



Ministry of Health Community Development, Gender, Elderly and Children

Annual Assessment Report
External Hospital Performance Assessment for
Regional Referral Hospitals
2019

October 2019

Regional Referral Hospital Management Project

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External Hospital Performance Assessment for
Regional Referral Hospitals
2019



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Acronyms

CHOP	Comprehensive Hospital Operation Plan
CSSD	Central Sterilized Supply Department
CTC	Centre for Treatment and Counseling
DHIS	District Health Information System
EHPA	External Hospital Performance Assessment
FC	Facility code
GotHOMIS	Government of Tanzania Hospital Management Information System
HAB	Hospital Advisory Board
HFGC	Health Facility Governing Committee
HMIS	Health Management Information System
HMT	Hospital Management Team
HRHIS	Human Resource for Health Information System
HSSP IV	Health Sector Strategic Plan iv
ICU	Intensive Care Unity
IPC	Infection and Prevention Control
ISS	Internal Supportive Supervision
LAB	Laboratory
MOHCDGEC	Ministry of Health Community Development Gender Elderly and Children
MSD	Medical Store Department
NHIF	National Health Insurance Fund
OJT	On the Job Training
OPD	Out Patient Department
OPRAS	Open Performance Appraisal System
OT	Operation Theater
PEP	Post Exposure Prophylaxis
PID	Pelvic Inflammatory Diseases
POA	Plan of Action
PORALG	President Office Regional Administration and Local Government
PPE	Personal Protection Equipment
PPM	Planned Preventive Maintenance
QI	Quality Improvement
QIT	Quality Improvement Team
RAS	Regional Administrative Secretary
RHMT	Regional Health Management Team
RMNCH	Reproductive Health Maternal Newborn and Child Health
RMO	Regional Medical Officer
RRH	Regional Referral Hospital
RRHMP	Regional Referral Hospital Management Project
RRHMT	Regional Referral Hospital Management Team
SLMTA	Strengthening Laboratory Management Towards Accreditation
SOP	Standard Operating Procedures
SS	Supportive Supervision
TAEC	Tanzania Atomic Energy Commission
TQM	Total Quality Management
URI	Upper Respiratory Infection
UTI	Urinary Tract Infection
WIT	Work Improvement Team
eLMIS	Electronic Logistic Management System

Foreword

This report is a result of the Regional Referral Hospital assessments that are usually carried out annually by the MOHCDGEC in collaboration with RHMTs of each region. The report is the third in the series of RRH external assessment. Importantly, it mirrors the current situation of each hospital at the time of assessment and echoes the performance of each RRH in the twelve assessed areas. Implicitly, what manifests from this report, is indeed the capacity of the Hospital Management Teams in superintending different components of the RRHs.

Similarly, as in the previous assessments, the findings and results of this assessment was disseminated to the RRHMTs of the respective RRHs during feedback session that was conducted by the assessment teams in every RRH. It is my wish that all RRHMTs will effectively make thorough analysis of the findings so that they understand the real causes of the gaps/ challenges the RRH has been encountering in delivery of Quality services. With that, I expect in going through this report, RRHMTs will innovatively conduct further/deep analysis of the results and findings that will include carrying out operational research to assist them to establish the roots of each gap/ challenge/ achievement identified. Additionally, I envisage, to see all RRHMTs engaging the 5SKAIZEN TQM approach to appropriately plan and implement effective interventions to address the identified gaps/challenges as well to sustain the achievements gained.

Furtherance, as mentioned above, the report pelts in summary the prevailing situations and performance of each RRH in the assessed areas. Thus, the report forms a strong reference for Supervisors from MoHCDGEC, Regional level to identify areas of focus when conducting supportive supervisions, coaching and mentoring to RRHs. In this aspect I urge all supervisors visiting RRHs to use this report to track and following up performance of the individual RRHs towards delivery of quality services. Also, stakeholders use it to shop and agree on specific areas that require their support and join efforts of the ministry in improving the RRHs.

Most importantly, I must profess that the timing of this report has been, and will be of great value to RRHMTs as well as MoHCDGEC. For RRHMTs; the planning cycle commences October/November every year! It is therefore expected, that interventions for the 2019 EHPA identified gaps that require funds will be cogitated in the coming 2020/21 CHOP; and that using the 2019 EHPA findings and - QPR, ISS, CV 5S KAIZEN M&E, KPIs reports the 2020/21 CHOP will unquestionably be evidence based. To MoHCDGEC, the release of this Report has come at an opportune moment when the Ministry has just concluded the review of the HSSP IV in preparation for HSSP V. Hence its importance in preparing what needs for RRHs be taken on board in HSSP V cannot be overemphasized.

The report will therefore be one of the main reference documents to suggest future improvements and policy decisions and directions for the HSSP V as regards RRHs.



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Acknowledgement

Ministry of Health Community Development Gender Elderly & Children would like to extend its appreciation to the team of assessors who through sub teams visited all 28 RRHs to assess performance of the hospitals in delivery of quality health care during 2018/19 financial year. The teams are: Team (A) led by Dr.Msafiri Kabulwa from Directorate of Curative Services to Temeke, Katavi, Sumbawanga, Songwe, Mbeya, Njombe, Songea, Ligula & Sokoine RRHs; Team (B) led by Raynod John – Coordinator Regional Health Services to Mwananyala, Bombo-Tanga, Mawenzi, Mt Meru, Manyara,Singida, Dodoma, Iringa, Morogoro and Tumbi RRHs: and Team (C) led by Dr. Abdallah Balla RHMT Singida to Amana, Bukoba, Geita, Sekou Toure, Musoma, Simiyu, Shinyanga, Kitete & Maweni RRHs

We also, understand compiling the report submitted by Sub Teams was highly demanding! In this regard, therefore, the ministry would wish to extend her appreciation to the team that devoted their valuable time to ensure compilation of the 2019 EHPA has been successfully achieved. Specifically, the ministry would like to extend sincere thanks to Mr Suichi Suzuki - RRHMP Hospital Systems Expert for his splendid job and effort to compile and analyze all the data as viewed in the report.

Similarly, the ministry would like to express her gratitude to the RRHMP experts Dr. Hisairo Ishijima - Chief Advisor, and Mr. Fares Masaule - Senior Technical Advisor for their guidance and facilitation during compilation, but also for their expertise in writing and refining this report. Cooperatively, we are very thankful to the Management of TAMISEMI for permitting two RHMT officers from Singida region to participate in the assessment as well as writing of this report.

Lastly, the MoHCDGEC would like to abundantly register its' appreciation to the Government of Japan through JICA for their continued immense technical and financial support provided to carry out the exercise from orientation to compilation writing and dissemination of this report



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Executive summary

External Hospital Performance Assessment (EHPA) to Regional Referral Hospitals was introduced following the commencement of Project for Strengthening of the Regional Referral Hospitals (RRHMP) under support of JICA. It was by then a consensus agreement between MoHCDGEC and PORALG to have reliable mechanism/ approach to monitor the progress of planned activities in CHOP and oversee Regional Referral Hospital Management Teams (RRHMT) productivity and quality of services provided by the RRHs.

The first EHPA was conducted to all 28 Regional referral Hospitals (RRH) in August/ September 2017 and the second in 2018 the same time as per the instructions contained in the ISS/EHPA Guidelines. In 2019, the EHPA sequences for the 3rd year consecutively at the same period. Commonly, in all these years, EHPA has always been preceded by pre- preparations/ arrangements that involves orientation/ training of facilitators who would carry out the exercise in the field.

