoscope Thermomètre Table d'examen Pèse-personne pour adulte Pèse-bébé Toise Ruban pour périmètre brachial	**Tous les critères remplis=10** **Un critère manque =0**	
	Disponibilité de protocoles de prise en charge des maladies	**Au moins les protocoles de prise en charge des maladies suivants sont disponibles et/ou affichés sur le mur :** Paludisme Diarrhée IRA Tuberculose Tables poids-taille	**Tous les critères remplis=5** **Chaque critère rempli=1**	
	Permanence du	Le service d'urgence est disponible 24h/24 et 7j/7	**Critère**	

	service d'urgence	avec rôle de garde affiché	**rempli=5**	
	Disponibilité d'équipement et matériel de service des urgences	**Existence de la salle d'urgence contenant au moins :** Obus d'oxygène Aspirateur Laryngoscope Matériel d'intubation Matériel de perfusion Médicaments d'urgence (Diurétique, cardiotonique, corticoïde, vaso-dilatants, matériel de pansement, insuline, broncho-dilatateurs, infusion (*glucose, ringer-lactate, physiologique, glycose hypertonique*), adrénaline) Matériel de prélèvement Sonde naso-gastrique Sonde vésicale	**Tous les critères remplis=10** **Un critère manque=0**	
Service de consultation externe	**Consultation externe (10 cas tirés au hasard du registre de chaque salle de consultation)**	Proportion de consultations externes prises en charge selon les normes : Pour chaque consultation tirée au hasard dans le registre de consultation médicale où tous les cas sont identifiés (1) Fiche de consultation médicale contenant : *a) Identification du patient (nom, prénom, âge, sexe, commune, colline, sous-colline, chef de famille, profession)* *b) Date de la consultation* *c) nom et signature du médecin* *d) Anamnèse (plaintes et antécédents)* *e) Examen clinique: Signes vitaux (TA, pouls, T°, FR, poids), inspection, examen clinique des systèmes affectés* *f) Diagnostic provisoire et différentiel* *g) Examens complémentaires avec résultats selon le diagnostic provisoire, différentiel et les protocoles* *h) Traitement selon le protocole ou référence* (2) Fiche de référence des cas référés disponible (3) Copie de la Fiche de contre-référence signée par le médecin (résultats/ observations significatives, diagnostic, traitement reçu/interventions, suivi, recommandations/ traitement à suivre)	**Tous les critères remplis pour 1cas =5** **Un critère manque pour 1 cas =0** **(Max=50)** *NB : Si plus de 10 cas analysés (plusieurs salles de consultation) : faire une moyenne sur 50*	
	SOUS-TOTAL	**CONSULTATION EXTERNE ET URGENCE**	**120**	
MATERNITE				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Infrastructure, équipement et	**1. Entretien de la salle**	**La salle d'accouchement est en bon état :** murs en dur, sans fissures avec crépissage et	**Tous les critères**	

Plateau technique	**d'accouchement**	peinture pavement en ciment sans fissures plafond en bon état fenêtres vitrées avec rideaux portes fonctionnelles	**remplis =10** **Un critère manque=0**	
	2. Disponibilité d'équipement et matériel de la salle d'accouchement	**L'équipement et matériel de la salle d'accouchement sont disponibles :** tables d'accouchement en bon état source d'eau disponible avec savon éclairage possible pendant la nuit (électricité, groupe électrogène, lumière solaire ou lampe à batterie rechargeable) poubelle avec couvercle boite de sécurité pour les aiguilles seau à placenta seau pour le linge souillé toise pèse-bébé table de réanimation néonatale tensiomètre stéthoscope obstétrical stéthoscope médical désinfectant compresses stériles gants stériles (au moins 10 paires) au moins 2 boites d'accouchement stérilisées au moins 10 partogrammes vierges en réserve	**Tous les critères remplis =10** **Un critère manque=0**	
	Disponibilité du matériel d'épisiotomie	**Le matériel d'épisiotomie est disponible :** Au moins 2 boites d'épisiotomie avec ciseaux, pinces anatomique et chirurgicale, aiguilles, porte-aiguille, fil résorbable et fil non résorbable	**Critère rempli=10**	
	L'équipement et les médicaments suivants sont disponibles pour les soins au nouveau-né	**L'équipement et les médicaments suivants sont disponibles pour les soins au nouveau-né :** Fil stérile de ligature du cordon Bande ombilicale stérile Aspirateur (poire plongée dans un désinfectant non irritant ou aspirateur manuel ou électrique fonctionnel) Lampe chauffante Onguent ophtalmique de tétracycline 1%	**Tous les critères remplis=10** **Un critère manque=0**	
	Disponibilité et équipement de la salle d'attente et de la salle d'hébergement	**(1) La salle d'attente est disponible et équipée:** avec au moins 4 lits avec matelas **(2) La salle d'hébergement est disponible et équipée:** avec Lits avec matelas recouverts de toile cirée sans déchirure Draps et couverture à chaque lit occupé Moustiquaire à chaque lit occupé	**Tous les critères remplis=10** **Un critère manque=0**	
Service de	**Assurer la**	**L'organisation du service de maternité répond aux**	**Tous les**	

