



UNHLS
QA DASHBOARD
BACKEND QUICK START GUIDE

INTRODUCTION

This document is a quick user guide to the different modules of the QA Dashboard. It includes step by step guides and screenshots to provide clear illustrations on how data is captured and retrieved across the different modules.

This document is intended to be used by the following categories of users.

- a) Dashboard IT administrators
- b) Content administrator and data clerks
- c) Auditors
- d) EQA Scheme managers
- e) M & E Staff
- f) UNHLS Management
- g) Implementing Partners
- h) Facility Focal Persons
- i) Other MoH Partners.

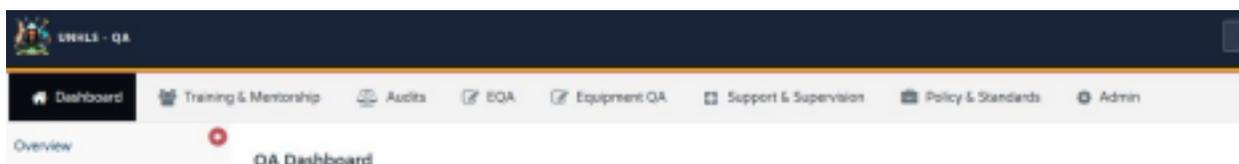
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Date Prepared	20 th Oct 2024

2.0 Guide to Admin Backend & Data Entry.

This section of the QA Dashboard guide will demonstrate to you how data entry is done across the different modules of the backend. Note that each module has special permissions that have been designed on to the

system and privileges are allocated to various stakeholders based on their mandate or tasks assigned.

The backed of the dashboard as previously mentioned requires a username and a password. Once authentication has been done successfully, the main navigation menu will change and display as follows.



The data entry modules are each described and illustrated below; **2.1 Training & Mentorship Module.**

Under this module, you will be able to schedule activities on the calendar under predefined categories that have been set by the Training department. Before activity data and reports can be uploaded, an administrator can setup the categorization by clicking on the 'Training Types' menu. Additional categories can be added using the 'Add Type' button as shown below.

Training Types

A screenshot of a web application's 'Training Types' table. The table has a tabbed interface at the top with tabs for 'SLMTA', 'Basic LQMS', 'QMS / Accreditation', 'Mentorships', 'Cross Cutting', and 'All Active'. Below the tabs are input fields for 'Categories' and 'Sub Categories', and a search bar with a search icon and a dropdown arrow. The table itself has three columns: 'Course Code', 'Name', and 'Default Provider'.

Course Code	Name	Default Provider
T21	Systems Course - ISO 15189:2012	--
T22	Internal Auditors Course - ISO 19011:2018	--
T23	Management Review Course	--
T24	Statistical Process Control	--

2.2 Browse Activities using Table View

This view of activity data allows for user to quickly search and sort through the data and uniquely identify each one of them. Activities are listed based on the category as shown in a tabbed layout. Each activity has a status value (*Not Started, In Progress, Completed*). If an activity is not marked as completed by the end date, its status will be automatically updated accordingly. To view details of the activity, click on the Ref No# column as shown below.

Course / Ref Num	Type	Category	Description	Start Date	End Date	Location	Status	Logged By
ST20-1353	SLMTA	SLMTA supplementary	SLMTA Supplemental Prog: SLMTA supplemental workshop 1, For 26 Labs, 10 trainers and 2 from NHLDs at Ridar Hotel in 2 separate workshops	Mar 30, 2020	Apr 03, 2020	MUKONO, RIDAR HOTEL	Completed	QA Admin
ST20-1350	SLMTA	SLMTA 1 Workshop	SLMTA 1 TOT: 10 SLMTA trainers at AGHPF	Mar 25, 2020	Mar 27, 2020	AGHPF, KAMPALA	Completed	QA Admin
20-1848	--	--	Baseline Audit, for 26 new facilities	Mar 15, 2020	Mar 20, 2020	NA	Completed	QA Admin
QT20-1045	QMS / Accreditation	Internal Auditors Course - ISO 19011:2018	Systems course: 10 accreditation sites at AGHPF	Mar 09, 2020	Mar 13, 2020	KAMPALA	Completed	QA Admin
20-1847	--	--	Improvement Audit, consolidate of 10 Accreditation Labs	Mar 02, 2020	Mar 06, 2020	NA	Completed	QA Admin
ST20-1048	SLMTA	--	National Accreditation Committee Training National Accreditation Committee Training at Ridar Hotel	Mar 02, 2020	Mar 06, 2020	MUKONO, RIDAR HOTEL	Completed	QA Admin
QT20-1044	QMS / Accreditation	Internal Auditors Course - ISO 19011:2018	National Auditors Training: Trained on National Auditor's course ISO 18159:2012	Feb 24, 2020	Feb 28, 2020	MUKONO	Completed	QA Admin

2.3 Browse Activities using Calendar View

This view showcases activities in the training module on a calendar. These are plotted using a blue bar from the start date to the due date.

CALENDAR: ALL ACTIVITIES

< > Today MARCH 2020 Year Month Week Day

SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
	National Accreditation Committee Training in MUKONO, RIDAR HOTEL 10a					
8	9	10	11	12	13	14
	Systems course: - Internal Auditors Course - ISO 19011:2018 in KAMPALA 10a					
15	16	17	18	19	20	21
22	23	24	25	26	27	28
			SLMTA 1 TOT: - SLMTA 1 Workshop in AGHPF, KAMPALA 10a			
29	30	31	1	2	3	4
	SLMTA Supplemental Prog - SLMTA supplementary in MUKONO, RIDAR HOTEL 10a					

Activities

- SLMTA Supplemental Prog:**
SLMTA supplemental workshop 1, For 26 Labs, 10 trainers and 2 from NHLDs at Ridar Hotel in separate workshops
Mar 30, 2020 | MUKONO, RIDAR HOTEL | View
- SLMTA 1 TOT:**
10 SLMTA trainers at AGHPF
Mar 25, 2020 | AGHPF, KAMPALA | View
- Baseline Audit, for 26 new facilities:**
Mar 15, 2020 | NA | View
- Systems course:**
10 accreditation sites at AGHPF
Mar 09, 2020 | KAMPALA | View

2.4 Add Training & Mentorship Activity

This interface allows you schedule the activities. The trigger to this is found on the activity history page. Upon saving, the activity will be automatically assigned with a reference number. It is also recommended this data should be captured prior to the execution of the activities usually at start of the quarter or calendar year.