The 2019 assessment however, was heralded by two associated major activities: the 2018 EHPA follow up visit to 9 RRHs that performed low (obtained less than 70% score) conducted in March 2019, and Orientation to 2019 EHPA facilitators that took place from 30th July to 1st August 2019 in Dodoma. The main objective of the “Follow Up” was to support the RRHs in improving hospital areas identified by the 2018 EHPA as challenging before the next cycle of CHOP planning starts; whilst the purpose of the pre-orientation/ training to the facilitators was the same as for the two previous EHPAs – “to equip assessors with knowledge and skills needed for implementation of EHPA as well as explaining their Terms of Reference (TOR) for conducting the EHPA”.

From the “2018 Follow Up”, 9 out of the visited RRHs, 6 had prepared an Action Plan that was being adhered to by the RRHMTs to address the 2018 EHPA identified gaps/ challenges. Three (3) could not produce evidence of an Action plan. Nevertheless, RRHs with action plans did not show much difference in addressing the identified gaps as most of them performed low. Many of them had partially implemented/addressed gaps than fully implemented. Main reason for this anomaly being; RRHMTs did not strategize the whole exercise of addressing the identified gaps/ challenges. With this situation, the 2019 EHPA focused not only in following up tackling of issues identified in the 2018 EHPA, but also, providing technical support and advice to RRHs on the strategy to take to address their challenges within their available resources.

As it has been in the previous two EHPA reports, this report encompasses results and analysis of the 2019 EHPA carried out in all 28 Regional Referral Hospitals from 1st of August – 14th September 2019 by groups of national assessors composed of members from MoHCDGEC, Muhimbili National Hospital, Mbeya Zonal Referral Hospital, RRHMP, Team of trained RHMT members from Singida and in collaboration with members of RHMT from each visited region. The same EHPA tool used during the 2018 assessment that had twelve areas and a total of 271 indicator questions to be scored was exerted. Scores were recorded and processed automatically the same way as in 2018 through excel file & calculator provided in the tool used by the assessment teams.

Actual assessment of the RRHs took three days; two days for assessment & feedback preparation, and a day for provision of feedback and discussions with the RRHMTs on the results, findings and way forward. Hence, this report presents summary of results and analysis of the 3rd External Hospital Performance Assessment (EHPA) carried out in the 28 Regional Referral Hospitals as follows:

General Observation From results & findings

1) Commonly observed Service delivery Challenges

- Service and Major ward rounds are not regularly conducted in all wards in all RRH visited,
- Basic Nursing Care Tools designed for recording nursing care services were incorrectly filled especially on column for nursing assessment findings, nursing diagnosis, objective and nursing intervention and

sometime were not used at all; Furthermore, tools do not provide room to capture extra nursing care information;

- Incorrect filling of Partograph especially during plotting of the contractions and fetal wellbeing
- Good Quality Improvement practices implemented by some departments in most of the RRHs not duplicated to other departments within the same RRH and consequently, no sustainability of 5S KAIZEN a
- Most Work Improvement Teams (WITs) in the assessed RRHs are Inactive;
- Application of 5S-KAIZEN concept for stock management in Pharmacy store, Laboratory and all sections stores was not observed in all RRH visited;
- All hospitals do not provide feedback after handling complaints raised by clients/patients;
- Most of OT are not closely monitored and supervised to ensure adherence to standards (IPC, 5S-activities storage rules, procedures and traffic flow); the design of OT buildings does not allow standard flow of traffic hence safe surgical procedures might not be ensured;
- External quality control (Verification) of most of the investigations done by laboratories & obliged to be verified not done.
- No stand-alone units of CSSD in most of the RRHs
- The functionality of mortuary not monitored regularly (Katavi, Sumbawanga, Songea, Ligula and Sokoine RRH);
- Disposal of health care waste as there is no hi-tech incinerator (Katavi, Sumbawanga, Songwe, Njombe, Songea and Ligula)
- No operational research to improve hospital operational performance in almost all the RRHs

2) Recommendations

- RRHMTs should ensure health care services and Major Ward rounds should be conducted as per guidelines;
- RRHMTs should closely monitor and supervise OTs to ensure adherence to standards (flow, procedures, IPC, use of 5S KAIZEN QI etc.);
- RRHMTs should closely and on day to day basis monitor QIT & WIT functions of their respective RRH;
- RRHs with no Mechanism for provision of feedback to client complaints should establish the mechanism immediately;
- MoH should, closely monitor service and Major ward rounds conducted in all RRHs and ensure are done in accordance to the issued guidelines;
- MoH (Nursing Department) follow up the challenges encountered by RRHs in using the Basic Nursing Tools and feeling of partograph and intervene accordingly;
- MoH should advocate to RRHMTs to conduct Operational research and use KAIZEN approach to solve and improve services in the hospital;
- MoH is advised to come up with standard high-tech Incinerator for RRHs so that RHMTs would be advised to purchase;
- MoH should oversee & facilitate establishment of stand-alone CSSD in every RRH.

Observed Changes and Limitations per RRH Compared to 2018

RRH	Change/Improvement	Inadequacy /Limitation	Staff Shortage
Temeke	-Functioning RRHMT, QIT and Disciplinary committee -Client satisfied with services provided	-Unaddressed many 2018 gaps	5%
Katavi	-Good functioning RRHAB -Utilization of data to address problem and to respond -Availability of emergency unit	-No share ISS, Internal M&E of 5S-KAIZEN findings and results -Infrastructure in poor state of repair; -Not aligned ICP guideline	58%

RRH	Change/Improvement	Inadequacy /Limitation	Staff Shortage
Sumbawanga	-Clinical supportive supervision done Disciplinary committee present	-No share ISS, Internal M&E of 5S-KAIZEN findings and results - Protocols for traffic flow in Operating theatre are not adhered -Not aligned ICP guideline	11%
Songwe	-Availability of retention mechanism -Feedback mechanism is in place -Evidenced efforts in improving infrastructure	-No share ISS, Internal M&E of 5S-KAIZEN findings and results - No RRHAB - No cleaning materials	49.3%
Mbeya	-Strong commitment of RRHMT -Good functioning RRHAB -Outreach health promotion services are scheduled and conducted	-No share ISS results - No PPM - Not aligned IPC guideline	32.4%
Njombe	-Organized and committed RRHMT	-No HMIS - No feedback mechanism -Inadequate equipment	77.3%
Songea	-Well-organized and functioning HMT -Functioning RRHAB and QIT -Clients are satisfied with services provided	- Outstanding MSD debt - Nonfunctional emergency preparedness team - Not aligned color code	3.5%
Ligula	-Working in all gaps identified during EHPA done in 2018 -Functioning RRHAB	-Most client not satisfied health services -Not aligned IPC guideline -No SOP for emergency preparedness	43.5%
Sokoine	-Retention programs in place and budgeted -Regular updated HRHIS -OJT schedule available	-No share ISS, Internal M&E of 5S-KAIZEN findings and results	46%
Mwananyamala	-Medical errors/incidents register books in place -Availability of PPM	- HRHIS not updated regularly - No share ISS results	46%
Tanga	-Good responses / feedback from HMT -Arbitrability of ICU and NICU	- HRHIS not updated regularly - Not reliable data on HMIS - No RRHAB	46%
Mawenzi	-Functional facility management -Functional RRHAB	- HRHIS not updated regularly -No share ISS results - Need rehabilitation of building	34%
Mt. Meru	-Good HMIS utilization -Good OPRAS utilization -Good KAIZEN activities -Functional RRHAB	-Not aligned IPC guideline -Not available Succession plan	30%
Manyara	-HRHIS updated -OJT were conducted -Functional RRHAB	-Not complete medical record -HMIS not undated -No awareness of service charter	69%
Singida	-HRHIS updated -OPRAS in place -Good HMIS utilization	-Inadequate stock management -NO RRHAB -Not aligned IPC guideline	46%
Dodoma	-Good HRHIS utilization - Good CHOP utilization -Updated OPRAS	- Inadequate HMIS data -Not complete Medical record	30%
Iringa	-Updated HRHIS -OJT were conducted -Functional RRHAB	- Not available Succession plan -No awareness of service charter	41%