maternité	**disponibilité des matériels/supports de base du dossier médical en maternité**	**critères suivants :** Les supports matériels sont faciles à manipuler : Fiche d'hospitalisation, fiche d'admission/Fiche de référence, Dossier médical ; Partogrammes, Registre de maternité La présentation du cahier/Fiche d'observation est claire (suivi régulier, et décisions prises bien documentées dans le cahier/Fiche avec nom et signature du Médecin) Archivage des dossiers médicaux par ordre chronologique est adapté à son utilisation pendant l'hospitalisation (classeur, chariot, …) Les dossiers médicaux sont facilement accessibles en cours d'hospitalisation Existence des procédures écrites permettant d'assurer le secret médical et la sécurisation du dossier médical	**critères remplis pour tous les services=50** **Un critère rempli pour 1 service=10** **(Max=50)**	
	2. Gestion du dossier médical (10 cas tirés au hasard du registre ; si le nombre de prestations est <10 cas, vérifier tous)	**Pour chaque cas sortant du trimestre évalué, choisi au hasard dans le registre de maternité :** Le dossier médical a été retrouvé endéans au plus 5 min dès la demande Les supports matériels sont en bon état (dossier, examens) Le dossier présenté sous forme d'un ensemble cohérent, organisé, avec un classement clair et chronologique des éléments constitutifs L'identité du malade est notée : nom et prénom ; âge, sexe ; profession Tous les éléments du dossier médical sont identifiés au nom du malade Nom et prénom et qualification du Médecin ayant décidé l'hospitalisation Les informations liées au séjour sont notées (date d'entrée ; date de sortie) Les modalités d'entrée sont indiquées Les modalités de sortie sont indiquées : Guérison, Décès, Evasion, Transfert	**Tous les critères remplis pour 1cas =5** **Un critère manque pour 1 cas =0** **(Max=50)** **(**Si cas analysés <10, faire la moyenne sur 50)	
	Accouchements eutociques (10 cas tirés au hasard du registre ; si le nombre de prestations est <10 cas, vérifier tous)	**Proportion d'accouchements eutociques pris en charge selon les normes** (avec utilisation du Partogramme): Pour chaque accouchement eutocique tiré au hasard dans le registre : (1) Raison de référence selon le partogramme du CS ou fiche de référence en cas de phase de latence pour les cas référés (2) Partogramme de l'hôpital complètement et correctement rempli au recto et au verso (dilatation, descente et TA toutes les 4h, pouls, BCF et contractions toutes les 30 minutes, score d'Apgar) (3) Examen clinique par le médecin (nom et	**Tous les critères remplis pour 1cas =4** **Un critère manque pour 1 cas =0** **(Max=40)** **(**Si cas analysés <10, faire la moyenne sur 40)	

