



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

**STANDARDS, COMPLIANCE, ACCREDITATION AND PATIENT
PROTECTION DEPARTMENT**

REPORT FOR

**HEALTH FACILITY QUALITY OF CARE ASSESSMENT PROGRAMME
(HFQAP)**

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LIST OF ABBREVIATIONS

CUAMM	University College for Aspiring Missionary Doctors
DHIS	District Health Information System
DHT	District Health Team
EMHS	Essential Medicines and Health Supplies
HF	Health Facility
HFQAP	Health Facility Quality of care Assessment Program
HHFA	Harmonized Health Facility Assessment
HUMC	Health Unit Management Committee
IMEESC	Integrated Management for Emergency and Essential Surgical Care
IPC	Infection Prevention and Control
LQAS	Lot Quality Assurance Sampling
MNCH	Maternal Newborn Child Health
MOH	Ministry of Health
MPDR	Maternal and Perinatal Death Review
NCD	Non-Communicable Diseases
OPD	Out Patient Department
RHITES	Regional Health Integration to Enhance Services
RMNCAH	Reproductive Maternal Newborn Child Adolescent Health
SOPs	Standard Operating Procedures
UHC	Universal Health Coverage
UgIFT	Uganda Intergovernmental Fiscal Transfer Program
UHMNNS	Maternal Neonatal, Nutrition Health Services
UNICEF	United Nations Children's Fund
URMCHIP	Uganda Reproductive Maternal Child Health Improvement Project
WHO	World Health Organization

EXECUTIVE SUMMARY

The Health Facility Quality of Care Assessment Program (HFQAP) was launched by Ministry of Health in 2015, whose main goal was to provide regular information on quality of care and the general functionality of both the public and private (PNFP) health facilities in Uganda. The information generated from periodic assessments is to be used for performance monitoring and Continuous Quality Improvement (CQI).

The Standards Compliance Accreditation and Patient Protection (SCAPP) Department in MOH led the implementation this HFQAP activity. Technical people with previous HFQAP experience from MOH, Regions and districts were selected to conduct the assessment. The HFQAP is expected to have a catalytic effect by building capacity of health workers in self-assessment and CQI in individual health facilities; incorporating the improvement goals into national strategic and district operational plans; and nurturing the culture of performance rating and CQI in Uganda.

Data collection was done electronically and was synchronized to the Ministry of Health Server. Then data was retrieved, cleaned, and prepared for analysis. A report was generated and below is the summary of findings, challenges, and recommendations. All districts (39), total of 919 health facilities were assessed. Of these 516 (56.1%) were HCIIIs, 335 (36.5%) HCIIIs, 43 (4.7%) HCIVs and 24(2.6%) general hospitals and 1 (0.1%) Regional Referral. According to ownership, 733(79.8%) were Public facilities and 186 (20.2%) were Private Not For Profit (PNFP). Only health facilities that report through District Health Information System (DHIS2) were considered.

The Average Regional Performance across all the 3 regions was 62.6%. The best performing region was Lango (68.6%) followed by West Nile (65.5%), Bukedi (63.7%) and the worst was Busoga at 52.7%. It was observed that the better performing regions/districts had been earlier assessed using the HFQAP tool and this could be attributed to post assessment interventions such as functionality of the district health team (DHT), facility QI teams and partner support.

Majority of the facilities scored STAR 0 (41%) and the biggest contributor being Busoga facilities 61.3%.

The average modular performance was 63.3%. The best performing module was Community care, clinical, surgical, referral and Emergency services at 71.2% followed by Reproductive, Maternal Newborn, Adolescent services and the worst was Human resources for Health at 56.4% followed by Availability of Medicines, Vaccines and Tracer equipment.

The main challenge was still module 5 which was bulky in the digital HFQAP tool making the application too slow during data collection and the qualitative data collection remained paper based.

The recommendations to the various stakeholders include; timely dissemination of the assessment findings to the districts and facilities, MoH should provide support supervision to the districts in Quality Improvement for all service delivery areas, post assessment support supervision by the DHTs to facilities and quarterly health facility self-assessment. Last National Medical Stores (NMS) to quicken the medicines and supplies orders to avoid stock outs.

CHAPTER ONE: INTRODUCTION

1.1 Background

The goal of the Health Sector Strategic Plan (HSSP) 2020/21- 2024/25 is to accelerate movement towards Universal Health Coverage (UHC) with essential health and related services needed for promotion of a healthy and productive life. Assessing the quality of care and the general functionality of both public and private health facilities in Uganda is therefore, vital for identifying gaps and priority areas for improvement to achieve UHC. It is in line with this that the MOH through the Standards, Compliance, Accreditation and Patient Protection (SCAPP) Department implemented the Health Facility Quality of Care Assessment Program (HFQAP). HFQAP was developed basing on a systematic review of the Yellow Star Programme as the previously adapted national quality assessment strategy and on the current health facility assessment methodologies; including the Harmonized Health Facility Assessment (HHFA) and the Health Facility Assessment introduced by the Lot Quality Assessment (LQAS) Project.

A total of 110 service delivery standards were used to assess the readiness and quality of services provided by health facilities. The assessment process allows supervisors to evaluate whether a health facility is compliant against each standard and focuses on the current health sector priorities. In preparation for the HFQAP assessment, a training of supervisors/assessors on the HFQAP assessment tool was carried out to build their capacity in self-assessment, performance rating and CQI.

The HFQAP is expected to have a catalytic effect by building capacity of health workers in self-assessment and CQI in individual health facilities; incorporating the improvement goals into national strategic and district operational plans; and nurturing the culture of performance rating and CQI in Uganda. Health facilities were rated from 0 Star (assessment score <55%) to 5 Star (assessment score \geq 95%).

It was against this background that the Ministry of Health together with the Regional Implementing Partners supported the HFQAP Assessment in the following regions; West Nile region, Kiryandongo & Lamwo, Busoga and Lango regions.

1.2 Objectives

The main objective of the HFQAP is to provide regular information on quality of care and the general functionality of both public and Private Not For Profit (PNFP) health facilities in Uganda and use it for Continuous Quality Improvement (CQI).

The specific objectives of the assessment were:

- To generate information on the status of service delivery and develop quality improvement plans for the supported districts.
- To determine the level of performance for health facilities based on the service delivery standards and use the findings for Continuous Quality Improvement (CQI)
- To determine the performance of the health facilities based on the STAR rating.

CHAPTER TWO: METHODOLOGY

2.1 Setting

The assessment was conducted in both public and Private Not for Profit (PNFP) health facilities (HFs) in the following regions; West Nile region, Kiryandongo & Lamwo, Busoga and Lango regions. The assessment covered all levels of care i.e. RRHs, General Hospitals, HCIVs, HCIIIs and HCII (919 facilities).

2.2 Design

The assessments were conducted in 2022 using a cross-sectional design. A descriptive summary of health facilities was undertaken, and results presented using frequency distributions. Before the assessment, a 3-day HFQAP training of district supervisors was conducted.

Using a census approach, all public and PNFP HFs (HC IIs, HC IIIs, HC IVs, General Hospitals and 1 RRH) that report through DHIS 2 and were listed in the health facility master database were assessed.

2.3 Calculating overall scores and star rating

The facility scores were based on the HFQAP assessment tool which is divided into 10 modules (refer to HFQAP Assessment tool in Annex 6).

Calculating the percentage performance/achievement of a module;

$$\frac{\textit{Achieved scores of the module}}{\textit{Expected total scores of the module}} \times 100$$

To get the overall facility score, add all the achieved scores from each module (sum of all scores for the 10 modules)

Calculating the percentage performance/achievement of a facility;

$$\frac{\textit{Sum of achieved scores from all modules}}{\textit{Expected scores from all modules of that facility level}} \times 100$$

NOTE: Expected scores vary by *level of care*; HC II-211, HC III-249, HC IV-283, Hospital-290 and RRH-290. This is because there are different services provided at respective service delivery levels.

2.4 Outcome variables

The HFQAP assessment focused on the 110 health service delivery standards. The standards include **96 from the WHO six traditional health systems building blocks and 14 from client centered care and patient safety** which was the seventh domain assessed (table 2.1).

Table 2.1: Domains

Number	Domain	Number of Standards
1.	Leadership and Governance	8
2.	Human Resources for Health	9
3.	Health Financing	3
4.	Health Information	12
5.	Medicines, Health Supplies, Vaccines and Equipment	31
6.	Service Delivery (Health Infrastructure, Essential Clinical Care, Surgical care, Emergency, EPDR & Diagnostics)	33
7.	Client Centered Care & Patient Safety	14
	Total	110

2.5 Data collection

Quantitative data collection was done electronically using the DHIS2 App while the qualitative data was captured using checklists. All the 919 health facilities in 38 districts and 3 Cities were assessed.

The Ministry of Health team provided supervision of the data collection process, to ensure conformity with assessment standards. The ICT team provided support in synchronizing the data onto the server for further cleaning and analysis. In each health facility, the assessment was concluded by providing feedback on the performance to the health facility staff.

Quantitative data was collected electronically using the DHIS2 App. All the targeted **919** health facilities were assessed.

In each health facility, the assessment was concluded by providing feedback on the performance to the staff. Supervisors and the facility staff generated an action plan based on the gaps identified during the assessment, using the 5S-CQI-TQM approach.

2.6 Data analysis

Data analysis was conducted centrally by MOH team. The quantitative data was analyzed using the inbuilt DHIS2 App analytics. Data was downloaded as excel files for further analysis as required. A summary of health facilities was undertaken, and results presented using tables and graphs. The scores for each standard was based on the 'all or nothing' law of 1 (standard met [green color]) or 0 (standard not met [red color]). Point estimates for the percentage scores were generated per domain/module and facility. In addition, district-level point estimates (in percentage) were computed per module and then overall average was determined. The HFs and the district were later rated using the World Health Organization (WHO) Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) and Strengthening Laboratory Management Process Towards Accreditation (SLMPTA) tier system in a 0-5-star rating as shown in the figure 2.1 below.

Figure 2. 1 STAR rating system for HFQAP

	0 Stars	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
	<55%	55-64%	65-74%	75-84%	85-94%	≥95%

2.7 Quality control

A national standard HFQAP tool was used. The ICT team from MOH carried out data quality checks to ensure all data is complete in the system and is successfully synchronized to DHIS2 for analysis. The DHIS2 Application used for data collection had in-built quality control checks to identify errors and track completeness visible to the supervisors. Data collected was synchronized to the MOH server for further data management.