RRH	Change/Improvement	Inadequacy /Limitation	Staff Shortage
Morogoro	- Implementation on coaching and mentoring by RRHMT /HMT - OPRAS in place	-Not enough update of HRHIS	22%
Tumbi	- OPRAS in place - Availability trained personnel on PPM, PPM plan and report	-Not enough update of HRHIS - There is no hospital formulary	17%
Amana	-ISS feedback - Functional RRHAB	- Not enough update of OPRAS - Not shared HRHIS -Not aligned IPC guideline	21.3%
Bukoba	- Functional RRHAB - Undated OPRAS	-Not available Succession plan - Stagnation of 5S-KAIZEN	41.3%
Sekou Toure	-Utilization of data - Functional RRHAB - Evidence of PPM	-Stagnation of KAIZEN	25%
Geita	-Updated HRHIS -Available OPRAS	-Not aligned IPC guideline - Data inconsistency from primary source	35.2%
Musoma	-Updated HRHIS -Available OPRAS - Functional RRHAB	-Not aligned IPC guideline - Data inconsistency from primary source	35.9%
Simiyu	-Updated HRHIS - Functional RRHAB	- WIT does not function - Inconsistence of data in register book, tally sheet and summary forms -Stagnation of KAIZEN	71.7%
Shinyanga	-Updated HRHIS -Available OPRAS	-Nonfunctioning WITs in the different sections - Improper documentation	36.1%
Kitete	-Utilization of OPRAS -OJT were conducted	-Inactive WIT observed -Not aligned IPC guideline	28.2%
Maweni	-Availability of Emergency Preparedness and Disaster Responsiveness -DDA properly secured	-Stagnation of KAIZEN - Inadequate documentation and record keeping	49.3%

General analytical observations

The analysis shows that; average score for all the assessed RRH is 77.36% with a 4.27% increase as compared to 73.09% in 2018 and a 12.23 % increase as compared to 65.6% in 2017.

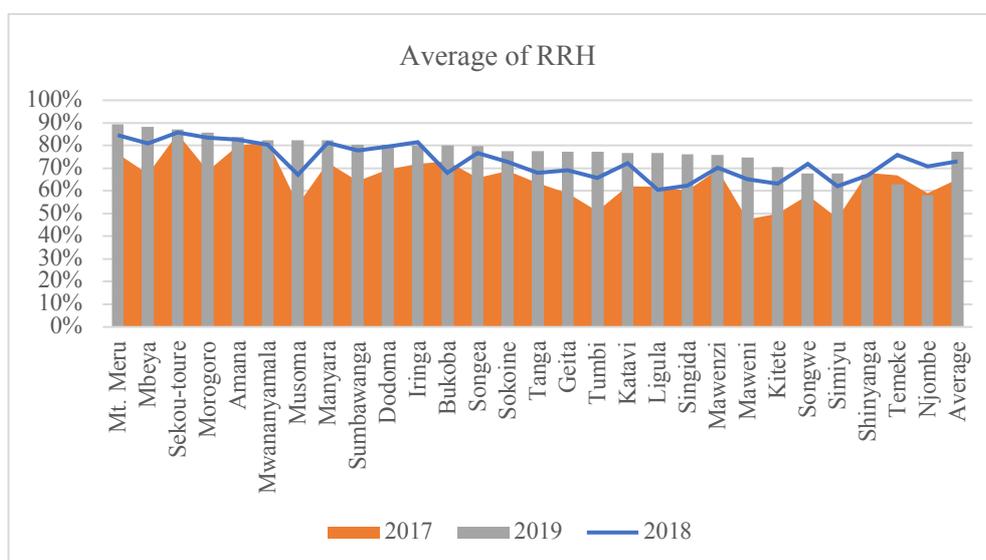


Figure 0-1: Average EHPA score on 2017, 2018 and 2019 per RRH

Overall score results show that; 15 RRH out of 28 assessed scored above the overall national average (77.36%), with scores ranging from highest 89.33% (Mt. Meru) – lowest 58.04% (Njombe). Standard Deviation (SD) is 7.49, decreased by 0.17 as compared to 7.68 in 2018. As regard to improvement, 24 RRHs have increased their 2018 overall scores signaling to have improved from EHPA 2018.

21 RRHs have clinched over 75% level set for RRHMP as a target to be achieved by at least 70% of RRHs. Hence 75% of the RRHs (more than the RRHMP set target) have attained the yearning objective level. Regarding the score of each RRH, most of RRHs improved their scores or maintained the scores but at high level; RRHs whose scores are over 80% appeared to have strong, well organized and highly committed MOI and RRHMT.

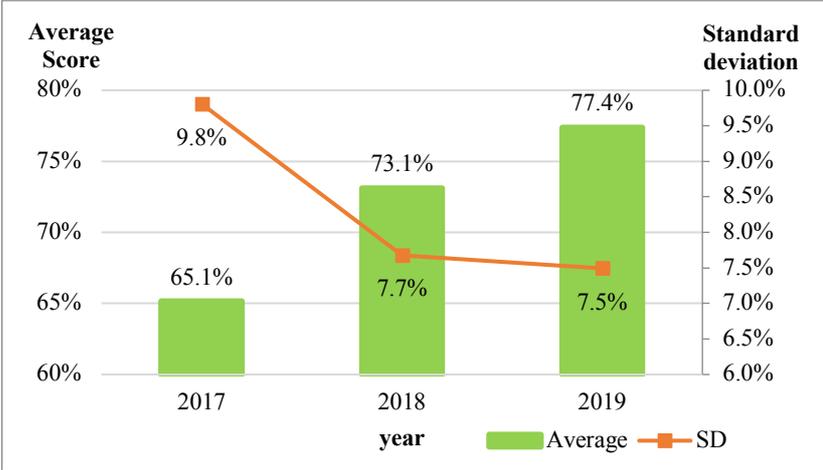


Figure 0-2. EHPA 2017, 2018 and 2019 (2): Average score per Area

From the analysis, it is noted that RRHs which had high overall scores in 2018, had few areas for improvement except Mt. Meru and Mbeya, hence, amount of effort injected in 2019 to address the gaps could be less as compared to RRHs that scored low. Many of them have maintained almost same high scores and top positions e.g. Sekou Toure, Morogoro, Amana, Mwananyamala, Manyara, Sumbawanga, Dodoma and Iringa. Their further challenges are to maintain the current good performance through standardization of good practice covering all areas in the hospital chances.

Musoma, Bukoba Tumbi, Ligula, Maweni and Singida RRHs with low scores in EHPA 2018 had many areas for improvement and hence, injected commendable efforts for the notable improvement in scores and stride in position. However, Songwe and Temeke RRHs which dropped in both scores and positions still have some 2018 EHPA un-addressed gaps and remained below average scores. Score of Songwe RRH most likely dropped due to limited ability for delivery of health care services resulting from the ongoing major renovations. Temeke RRH from the ‘Follow up Report’ was pointed out that it did not implement the 2018 EHPA recommendations and as a result has continued to drop. From assessors’ observations, Shinyanga RRH, low performance was associated with lack of RRHMT commitment and lack of teamwork; and this has been the trend since 2017 EHPA.

Simiyu and Njombe RRHs, moved RRH functions from the council /district hospitals to newly constructed RRH premises a month and a half before carrying out 2019 EHPA exercise (June 2019). From this standpoint, only few RRH old staff moved from the Council/ District Hospitals to the new RRH premises. Consequently, the Hospitals hired new staff whom during assessment mostly were found to be unfamiliar with management and service deliveries in RRH. To the opinion of assessors, Simiyu and Njombe RRHs, assessments in 2019 should be considered to be their baseline assessment.