		signature sur la fiche et sur le partogramme) (4) Fiche de contre référence signée par le médecin avec accusé de réception pour les cas référés.		
	Accouchements dystociques (10 cas tirés au hasard du registre ; si le nombre de prestations est <10 cas, vérifier tous)	**Proportion d'accouchements dystociques (Forceps - Ventouse - manipulation du fœtus en cas de siège, gémellaire) pris en charge selon les normes :** Pour chaque accouchement dystocique tiré au hasard dans le registre: (1) Partogramme complètement et correctement rempli au recto et au verso (dilatation, descente et TA toutes les 4h, pouls, BCF et contractions toutes les 30 minutes, score d'Apgar) (2) Examen par le médecin (nom et signature) en cas d'arrivée à la ligne d'alerte endéans une heure (3) Indication valide de la ventouse ou forceps/ manœuvre (4) Conseil sur la PF et l'allaitement maternel donné par le médecin (5) Fiche de contre référence signée par le médecin avec accusé de réception pour les cas référés NB : partogramme complètement et correctement rempli sauf pour les cas de dystocie et autres urgences obstétricales	**Tous les critères remplis pour 1cas =5 Un critère manque pour 1 cas =0 (Max=50)** **(**Si cas analysés > ou<10, faire la moyenne sur 50)	
	Césariennes (10 cas tirés au hasard du registre ; si le nombre de prestations est <10 cas, vérifier tous)	**Proportion de césariennes prises en charge selon les normes :** Pour chaque césarienne tirée au hasard dans le registre (1) Partogramme correctement et complètement rempli au recto et au verso (dilatation, descente et TA toutes les 4h, pouls, BCF et contractions toutes les 30 minutes ; score d'Apgar) (2) Examen par le médecin en cas d'arrivée à la ligne d'alerte endéans une heure (3) Indication valide à la césarienne posée par le médecin (4) protocole opératoire détaillé avec nom et signature du médecin (5) Fiche d'anesthésie complètement remplie (6) Suivi journalier, et chaque fois que de besoin, de la mère et de l'enfant par le médecin (7) Absence d'infection de la plaie opératoire (8) Conseil sur la PF et l'allaitement maternel noté sur la fiche par le médecin (9) Copie de la Fiche de contre référence signée par le médecin pour les cas référés	**Tous les critères remplis pour 1cas =6 Un critère manque pour 1 cas =0** **(Max=60)** **(**Si cas analysés <10, faire la moyenne sur 60)	
	SOUS-TOTAL	**ACTIVITES DE MATERNITE**	**200**	
BLOC OPERATOIRE				

Sujet	Activités	Indicateurs et critères de vérification	Indications pour la cotation	Points obtenus
Infrastructure, équipement et Plateau technique	**1. Entretien de la salle d'opérations**	**La salle d'opérations est en bon état :** murs en dur, sans fissures avec crépissage et peinture à l'huile pavement en ciment sans fissures plafond en bon état fenêtres vitrées opaques portes fonctionnelles	**Tous les critères remplis=10** **Un critère manque=0**	
	2. Entretien de la table d'opérations	**La table d'opération est en bon état :** Facilement maniable Revêtement de mousse avec toile cirée Manettes fonctionnelles des membres	**Tous les critères remplis=10** **Un critère manque=0**	
	Disponibilité de la source d'éclairage	**L'éclairage est assuré:** Lampe scialytique avec ampoules fonctionnelles Lumière de réserve assurée (groupe électrogène, énergie solaire, lampe avec batterie rechargeable)	**Tous les critères remplis=5** **Un critère manque=0**	
	Disponibilité du matériel de base	**Le matériel de base suivant est disponible:** Appareil d'anesthésie générale Kit de rachianesthésie Respirateur Aspirateur électrique Obus d'oxygène Tensiomètre Stéthoscope médical Laryngoscope Matériel de perfusion Matériel d'intubation Matériel de prélèvement Sonde naso-gastrique Sonde vésicale Bistouri électrique et cautérisation Tenues adéquates (blouses chirurgicales, masques, bonnets, sandales	**Tous les critères remplis=10** **Un critère manque=0**	
	Disponibilité des médicaments d'urgence	**Les médicaments d'urgence suivants sont disponibles :** Diurétique Cardiotonique Corticoïde Vaso-dilatants Matériel de pansement Insuline Broncho-dilatateurs Infusion (glucose, ringer-lactate, physiologique, glycose hypertonique)	**Tous les critères remplis=10** **Un critère manque=0**	