Training & Mentorship

New Activity

Summary

Type: * ?

Sub Category: ?

Title: *

About / Description: *

Course / Ref No# : *

Facilitating / Implementing Organization: ?

Schedule Details

Start Date: * ?

End Date: * ?

Status: * ?

Activity Type: * ?

Location: * Latitude Longitude ?

Names of Facilitator(s): ?

2.5 Submit Activity Report

Upon completion of activities and mentorships, the QA dashboard will make a provision for you to capture data on key indicators that are tracked very quarter. These include,

- No# of people trained. (Disaggregated by gender Male, Female. •
 - Number of facilities or organizations trained in a particular activity.
- Details captured for each participant in an activity include;
- First name, Last name, Facility, Gender, Contact Phone, Email & Position.
- The total number of participants in the activity will be automatically computed and indicated at the top right of the activity as show below;

SLMTA > SLMTA supplementary

About Facilities Trained Participants / Enrollment Location Map

Add participant		Males	Females	Total No.
		35	22	57

Full Name	Facility / Organization	Gender	Phone	Email	Position / Title
First name Last name	<Select org>	<input type="radio"/> M <input type="radio"/> F	256-XXXX-123456	Email	Position

2.6 List of Facilities Trained

This screen allows you to select the facilities that were trained or participated in a mentorship process.

SLMTA > SLMTA supplementary

About Facilities Trained Participants / Enrollment Location Map

Select Facilities and Organizations Trained:

Search available facilities...

- 305 Brigade Kibera H/C III
- 405 Brigade HC III
- 407 Brigade H/C III
- A Global Healthcare Public Foundation (A/GHPF)
- AIDS Information Centre (AMURUA)
- AIDS Information Centre (AIC)
- AIDS Information Centre (Kibale)
- AIDS Information Centre (Mbarara)
- AIDS Information Centre (Soroti)
- AMG Bugongi- Hope Medical Center
- ARF

Search selected facilities...

Assign De-assign Remove All

Cancel Save Changes

3.0 Audits & Accreditation Module.

This section of the QA guide illustrates how to manage Audit results received from facilities. Usually, this data is collected by Auditors. At the end of the audit cycle, the auditor or audit focal person at UNHLS will be responsible data upload.

3.1 Scheduling of Audit Facilities

The Audit module can be located from the main navigation with links to the different types of Audits. Figure below shows the different types of Audit that are currently supported.

Before audit data can be captured, an administrator will setup the audit periods each representing a financial year and the predetermined facilities to be audited.

Audit Periods & Facility Schedule

Period Name	Start Date	End Date	Year	Health Facilities (National)	Health Facilities (LQMS)	Health Facilities (ASLM)	Health Facilities (Suppl)
2020	Jan 01, 2020	Dec 31, 2020	2020	44	129	0	26
2019	Jan 01, 2019	Dec 31, 2019	2019	19	0	13	29
2018	Jan 01, 2018	Dec 31, 2018	2018	85	124	10	45
2017	Jan 01, 2017	Dec 31, 2017	2017	0	0	0	0
2016	Jan 01, 2016	Dec 31, 2016	2016	96	0	0	0

Table above shows the number of facilities that have been scheduled for each audit.

To start a new audit schedule, click on **'New Audit Period'** and a screen similar to the one below will be opened. Use the arrow buttons to assign or remove facilities from the Schedule.

New Audit Period

Summary

Name: Start Date:

Status: End Date:

National Audit Schedule

Search available facilities:

- 209 Brigada Kibera H/C II
- 408 Brigada H/C II
- 407 Brigada H/C II
- AIGS Information Centre (AMURIG)
- AIGS Information Centre (Mabaki)
- AIGS Information Centre (Babani)
- AIGS Information Centre (Sawa)
- AIGS (Dugong) - Hapa Medical Center
- JAMB
- Adum H/C II
- Ararapa H/C II

Search selected facilities:

Assign, De-assign, Remove All

3.2 Audit History

This section showcases how to search and manage historical audit data. This data is group based on preset audit categories.

The categories of audit currently supported include National Audit, ASLM Certification, Cohort audit, supplementary audit as shown below.

The audit history has two view point, that is, Summary view and Detailed view. Difference between the vies is that one includes the thematic scores while the other doesn't.

To add view details of an audit result, click on **'New Audit Result'**.

Audit Results: National Audits

Facility	Period	Audit Type	Category	Equipment and Records	Management Reviews	Organization and Personnel	Client Management and Customer Service	Equipment	Internal audit
Kisumu H/C III	2020	National Audit	Interim	23	10	16	33	28	35
Rhino Camp H/C IV	2020	National Audit	Interim	25	6	20	6	26	35
Kisumu H/C IV	2020	National Audit	Interim	26	14	22	33	27	35
Kiluru Hospital	2020	National Audit	Interim	26	12	22	33	16	35
Kwameji H/C IV (Kempaka)	2020	National Audit	Interim	24	14	16	33	30	35
Gulu R/R Hospital	2020	National Audit	Interim	28	14	18	9	31	35
Atiak H/C IV	2020	National Audit	Interim	26	6	14	9	24	35

3.3 New Audit Result

This is the data entry screen used by auditors to capture new audit results. Upon selecting an audit period, the facilities that were scheduled for audit will be displayed for you select together with other results as shown below;

New Audit Result Cancel Save Save & Add New

Audit Summary

<p>Audit Type *</p> <input type="text" value="National Audit"/>	<p>Audit Period *</p> <input type="text" value="2020"/>	<p>Audit Date *</p> <input type="text" value=""/>
<p>Audit Category *</p> <input type="text" value="<Select One>"/>	<p>Facility/Ref *</p> <input type="text" value="<Select One>"/>	<p>Auditor(s)</p> <input type="text" value="comma separated list of"/>
<p>Audit Status *</p> <input type="text" value="Approved"/>	<p>Auditor Comments</p> <input type="text" value=""/>	

;

Below is the section where particular scores are captured against each audit Thematic area with each one having a target and actual score. The system will automatically compute the percentage score and total score.