According to the 12 Areas of EHPA, scores of all Areas have increased/improved compared to 2018. Same as EHPA 2018, average score of Area 2 - Hospital Management and Area 4 – and Staff Performance are relatively

high. On the other hand, those of Area 5 – Organization of Service and Area 10 - IPC, Safety measures remained low. Comparing to Baseline and EHPA 2019, Standard Deviation (SD) of all Areas decreased except Area 9 (Hospital Infrastructure) and Area 12 (Clinical Support Services). However, SD of Area 8 is still large.

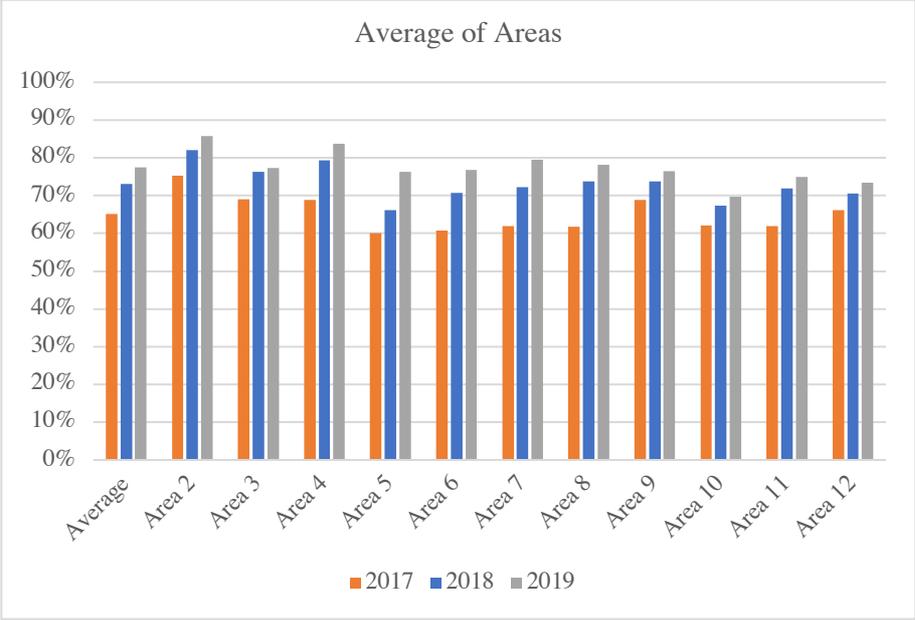


Figure 0-2: Average EHPA score on 2017, 2018 and 2019 per Area

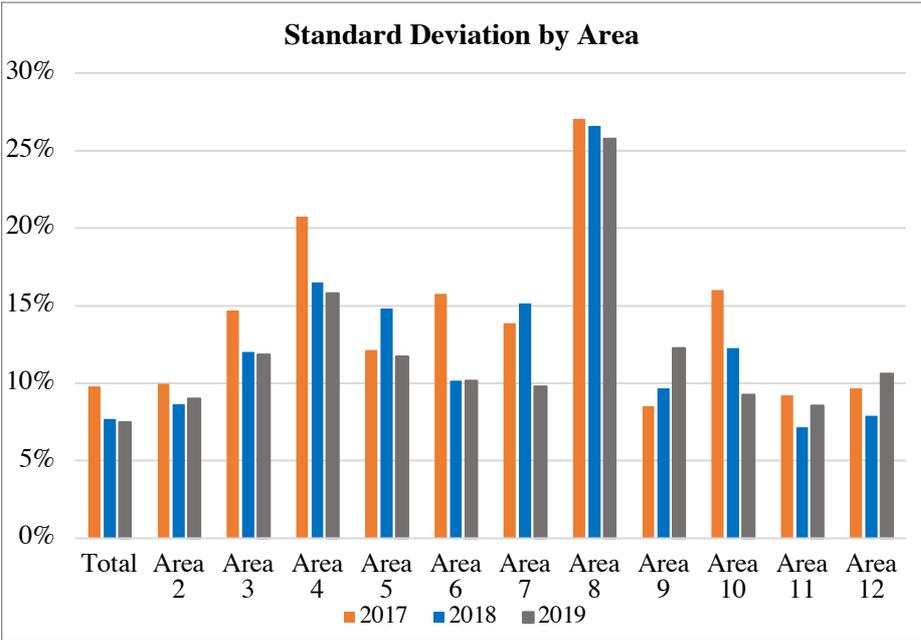


Figure 0-3: Standard Deviation on 2017, 2018 and 2019 per Area

More detailed analysis on the Results and Findings for each RRH will be provided in Chapter 2 (RESULTS) with suggestions for bridging the gaps identified as well as tips to maintain achievements observed during assessment.

1. Introduction

1.1. Background

The External Hospital Performance Assessment (EHPA) is a result of consensus agreement reached by MoHCDGEC/PORALG as reliable approach to monitoring the progress of planned activities in CHOP and oversees RRHMTs productivity and quality of services provided. With this, through involvement of various stakeholders in SWAP arrangement the Ministry of Health under RRHMP facilitation developed the EHPA tool for RRHs basing on the existing Star Rating Tools that was in use for Primary Health Facilities. The underlying reason being that there were several different HPA tools introduced and operating in Tanzanian health sector without proper coordination; hence, developing completely a new assessment tool could make the situation worse and confuse hospital management teams more.

The Ministry, therefore, with support of JICA introduced External Hospital Performance Assessment (EHPA) to all RRHs, pronto on the onset of the RRHMP by carrying out 1st External Hospital Performance Assessment to all RRHs from July to September 2017, as Baseline assessment. The baseline assessment was carried out by a group of trained members of RHMT in every region under support of facilitators from MoHCDGEC and PORALG. The experiences gained from conducting the assessment, comments/inputs on the tool, and assessor's observations were very valuable in completion of the *Guideline for Internal Supportive Supervision and External Hospital Performance Assessment* (EHP/ISS Guideline) of March 2018.

Furthermore, the results and findings of the 1st EHPA baseline enabled the RRHMTs to reflect and understand the prevailing situations in their RRHs; their strengths and weakness in all the assessed areas. Through dissemination workshops arranged immediately after the EHPA, the RRHMTs shared experiences and best practices before they could prepare action plans to address challenges and gaps observed in the assessment as well as sustain achievements attained.

In view of this, the EHPA 2018 was conducted principally as a follow up on the strides and progress made by the RRHMTs in addressing challenges and gaps identified in the baseline as well as ensuring continuity of periodical assessment and reporting mechanism for RRH. Comparable to 2018 EHPA, therefore, the EHPA 2019 was not an exception, but essentially a continuation of the follow up that was instituted after conducting the Baseline assessment to support and oversee progress made by the RRHMTs in addressing challenges and gaps, identified in the 2018 EHPA. Solely, this years' assessment was succeeded by "Supportive supervision follow up Visit" that was carried out in March 2019 to 9 RRHs that performed low (scored <70%) in the 2018 EHPA. Hence, the 2019 assessment was also to track achievement so far realized since the supportive supervision visit in March.

Akin to 2018 approach in order to ensure smooth assessment for the 2019 exercise, assessors were exposed to training/orientation on the methodology and use of the EHPA Tools conducted some few days prior to the actual assessment. Participants were invited from MoHCDGEC, RHMTs, National 5S KAIZEN facilitators from zonal Referral Hospitals of Muhimbili and Mbeya and Training Institutions of CEDHA and PHCI. The inclusion of 5S KAIZEN facilitators was purposely done to manage aspects of 5S KAIZEN integrated in the EHPA tool. The orientation was done in Dodoma from 30th July – 1st August 2019.