		Adrénaline		
	Disponibilité de kits d'intervention	**Au moins 2 kits d'intervention stérilisés sont prêts pour chacun des types d'urgences :** césarienne – chirurgie viscérale traumato-orthopédie fixateur externe facilement maniable	**Tous les critères remplis=10** **Un critère manque=0**	
	Disponibilité d'un vestiaire et d'un espace de lavage et brossage	**Un vestiaire et un espace de lavage et brossage adéquats :** Dispositif de désinfection approprié à pédale ou à coude Disponibilité de l'eau courante Disponibilité de brosses avec savon	**Tous les critères remplis=5** **Un critère manque=0**	
	Assurance des conditions d'hygiène	**Conditions d'hygiène assurées dans la salle d'opération :** Poubelles pour matériaux infectés avec couvercle Boites de sécurité pour les aiguilles	**Tous les critères remplis=5** **Un critère manque=0**	
	Disponibilité d'une salle de plâtrage	**Existence d'une salle de plâtrage avec matériel nécessaire :** rouleaux de différentes tailles bassin coupe plâtre bandes ouatées	**Tous les critères remplis=5** **Un critère manque=0**	
Service de chirurgie	**Assurer la disponibilité des matériels/ supports de base du dossier de malade hospitalisé**	**L'organisation du service de Chirurgie répond aux critères suivants :** Les supports matériels sont faciles à manipuler : Fiche d'hospitalisation, fiche d'admission/Fiche de référence, Dossier médical ; Registre d'hospitalisation La présentation du cahier/Fiche d'observation est claire (suivi régulier du malade et décisions prises bien documentées dans le cahier/Fiche avec nom et signature du Médecin) Archivage des dossiers médicaux par ordre chronologique est adapté à son utilisation pendant l'hospitalisation (classeur, chariot, …) Les dossiers médicaux sont facilement accessibles en cours d'hospitalisation Existence des procédures écrites permettant d'assurer le secret médical et la sécurisation du dossier médical	**Tous les critères remplis pour tous les services=50** **Un critère rempli pour 1 service=10 (Max=50)** **(**Si services d'hosp.>1, faire la moyenne sur 50)	
	Gestion du dossier médical (10 cas tirés au hasard du registre d'hospitalisation; si le nombre de prestations est <10 cas, vérifier tous)	**Pour chaque cas sortant du trimestre évalué, choisi au hasard dans le registre d'hospitalisation (Chirurgie) :** Le dossier du patient a été retrouvé endéans au plus 5 min dès la demande Les supports matériels sont en bon état (dossier, examens) Le dossier présenté sous forme d'un ensemble cohérent, organisé, avec un classement clair et	**Tous les critères remplis pour 1cas =5** **Un critère manque pour 1 cas =0**	

		chronologique des éléments constitutifs Tous les éléments du dossier médical sont identifiés au nom du malade	**(Max=50)** **(**Si cas analysés <10, faire la moyenne sur 50)	
	Interventions chirurgicales autres que les césariennes (les 10 cas tirés au hasard du registre d'hospitalisation)	**Proportion d'interventions chirurgicales prises en charge selon les normes :** Pour chaque dossier d'hospitalisation tiré au hasard dans le registre des interventions chirurgicales: (1) Identification du patient (nom, prénom, âge, sexe, Commune, Colline, sous-colline, noms du chef de famille, profession) (2) Date et heure d'admission (3) Date et heure du premier examen fait par le médecin de service (endéans 1 heure de l'admission sauf pour les interventions programmées) (4) Nom et signature du médecin (5) Anamnèse (plaintes et antécédents) (6) Examen clinique: a) Signes vitaux et constantes (TA, pouls, T°, FR) b) Inspection c) Examen clinique des systèmes affectés (7) Diagnostic provisoire et différentiel (8) Examens complémentaires selon le diagnostic provisoire, différentiel + bilan préopératoire avec résultats (9) Diagnostic retenu (10) Protocole opératoire (11) Fiche d'anesthésie complètement remplie (12) Traitement post opératoire et plan de suivi du patient bien respecté (13) Suivi journalier par le médecin (14) Absence d'infection de la plaie opératoire (15)Les modalités de sortie sont indiquées : Guérison, Décès, Evasion, Transfert	Un dossier remplissant tous les critères= 7 Un critère non rempli pour un dossier= 0 **(Max=70)** **(**Si cas analysés > ou<10, faire la moyenne sur 70)	
	SOUS-TOTAL	**ACTIVITES DU BLOC OPERATOIRE**	**140**	
HOSPITALISATION : Médecine Interne, Pédiatrie				
Sujet	**Activités**	**Indicateurs et critères de vérification**	**Indications pour la cotation**	**Points obtenus**
Dossier médical de malade hospitalisé	**Assurer la disponibilité des matériels/supports de base du dossier de malade hospitalisé**	**Pour chaque service d'hospitalisation :** Les supports matériels sont faciles à manipuler : Fiche d'hospitalisation, fiche d'admission/Fiche de référence, Dossier médical ; Registre d'hospitalisation La présentation du cahier/Fiche d'observation est claire (suivi régulier du malade et décisions prises bien documentées dans le cahier/Fiche avec nom et signature du Médecin) Archivage des dossiers médicaux par ordre	**Tous les critères remplis pour tous les services=20** **Un critère rempli pour 1 service=2** **(Max=20)**	