Audit Details				
Section	QME Thematic Area	Points Scored	Target Points	% Score
1	Document and Records		28	0
2	Management Reviews		14	0
3	Organization and Personnel		22	0
4	Client Management and Customer Service		10	0
5	Equipment		35	0
6	Internal audit		15	0
7	Purchasing and Inventory		24	0
8	Process Control and Internal and External Quality Assessment		32	0
9	Information Management		21	0
10	Corrective Action		19	0
11	Occurrence/Incident Management and Process Improvement		12	0
12	Facilities and Safety		43	0
Total		0	276	0%

Below the thematic areas is the Non conformity Section. Use this section to record identified issues (also known as non-conformities) that need to be addressed by the Facility after the audit.

Non-Conformity Details							
NC Ref	Section	Question Ref	NC Identified	ISO Number	Extent of NC	Proposed Corrective Action	Proposed Closing Date
1	<Select>	<Select>			<Select>		
2	<Select>	<Select>			<Select>		
3	<Select>	<Select>			<Select>		
4	<Select>	<Select>			<Select>		
5	<Select>	<Select>			<Select>		

3.4 Accreditation Data Entry

Accredited facilities and updated using the first tab under Audit History. When the 'Add Facility' button is clicked, a screen similar to the one shown below will be displayed.

Accredited Facilities

New Facility

Audit Summary

Audit Type: * Accredited Facilities

Audit Year: *

Facility/Lab: *

Ownership Type: <Select one>

Accreditation Body: * SANAS

ISO Code:

Accreditation No#:

Accredited Scope:

Link to Accreditation:

Start Date: *

Expiry Date:

Status: * Active

Comments:

Once the above record is saved with status 'Active', the entry will be published to the accreditation section of the dashboard.

List of Accredited Facilities

Facilities Recommended for Accreditation System / Audits / Facilities Recommended for Accreditation

Accreditation
ASLM
National Audits
Cohort Audits
Supplementary Audits
Basic LQMS
All SLIPTA Results
QC Audit Schedule

Current
Awaiting Accreditation
Fast Track

Add Facility
Filter

Q Search
Clear
Export

Facility	Period	Facility Type	District	Region	Provider	Ownership	Start Date	Expiry Date	Latest Updates	Status	Action
Kapchorwa Hospital	2024	Hospital	Kapchorwa	Bugisu	SANAS	Government	Dec 10, 2024	--	Recommended awaiting certificate	Approved	<input type="button" value="i"/>
Kambuga Hospital	2024	Hospital	Kanungu	Kigezi	SANAS	--	Aug 08, 2024	--	Recommended awaiting certificate	Approved	<input type="button" value="i"/>
Yumbe Regional Referral Hospital	2024	Hospital	Yumbe	West Nile	SANAS	Government	Jul 10, 2024	--	Recommended awaiting certificate	Approved	<input type="button" value="i"/>
Busolwe Hospital	2024	Hospital	Butaleja	Bukedi	SANAS	Government	Jul 07, 2024	--	Recommended awaiting certificate	Approved	<input type="button" value="i"/>
Bududa Hospital	2024	Hospital	Bududa	Bugisu	SANAS	Government	Jun 06, 2024	--	Recommended awaiting certificate	Approved	<input type="button" value="i"/>
Apac Hospital	2023	Hospital	Apac	Lango	SANAS	Government	Dec 01, 2023	--	Accreditation Pipeline	Approved	<input type="button" value="i"/>
Rushere Community Hospital	2023	Hospital	Kiruhura	Ankole	SANAS	Government	--	--	Accreditation Pipeline	Approved	<input type="button" value="i"/>
Itajo Hospital	2023	Hospital	Ntungamo	Ankole	SANAS	Government	--	--	Accreditation Pipeline	Approved	<input type="button" value="i"/>
Comboni Hospital	2023	Hospital	Bushenyi	Ankole	SANAS	Government	--	--	Accreditation Pipeline	Approved	<input type="button" value="i"/>

Showing 1 to 9 of 9 entries Per page: 50

Facilities recommended for Accreditation

To add more facilities to the accreditation pipeline, click on the **Add Facility**. The accreditation pipeline is a process through which facilities that have started the accreditation process. At each stage of this process, are triggers

that can be updated on the dashboard, with a bid to provide stakeholders with status updates along the accreditation process.

In case a facility does not attain the required accreditation, the expiry date will be used to determine when they can be removed from the tracking queue.

The screenshot displays the NHLS QA system interface. The top navigation bar includes 'NHLS - QA', 'UNHLS / Central Public Health Laboratories', a search bar, and a support icon. The main menu contains 'Dashboard', 'Training & Mentorship', 'Audits', 'EQA', 'PT CQI', 'BRM', 'Directory', 'Policy & Standards', and 'Admin'. The current page is titled 'Facility Recommended for Accreditation' and is part of the 'System / Audits / Audit Results' path. The 'New Facility' form is shown, with a 'Cancel' button and 'Save' and 'Save & Add New' buttons. The form includes the following fields and options:

- Audit Summary**
- Audit Type:** * (required)
- Audit Year:** * (required)
- Facility/Lab:** * (required) - dropdown menu with '<Select period first>' and a help icon.
- Ownership Type:** * (required) - dropdown menu with '<Select one>' and a help icon.
- Accreditation Body:** * (required) - dropdown menu with 'SANNAS' and a help icon.
- Date Applied:** * (required) - date picker.
- Expiry Date:** * (required) - date picker.
- Accreditation Checklist:** Tick all that have been completed
 - Application
 - Enquiry and application acceptance
 - Document review
 - Corrective action
 - Review of corrective action
 - Payment and work plan for assessment
 - Assessment
 - Corrective action

4.0 EQA Module.

This module is used to track EQA results submitted by the different facilities participating in a proficiency round.