CHAPTER THREE: METHODOLOGY

3.1 Coverage

3.1.1 Introduction

This chapter presents the results/findings following data analysis. It contains the following sections: Coverage, performance by module, facility and district.

A total of 919 health facilities were assessed. Of these 516 (56.1%) were HCIIIs, 335 (36.5%) HCIIIs, 43 (4.7%) HCIVs and 24(2.6%) general hospitals and 1 (0.1%) Regional Referral. According to ownership, 733(79.8%) were Public facilities and 186 (20.2%) were Private Not For Profit (PNFP).

Table 3. 1: Health facilities assessed by level and ownership.

Region	Level of Care					Total	Ownership		Total
	HC II	HC III	HC IV	Hospital	RRH		GOV	PNFP	
Busoga	244	110	18	9	0	381	282	99	381
Lango	89	71	10	4	1	175	147	28	175
West Nile	183	154	15	11	0	363	304	59	363
Total	516	335	43	24	1	919	733	186	919

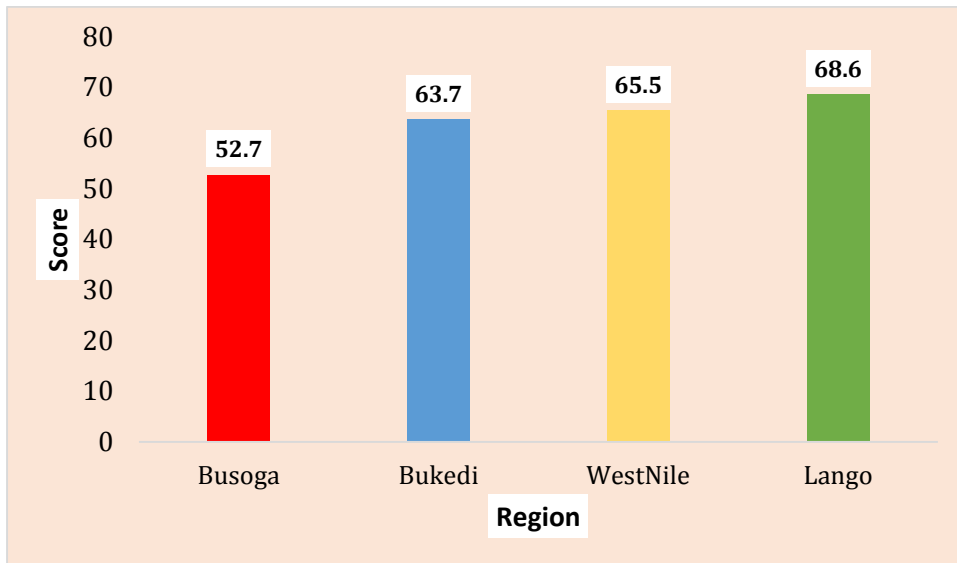
3.2 Regional performance

The best performing region was Lango (68.6%) followed by West Nile (65.5%), Bukedi (63.7%) and the worst was Busoga at 52.7%.

Table 3.2: Regional Performance by Module

Region	Leadership & Governance	Human Resources for Health	Health Financing	Health Information and Integrated disease surveillance & response	Medicines, Vaccines & Tracer Equipment	Health Infrastructure	RMNC AH	Clinical, surgical, community and referral services	Diagnostic Services	Client Centred Care & Safety
Busoga	65.6	49.0	66.6	55.2	52.4	60.3	60.4	64.9	54.7	50.8
Lango	76.2	60.6	68.4	67.9	59.7	68.1	76.1	77.6	61.7	69.4
West Nile	70.5	59.6	64.2	65.3	60.1	66.3	69.5	71.1	58.1	69.9
Average	70.8	56.4	66.4	62.8	57.4	64.9	68.7	71.2	58.2	63.4

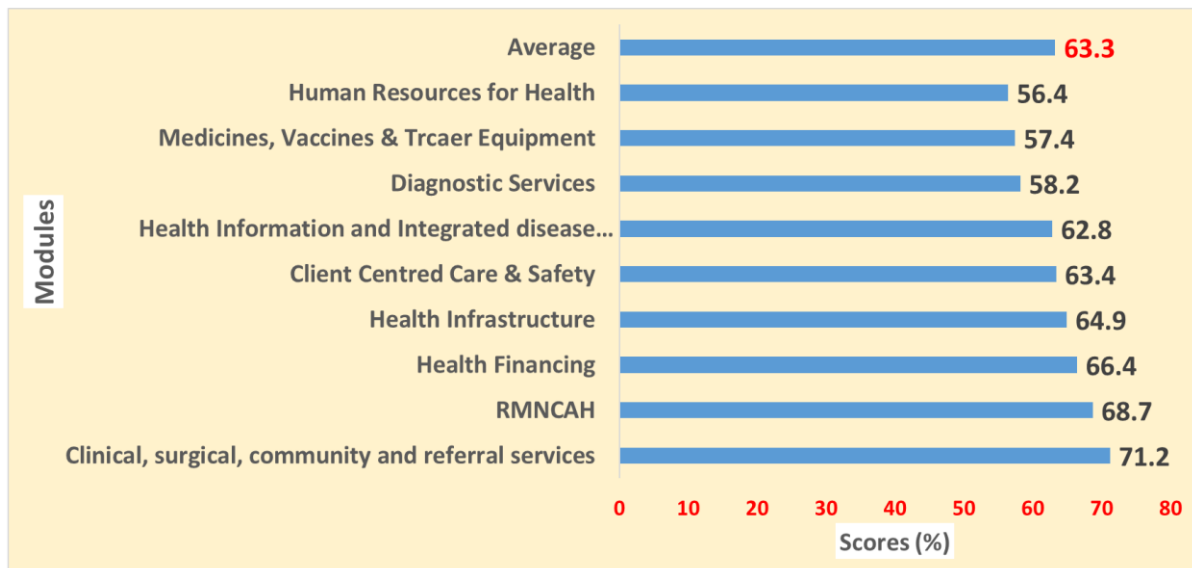
Figure 3. 1: A graph showing regional performance



3.3 Modular Performance

The average modular performance was 63.3%. The best performing module was Community care, clinical, surgical, referral and Emergency services at 71.2% followed by Reproductive, Maternal Newborn, Adolescent services and the worst was Human resources for Health at 56.4% followed by Availability of Medicines, Vaccines and Tracer equipment.

Figure 3.2: Regional Modular performance



3.4 District Performance

The 5 best and worst-performing districts.

Oyam was the best performing district (76.6%) while Bugiri performed worst with 38.2%.

Table 3.3: Five Best and worst performing districts.

Best			Worst	
#	District	Score	District	Score
1	Oyam	76.6	Namutumba	44.8
2	Kwania	75.4	Namayingo	44.1
3	Obongi	74.9	Luuka	39.7
4	Lamwo	71.5	Bugiri	38.2
5	Dokolo	70.9	Tororo	30.7

3.5 Regional performance by STAR

West Nile had the biggest proportion of facilities scoring Star 4(56.5%) followed by Lango (33.9%) and Busoga had the least (9.7%).

Majority of the facilities scored STAR 0 (41%) and the biggest contributor being Busoga facilities 61.3%.

- Star 4- Westnile-56.5% Lango-33.9% Busoga-9.7%
- Star 3- WestNile-56.4% Lango-23.1% Busoga-20.5%
- Star 2- WesNile-45.2% Lango-23.8% Busoga-31.0%
- Star 1- WestNile-45.1% Lango-15.7% Busoga-39.2%
- Star 0 WestNile-25.2% Lango-13.5% Busoga-61.3%

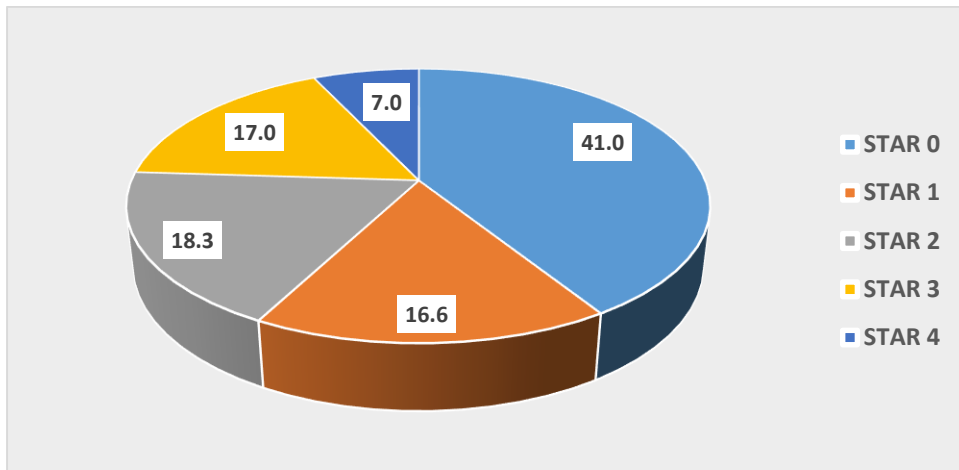
Table 3.4: Regional performance by Star rating

Region	STAR 0	STAR 1	STAR 2	STAR 3	STAR 4	Total
Busoga	231	60	52	32	6	381
Lango	51	24	40	36	21	175
West Nile	95	69	76	88	35	363
Total	377	153	168	156	62	919

3.6 Star score performance

Generally, most of the facilities scored Star 0 (41.0%). The proportion of facilities that scored Star 1 was 16.6%, Star 2 was 18.3%, Star 3 at17.0%, Star 4 at 6.7% and Star 5 at 0.3%.

Figure 3.3: Pie chart showing Star rating performance



CHAPTER FOUR: PERFORMANCE BY REGION

4.1 West Nile Region

4.1.1 District Performance

The average HFQAP district score for all the fourteen (14) districts and Arua city was 64.8%. The best performing district was Obongi at 74.9% and the least was Madi-Okollo at 55%.

Previously (2020), Maracha performed best in the West Nile sub-region, however, in this assessment (2022) its performance declined due to poor Diagnostic services and inadequate Medicines, health supplies, vaccines and equipment.