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1.2. Methods

1.2.1. EHPA Tools

The tool used in this year EHPA is similar to the one used in the Baseline and in 2018 EHPA, developed based on the already existing Health Facility Star Rating tool for health facilities at the primary health care level. Necessary indicators for assessment of RRH were drawn from Regional Management Supportive Supervision for Hospital (RMSS-H), ISS and 5S-KAIZEN-TQM approach guidelines and tools to enrich the EHPA tool (see Figure 2). This enrichment brings in a comprehensive measurement process of RRH's performance that leans on supportive supervision principles and combines eight plus management areas with service provision sphere.

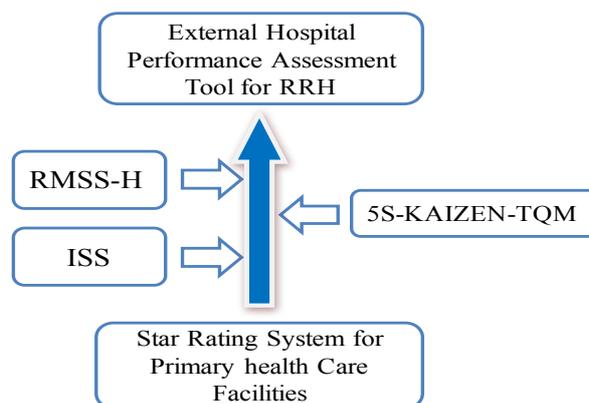


Figure 2-1: EHPA tool development process

The 2019 EHPA tool therefore does not differ much from the 2018 tool in terms of areas of assessment and approach for the assessment. Principally, the 2019 tool had the same twelve areas each with sub areas of focus. With this the EHPA checklist has maintained the twelve (12) assessment areas with 109 indicators. Some have sub-questions that attempts to provide clarification on the prevailing situation from a multi-dimension's perspective. To achieve this kind of clarification, the EHPA tool was attached with 13 annexes. For Areas see Table 2-1 below:

Table 2-1: Areas and Number of indicators in each sub-area

Area	Sub-Area	No. of Indicator
1. Legality		2
2. Hospital Management	Facility Management	7
	Facility Autonomy and Fiscal Decentralization	6
	Working Conditions	4
3. Use of Hospital Data for Planning and Service Improvement	Function of HMIS	2
	Information Use and Dissemination	1
	Medical records	2
4. Staff Performance	Staff Performance Appraisal System	5
5. Organization of Service	Service Provider Charter	5
	Client Flow	2
	Health Promotion Services	2
6. Handling Emergencies and Referral	Appropriate Handling of Emergencies	6
	Referral Mechanism	1
	Emergency Preparedness and Response Services	1
7. Client Focus	Client Service Charter	3
	Client Satisfaction	1
8. Social Accountability	Social Accountability Assessment	2
	Functional Hospital Advisory Boards	2

Area	Sub-Area	No. of Indicator
9. Hospital Infrastructure	Planned Preventive Maintenance (PPM)	2
	Buildings	8
	Utilities	2
	Equipment and Furniture	2
10. IPC, Safety Measures and Risk Management	Infection Prevention and Control (IPC)	7
	Healthcare Waste Management	4
	Fire Safety	1
11. Clinical service	Outpatient services	2
	RMNCH-Services	1
	Inpatient Services	4
12. Clinical Support Service	Pharmaceutical Services	7
	Laboratory	7
	Operation Theatre	4
	Radiology and Imaging	2
	Mortuary Services	1
	Food Services	1

1.2.2. Traits of the Tool

In the tool, there are eight fields that assessors had to work with. 1) Serial Numbers for the Area, Indicators and sub-indicators; 2) Indicator; 3) Question/Verification Method; 4) Responses; 5) Means of Verifications; 6) Department/ Unit to be observed; 7) Score; and 8) Comments. (See Figure 2-2 below) Apart from those fields, the EHPA tool is equipped with calculator to assist the assessors in analyzing the results. (See the Figure2-3 below).

External Performance Assessment Checklist for Regional Referral Hospital								
SN	NO.	INDICATOR	QUESTION/VERIFICATION METHOD	RESPONSES	Means of Verification	Departments/Units	Score	Remarks / Comments
1	AREA 1: LEGALITY							
2	1.1	Valid Licence	Does the health facility have a valid license for provision of services? Check for presence of: -Registration and up to date license for Private HFs as per Private Health Advisory Board Regulations -OR MSIMBO (HMIS) number for Public Facilities OR HFR	Y. Registration and up to date license for private facilities from Private Health Advisory Board OR Msimbo number for public facilities OR HFR N. No license OR license not up to date for Private HFs as per Private Health Advisory Board OR no Msimbo number for public facilities OR HFR		Administration		
3	1.2	Service Agreement	Does the facility have a service agreement with the government? If applicable, ask the facility manager to show you the service agreement.	Y. Valid service agreement in place N. No service agreement or not valid NA. For public facilities		Administration		
4	AREA 2: HOSPITAL MANAGEMENT							
6	2.1	Facility Management						
7	2.1.1	Organization structure	Is there an organization structures for the hospital and department that are openly displayed? Check Hospital and department organogram – administration block and in at least three departments	3: Observed correct organizational structures documented and displayed in administration block and in at least three departments 2: Organization structures documented but outdated or not displayed 1: No organization structure documented		Administration OPD Internal Medicine W Pharmacy		
8	2.1.2	Human Resource available in the Hospital	How many staff are available at this hospital based on staffing level? Ask the hospital manager for the number of staff available compared with establishment (Annex 1)	3: More than 75% of staff is available 2: 40-75% of staff is available 1: Less than 40% of staff is available	Annex.1 (Personnel list)	Administration (HRH)		

Figure2-2: Example of EHPA checklist

		YES / NO	Comment	
1. Legality	Valid Licence			
	Service Agreement			
Area	Sub-Area		Average	%
2. Hospital Management	1	Facility Management	2.297619048	76.59%
	2	Facility Autonomy and Fiscal	2.494444444	83.15%
	3	Working Conditions	2.5	83.33%
3. Use of Hospital Data for Planning and Service Improvement	1	Function of HMIS	2.625	87.50%
	2	Information Use and Dissemination	1	33.33%
	3	Medical records	2.75	91.67%
4. Staff Performance	1	Staff performance appraisal system	2.625	87.50%
5. Organization of Service	1	Service Provider Charter	2.6	86.67%
	2	Client Flow	2.833333333	94.44%
	3	Health Promotion Services	2	66.67%
6. Handling Emergencies and Referral	1	Appropriate Handling of Emergencies	2	66.67%
	2	Referral Mechanism	2	66.67%
	3	Emergency Preparedness and Response	2	66.67%
7. Client Focus	1	Client Service Charter	1.333333333	44.44%
	2	Client satisfaction	2	66.67%
8. Social Accountability	1	Social Accountability Assessment	1.5	50.00%
	2	Functional Hospital Advisory Board	1	33.33%
9. Hospital Infrastructure	1	Planned Preventive Maintenance (PPM)	1.25	41.67%
	2	Buildings	2.6875	89.58%
	3	Utilities	2.5	83.33%
	4	Equipment and Furniture	3	100.00%
10. IPC, Safety Measures and Risk Management	1	Infection Prevention and Control (IPC)	2.69047619	89.68%
	2	Healthcare Waste Management	2.625	87.50%
	3	Fire Safety	3	100.00%
11. Clinical service	1	Outpatient services	2.5	83.33%
	2	RMNCH-Services	1.666666667	55.56%
	3	Inpatient Services	1.9	63.33%
12. Clinical Support Service	1	Pharmaceutical Services	2.714285714	90.48%
	2	Laboratory	2.714285714	90.48%
	3	Operation Theatre	2.5	83.33%
	4	Radiology and Imaging	1	33.33%
	5	Mortuary Services	3	100.00%
	6	Food Services	1	33.33%

Figure 2-3: Example of Calculator

1.2.3. EHPA Assessors

For the 2019 EHP, 25 assessors were selected from the MoHCDGEC, RHMTs, National 5S-KAIZEN facilitators from zonal referral hospitals and representatives from CEDHA & PHCI, who were trained on the methodology and use of the EHPA tools, to carry out the assessment exercise. Out of the 25 trained participants, 12 were selected to do the needful for this year EHPA. Nine out of the 12, selected, had also participated in the EHPA 2018 assessment. As it was with the EHPA2018, three teams/Groups were formed from the 12 selected participants each with 4 assessors composed of different expertise: administrators, doctors and nurses. Assessment teams were joined by one or two members of RHMT and RRHMT from each respective region.