		chronologique est adapté à son utilisation pendant l'hospitalisation (classeur, chariot, …) Les dossiers médicaux sont facilement accessibles en cours d'hospitalisation Existence des procédures écrites permettant d'assurer le secret médical et la sécurisation du dossier médical		
Analyse de 20 dossiers de sortants du trimestre évalué dans chaque service d'hospitalisation (10 cas MI et 10 cas Pédiatrie)	**Gestion du dossier médical**	**Pour chaque cas sortant du trimestre évalué, choisi au hasard dans le registre d'hospitalisation :** Le dossier du patient a été retrouvé endéans au plus 5 min dès la demande Les supports matériels sont en bon état (dossier, examens) Le dossier présenté sous forme d'un ensemble cohérent, organisé, avec un classement clair et chronologique des éléments constitutifs L'identité du malade est notée : nom et prénom ; âge, sexe ; profession Tous les éléments du dossier médical sont identifiés au nom du malade Nom et prénom et qualification du Médecin ayant décidé l'hospitalisation Les informations liées au séjour sont notées (date d'entrée ; date de sortie) Les modalités d'entrée sont indiquées: consultation externe ou urgence Les modalités de sortie sont indiquées : Guérison, Décès, Evasion, Transfert	**Tous les critères remplis pour 1cas =1,5** **Un critère manque pour 1 cas =0** **(Max=30)** **(**Si cas analysés > ou<10, faire la moyenne sur 30)	
	Assurer la complétude des informations médicales	**Pour les mêmes cas ci-haut :** Le motif d'hospitalisation est noté Histoire de la maladie Anamnèse (Plaintes et Antécédents) Facteurs de risques Examens cliniques comportant les données relatives aux signes vitaux (T°, FR, TA, Pouls), examens cliniques des systèmes affectés : inspection, palpation, percussion, auscultation Hypothèses diagnostiques argumentées Examens complémentaires et résultats Conduite thérapeutique adoptée : traitement avec posologie et modalités d'administration du traitement Traitement selon le protocole ou Référence Suivi journalier par le médecin Autres éléments nécessaires	**Tous les critères remplis pour 1cas =2,5** **Un critère manque pour 1 cas =0** **(Max=50)** **(**Si cas analysés > ou<10, faire la moyenne sur 100)	
	SOUS-TOTAL	**HOSPITALISATION**	**100**	
TOTAL GENERAL			**1000**	
PERFORMANCE TRIMESTRIELLE GLOBALE			**%**	

VERIFIER QUE TOUTES LES RUBRIQUES SONTCOMPLETEES
L'évaluateur remercie le personnel
Problèmes prioritaires identifiés

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Etat de la mise en œuvre des recommandations des évaluations précédentes (vérifier sur la copie de la précédente évaluation)

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Actions urgentes d'amélioration (recommandations) proposées

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Source: MoH, 2011b.

Annex 5: Household Survey Questionnaire

QUESTIONNAIRE D'ENQUETE MENAGE EN FRANÇAIS

PROVINCE SANITAIRE	
DISTRICT SANITAIRE	
CENTRE DE SANTE/HOPITAL	
JOUR DE LA CONSULTATION	
NOM DE L'ASSOCIATION LOCALE	

No référence fiche	Nom et Prénom du Client	Colline	Sous Colline	Nom du chef de famille