4.1 Schemes

Schemes represent the various testing labs for which external assessment is frequently reviewed by a control facility. For example, TB GeneXpert has NTRL as the control lab. Among the schemes that can be managed in the dashboard include;

- TB Microscopy

- TB GeneXpert
- EID
- HBV Serology
- Serum Crag
- Gram PT

To configure scheme preferences, go to EQA Menu > EQA Settings.

4.2 Scheduling

Prior to submission of results or data entry, the scheme administrator will configure the round preferences, also known as an EQA Schedule. The figure below demonstrates

where to find the scheduling options.

ID	Name	Scheme	Year	Period Start	Period End	Effective Date	Sites Scheduled	Sites Responded	Sites Pending	Status	Input Date	Input By	Action
VL-2025-Q2	2025-Q2	VL HIV PT	2025	Apr 01, 2025	Jun 30, 2025	Apr 14, 2025	321	3	318	In Progress	Mar 03, 2025	Kayongo Ismail	[i]
EID-2025-Q2	2025-Q2	EID PT	2025	Apr 01, 2025	Jun 30, 2025	Apr 14, 2025	320	3	317	In Progress	Mar 03, 2025	Kayongo Ismail	[i]
HBV-2025-Q2	2025-Q2	HBV Serology	2025	Apr 01, 2025	Jun 30, 2025	Apr 22, 2025	878	2	876	In Progress	Dec 31, 2024	Kayongo Ismail	[i]
mRDT-2025-Q2	2025-Q2	Malaria PT	2025	Apr 01, 2025	Jun 30, 2025	Apr 22, 2025	499	2	497	In Progress	Feb 28, 2025	Kayongo Ismail	[i]
CD4-2025-Q2	2025-Q2	CD4	2025	Apr 01, 2025	Jun 30, 2025	Apr 28, 2025	192	0	192	In Progress	Apr 14, 2025	Kayongo Ismail	[i]
HPV-2025/Q2	2025-Q2	HPV	2025	Apr 01, 2025	Jun 30, 2025	Apr 28, 2025	89	0	89	In Progress	May 02, 2025	Julius Ssewuyange	[i]
CRG-2025-Q2	2025-Q2	Serum Crag	2025	Apr 01, 2025	Jun 30, 2025	Apr 28, 2025	104	0	104	In Progress	May 05, 2025	JOYOO SYLVIA	[i]
GRM-2025-Q2	2025-Q2	Gram PT	2025	Apr 01, 2025	Jun 30, 2025	Apr 28, 2025	103	0	103	In Progress	May 05, 2025	JOYOO SYLVIA	[i]
mRDT-2025-ROUND	2025-ROUND 1	Malaria PT	2025	Mar 01, 2025	Jun 30, 2025	Mar 21, 2025	147	0	147	In Progress	Apr 28, 2025	Kayongo Ismail	[i]

4.3 Add EQA Round / Period

To add new schedule, click on the New Period button. Preferences for the period include the panel expected results that will be used to compare with the actual results submitted by the different facilities participating.

Summary Info

EQA Scheme: <Select one>

Period Name: e.g 2020 Q1

Period ID: e.g 2020/Q1

Panel Name: e.g EID004DPS

Text Program: e.g EID004DPS

EQA Provider: <Select one>

Year: <Select>

Quarter: <Select>

Period Start: [Date Picker]

Period End: [Date Picker]

Effective Start: [Date Picker]

Deadline of Submission: [Date Picker]

Date Results Released: [Date Picker]

Report Signoff: [Enter name] [Enter name]

Reviewed By: [Enter comma separated list]

Approved By: [Enter comma separated list]

Copy All Report Emails To: [Text Field]

Report Graph Type: Group By Region Group By Facility

Panel / Sample Details

#	Label	Expected Result
1		<input type="radio"/> POS <input type="radio"/> NEG <input type="radio"/> INV
2		<input type="radio"/> POS <input type="radio"/> NEG <input type="radio"/> INV

Panel Settings

Enable / Disable Repeat Tests

Enabled Disabled

During setup of round preferences, the scheme administrator will determine their preferred dates of execution, deadlines, panel preferences, facilities and contact information of stakeholders participating in the exercise. Once all these have been setup, then the testing and data entry can begin.

4.4 EQA Results

Results can either be captured by the scheme data entry clerks or the participating site itself. Once results are entered, they will undergo a review process. The following are the status values supported;

- **Draft:** Initial result at time of creation
- **Submitted:** This result is pending approval from a scheme manager.
- **Approved:** A result that has been approved and can be added to dashboard for reporting.
- **Rejected:** A result that has been rejected for any reason and will not be considered for reporting on the dashboard.

The screenshot shows the 'EQA: EID PT' dashboard. At the top, there is a navigation bar with 'NHLDS - QA' and 'UNHLS / Central Public Health Laboratories'. Below this is a menu with options like 'Dashboard', 'Training & Mentorship', 'Audits', 'EQA', 'PT CQI', 'BRM', 'Directory', 'Policy & Standards', and 'Admin'. The main content area is titled 'EQA: EID PT' and contains a table of results. The table has columns for 'Ref No#', 'EQA Code', 'Country', 'District', 'Period', 'Equipment', 'Results', 'Response Valid', 'Overall Score', 'Grading', 'Status', 'Date Tested', and 'Tested By'. The 'Results' column contains a grid of colored cells (green for 'NEG', red for 'POS'). The 'Status' column shows various states like 'Pending Approval', 'Approved', and 'Announced'. The 'Date Tested' column shows dates from 2025-01 to 2025-02. The 'Tested By' column lists names like 'KABWIMUKYA ELIZABETH SSEGIRIINYA PAUL' and 'MIRO SHAFIK'. At the bottom of the table, it says 'Showing 1 to 50 of 3014 entries' and 'Per page: 50'. There are also pagination controls at the bottom right.