Table 2-2: List of assessors and teams

Specialties	Team A	Team B	Team C
Doctor	*Dr. Msafiri Kabulwa (DCS, MoH)	Dr. Fadhili Kibaya (DCS, MoH)	*Dr Abdallah Balla (RHMT Singida)
Administrator	Mr. Fares Masaule (RRHMP)	*Mr. Raynold John (DPP, MoH)	Ms. Pili Mwinnyami (DCS, MoH)
Nurse	Ms. Hyasinta Alute (RHMT Singida)	Ms. Faraja Nyamle (Mbeya ZRH)	Ms. Niyonizigiye Anicet (Muhimbili NH)
Other	Mr. Zenobius Matembo (Mbeya ZRH)	Ms. Mwanisha Hassan/ Dan Temba (DCS, MoH) Mr. Shuichi Suzuki (RRHMP)	Ms. Violet Mlay (RRHMP)

*=Team Leader

1.2.4 Schedule of EHPA

EHPA exercise was carried out at each RRH for 3 days; 2 days for the actual assessment, analysis and report writing; and 1 day for giving feedback, discussions and way forward. In the first day of assessment, assessors paid courtesy call to RMO with a view to keep the RHMT informed of the performance assessment of their RRH and also discuss and get support of a member of RHMT to strengthen the assessment group. After the courtesy call the team oriented Medical officer in-charge on the assessment before making round trip of the RRH to familiarize themselves with the hospital environment. During data collection, the assessors had to observe and follow the instructions given in the tool (checklist) in each assessment area; for some areas/ indicators required the use of one or combined or all of the following methodology:

- Document review
- Physical check / photo taking
- Observation of practice
- Interview of staff
- Interview of patients/clients

Assessment teams were reminded at every point of assessment, to supportably discuss with staff and give immediate feedback on the findings at the unit/department level. They were also emphasized to keep in mind, that EHPA is not inspection or audit exercise but an exercise that is principally built on the concepts of supportive supervision. Therefore, they should not only be supportive but also ready to facilitate realization of the gaps/challenges the RRHs are facing and ensure to reaching consensus on the appropriate interventions to address them.

Table 2-3: Schedule for of EHPA

Day	Activities
Day 1	Courtesy call to RMO
	Courtesy call to Moi
	Hospital round
	Assessment
Day 2	Assessment
	Compilation work (data entry, analysis, report writing, presentation)
Day 3	Feedback and discussion sessions

Each assessment team visited 9 or RRHs to conduct EHPA and the schedule for each team was as following;

Table 2-4: Schedule of EHPA on each team

Weeks	Team A	Team B	Team C
1 st week	Temeke RRH (Dar es salaam)	Mwananyamala RRH (Dar es salaam)	Amana RRH (Dar es salaam)
2 nd week	Katavi RRH Sumbawanga RRH (Rukwa)	Tanga RRH Mawenzi RRH (Kilimanjaro)	Bukoba RRH (Kagera) Geita RRH
3 rd week	Songwe RRH Mbeya RRH	Mt. Meru RRH (Arusha) Manyara RRH	Sekou-toure RRH (Mwanza) Musoma RRH (Mara)
4 th week	Mbeya RRH (Cont.) Njombe RRH	Manyara RRH(Cont.) Singida RRH	Musoma RRH (Mara)(Cont.) Shimiyu RRH
5 th week	Songea RRH (Ruvuma) Ligula RRH (Mtwara)	Dodoma RRH Iringa RRH	Shinyanga RRH Kitete RRH (Tabora)
6 th week	Sokoine RRH (Lindi)	Morogoro RRH Tumbi RRH (Pwani)	Maweni RRH (Kigoma)

After the assessment on the first week, all assessors gathered to calibrate the procedures on how to conduct EHPA smoothly.

1.2.5. Report Compilation

The summaries were further analyzed by the teams and compiled into this 2019 EHPA Report in a “Compilation Working Session” that was conducted from 16th to 24th September 2019, involving all three assessment teams.

Apart from sharing field experience and information each assessment team was assigned to develop a summary report for each RRH assessed, feedback ppt and Zone (Combine RRHs) report. This report of EHPA 2019 contains the summary of zonal report compiled by each assessment team. This was done purposely to ensure that assessors understand how to compile and prepare EHPA report and results of each assessed RRH keeping in mind that the EHPA 2019 is the final year of support by JICA.

2. Results

2.1. Overall results

Average score for all the assessed RRH in 2019 is 77.36%, ranging from 89.33% (Mt. Meru) to 58.04% (Njombe). This is increase of 4.27% in scores as compared to average of 73.09 in 2018 EHPA and increase of 12.23% in those as compared to 65.6% in 2017 EHPA baseline. Scores of 24 RRHs were improved /increased as compared to same Hospitals in the 2018 EHPA results. Scores of Iringa RRH has decreased slightly (-1.36%), while scores of three RRHs dropped largely (Songwe by -4.07%, Temeke by -13.04% and Njombe -12.82%). Standard Deviation (SD) of the average score is 7.43 showing a decrease of 0.25 from 7.68 in 2018 and decrease of 2.38 from 9.42 in 2017.

Furthermore 15 out of 28 RRHs scored above the overall national average (77.36%) in 2019 when compared to 14 out of 28 RRHs in 2018 at an average of 73.09%. Taking into consideration that the overall average scores have increased (73.09% - 77.36%) and SD gap has closed (decreased) it may be inferred that the overall performance of RRHs have improved homogenously. And also, looking at performance of the RRHs in 2019, about 78.5% of the RRHs (22/28) have attained average score levels above 2018 average (73.09%) suggesting that RRHs performance of 2019 have no doubt improved.

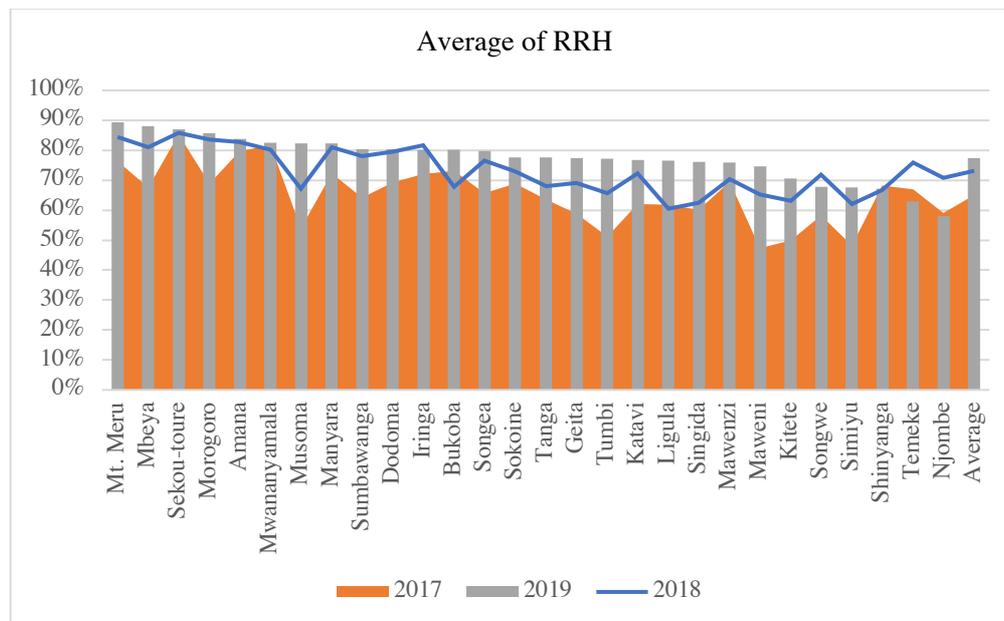


Figure 2-1: Average EHPA score on 2017, 2018 and 2019 per RRH (same as Figure 1)