Figure 4.1: District performance



4.1.2 Modular Performance

A total of ten modules were assessed and the average modular performance for all the districts was 65.5%. The best performing modules were clinical, surgical, community and referral services at 71.1% and Leadership and governance at 70.5%. The worst performing module were Diagnostic services at 58.1% and Human resources for health at 59.6%.

Figure 4.2: A bar graph showing general modular performance.

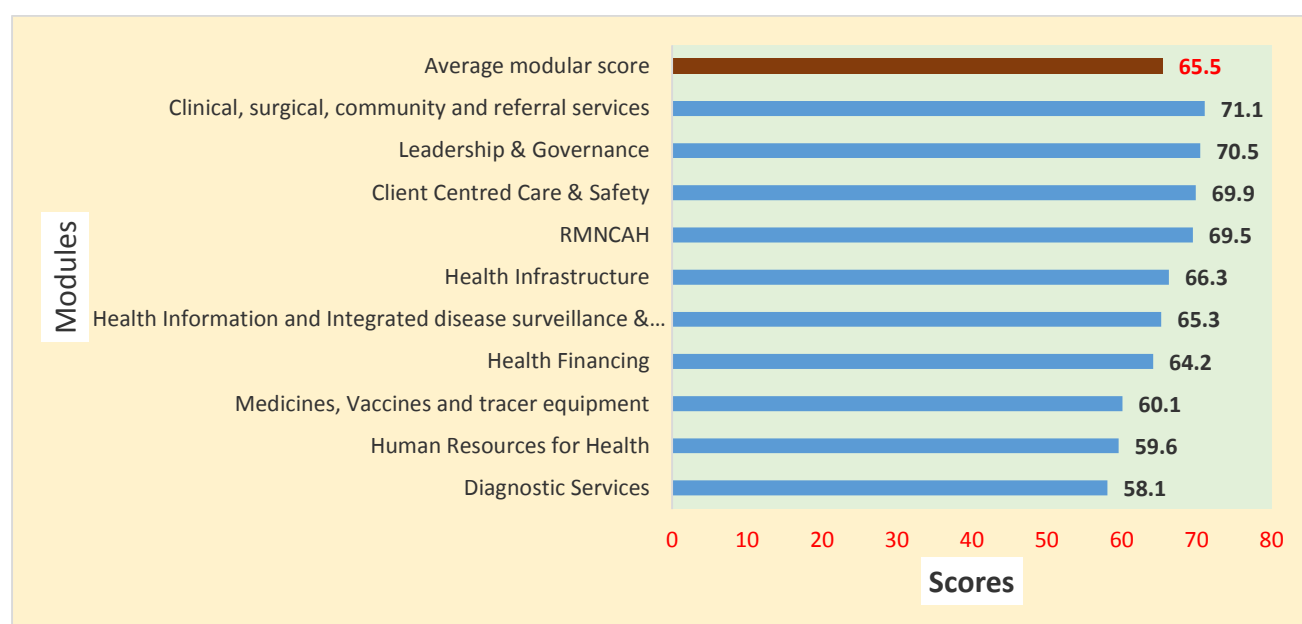


Table 4.2: A table showing Module scores by district

District	Leadership & Governance	Human Resources for Health	Health Financing	Health Information and Integrated disease surveillance & response	Medicines, Vaccines and tracer equipment	Health Infrastructure	RMNCAH	Clinical, surgical, community and referral services	Diagnostic Services	Client Centred Care & Safety
Lamwo	71.4	68.5	65.5	79.7	78.3	73	77.6	71.1	56.9	82.7
Kiryandongo	66.1	47.8	57.8	59.5	62.2	66.3	72.7	69	66.1	65.5
Adjumani	75.5	59.9	66.9	71.4	66.3	67.7	68.6	70	79.1	73.9
Arua City	67.7	52.3	54	53	50.4	62.3	58.2	64.1	49.6	59.8
Arua	70.7	59.2	70.9	82.9	60.8	79	47.8	63	42.9	60.4
Koboko	77	67.9	78.8	70.8	64.7	72.5	68.9	67.1	77.9	69.7
Madi Okollo	68.4	47	46.7	57.8	43.9	62.7	61.1	65.2	49.1	64.9
Maracha	75.2	58.5	80.5	59.9	61.4	65.1	71.8	75.6	54.2	72.5
Moyo	69	60.8	63.3	67.4	59.8	68.6	81.2	75.2	60.2	72.5
Nebbi	75.1	61.8	71.9	62.1	62	67.5	70.2	72.6	49	71.4
Packwach	74.8	56.4	80	67	60.8	68.8	76	82.6	59.5	76.4
Obongi	85.7	71	74.8	76.9	70.3	68	76.3	67.5	83.8	84.1
Terego	76.4	68	54.9	71.6	59.8	64.1	80.9	82.6	75.4	73.9
Yumbe	54.8	53.2	47.9	59.3	60.2	63.2	68	69.7	38.7	64.8
Zombo	69.3	63.4	72	59.1	55.4	61.4	56.8	60.9	60.2	60.1

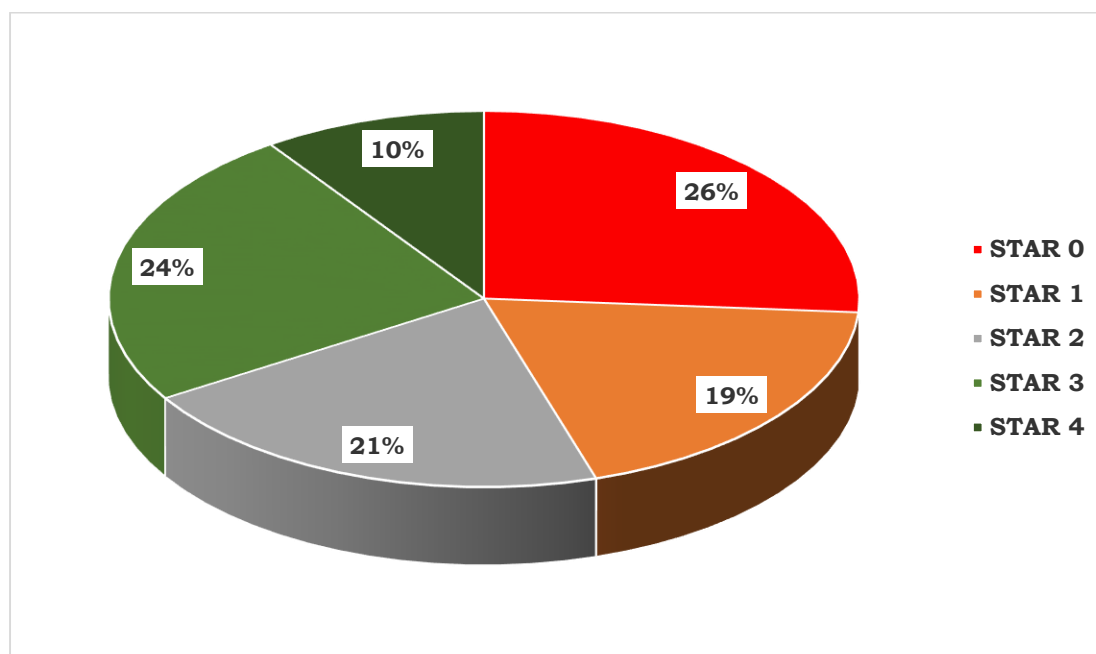
4.1.3 Star rating Performance

There were 363 facilities assessed, 95 (26%) scored star 0, 69 (19.0%) scored star 1, 76 (21%) scored star 2, 88 (24%) scored star 3 and 35 (10%) scored star 4. No facility in the region scored star 5. As shown in the table and pie chart below.

Table 4.3: Star rating by District

District	Star 0	Star 1	Star 2	Star 3	Star 4	Total
Adjumani	6	6	11	14	7	44
Arua	3	2	3	2	0	10
Arua city	7	4	6	1	1	19
Kiryandongo	8	6	6	3	1	24
Koboko	3	2	3	7	3	18
Lamwo	2	6	6	9	3	26
Madi-Okollo	10	3	4	2	0	19
Maracha	2	3	8	4	0	17
Moyo	9	4	3	10	4	30
Nebbi	6	7	4	6	3	26
Obongi	2	2	2	7	4	17
Pakwach	2	5	3	7	2	19
Terego	4	7	5	8	5	29
Yumbe	21	12	9	2	1	45
Zombo	10	0	3	6	1	20
Total	95	69	76	88	35	363

Figure 4.3: A pie chart showing the proportion of the Star score



4.1.4 Facility Performance

The best and worst health facilities.

The best 10 facilities were all-star 4's with the best facility being Eremi HCIII with a 94.6% star score (star 4) while the 10 worst performing facilities were all at the level of HCII most of which were facilities in prisons and barracks except Gbulukuatuni HC II. The worst performing health facility was Arua Military HC II with a star rating score of 11.6 (Star 0).

It is noted that the best performing facilities have had targeted QI interventions.