4.5 Submit EQA Results

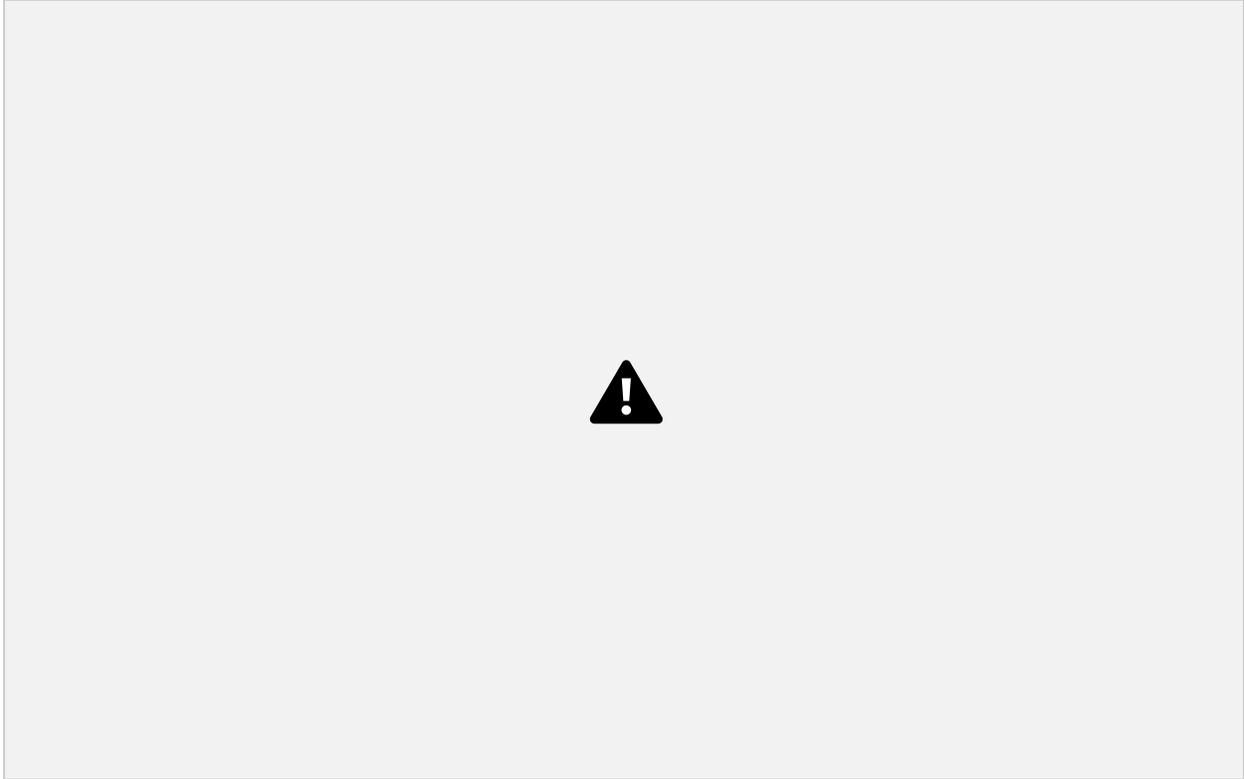
To submit a new result, the facility or data clerk will be validated to ensure that they have been authorized to enter data on behalf of the facility.

There are two expected categories of eqa responses;

- A facility not able to respond by testing will have NON Response / NO Result as the outcome. Upon selecting NO Result, user is required to specify a reason why they were not able to participate.
- A facility is able to respond with a result.

Note the following additional business rules when submitting EQA results; a) All panels should have a result if a facility confirms that they participated b) Dates received and tested are mandatory when the facility has a response and these will be used to determine the Turnaround time at the end of the EQA round.

- All required fields will be indicated with a (*)



4.6 View EQA Results

Upon submitting the results, a review page, similar to the one below will be displayed. This is where a user can generate the EQA report for a facility at the end of the assessment period. To generate a new report, click on **'PDF & Print EQA Report'**

After the review has been done by the scheme manager, click on **'Approve'** or **'Reject'**.



The results section shows the actual test outcomes in comparison to the expected results configured against each panel.

The bottom section of the report, shows a summary comparison of facility results by indicating how many participated, passed and failed. Report also includes proportions of how many submitted results back on time.

5.0 Equipment QA Module.

Equipment QA has been setup to support the QA department in determining the quality and status of technology & equipment (automated & non-automated) used at participating labs.

The assessment involves calibration, certification and scheduled maintenance of testing machines at regular intervals. This module provides a reporting interface for facilities to submit their quarterly performance and schedule for those assessments. This data is then used to inform various indicators that are analyzed to identify gaps in the audit and accuracy of lab results.

Among the indicators that have been selected for tracking include;

- a) No of health facilities with equipment breakdown of more than 15 days in quarter
- b) No of laboratory equipment with running contracts for equipment maintenance/servicing
- c) Average turnaround response time on equipment break down
- d) No of health facilities running with below recommended/capacity equipment performance
- e) Equipment Utilization Rate
- f) No. of none-functional equipment
- g) No of equipment serviced as per schedule
- h) No of equipment calibrated as per schedule

5.1 Submit Equipment QA Report.

Data entry for Equipment QA follows the same setup and initialization process like other modules under EQA and audit. A schedule is configured by defining which facilities are to participate. When all preferences have been set, users will then allowed to submit the quarterly reports.