1. DONNEES SUR LE CLIENT

1.1 Date de l'enquête (Jour-Mois-Année)	……../……./…….
1.2 Le (la) nommé (e) est il connu dans ce ménage?	Oui/ Non
1.3 Si vous le connaissez, quel âge a-t-il (elle)**?**	…….
1.4 Indiquez celui qui affirme que le (la) Client est connu dans ce ménage ?	Lui (elle) même Un autre membre du ménage Chef de la sous colline Autre (préciser)
1.5 Si c'est lui même: es tu allé à la formation sanitaire de……. durant les six derniers mois? Si c'est une autre personne: le client ou la cliente ……., se serait elle rendue à la formation sanitaire de …….. durant les six derniers mois?	Oui/Non Oui/Non
1.6 Si oui, était ce pour une consultation, un accouchement, une vaccination, une consultation prénatale, une consultation postnatale ou une autre prestation ?	
1.7 Pourriez vous nous dire à quelle date vous vous êtes rendu à la formation sanitaire (estimation)	

Si vous trouvez que le client ou la cliente s'est fait soigné durant les six mois précédents à la formation sanitaire de ……, veuillez continuer avec les questions de la section 2 et 3. Sinon, arrêtez l'enquête à ce niveau.

2. SATISFACTION PAR RAPPORT AUX PRESTATIONS SANITAIRES RECUES

2.1 Etes vous satisfez des prestations sanitaires offertes par le CDS le plus proche de chez vous?	Très satisfait/ Moyennement satisfait/ Pas du tout satisfait
2.2 La dernière fois où vous êtes tombé malade, êtes vous allez vous faite soigner à la formation sanitaire proche de chez vous ?	Oui/ Non
Pour celui qui n'est pas allé se faire soigner à la formation sanitaire la plus proche:	
2.3 Vous êtes vous fait soigner? (Sinon, arrêtez l'enquête à ce niveau)	Oui/ Non
2.4 Si oui, où êtes vous allez vous faire soigner?	1. Un autre CDS Public 2. Un CDS Privé 3. A l'Hôpital 4. Chez les guérisseurs traditionnels 5. Ailleurs (préciser)……

3. SATISFACTION DES USAGERS PAR RAPPORT AUX PRESTATIONS DE LA FORMATION SANITAIRE

3.1 Quelle est votre appréciation par rapport au temps d'attente avant de vous faire soigner?	1. Réduit 2. Moyen 3. Très long
3.2 Avez vous été bien accueilli? (Respect et courtoisie)	2= Très bien 1= Bien 0 = Mauvais
3.3 Le prestataire qui vous a soigné, vous a-t-il bien expliqué la pathologie dont vous souffrez, les médicaments qu'il vous donne ainsi que la manière de prendre ces médicaments ?	2= Très bien 1= Bien 0 = Mauvais
3.4 Les prestations sanitaires ont elles étaient réalisées dans de bonnes conditions de confidentialité?	2= Très bien 1= Bien 0 = Mauvais
3.5 Selon vous, les prestataires à la formation sanitaire de ……sont ils compétents?	2= Très bien 1= Bien 0 = Mauvais
3.6 à la formation sanitaire de……est il ouvert 7 jours sur 7 et 24H/24H ?	Oui Non
3.7 Selon vous, les prix des prestations sanitaires à la formation sanitaire de ……sont ils acceptables?	2 = Très abordable 1 = Abordable 0 = Très cher
3.8 Le paiement des soins est il transparent? (sur base des tarifs affichés, remise des factures aux malades, les enfants de moins	Oui Non

de 5 ans et les femmes enceintes sont soignés gratuitement)	
3.9 La formation sanitaire de ……a-t-il des conditions d'hygiène et des services acceptables ? (Propreté générale, Latrines propres, Electricité, Eau propre, Douche)	2 = Très bonnes 1 = bonnes 0 = mauvaises
3. 10 Les médicaments qu'on vous a prescrit étaient ils disponibles à la formation sanitaire	Oui Non
3.11 En résumé, quels sont les aspects positifs que vous avez observé à la formation sanitaire?	
3. 12 Quels sont les points négatifs que vous avez relevé ?	
3.13 Quelles recommandations donneriez-vous pour améliorer les prestations au niveau de la formation sanitaire?	

Source: MoH 2011b.

Annex 6: Analysis Framework for the Case Studies

Framework for Analyzing Verification in RBF Schemes
October 1, 2010

Supply-Side RBF Schemes
Country:
Name of Program:
Year it Began:

Scheme Component	Characteristics	Description
BACKGROUND		
Summary of the Scheme		
Socioeconomic context		
Health system description		
Policy objectives	What were the health system problems identified that the RBF scheme was designed to address?	
Base payment system	What type of underlying payment system is used to pay providers participating in the P4P scheme (e.g. capitation, fee- for-service, case-based payment)?	