Table 4.4: Ten Best/Worst Performing facilities

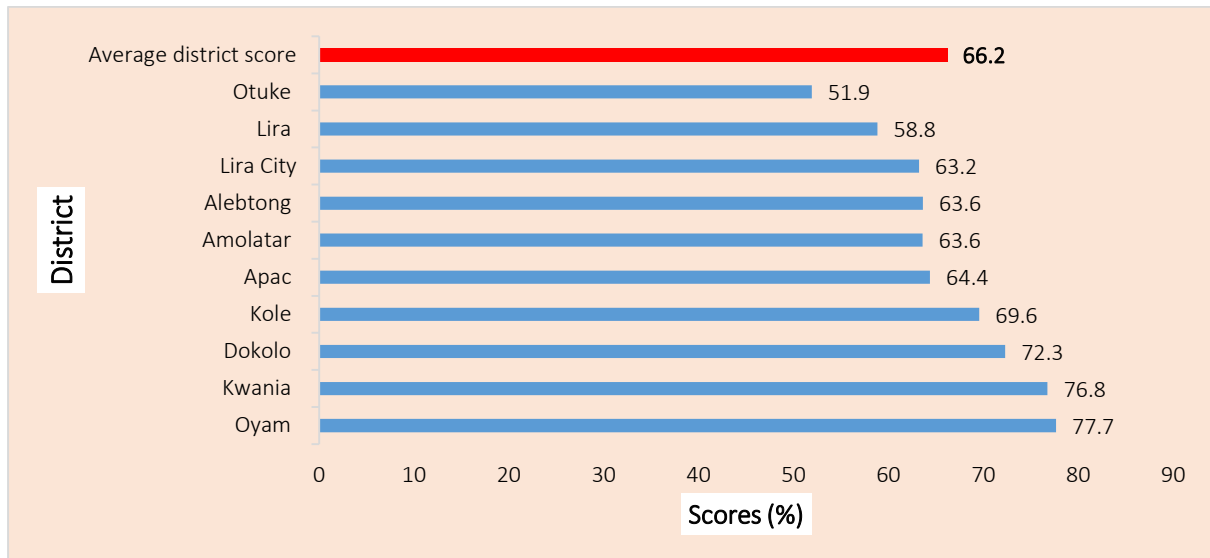
District	Facility-Name	Level	Ownership	Star score	Star Rating
Ten best performing health facilities					
Moyo	Eremi HC III	HC III	GOV	94.6	Star 4
Obongi	Luru HC III	HC III	PNFP	93.4	Star 4
Yumbe	Barakala HC III	HC III	GOV	92.5	Star 4
Nebbi	Goli HC IV	HC IV	PNFP	92.4	Star 4
Adjumani	Adjumani Mission HC III	HC III	PNFP	92.1	Star 4
Koboko	Ayipe HC III	HC III	GOV	91.9	Star 4
Moyo	Moyo Mission HC IV	HC IV	PNFP	91.4	Star 4
Koboko	Dranya HC III	HC III	GOV	90.9	Star 4
Kiryandongo	Restoration Gateway Hospital	Hospital	PNFP	90.5	Star 4
Koboko	Ludara HC III	HC III	GOV	90.4	Star 4
Worst performing health facilities					
Arua	Arua Military HC II	HC II	GOV	11.6	Star 0
Adjumani	Adjumani Prisons HC II	HC II	GOV	12.6	Star 0
Koboko	Koboko Police Barracks HC II	HC II	GOV	12.7	Star 0
Zombo	Paidha Prison HC II	HC II	GOV	13.9	Star 0
Koboko	Koboko Army Barracks HC II	HC II	GOV	15.5	Star 0
Arua	Giligili Prison HC II	HC II	GOV	16.2	Star 0
Adjumani	Adjumani Police HC II	HC II	GOV	19.2	Star 0
Pakwach	Ragem Prisons HC II	HC II	GOV	19.5	Star 0
Yumbe	Yumbe Prison HC II	HC II	GOV	19.9	Star 0
Madi-Okollo	Gbulukuatuni HC II	HC II	GOV	20.7	Star 0

4.2 LANGO REGION

4.2.1 District Performance

The average district score for all the fourteen (9) districts and Lira city was 66.2%. The best performing district was Oyam at 77.7% and the least was Otuke at 51.9%.

Figure 4.4: District performance



4.2.2 Modular Performance

A total of ten modules were assessed and the average modular performance for all the districts was 66.9%. The best performing modules were clinical, surgical, community and referral services at 77.6% and Leadership and governance at 76.2%. The worst performing module was Medicines, Vaccines & Tracer Equipment at 48.6%.

Table 4.5: Modular performance

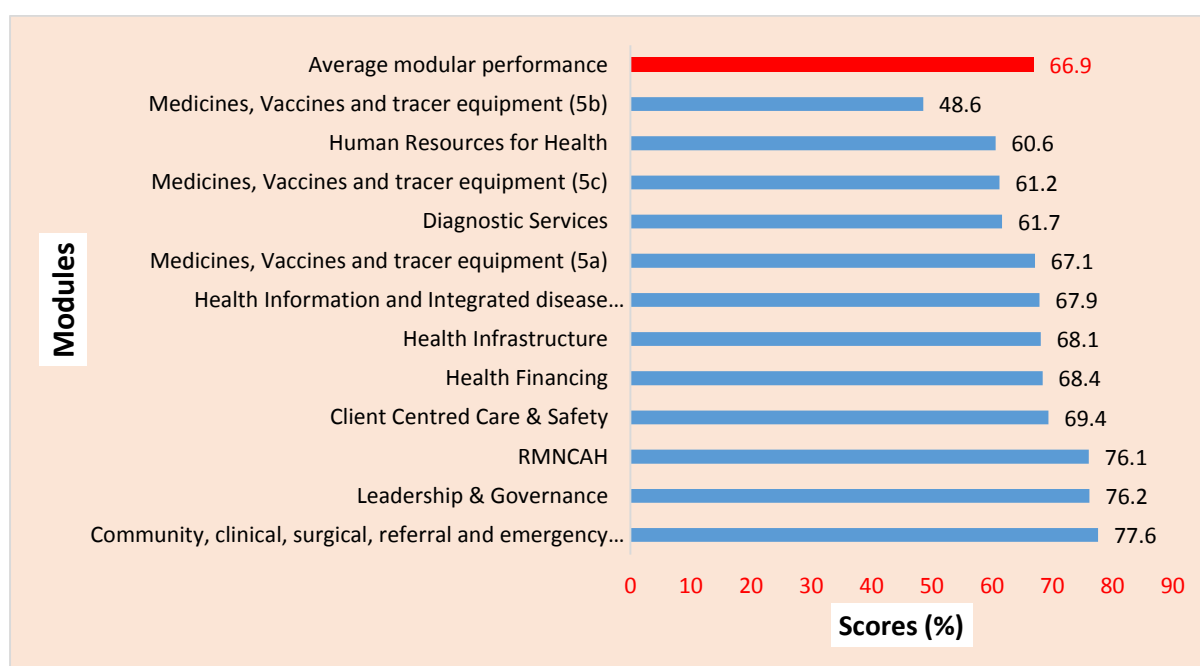


Table 4.4: Modular performance by district

DISTRICT	Leadership & Governance	Human Resources for Health	Health Financing	Health Information and Integrated disease surveillance & response	Medicines, Vaccines and tracer equipment (5a)	Medicines, Vaccines and tracer equipment (5b)	Medicines, Vaccines and tracer equipment (5c)	Health Infrastructure	RMNCAH	Clinical, surgical, community and referral services	Diagnostic Services	Client Centred Care & Safety	Average
Alebtong	75.4	61.2	63.5	69.1	57.6	44.3	53.3	64.3	70.9	75.6	56.6	71.8	63.6
Amolatar	74.7	44.6	68.1	74.3	66.8	50.9	63.4	61.3	71.7	63.8	56.9	66.8	63.6
Apac	76.4	56.9	58.7	58.9	73.8	41.1	56.4	65.9	75.8	74.5	73.4	60.9	64.4
Dokolo	90.8	78.1	84.1	77.6	67.5	51.3	61.9	66.1	78.5	81.7	56.1	73.9	72.3
Kole	79.9	60.8	75.6	66.8	70.6	50	62.9	78.9	78.5	81.3	59.4	70.1	69.6
Kwania	87.5	68.2	85.5	72.3	67	52.9	64	73.9	89.1	88.6	86.5	85.6	76.8
Lira City	69.7	66.8	58.5	65	55.2	42.9	57.5	76.6	70.3	79.7	50.4	66	63.2
Lira	57.6	51.3	52.8	57.8	67.7	49	69.1	54.8	66.9	67.2	59.7	52.2	58.8
Otuke	54	37.4	39.3	49.2	69.2	43.4	48.6	50.3	67.9	71	38.1	54.7	51.9
Oyam	85.5	67.7	82.1	80.2	76	60	75.3	78.1	83.1	83.4	80	80.5	77.7

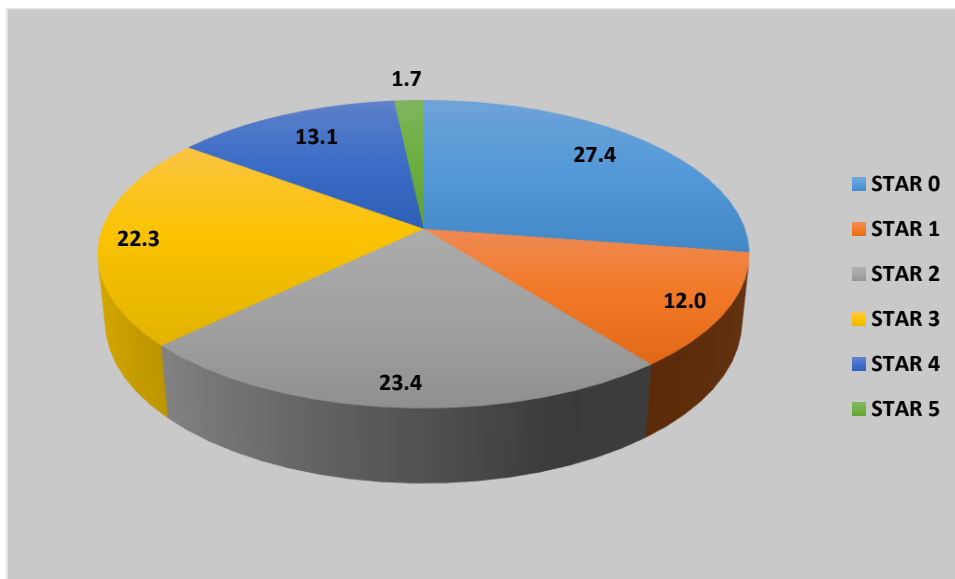
4.2.3 Star rating Performance

There were 175 facilities assessed, 48 (27.4%) scored star 0, 21 (12%) scored star 1, 41 (23.4%) scored star 2, 39 (22.3%) scored star 3 and 23 (13.1%) scored star 4. See table below;

Table 4.5: Star rating by District

District	STAR 0	STAR 1	STAR 2	STAR 3	STAR 4	STAR 5	Total
Alebtong	6	2	4	2	3	0	17
Amolatar	7	0	3	2	0	1	13
Apac	6	4	6	3	1	0	20
Dokolo	3	3	4	2	5	0	17
Kole	3	1	3	6	2	0	15
Kwania	0	1	5	8	2	0	16
Lira	5	3	2	2	0	0	12
Lira City	4	5	4	2	1	0	16
Otuke	10	2	3	1	0	0	16
Oyam	3	0	7	11	9	2	32
Alebtong	1	0	0	0	0	0	1
Total	48	21	41	39	23	3	175

Figure 4.6: Pie chart showing Performance by Star rating



4.2.3 Facility Performance

The best 10 facilities had both star 4's (7 facilities) and Star 5's (3 facilities) with the best facility being Aber Hospital at 96.0% (star 5) while the 10 worst performing facilities were all Star 0's with the worst facilities scoring 22.3% i.e Loro prison HCII & Ating HCII.