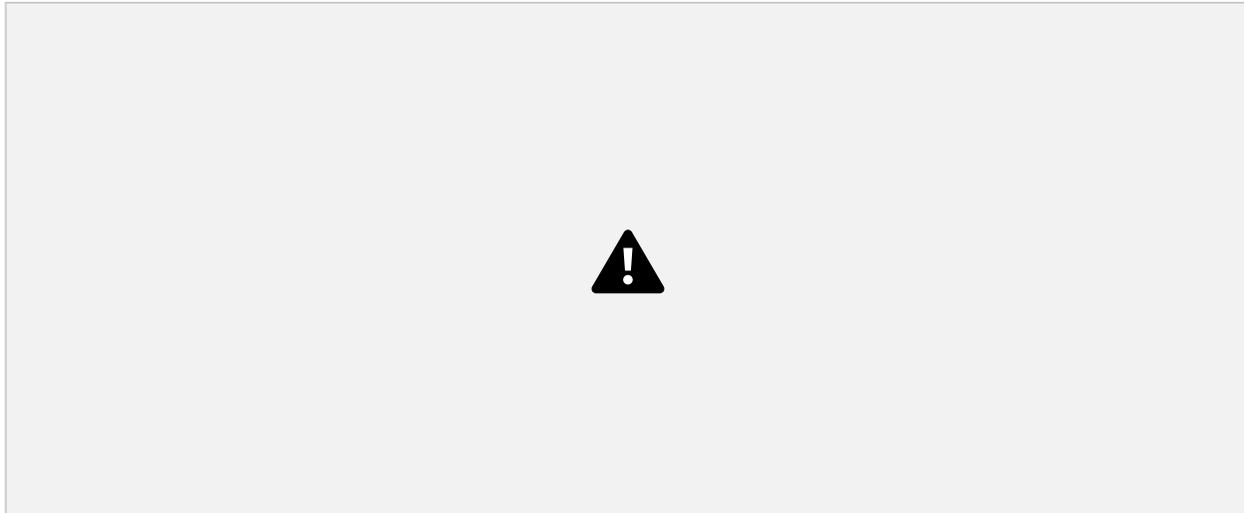
QA report data is currently collected and grouped by **'Equipment Type'** that represents the various types of panels needed. However, additional types can be added onto the platform.

- Haematology
- Cflowytometry
- Bio Chemistry
- Parasitology
- Immunology
- POC
- Non-Automated
- Semi-Automated

In addition to equipment type, each inventory line item is linked to an **Equipment**

category representing the actual device or asset used at the facility.

To add a new QA report, click on the **Submit Results** button on the report history page. A page similar to the one below will be opened.



Key reporting parameters for each inventory done include;

- No of Equipment
- Equipment Functional (Yes or No)
- Downtime: No of days the equipment has been non functional • Reason for breakdown: Causes of breakdown are grouped into the major causes so that user can easily select the closest match.
- Service contract details: (Dates of last and next service)
- Calibration details (Date of last and next calibration)
- Throughput performance. (Tests done per day in relation to manufacturer recommendations)

6.0 Directory Module.

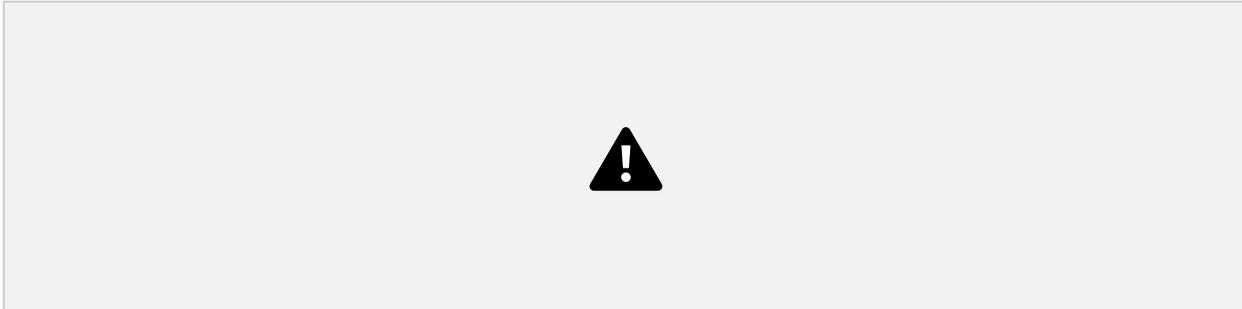
There are various categories of profiles that are maintained in the dashboard backend. These include;

- Facilities / Labs
- Hubs
- Implementing Partners
- Development Partners
- Auditor & Trainers.

The directory has been designed in a such a way that one profile can belong to multiple categories. For example, same institution can be both a facility or hub. An

individual could be an auditor and a trainer. To find these profiles, click on ‘Support Supervision’ on the main navigation. Table below shows the data collected against each directory profile.

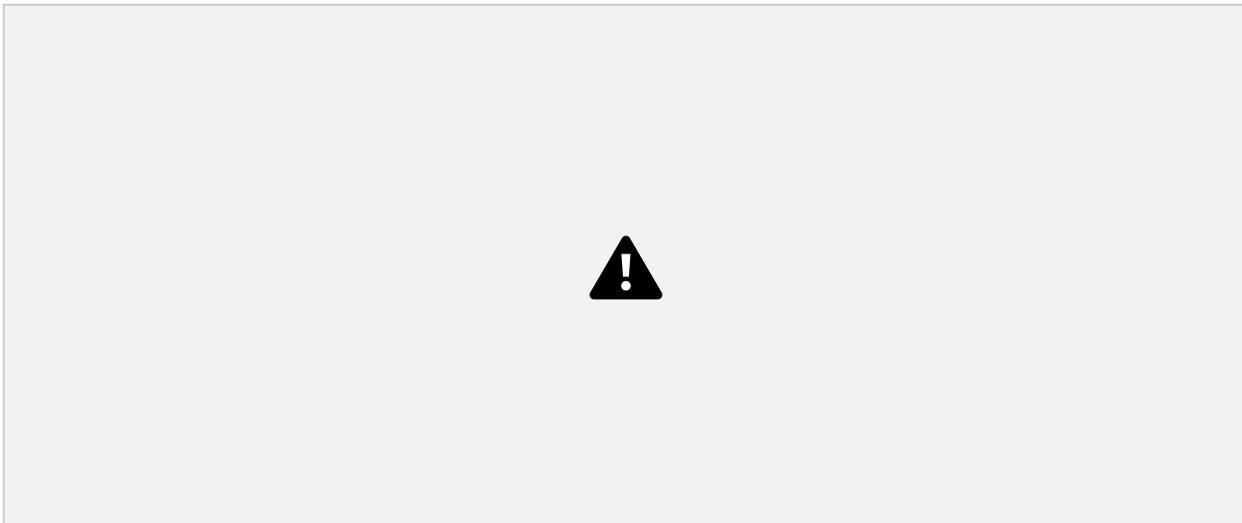
Browse Directory



6.1 Add Facility

Under each tab of the directory, you will find a corresponding button to create a new profile. On the Add profile page (shown below), you will find the **Organization Type** attribute that allows to determine which additional categorization to attach to the same profile. For facilities, additional information like district, care level and hub are required.

