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**Guidelines for Setting of African Traditional treatment facility**

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## **Introduction**

It is necessary to identify all TMPs operating in a particular locality for record purposes and proper monitoring. This requires the identification of the location of the treatment centres and the available structures. Such treatment centres need to abide by approved standards in terms of their settings and structures. The public should identify the location and level of treatment services provided by each facility through the use of bill boards, logo etc.

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**Guidelines for Setting of ATM treatment facility****1 Scope**

The Standard outlines the guidelines for setting of ATM treatment facility which includes the location and available structure. The structure could be any hygienic space, clinic or hospital. The Standard also stipulates how such setting can be recognized by the public through boards, posters and identification marks that are approved by the relevant regulatory body.

**2 Normative references**

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ARS Guidelines on treatment and code of practice

**3 Terms and definitions**

For the purpose of this standard the following definitions apply.

Include terms and definitions-can also reference the terminology standards developed for ATM)

ARS 950 On terms and definition used

**4 Recommendations for setting of an ATM treatment facility****4.1 Location**

**4.1.1** The set-up for treatment centers should be in three (3) locations;

- a) rural,
- b) semi-urban and
- c) urban centers.

**4.1.2** The conditions in these facilities should not be the same, as there must be sophistication moving from rural to urban set-up centers.

**4.1.3** For the rural and semi-urban set-up centers, the location should be accessible (within 10 minutes walking distance).

**4.1.4** Set-up centres located at difficult to reach areas should have a mobile facility (vehicle/van) to convey patients to the centers or practitioner should visit patients in their homes who are not able to get to the centers.

**4.1.5** The urban set-up centre should be easily accessible with provision for the disabled. It should be a referral and teaching set-up as found in conventional hospitals and can be situated in an already built conventional hospital. It should have data collection facilities for treating serious cases/cases that require in-depth attention.

**4.2 Structures**

**4.2.1** There are 3 categories of practice which are:

- a. Level 1- An herbal centre operated by practitioners who only have indigenous knowledge from their ancestors
- b. Level 2 -An herbal clinic operated by practitioners with some little kind of formal education
- c. Level 3- An herbal hospital operated by practitioners with professional trainings

**4.2.2** For these 3 levels of practice, whether situated in rural, semi-urban or urban set-ups should have a minimum of 3 rooms in its structure with the following dimensions, 10'x 10' for levels 1 and 2 structures and 12'x 12' for level 3. In the event where the practitioners need to admit patients, then, they need to have a 4th room (an in-patient room) and water for washing of hands should be provided in a wash hand basin or clean bucket in levels 1 and 2 structures, while a borehole or water tanker should supply water through an overhead tank in the level 3.

**4.2.3** These basic 3 rooms should include:

- a) An out-patient room/reception with convenience (Toilet).
- b) A consulting room.
- c) A dispensary room/compounding room/laboratory room

### **4.3 The setting of the facility**

#### **4.3.1 General**

**4.3.1.1** There should be no interference in the facilities (i.e., each room should be used for the specific purpose it is created).

**4.3.1.2** Medicines should be monitored, secured and hygienically certified

**4.3.1.3** The rooms should be clean, well ventilated with adequate provision of clean water.

**4.3.1.4** It should be mandatory that qualified personnel/professionals be employed to handle/manage the work appropriate to their qualifications.

#### **4.3.2 Identification of a treatment facility**

**4.3.2.1** Bill boards (Sign boards), posters and business cards should be used by practitioners and must display practitioner's license number, contact address, phone number (s), website, logos, etc.

**4.3.2.2** There should be special logos designed and given to registered practitioners (both indigenous and learned practitioners) for easy identification and for the public to know the services rendered in each setting.

- a) The logo should be seen outside the practice to make people know about the facility.
- b) The logo should bear the name of the business, contact facility, website, etc.
- c) The logo should show the kind of services rendered and whether it is in rural, semi-urban or urban centre.
- d) The council should standardize which logo means what.



**Bibliography**

- a) WD-ARS 958:2014, Consumer guidance on good preparation and use of African traditional medicine
- b) WD-ARS 959:2014, Basic training guidelines for providers of ATM
- c) ARSO guidelines on Treatment and Code of Practice
- d) ARSO guidelines on Safety and Efficacy, Quality Control and Labelling.
- e) Guidelines for traditional Healthcare Practice in Ghana .

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