Table 4.6: Best/ Worst Ten performing health facilities

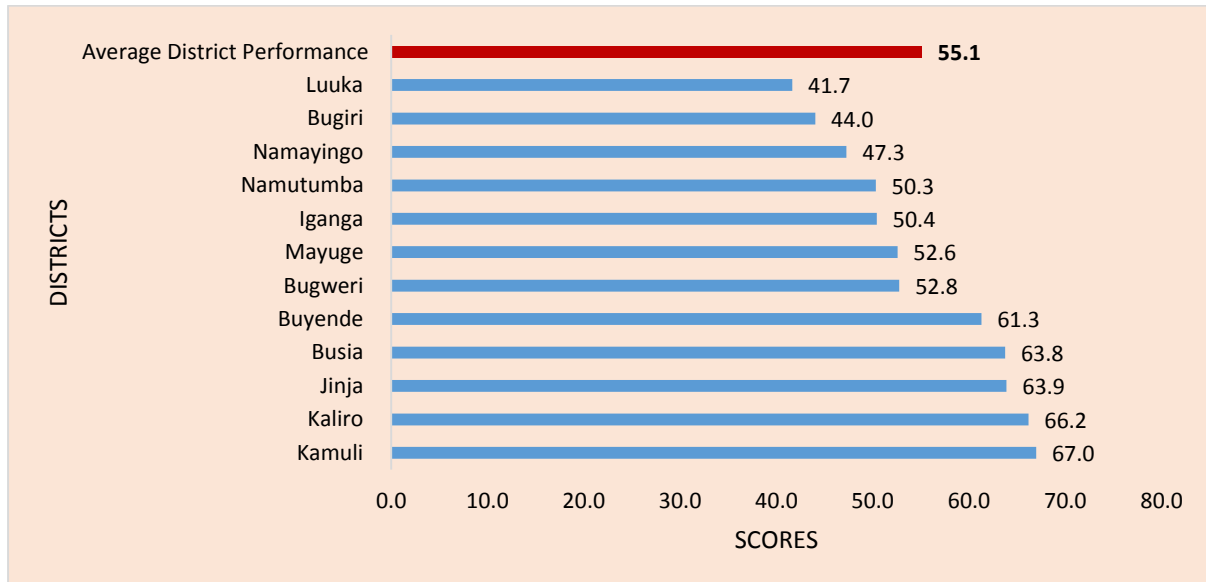
District	Facility-Name	Level	Ownership	Star score	Star Rating
Ten best performing health facilities					
Oyam	Aber Hospital	Hospital	PNFP	96.0	STAR 5
Oyam	Anyeke HC IV	HC IV	PUBLIC	95.9	STAR 5
molatar	Amolatar HC IV	HC IV	PUBLIC	95.2	STAR 5
Oyam	Otwal HC III	HC III	PUBLIC	93.6	STAR 4
Oyam	Akwangi HC II	HC II	PUBLIC	91.9	STAR 4
lebtong	Abia HC II (Abia Subcounty)	HC II	PUBLIC	91.7	STAR 4
Kwania	Akali HC II	HC II	PUBLIC	91.2	STAR 4
Oyam	Timagi Medical Centre HC III	HC III	PNFP	91.0	STAR 4
Oyam	Iceme HC II (Iceme Town Council)	HC II	PUBLIC	91.0	STAR 4
Apac	Apoi HC III	HC III	PUBLIC	90.1	STAR 4
Ten Worst performing health facilities					
Lira City	Lira Municipal HC II	HC II	PUBLIC	36.1	STAR 0
Oyam	Oyam Main Prisons HC II	HC II	PUBLIC	35.8	STAR 0
Otuke	Oluro HC II	HC II	PUBLIC	32.7	STAR 0
Alebtong	Anyanga HC II	HC II	PUBLIC	32.6	STAR 0
Otuke	Anepmoroto HC III	HC III	PUBLIC	30.3	STAR 0
lebtong	Abako-Elim HC II	HC II	PNFP	28.6	STAR 0
Apac	Apac Prisons HC II	HC II	PUBLIC	25.5	STAR 0
Kole	Tikoling HC III	HC III	PNFP	22.9	STAR 0
Oyam	Loro Prison HC II	HC II	PUBLIC	22.3	STAR 0
Otuke	Ating HC II	HC II	PUBLIC	22.3	STAR 0

4.3 Busoga Region

4.3.1 District Performance

The average district score for all the twelve (12) districts was 55.1%. The best performing district was Kamuli at 67.0% and the least was Luuka at 41.7%.

Figure 4.7: District performance in Busoga.



4.3.2 Modular Performance

A total of ten modules were assessed and the average modular performance for all the districts was 58.2%. The best performing modules were Health Financing at 66.6% and Leadership & Governance at 65.5%. The worst performing module was Human Resources for Health at 49.2%.

Figure 4.8: Modular performance

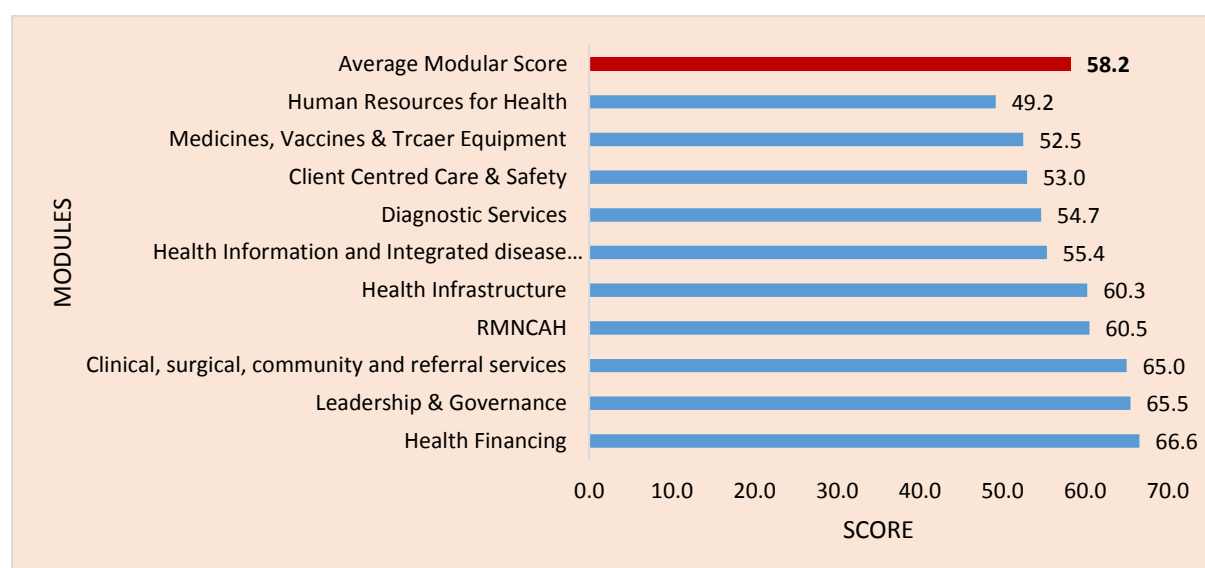


Table 4.7: Modular Performance by district

District	Leadership & Governance	Human Resources for Health	Health Financing	Health Information and Integrated disease surveillance & response	Medicines, Vaccines & Trcaer Equipment	Health Infrastructure	RMNCAH	Clinical, surgical, community and referral services	Diagnostic Services	Client Centred Care & Safety	STAR SCORE	STAR
Bugiri District	35.6	30	39.3	42	42.6	55.6	45.1	50.5	55.7	44	44.0	STAR 0
Bugweri District	54.5	39.5	41.3	48.4	46.9	64.3	56.7	80.1	44.3	51.7	52.8	STAR 0
Busia District	77.3	56.1	78.4	60.6	56.9	63.5	60.8	70.9	57.9	55.1	63.8	STAR 1
Buyende District	74.8	49.9	57.6	60.3	49.2	66.6	69.6	69.5	52.6	62.9	61.3	STAR 1
Iganga District	53	46.9	46.1	50.1	50.0	57	49.3	46.2	55.5	50.3	50.4	STAR 0
Jinja District	66.1	59.4	71.1	66.2	56.6	69.9	72	64.7	49.1	63.9	63.9	STAR 1
Kaliro District	77.3	62.8	63.7	63.1	52.6	63.2	78.8	73.6	66.7	60.1	66.2	STAR 2
Kamuli District	69.7	58.8	79.5	63.7	56.1	72.6	71.5	69.7	57.7	70.5	67.0	STAR 2
Luuka District	47.6	32.7	48.6	37.6	39.2	46.2	49.9	52.3	29.3	33.1	41.7	STAR 0
Mayuge District	49.4	34.7	59.1	46.7	54.4	50.8	67.3	62.9	50.9	49.8	52.6	STAR 0
Namayingo District	41.3	36.9	59.1	44	44.0	52	53.5	41.9	55.6	44.5	47.3	STAR 0
Namatumba District	52.3	34.2	48.3	44.8	41.1	41.3	71	66.5	55.8	48	50.3	STAR 0

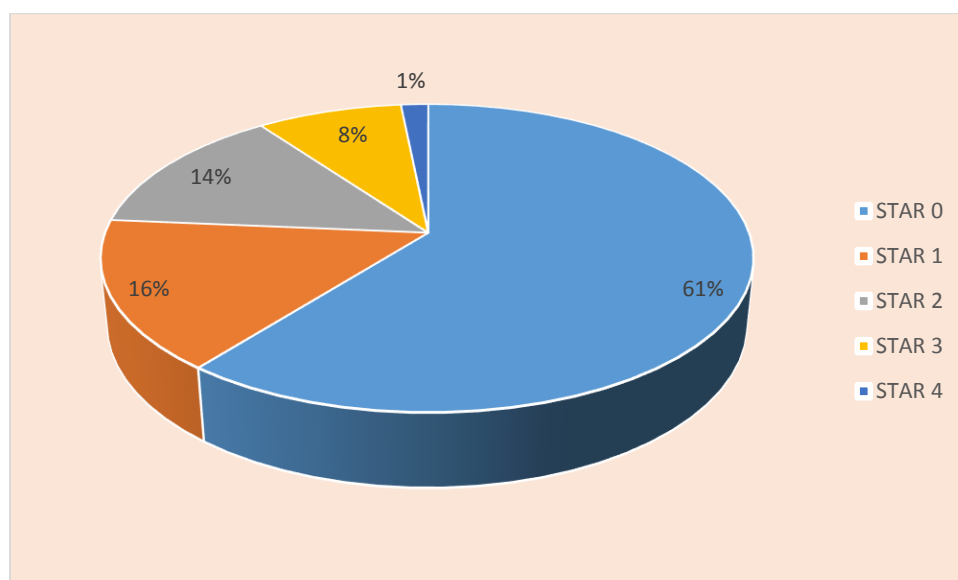
4.3.3 Star rating Performance

There were 381 facilities assessed, 231(61%) scored star 0, 60(16%) scored star 1, 52(14%) scored star 2, 32 (8%) scored star 3 and 6(1%) scored star 4.