GPS coordinates represent the current location based on latitude and longitude, and once added, the system will plot out the location on a map.



6.2 Add Auditor / Trainer

Unlike other profiles under the directory, auditors and trainers are profiles of individuals. Additional information needed during profiling include; Organization (current place of work), designation and date of award for any of the profile certifications that they hold. All active profiles added here will be published on to the

dashboard front end.



7.0 System Administration.

This section of the guide comprises more privileged use cases of the QA dashboard. These are administrative functions used to initialize and configure proper functioning of the system.

NOTE: If you are not sure of the consequences of making changes to this section please contact the dashboard super administrator for guidance by sending an email to unhlsqa@gmail.com.

7.1 Location Management.

This is where additional demographic information about locations will be maintained. These include districts, regions, sub counties, etc.

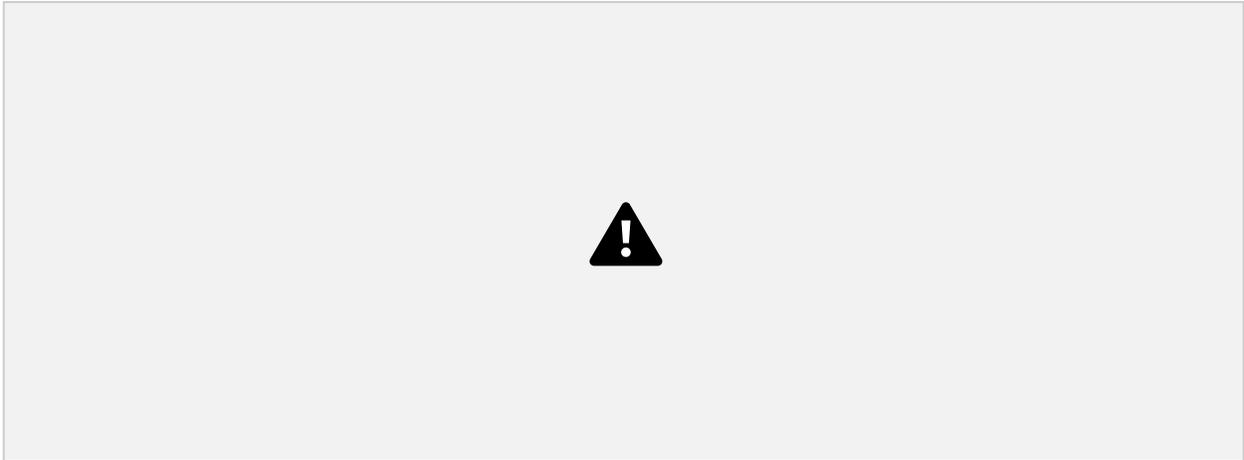
To create a new location, click on the **Add Location** button as shown below.



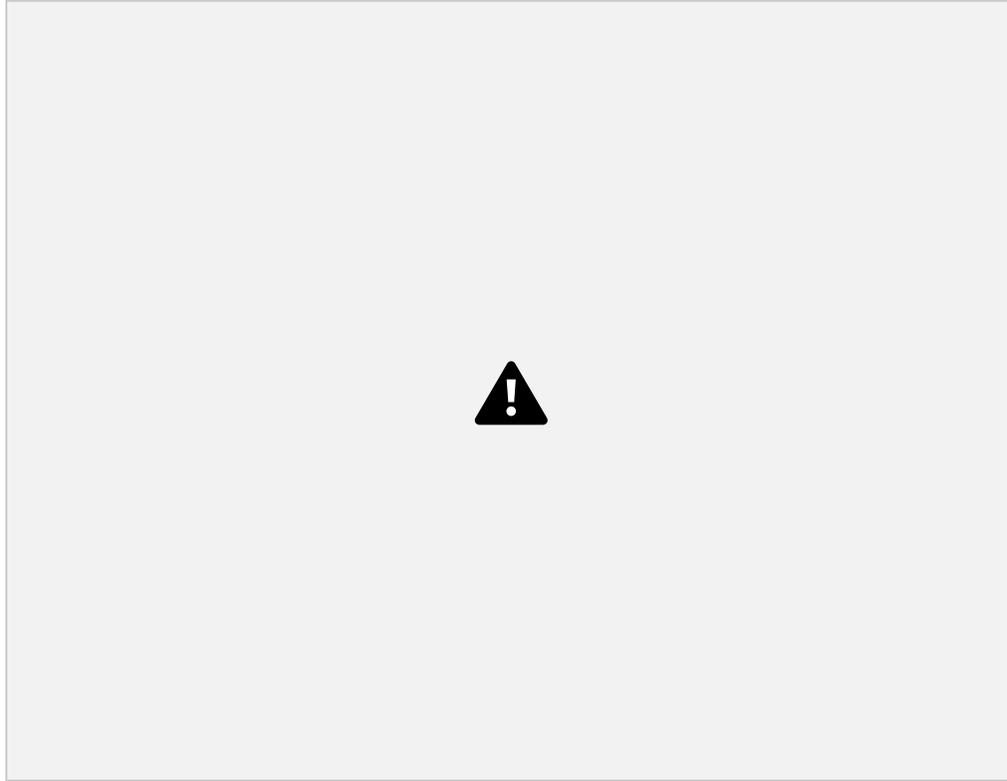
7.2 Content Management Module.

This is where content on the front-end of the dashboard can be updated. This includes text, images and videos that are static.

The content updates required have been categorized for you to quickly determine which section needs to be updated. This function will provide some element of dynamism to some of the content. For example, whenever a new activity has been completed, an article can be published here as a news item for the QA stakeholders.