Scheme Component	Characteristics		Description
Stakeholder involvement	Which stakeholders are involved in designing and implementing the scheme and what are their roles? Has that changed over time?	Government agencies	
		Purchasers (public or private)	
		Providers/provider associations	
		Other independent associations	
		Patients/ advocacy groups	
		Donor organizations	
Provider participation	Is participation mandatory or voluntary?		
	Is the scheme implemented nationally or only in some regions, or by some purchasers?		
	Which providers participate?	All (public and private)	
		Only public	
		Only private	
		Some public and some private	
	What is the number (and share) of providers who participate?	Hospitals	
		Provider groups	
		Physicians	
		Nurses	
Population covered	How many people are served by providers/interventions covered by the scheme?		
Performance Measures	Which services are eligible for payment?		
	What are the domains of performance that are rewarded?		
	# of indicators		

Scheme Component	Characteristics			Description
	Frequency of reporting			
Incentive Payment	Is the incentive payment paid to the provider per service, per capita (person), a percentage of total payment to the provider, or other?			
	Is the incentive payment capped?			
	What is the average % of total reimbursement to providers from the incentive payment?			
	Who assesses indicators? Purchaser, independent agency, other?			
	How are indicators assessed? Manually, electronic algorithm, combination?			
	What is the trigger for the incentive payment to be made to the provider? When the indicators are reported and assessed? Or when the information is independently verified?			
Data Sources	What are the data sources for performance measures?	Routine health information systems (electronic)	Generated by participating providers	
			Generated by other parts of the system	
		Routine health information systems (manual)	Generated by participating providers	
			Generated by other parts of the system	
		Claims/ reimbursement data	Generated by participating providers	

			Generated by other parts of the system	
		Reporting system introduced for the RBF scheme	Generated by participating providers	
			Generated by other parts of the system	
		Separate reporting system for the RBF scheme that is extracted from existing information systems	Generated by participating providers	
			Generated by other parts of the system	
Data Quality	What are the major concerns with data quality? [Ask for each data source]			
VERIFICATION				
Who implements verification	Are performance measures verified/validated?			
	What type of technical assistance was provided to set up the verification system? Which institution/organization provided funds to set up the verification system? Which institution/organization provides funds to operate the verification system?			
	Who implements the verification? Governmental or non-			

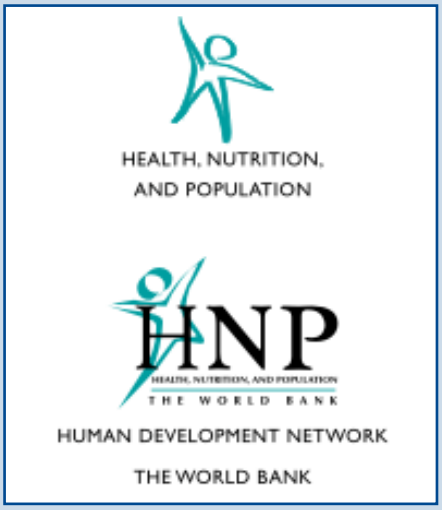
Scheme Component	Characteristics		Description
	governmental organization, either internal or external, such as a private firm, university, NGO, etc.?		
	What was the composition of the team(s) conducting the verification? Please describe the different roles and responsibilities of the team members and the technical skills of each		
	Why and how were the actors/organization selected to carry out the verification? To whom do they report? How are they paid? How is their performance in verification evaluated?		
Verification method	Which method(s) is used for verification?	Consistency/accuracy of reporting (e.g. self-audit, peer review, supervision)	
		Algorithms applied to electronic data from routine reporting system	
		On-site spot checks of source data	
		Routine on-site verification checks of source data	
		Follow-up with a small sample of patients/beneficiaries	
		Larger scale health facility and household surveys	
	For which indicators/services is reporting verified? Why were these selected? Has this changed over time?		
	Who selected this method of verification and what was the rationale for choosing this method over other possible options (political, policy, programmatic, financial or technical		