Table 4.8: Star rating by District

District	STAR 0	STAR 1	STAR 2	STAR 3	STAR 4	Total
Bugiri	38	7	2	1	0	48
Bugweri	14	4	3	1	0	22
Busia	16	3	5	6	1	29
Buyende	8	7	3	2	0	20
Iganga	24	3	6	2	0	35
Jinja	12	6	8	6	1	33
Kaliro	9	3	5	2	2	21
Kamuli	7	7	5	7	1	27
Luuka	31	8	2	0	0	41
Mayuge	25	6	4	1	1	37
Namayingo	25	4	5	2	0	36
Namutumba	22	2	4	2	0	30
Total	231	60	52	32	6	381

Figure 4.9: Pie chart showing Performance by Star Rating



4.3.4 Facility Performance

The best 10 facilities had both star 4's (6 facilities) and Star 3's (4 facilities) with the best facility being Community HCIII at 92.3% (star 4) while the 10 worst performing facilities were all Star 0's with the worst facility scoring 7.0% (Star 0) i.e. Naigobya Lutheran HC II.

Table 4.9: Ten best/ Worst performing health facilities in Busoga

Region	District	Facility Name	Ownership	Level	Star Score	STAR
Ten best performing health facilities						
1	Kaliro	Community HC III	PNFP	HC III	92.3	STAR 4
2	Kaliro	Bumanya HC IV	GOV	HC IV	88.5	STAR 4
3	Mayuge	Buluba Hospital	PNFP	Hospital	87.3	STAR 4
4	Busia	Busitema HC III	GOV	HC III	86.6	STAR 4
5	Jinja	Buwenge Ngo Hospital	PNFP	Hospital	86.6	STAR 4
6	Kamuli	Kamuli Mission Hospital	PNFP	Hospital	86.2	STAR 4
7	Kamuli	Bugeywa HC II	PNFP	HC II	84.2	STAR 3
8	Jinja City	Budondo HC IV	GOV	HC IV	83.7	STAR 3
9	Bugiri	Kayango HC III	GOV	HC III	83.3	STAR 3
10	Kamuli	Mbulamuti HC III	GOV	HC III	83.2	STAR 3
Ten Worst performing health facilities						
1	Bugiri	Bugiri Police HC II	GOV	HC II	18.2	STAR 0
2	Namayingo	Namayingo Police HC II	GOV	HC II	17.6	STAR 0
3	Luuka	Nawanyago HC II	GOV	HC II	17.1	STAR 0
4	Busia	Busia Police HC II	GOV	HC II	15.2	STAR 0
5	Luuka	Nakabugu Police HC II	GOV	HC II	14.8	STAR 0
6	Luuka	Pearl Diagnostic Clinic	PNFP	HC II	14.3	STAR 0
7	Namayingo	Siro HC II	GOV	HC II	12.3	STAR 0
8	Bugiri	St. Luke Muterere HC II	PNFP	HC II	12.1	STAR 0
9	Iganga	Kiringa (Iganga) HC II	PNFP	HC II	11.7	STAR 0
10	Luuka	Naigobya Lutheran HC II	PNFP	HC II	7.0	STAR 0

CHAPTER 5: HEALTH FACILITY PERFORMANCE ON MODULE STANDARDS

5.1 Introduction

This chapter represents performance of the individual service standards per module as well as the overall module performance against the different levels of the health facilities (HC II, HC III, HC IV and Hospital) as well as considering all the facilities assessed.

5.2 Leadership and Governance

This module required an interview with the in-charge of the health facility, observation of the notice boards, minutes of scheduled meetings, facility workplan and budget, inspection, HUMC or Hospital Board guidelines and support supervision reports/file. The assessment was to establish whether facilities have basic management systems in place, and whether they include community representation.

The average performance across all standards under leadership and governance was 77.8%. The best standard being the “Facility hold joint planning meetings as scheduled in the Health Planning Guidelines” at 77.8% and the worst standard was “Facility compile and communicate (Annual and quarterly) comprehensive work plans and budget to relevant stakeholders” at 45.9%. as shown in the table below;

Table 5. 1: Table showing standards for Leadership and Governance

Standard	HC II	HC III	HC IV	Hospital	Average
Facility hold joint planning meetings as scheduled in the Health Planning Guidelines	51.7	79.3	91.0	89.1	77.8
Facility hold monthly general, departmental and technical staff meetings with indication of progress on the action points of the previous meetings in the last quarter	61.9	75.2	79.8	70.7	71.9
Facility have the current catchment map and disaggregated population displayed	55.5	72.9	84.1	74.4	71.7
Facility have the client charter and health workers rights key messages (commitments) in the commonly used languages displayed	42.9	72.0	70.6	92.9	69.6
Facility keep record of the support supervision findings and action plans and have evidence of actions against the improvement plan	54.1	73.2	65.6	67.5	65.1
Facility have the organizational (health sector or District Local Government) vision, mission statement and core values in the common languages displayed	41.5	61.6	61.4	90.9	63.8
Facility promote partnership with community	30.0	41.0	70.8	94.6	59.1
Facility compile and communicate (Annual and quarterly) comprehensive work plans and budget to relevant stakeholders	35.9	43.4	50.0	54.4	45.9
Average	46.7	64.8	71.7	79.3	65.6

5.3 Human Resources for Health

The standards in this module refer to human resource management & development. Information was got from the In-charge of the facility for HC IV and below, and the personnel officer for the hospital level. These prepared the relevant documents like the current staffing list indicating the staffing levels against the norms, attendance registers, copies of the duty rosters for all work areas, human resource management guidelines, CPD plans and training database. They also provided access to the staff appraisal forms and job descriptions for verification.

On Average, the performance across all standards was 55.6% with the best standard being “Facility follow a plan / schedule for Continuing Professional Development (CPD) e.g. CMEs, refresher courses, clinical meetings) and On Job Training” at 72.1% and the worst being “Facility have a functional library or cabinet for storage of health / medical reference materials” at 44.7%.

Table 5. 2: A table showing availability of Human Resources for Health

Standard	HC II	HC III	HC IV	Hospital	Average
Facility follow a plan / schedule for Continuing Professional Development (CPD) e.g. CMEs, refresher courses, clinical meetings) and On Job Training	46.7	66.4	79.3	95.8	72.1
All members of staff have up-to-date written job schedules and deployed to positions according to their training and experience	36.1	75.7	86.5	89.2	71.9
Facility have a system to publicly acknowledge performance and sanction poor performance	44.9	66.5	67.0	88.2	66.6
Facility follow a systematic performance management process	40.6	57.2	67.9	65.3	57.8
Facility provide health workers' welfare e.g. break teas, resting rooms, space to decompress between patients, stress reduction	30.9	50.0	46.9	84.0	53.0
Facility have HRH tools/ Reference materials	23.1	41.1	55.8	70.2	47.5
Facility have an up to date training database/Register	29.9	54.9	47.2	54.9	46.7
Facility have qualified health workers at all times	32.5	43.1	40.4	54.9	42.7
Facility have a functional library or cabinet for storage of health / medical reference materials	26.4	42.1	37.3	61.1	41.7
Average	34.6	55.2	58.7	73.7	55.6

5.4 Health Financing

The standards in this module were assessed by the Accounts Department in the case of the hospitals and HC IVs. The In-charges of the lower-level facilities provided the necessary documents and responded to any issues. The supervisors inspected the notice boards as well for the display of budgets and work plans.

The average performance across all standards was 66.1%: The best performing standard was the “Facility have the current financial guidelines” at 66.1% while the worst was the “Facility follow the financial management guidelines” at 44%.

Table 5. 3: A table showing availability of Health Financing services

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have the current financial guidelines	44.2	60.5	74.0	85.8	66.1
Facility have procurement processes consistent with statutory requirement and accepted standards	51.6	66.4	66.1	72.2	64.1
Facility follow the financial management guidelines	24.5	34.3	59.4	58.0	44.0
Average	40.1	53.7	66.5	72.0	58.1

5.5 Health Information and Integrated disease surveillance & response

The standards in this module referred to aspects of data management at the health facility. The health information officers, or health information assistants were interviewed and provided the necessary reports and database for review. The supervisors verified the availability and use of the HMIS tools (manual, registers, and forms), the availability and use of computers for data management at HC IV and above. They also assessed data accuracy and reporting, availability of performance indicators with targets, and data use at the health facilities.

The average performance across all the standards was 61.7%: the best performing standard was “Facility registers completely, correctly filled” at 77.1% and the worst was “Facility have patient cards to allow continuity and follow up of individual clients” at 43.8%.