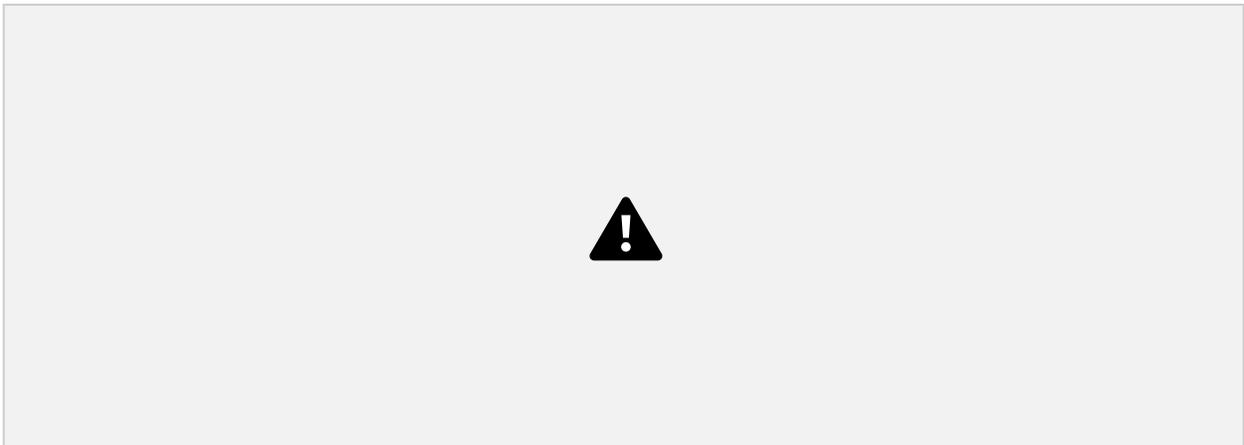


To edit some of the content, click on the Preview button against any of the



sections.

Once changes have been saved, you will be able to preview the content before it is published onto the frontend.



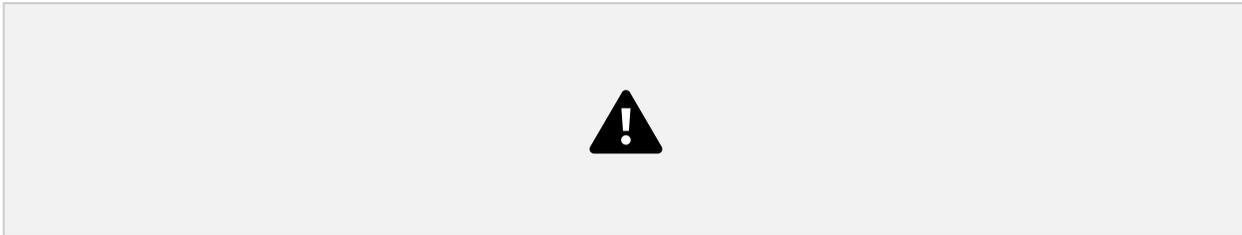
For content of type **'article'**, the **Edit article** button above will allow you to quickly make changes or add a new article.

7.3 Manage User Profile

Use this section if you would like to configure additional users of the dashboard. Note

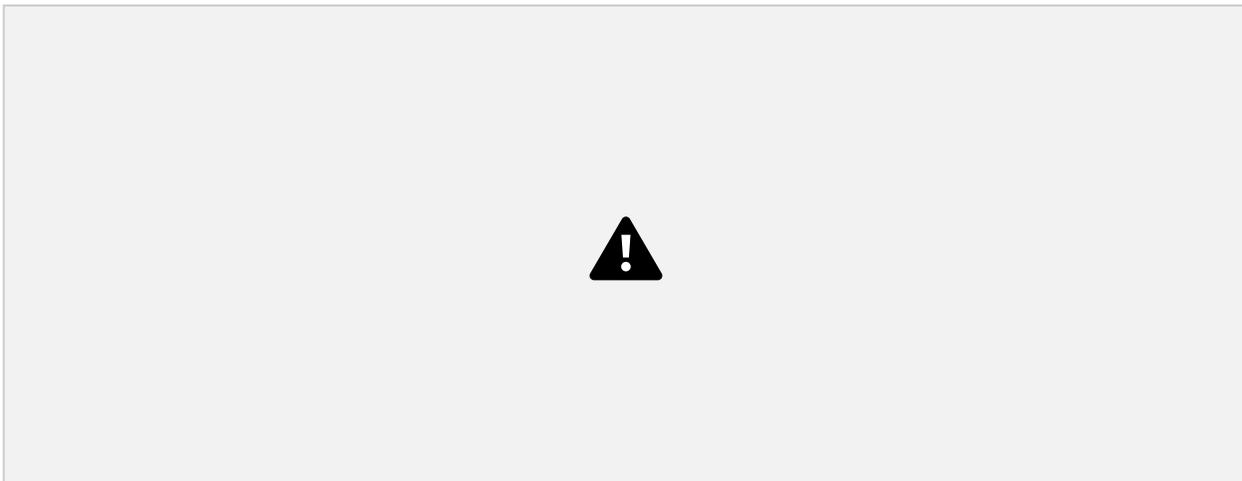
that each user must belong to an organization or institution.

Below is demonstration of the user management page where you can add, search or filter users.



View Profile details & Change / Reset Password

From the User profile list, click on the **ID No#** column to view details of a profile. To reset a password, click on **Change Password** or Reset Password (for Admin)



Add New User

From the profiles page, you will be able to add new users to the system. Before adding new users, it's important to determine what role they are going to play on the system. There are already existing roles already defined. However, if you are not sure what the best role to assign a user, please contact the dashboard super administrator.



Update System Roles & Permissions.

A role is a definition of actions or use cases that a user can execute on a system.

Access and authorization to the dashboard has been designed using the RBAC (Role based User Model). This model is setup in such a way that a group of users are assigned a single role, and a single role will have a setup of yes or no permission values in form of a matrix.

When the flag is set to yes or ticked, then a user will receive the privilege otherwise, an access denied page similar to the one below will be displayed.





To make changes to the permissions, click on the edit icon next to each permission.

Conclusion

We have come to the end of this user guide. This is a simple guide to assist you navigate through the various sections of the dashboard. We shall continuously update this document and make it available on the dashboard as reference at any time.