Scheme Component	Characteristics	Description
	circumstances influencing the decision)?	
Frequency	How frequently are indicators/services verified?	
Geographic scope of verification	Which and how many administrative units in the country were included in the verification process?	
	How are facilities/communities/households selected for verification? What is the sampling method?	
	At which levels was the verification carried out (household, health facility, district, province, national)?	
	How were providers or facilities, and/or households selected? (Please describe the type of sampling method pursued, such as purposive, census, random, cluster, etc.)	
How verification visits are conducted	Preparation (e.g., Were verification visits carried out on a random basis or were those receiving a visit notified in advance?, etc.)	
	Process (e.g., How was the visit organized, what procedures were followed, how long did it take?, etc.	
	Exit (e.g., How was the visit concluded and was any written information left behind or feedback given?, etc.)	
	How much time did it take to carry out the different verification activities?	
	Please describe all data collection, tabulation, analysis and reporting procedures and tools followed and used (Any written tools and procedures can be annexed to the case-study)	
	Please describe any patient confidentiality procedures that were followed for all steps in the verification process (collection, tabulation, analysis and reporting) (Any written	

Scheme Component	Characteristics	Description
	procedures can be annexed to the case-study)	
	Please describe any control or assurance measures followed to ensure both transparency and the quality of the verification process and data (e.g., training of verifiers, pre-testing of the method, cross and re-checking of data, etc.)	
	Is Information Technology used in results verification? If so, please describe what and how.	
	Was the verification a one-off process or is it carried out routinely?	
	During the last 12 months how many times have verification visits been conducted?	
Findings from the application of the verification method	How consistent or accurate was the reporting on the quantity of services provided?	
	What was the definition of an error?	
	Please provide a quantitative measure of the (average) size of the error, if any (i.e., discrepancy between what was reported and what was observed via verification	
	Please describe any explanations that were given for the degree of error	
	Please describe any recommendations that were made or actions taken to reduce error	
	How consistent or accurate was the reporting on the quality (conditions) of services provided?	
	What was the definition of an error?	
	Please provide a quantitative measure of the (average) size of the error, if any (i.e., discrepancy between what was reported and what was observed via verification	
	Please describe any explanations that were given for the degree of error	

Scheme Component	Characteristics	Description
	Please describe any recommendations that were made or actions taken to reduce error	
	To what extent did beneficiaries actually receive the (quantity and quality of) services that were reported to have been provided?	
	What was the definition of an error?	
	Please provide a quantitative measure of the (average) size of the error, if any (i.e., discrepancy between what was reported and what was observed via verification	
	Please describe any explanations that were given for the degree of error	
	Please describe any recommendations that were made or actions taken to reduce error	
	Are any indicators, services, or data sources particularly problematic? If yes, why might that be the case?	
	What was the allowable margin of error? Why were certain thresholds set as allowable margin of error and why were they set at the chosen levels (and not e.g. higher or lower)?	
Use of Verification Findings	If known, how long was the interval between the decision to pay and actual payment?	
	If the size of the error was outside of the margin, what action was taken? (e.g., withholding of payment until error reduced, penalty or sanction, withdrawal from program, etc.)	
	If verification occurred after payment, was some kind of system instituted to recover over-payments or correct for under-payments? What kind of system?	

	How are discrepancies in data resolved?	
Discrepancies/ disputes	What is the procedure if the providers dispute the verification results?	
Verification Costs	What were the direct costs (in absolute figures) of implementing the verification method?	
	If possible, please provide an estimate of the major direct costs expenditures items for the verification.	
	What were the indirect costs of implementing the verification method (e.g. administration, training, etc)	
	If possible, please provide an estimate of the major indirect costs expenditures items for the verification.	
	What were the verification costs relative to financial incentives paid for performance (verification costs/performance payments)	
	What were the verification costs relative to the savings generated by reduced incentive payments?	
Challenges and Lessons	Has the verification method and/or process evolved over time? What changes have been made and why?	
	How do the provider respond to the verification process? Is there tension, cooperation? What are their main complaints?	
	What were the major strengths of the verification method, including any positive unanticipated benefits or effects?	
	What were the major challenges or weaknesses in implementing the verification? (problems, difficulties, constraints, obstacles)	
	Why did these problems occur and what measures were taken to address these problems?	
	What were the major lessons learned from applying this method, and any recommendations for the future for improving upon it?	



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