Table 5. 4: A table showing availability of Health Information, Disease Surveillance and Response services

Standard	HC II	HC III	HC IV	Hospital	Average
Facility registers completely, correctly filled	61.375	81.1	77.2	88.9	77.1
Facility HMIS 105 reports accurate	72.3	67.1	79.2	75.2	73.5
Facility have standard operating procedures in place for checking, validating and reporting data	49.32	69.5	79.0	83.4	70.3
Facility HMIS reports compiled, verified and sent timely to the next reporting level	46.805	51.3	89.5	87.3	68.7
Mod 4 Std 12	35.37	60.7	80.0	83.1	64.8
Facility have key performance indicators defined, targets set and displayed	41.02	64.7	75.1	77.4	64.5
Facility have functional computer(s) and trained personnel for data management	NA	36.4	73.5	73.5	61.1
Death and birth Registration system available and linked to Civil Vital Registration Statistics system (CVRS)	49.84	47.5	69.8	68.2	58.8
Alignment of diseases and birth outcomes to international classification of diseases (ICD)	53.02	51.9	68.3	45.7	54.7
HMIS data analyzed and used for planning and monitoring health services	25.915	41.4	74.7	75.7	54.4
Facility have a functional Integrated Disease Surveillance and Response System	24.575	44.6	68.5	54.7	48.1
Facility have patient cards to allow continuity and follow up of individual clients	38.7	16.5	65.7	54.3	43.8
Average	45.3	52.7	75.0	72.3	61.7

5.6 Medicines, Health Supplies, Vaccines and Equipment

The standards in the module refer to the management of medicines, vaccines, and health supplies at the health facility. It also assesses the availability of vaccines, tracer medicines, tracer equipment and tracer diagnostics. The pharmacist or dispenser at HC IV and hospital level, and the health facility In-charge at lower levels were interviewed and provided the stock cards, dispensing logs, order forms, delivery notes and also provided access to the store or medicines cupboards for inspection and verification of the medicines and health supplies.

The Cold Chain Technician or Facility EPI focal person responded to aspects related to proper cold chain management and vaccines supply and management. The In-Charge of the facility provided the comprehensive health facility inventory and permitted supervisors to visit the respective service delivery areas (OPD, Immunization, FP, Nutrition, Antenatal, Maternity, and Theatre to verify availability and functionality of the tracer equipment. The Supervisors also interviewed the Laboratory Technician or Assistant and conduct observations in the Laboratory regarding availability of all the tracer diagnostics.

5.6.1 Medicines, vaccines management and procurement

The average performance across all standards was 53%. The best standard was “Facility have a proper cold chain storage for EMHS and vaccines” at 61.4% and the worst was “Facility have proper space for storage of medicines and health supplies” at 45.3%. Summary in table below.

Table 5. 5: A table showing the availability of Medicines, vaccines management and procurement

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have a proper cold chain storage for EMHS and vaccines	43.1	40.9	80.8	80.8	61.4
Facility have a functional supply chain management system	12.2	62.3	61.7	91.4	56.9
Facility have the current medicines and health supplies management systems	35.0	50.6	62.5	61.6	52.4
Facility follow correct storage procedures for medicines and health supplies	29.5	56.9	51.4	58.6	49.1
Facility have proper space for storage of medicines and health supplies	16.6	23.0	65.1	76.6	45.3
Average	27.3	46.7	64.3	73.8	53.0

5.6.2 Tracer medicines, vaccines and health supplies

The tracer medicines, vaccines and health supplies assessed 16 standards and the best performing standard was on the “Facility have tracer medicines and commodities for Antenatal care” at 78% and the worst was “Facility have tracer medicines and commodities for Child Health” at 14.7%. table below;

Table 5. 6: A table showing the availability of vaccines, tracer medicines & health supplies

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have tracer medicines and commodities for Antenatal care	78.1	71.2	81.0	82.0	78.0
Facility have tracer medicines and commodities for TB management	63.4	62.0	75.7	68.1	67.3
Facility have tracer commodities for Family Planning services	56.8	43.1	68.3	34.7	50.7
Facility have tracer medicines and commodities for malaria management	30.0	56.8	60.9	54.2	50.5
Facility have tracer medicines and commodities for Adolescent Reproductive Health	34.6	50.5	62.2	43.1	47.6
Facility have tracer medicines and commodities for Basic Obstetric Care	53.6	31.3	53.5	45.8	46.0
Facility have tracer medicines and commodities for basic surgery	14.5	41.7	57.6	54.2	42.0
Facility have tracer medicines and commodities for STD management	34.3	39.0	52.5	27.8	38.4
Facility have tracer commodities for Nutrition Management	15.7	36.4	44.3	55.8	38.0
Facility have the following vaccines and are they registered in the vaccine control book	5.0	45.5	51.4	50.0	38.0
Facility have diagnostic kits or reagents to undertake investigations	13.6	37.2	40.4	43.1	33.5
Facility have tracer medicines and commodities for Comprehensive surgery	2.5	7.4	45.7	50.0	26.4
Facility have tracer medicines and commodities for Newborn care	11.6	4.2	35.4	52.8	26.0
Facility have tracer medicines and commodities for HIV/AIDS prevention and management	NA	29.5	20.5	13.9	21.3
Facility have tracer medicines and commodities for Child Health	6.8	23.8	11.6	16.7	14.7
Average	30.0	38.6	50.7	46.1	41.4

5.6.3 Tracer equipment

Average performance across all standards was 56.7%. The best standard was “Facility have tracer radiology and imaging equipment” at 83.3% and the worst was “Facility have tracer laboratory equipment” at 30.4%, summary in table below;

Table 5. 7: A table showing the availability of Tracer equipment & equipment inventory

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have tracer radiology and imaging equipment	38.4	94.9	100.0	100.0	83.3
Facility have tracer equipment's for Immunization services	58.0	87.6	81.0	88.9	78.9
Facility have up to date medical equipment inventory	NA	NA	58.8	73.4	66.1
Facility have tracer equipment for Antenatal care	44.3	51.8	81.0	85.0	65.5
Facility have tracer equipment's for Outpatients Department	72.5	93.5	38.5	44.4	62.2
Facility have tracer equipment for surgery	42.2	28.1	56.7	68.4	48.8
Facility have tracer equipment for general inpatient ward	9.1	29.0	78.0	73.9	47.5
Facility have tracer equipment for basic obstetric care	7.2	19.4	14.9	144.1	46.4
Facility have tracer equipment for FP services	25.0	20.4	57.9	48.3	37.9
Facility have tracer laboratory equipment	NA	20.1	14.1	57.2	30.4
Average	37.1	49.4	58.1	78.3	56.7

5.7 Health Infrastructure

All the external and internal environment of the health facility specifically; the compound, OPD, RMNCAH, Wards, Latrines/Toilets/Bathrooms were inspected in this module. In-charges were interviewed about the availability of a clean water source, reliable power supply and functionality of the referral system and emergency services. The objective was to establish availability of the basic systems and infrastructure that may impact utilization and capacity to provide standard level services.

Average performance across all standards was 68% The best standard was “availability of a private area for physical examinations and/or deliveries or other services offered” at 93.2% and the worst was “presence of posters with the list of available services, days and time services are offered displayed where the clients can see it” at 38.3%. The best performing level of care was RRH at 79.7% followed by general hospitals at 79.5% while the worst was HCII at 38.9%.

Table 5. 8: A table showing availability of infrastructure

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have a functional transport system	57.3	74.7	87.3	88.9	77.0
Facility have a private area for physical examinations and/or deliveries or other services offered	51.0	78.5	90.8	75.2	73.9
Facility have a land title for the premises	53.5	73.6	76.0	83.4	71.6
Facility have clean sanitary facilities for staff and patients / clients	47.3	71.0	74.4	87.0	69.9
Facility have a reliable and clean water supply	50.7	68.6	63.7	96.2	69.8
Facility have signage (Directions) to ensure easy accessibility to services	38.3	75.1	79.6	83.4	69.1
Facility have communication equipment for fast communication	NA	69.8	62.9	67.5	66.7
Facility have a reliable power supply	26.5	38.5	81.1	85.1	57.8
Facility have a poster with the list of available services, days and time services are offered displayed where the clients can see it	19.4	62.4	78.1	68.4	57.1
Facility external environment and service delivery areas clean and protected	32.7	61.0	57.0	67.7	54.6
Facility provide comfort (ambience) for the clients	22.3	46.2	59.3	79.1	51.7
Facility have changing rooms	7.0	30.4	64.7	75.7	44.4
Average	36.9	62.5	72.9	79.8	63.0

5.8 Reproductive, maternal, child and adolescent health services (RMNCAH)

The assessment of this module involved actual observation of client consultations with health workers to assess technical competence on RMNCAH services. protocols and standards of practice for each service were also assessed whether they meet generally accepted quality standards for basic as well as advanced level services at referral facilities. Healthcare providers were also assessed on adherence to the standards of practice for service delivery.

Average performance across all standards was 42.4%, The best standard was “Facility have a system for maternal and Perinatal death surveillance and response (MPDSR)” at 60.5% and the worst was “Facility have a functional health education program in the RMNCAH” at 29.7%. The best performing level of care was HC IV at 57.5%.

Table 5. 9: A table showing the availability of Reproductive Maternal Newborn Child & Adolescent Health Services

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have a system for maternal and Perinatal death surveillance and response (MPDSR)		49.8	65.2	66.5	60.5
Facility have the current guidelines and standards required for RMNCAH	48.6	60.1	61.6	70.2	60.1
Facility have at least one staff in the RMNCAH who received in-service training in the last two years in RMNCAH services	12.9	22.7	70.1	55.2	40.2
Are providers giving technically appropriate services in RMNCAH	23.8	33.6	41.7	25.4	31.1
Facility have a functional health education program in the RMNCAH	4.5	12.9	49.0	52.4	29.7
Average	22.4	35.8	57.5	53.9	42.4

5.9 Community based care, clinical care, referral, and emergency services

The processes assessed through observation in this module included functionality of the health education program, availability of trained personnel and current guidelines. Assessment was also done on the technical competences through observation of procedures using checklists. There are opportunities when a supervisor could assess several standards during one clinical observation. If supervisors are not able to observe the required number of cases for clinical observations during their time at the health facility, then they would make all possible efforts to complete the assessment on the next day or the closest possible date. The scoring section for clinical observations would not be completed until the required client consultations are evaluated.

The average performance across all standards was 49.6%, the best standard was “Facility have the current guidelines for management of common disease conditions” at 88.4% and the worst was “availability of a functional health education program in the OPD “at 29%. The best performing level of care was Hospital at 61.5% and the worst was HCII at 39.7%.