In the Project for Strengthening Hospital Management of Regional Referral Hospitals (RRHMP), one of the project purposes is described as “70% of RRHs obtain more than 75% of EHPA average score” (It is the same as 20 RRHs obtain more than 70%). In 2019, 21 RRHs obtained more than 75% scores and the number of RRHs obtained more than that 75% have doubled comparing to 12 RRHs in 2018; and indeed, an indicator of the project purposes has been attained.

2.2. Trend of Performance of RRHs

The highest score RRH is Mt. Meru up from 2nd in 2018. The scores of all assessment areas of Mt. Meru RRH are over 80% except Area 10 (74.21%). It could be said that this RRH has no weak area. All areas with gaps that required no funds identified in the 2018 EHPA were effectively addressed and maintained hence, a notable improvement is observed.

Nevertheless, most of what is to be improved at Mt. Meru currently are gaps & challenges that require high investments in terms of funding and therefore, RRHMT has to plan, budget and locate funds in CHOP for procurement of equipment and renovation/construction of infrastructures if at all a notable step is to be made by Mt. Meru from the current position. More details are described on “4. Results by Regional Referral Hospitals”.

The second ranked Mbeya RRH is jumped from the 7th rank and the scores of all assessment areas of Mbeya are over 70% and Area 7 and 8 are 100%. Sekou-toure RRH is the third rank though the score of 2019 is larger than one of 2018. Sekou –toure have a similar situation to Mount Meru RRH. It ranked 1st in 2017 and 2018 consecutively but noted that for the RRH to demonstrate significant progress/improvement they would require capital investment to enable them solve challenges that require funding. The slight stagnation that led drop in ranking could therefore be linked to the fact that currently the hospital has to focus on the gaps that require high investment.

Comparing to 2018, the Top ten positions have not changed except 1 RRH moving from lower positions to Top ten; Musoma RRH ranked 21st in 2018 moved to 7th this year. All assessment areas in Musoma RRHs have average scores high than that of 2018 with an exception of Area 12 Clinical Support Services which declined 3.7% from 2018 because Food Service has declined 41.67%. Morogoro RRH, Amana RRH, Mwananyamala RRH, Manyara RRH, Sumbawanga RRH and Dodoma RRH kept high scores and within top ten ranking though each RRH has some weak areas.

On the other hand, average scores of Iringa RRH, Songwe RRH, Temeke RRH and Njombe RRH dropped. Further down the analysis, Iringa RRH has kept high average scores in many of the assessment areas with exception of Area 4 (Staff Performance Assessment) scored 61.67 lowest. So, despite it has dropped; still it is 11th in ranking with grand score of above 80%. Score of Songwe RRH dropped due to limited service delivery under the major renovations. Temeke was pointed out that it did not implement the 2018 EHPA recommendations. Njombe RRH moved to the new hospital in July 2019 and lacks many services.

Table 2-1: Comparison 2017 / 2018 / 2019 Performances “All RRHs” (Sorted by performance scores ranking)

Ranking			RRH	Average Score			Deference					
							Score			Rank		
17	18	19		2017	2018	2019	17-18	18-19	17-19	17-18	18-19	17-19
4	2	1	Mt. Meru	76.33%	84.49%	89.33%	8.17%	4.84%	13.00%	2	1	3
13	7	2	Mbeya	67.55%	80.94%	88.15%	13.39%	7.21%	20.60%	6	5	11
1	1	3	Sekou-toure	85.26%	85.81%	87.05%	0.54%	1.24%	1.79%	0	-2	-2
10	3	4	Morogoro	68.96%	83.51%	85.71%	14.55%	2.20%	16.75%	7	-1	6
3	4	5	Amana	79.78%	82.62%	83.88%	2.84%	1.27%	4.10%	-1	-1	-2
2	8	6	Mwananyamala	81.70%	80.26%	82.46%	-1.44%	2.19%	0.76%	-6	2	-4
25	21	7	Musoma	54.01%	67.06%	82.37%	13.05%	15.31%	28.36%	4	14	18
6	6	8	Manyara	72.37%	81.11%	82.36%	8.74%	1.25%	9.99%	0	-2	-2
16	10	9	Sumbawanga	64.27%	77.99%	80.46%	13.71%	2.47%	16.18%	6	1	7
9	9	10	Dodoma	69.29%	79.54%	80.42%	10.25%	0.88%	11.13%	0	-1	-1
7	5	11	Iringa	72.00%	81.60%	80.24%	9.60%	-1.36%	8.23%	2	-6	-4
5	20	12	Bukoba	73.15%	67.88%	80.08%	-5.27%	12.20%	6.93%	-15	8	-7
15	11	13	Songea	65.66%	76.62%	79.70%	10.96%	3.08%	14.04%	4	-2	2
11	13	14	Sokoine	68.86%	72.88%	77.64%	4.02%	4.76%	8.77%	-2	-1	-3
18	19	15	Tanga	63.47%	68.06%	77.61%	4.58%	9.56%	14.14%	-1	4	3

23	18	16	Geita	58.86%	69.18%	77.31%	10.33%	8.12%	18.45%	5	2	7
17	23	17	Tumbi	51.17%	65.70%	77.22%	14.52%	11.52%	26.05%	-6	6	0
19	14	18	Katavi	62.15%	72.21%	76.85%	10.07%	4.63%	14.70%	5	-4	1
20	28	19	Ligula	61.86%	60.49%	76.63%	-1.37%	16.14%	14.77%	-8	9	1
21	26	20	Singida	60.10%	62.49%	76.12%	2.38%	13.63%	16.01%	-5	6	1
8	17	21	Mawenzi	69.42%	70.31%	75.94%	0.89%	5.63%	6.52%	-9	-4	-13
28	24	22	Maweni	47.35%	65.25%	74.72%	17.90%	9.47%	27.37%	4	2	6
26	25	23	Kitete	49.86%	63.13%	70.56%	13.27%	7.43%	20.70%	1	2	3
24	15	24	Songwe	58.14%	71.84%	67.76%	13.70%	-4.07%	9.62%	9	-9	0
27	27	25	Simiyu	48.12%	62.10%	67.61%	13.99%	5.51%	19.49%	0	2	2
12	22	26	Shinyanga	68.13%	66.83%	67.14%	-1.30%	0.32%	-0.99%	-10	-4	-14
14	12	27	Temeke	66.93%	75.86%	62.82%	8.93%	13.04%	-4.11%	2	-15	-13
22	16	28	Njombe	59.01%	70.85%	58.04%	11.84%	12.82%	-0.98%	6	-12	-6

Looking at the standard deviation (SD) for each RRH area score; Mt. Meru, Morogoro, Musoma, Maweni, Kitete, etc. demonstrates small value, while Mwananyamala, Dodoma, Songea, Tanga, Tumbi, Singida, Songwe, etc. show large values. RRH with a small SD indicates that there is no variance in the scores for each area, and a large RRH indicates that there is a variance. The scores of Mwananyamala is high overall, but Area 4 is low at 46.67%, the scores of Dodoma is high overall, but Area 8 is low at 50%, Tanga is also high overall, but Area 8 is low at 33.3%. Tumbi has areas where Area 4 is 100% and Area 8 is 33.33% different, while Songea, Shingida, and Songwe have a mix of high and low scores.