Table 5. 10: A table showing availability of Community based care, clinical care, referral & emergency services

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have the current guidelines for management of common disease conditions	79.4	88.2	91.5	94.5	88.4
Facility have a functional theatre	73.0	80.0	60.3	68.8	70.5
Facility have a functional patient referral system	64.1	72.5	61.5	55.6	63.4
Facility have a functional integrated outreach program	37.7	58.6	72.5	63.7	58.1
Health workers giving technically appropriate services	39.4	49.6	50.6	52.2	48.0
Facility have a system for clinical audits	NA	0.0	49.8	74.3	41.4
Facility have at least one staff in OPD in service trained in management of common diseases in the last 1 year including NCDs on the day of the visit	45.0	50.0	15.4	33.3	35.9
Facility have a functional emergency unit / service	3.2	18.7	50.6	58.3	32.7
Facility have a functional health education program in the OPD	6.5	15.1	45.6	48.6	29.0
Facility have at least one staff in the Surgical Department or theatre who received in-service training in the last two years in Integrated Management for Emergency and Essential Surgical Care (IMEESC)	9.3	9.5	31.7	65.3	29.0
Average	39.7	44.2	53.0	61.5	49.6

5.10 Diagnostic services

The module assessment focused on training of laboratory staff in key laboratory services, presence of guidelines and standard operating procedures, staff training in radiology and imaging, guidelines for imaging and radiology, functionality of samples' referral system and functionality of laboratory quality management. The availability of trained staff and guidelines in the laboratory and radiology departments was assessed. This was through observations of the training database and interview with the laboratory personnel. Assessment was also done on the functionality of the referral system and a Laboratory Quality Management System.

The average performance across all standards was 57,4%, The best standard was “availability of at least one staff in the Lab who received in-service training in the last two years” at 89.5% and the worst was “availability of current laboratory guidelines and Standard Operating procedures “at 47.1%. The best performing level of care was Hospitals at 69.1% and the worst was HCIIIs at 46.5%.

Table 5. 11: A table showing the availability of Diagnostic services.

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have at least one staff in the Lab who received in-service training in the last two years	NA	81.8	92.45	94.5	89.5
Facility have a functional Laboratory referral mechanism	NA	56.3	69.20	88.9	71.5
Facility have current radiology and imaging guidelines and Standard operating Procedures	NA	NA	NA	54.1	54.1
Facility have a functional Laboratory Quality Management System (LQMS)	NA	34.9	56.29	58.3	49.8
Facility have at least one staff in the radiology / imaging unit who received in-service training in the last two years	NA	NA	24.52	75.0	49.8
Facility have the current laboratory guidelines and Standard Operating procedures	46.5	55.3	42.88	43.9	47.1
Average	46.5	57.1	57.1	69.1	57.4

5.11 Client centered care and safety

The standards in this module refer to the aspects of client centeredness and safety. The assessed standards included: presence of signage, client flow and provider practices in terms of client-provider interactions, infection prevention and control (IPC) practices, occupational health and safety in the OPD and RMNCAH clinics. The supervisors also interviewed 2 to 5 clients and 2 to 3 health workers per facility about the clients’ rights and responsibilities. use of client feedback mechanisms at the health facility was also verified.

The average performance across all standards was 68.1%, The best standard was “availability of adequate supplies/materials to collect all waste types (sharps; biohazard; infectious; toxic; chemical; radiation) at all generation points” at 86.8% and the worst was “availability of a reporting system for adverse events and medical errors (capture errors, injuries, non-harmful errors, process failures or other hazards) “at 39.6%. The best performing level of care was Hospital at 82.4% and the worst was HCII at 45.1%.

Table 5. 12: A table showing the availability of client-centered care and safety services.

Standard	HC II	HC III	HC IV	Hospital	Average
Facility have adequate supplies/materials to collect all waste types (sharps; biohazard; infectious; toxic; chemical; radiation) at all generation points	75.9	88.4	87.5	95.5	86.8
Facility provide adequate IPC in the area of hand washing	73.8	85.7	82.9	93.2	83.9
Facility have a functional client feedback mechanism	54.0	85.4	98.2	94.5	83.0
Facility have at least one health worker in the respective service delivery points who received in service training in the last two years in HCWM	47.7	79.8	87.7	95.5	77.6
Facility have supplies and equipment for Infection control Prevention and Control	49.4	79.0	86.9	89.9	76.3
Health workers ensure effective interaction with the client and family members	69.6	76.1	77.3	78.8	75.4
Facility have at least one health worker who received in-service training in IPC in the last two years	41.3	70.9	81.0	80.6	68.4
Facility have guidelines and Job Aids for Health Care Waste Management (HCWM)	49.0	35.3	87.8	90.3	65.6
Facility provide disposal facilities (rubbish pit, placenta pit, incinerator, offsite service provider) for refuse and medical wastes	28.9	61.7	81.2	89.9	65.4
Facility have guidelines for Infection Prevention and Control (IPC)	38.9	63.7	66.1	86.4	63.8
Are health workers aware of the client's rights	49.7	75.5	61.5	55.6	60.6
Facility have an Occupational health and safety program	12.9	57.1	67.3	80.3	54.4
Facility have proper storage for sterile equipment	20.5	36.0	75.5	77.8	52.4
Facility have a reporting system for adverse events and medical errors (capture errors, injuries, non-harmful errors, process failures or other hazards)	19.2	39.7	54.8	44.9	39.6
Average	45.1	66.7	78.3	82.4	68.1

5.12 Key findings

- Generally, high volume performed better than the lower volume health facilities across all modules assessed.
- *Leadership & Governance*: There was good record-keeping to support supervision findings, action plans, and evidence of commonly actions against the improvement plans, as well as promotion of partnership with the community by facilities. There was general lack of client charter and health workers' rights key messages (commitments) displayed in the used languages.
- *Human resources for health*: Most of the facilities had a system to publicly acknowledge performance and sanction poor performance. On the other hand, there was lack of up-to-date training databases/Registers and qualified health workers at all times in assessed facilities.
- *Health financing*: More than half of the facilities assessed had procurement processes consistent with statutory requirements and accepted standards. However, there was general lack of current financial guidelines as a result, the little PHC and RBF funds are not managed according to the set guidelines.
- *Health information system*: Most of the facilities had functional computer(s) and trained personnel for data management. However, most of the health facilities had incomplete facilities and an incorrectly filled register.
- *Medicines, vaccines, and tracer equipment*: There was proper cold chain storage for Essential Medicines & Health supplies (EMHS) and vaccines as well as tracer equipment for the Outpatients Department in most of the facilities. However, there was general lack of current medicines and health supplies management systems, tracer equipment for Immunization services and tracer laboratory equipment.
- *Health Infrastructure*: There was a private area for physical examinations and/or deliveries or other services offered and reliable, clean water supply in most facilities. On the contrary, there were no posters with the list of available services, days and time services are offered displayed where the clients can see them and lack of changing rooms for the staff on duty.
- *RMNCAH*: Most health facilities had health workers giving technically appropriate services in RMNCAH, however, most of them had not received in-service training in the last two years.
- *Community-based care, clinical care, surgical and referral emergency services*: The majority of the health facilities had the health workers

giving technically appropriate services however there was lack of functional emergency unit/service.

- *Diagnosis services:* There were more laboratory staff who received In-service training in the last two years and this could be due to Covid 19 pandemic, however, the current laboratory guidelines, and Standard Operating procedures we're lacking.
- *Client-centered care and safety:* Most health facilities had provision of adequate IPC in the area of hand washing despite the inadequate supplies/materials to collect all waste types (sharps; biohazard; infectious; toxic; chemical; radiation) at all generation points.

CHAPTER 6: CHALLENGES & RECOMMENDATIONS AND WAY FORWARD

6.1 Introduction

This chapter indicates the lessons learnt, challenges encountered in data collection, processing and analysis, recommendations, and the way forward.

6.2 Lessons learnt:

- The digital data collection system made data collection easier, less errors and data was synched into the MOH database automatically than the manual system used previously.
- The data received from the sites was immediately synched in to the central MOH server and this has increased ownership than before when the Implementing Partners (IP) would own the data.

6.3 Challenges

- Dissemination of HFQAP findings from Ministry of Health took long turn-around time.
- Patient referral systems are poor in the lower health facilities i.e. HC II and III.
- All HC IV had no function radiology and imaging departments, across all the health facilities the radiology and imaging guidelines and SOP were not available.
- Tracer commodities for basic obstetrics care, Diagnostic kits or reagents to undertake basic investigations were not available in most HCIVs and HC IIIs.

6.4 Recommendations

Ministry of Health

- MoH Health Promotion Education and Communication department should provide health education/demonstration materials to the health facilities like Anatomical models (Pelvis & penis dildo), brochure / leaflets and flipcharts or cue cards.
- MoH should fast track the dissemination of current guidelines, especially on Financial management, RMNCAH, Radiology and Imaging, IPC, Human Resources management, Health Care Waste Management (HCWM), Laboratory, management of common diseases, Occupational safety policy and client charter key messages to districts and health facilities.
- Regional equipment workshops need to improve maintenance of the already available laboratory equipment.

- Support facilities to have basic obstetric care medicines and commodities, and laboratory equipment.
- MOH should encourage districts to plan for dissemination meetings and follow up of the HFQAP findings to the key stakeholders.

District Health Team

- The DHT and HSD teams should adopt the HFQAP results for their routine supervision as if offers a comprehensive assessment of all building blocks of the health system.
- Districts should support health facilities to have the client charter and health workers rights key messages (commitments) in the commonly used languages and displayed
- Support facilities to have basic obstetric care medicines and commodities, and laboratory equipment.
- District leadership should support health facilities to have qualified health workers at all times.

Health Facilities

- Facilities should put efforts to utilize the current guidelines (Financial management, RMNCAH, Radiology and Imaging, IPC, Human Resources management, Health Care Waste Management (HCWM), Laboratory, management of common diseases, Occupational safety policy and client charter key messages) which can be accessed from the MOH website and Ministry of Health-knowledge management portal <http://library.health.go.ug>
- Health facility in-charges should establish functional emergency units/services.
- Health facility in-charges should functionalize theatres.