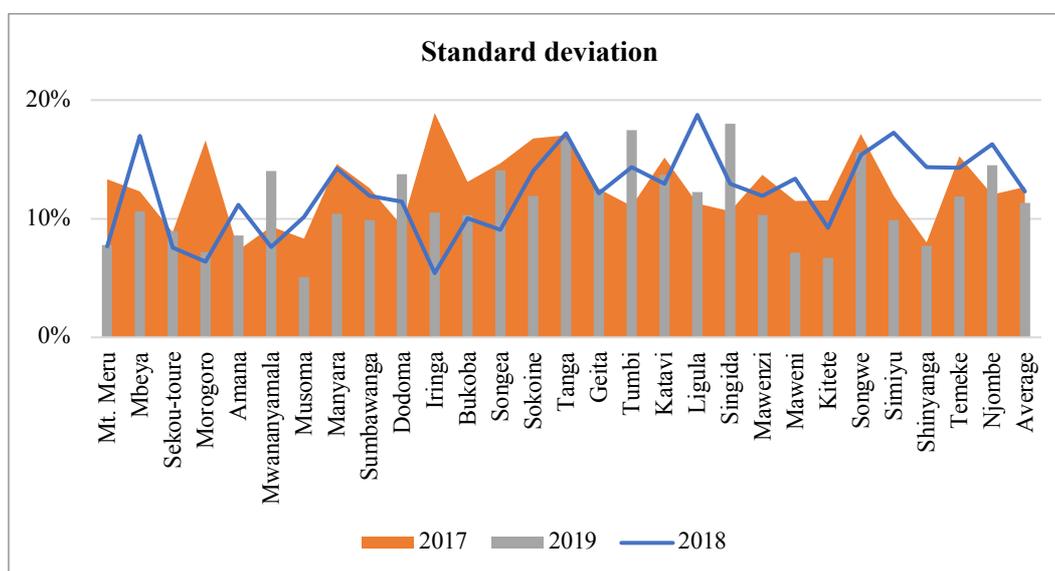


Figure 2-2: Standard Deviation of scores of Areas on 2017, 2018 and 2019 per RRH

2.3. Improvement from Past EHPA

Compared to the 2017 baseline, 25 RRHs have raised their scores. In particular, the average score of 16 RRHs improved by more than 10% compared to 2017 RRH, and the average score of 5 RRHs improved by more than 20% compared to 2017 RRH. These 5 RRHs took the areas that required improvement as pointed out by the 2018 EHPA seriously and worked to improve them. In Musoma RRH and Maweni RRH, MOI's commitment and RRHMT's good teamwork were also cited as factors that promptly led to acting on matters identified and did not require a large budget. However, the three RRHs had lower baseline values in 2017. Therefore, their

rankings haven't changed much; and therefore, they are still in the lower level even though they improved by more than 20% (Maweni RRH 27.37%, Tumbi RRH 26.05%, Kitete RRH 20.70%). Musoma RRH, on the other hand, had a low baseline (54.01%), ranking 25th in 2017 and 21st in 2018, but rose 15.31% in 2019 to 82.37%, ranking 7. Mbeya RRH scored high in both baseline and scores in 2017 and 2018, and then moving from 13th place in 2017 to 2nd place (88.15%) in 2019.

Sekou-toure RRH, Mwananyamala RRH, and Amana RRH, which had high baseline values in 2017, did not rise much, but maintained their high scores and ranks throughout the three years' of EHPAs. RRHs with a score of 80% or higher are not expected to improve significantly thereafter. This is because many of the remaining items, such as infrastructure, involve many investments for improvement.

Mbeya RRH, Morogoro RRH and Mt. Meru RRH scored higher in 2018, surpassing 80% and even higher in 2019. The reason why the 2019 EHPA score increased in Mbeya RRH is that RRHAB was established. Morogoro RRH and Mt. Meru RRH rose as a whole, although there were Areas with reduced scores and Areas with increased scores.

Dodoma RRH, Manyara RRH, and Iringa RRH improved their scores in 2018 to around 80% and maintained their scores in 2019. Although there are good practices in these RRHs, it was pointed out that they were not standardized and did not spread throughout the hospital.

Regarding Mawenzi RRH, on the other hand, there is a higher overall average, so the ranking was lower even if the score improved. It was 8th in 2017 but 22nd in 2019. Despite the implementation of the 2018 EHPA recommendations, the issue was pointed out that funding for repairing equipment was insufficient.

3 RRH (Njombe, Shinyanga, Temeke) is lower in 2019 than the baseline in 2017. Among them, the reason is pointed out that Njombe RRH had moved to the new hospital in July 2019. Regarding Shinyanga, the low performance of RRHMT and lack of teamwork were cited as challenges. Temeke was pointed out that it did not implement the 2018 EHPA recommendations.

Table 2-2: Comparison 2017 / 2018 / 2019 Performances, "All RRHs" (Sorted by percentage of improvement scores)

Ranking			RRH	Average Score			Deference					
				2017	2018	2019	Score			Rank		
17	18	19								17-18	18-19	17-19
25	21	7	Musoma	54.01%	67.06%	82.37%	13.05%	15.31%	28.36%	4	14	18
28	24	20	Maweni	47.35%	65.25%	74.72%	17.90%	9.47%	27.37%	4	4	8
17	23	17	Tumbi	51.17%	65.70%	77.22%	14.52%	11.52%	26.05%	-6	6	0
26	25	23	Kitete	49.86%	63.13%	70.56%	13.27%	7.43%	20.70%	1	2	3
13	7	2	Mbeya	67.55%	80.94%	88.15%	13.39%	7.21%	20.60%	6	5	11
27	27	25	Simiyu	48.12%	62.10%	67.61%	13.99%	5.51%	19.49%	0	2	2
23	18	16	Geita	58.86%	69.18%	77.31%	10.33%	8.12%	18.45%	5	2	7
10	3	4	Morogoro	68.96%	83.51%	85.71%	14.55%	2.20%	16.75%	7	-1	6
16	10	9	Sumbawanga	64.27%	77.99%	80.46%	13.71%	2.47%	16.18%	6	1	7
21	26	21	Singida	60.10%	62.49%	76.12%	2.38%	13.63%	16.01%	-5	5	0
20	28	19	Ligula	61.86%	60.49%	76.63%	-1.37%	16.14%	14.77%	-8	9	1
19	14	18	Katavi	62.15%	72.21%	76.85%	10.07%	4.63%	14.70%	5	-4	1
18	19	15	Tanga	63.47%	68.06%	77.61%	4.58%	9.56%	14.14%	-1	4	3

15	11	13	Songea	65.66%	76.62%	79.70%	10.96%	3.08%	14.04%	4	-2	2
4	2	1	Mt. Meru	76.33%	84.49%	89.33%	8.17%	4.84%	13.00%	2	1	3
9	9	10	Dodoma	69.29%	79.54%	80.42%	10.25%	0.88%	11.13%	0	-1	-1
6	6	8	Manyara	72.37%	81.11%	82.36%	8.74%	1.25%	9.99%	0	-2	-2
24	15	24	Songwe	58.14%	71.84%	67.76%	13.70%	-4.07%	9.62%	9	-9	0
11	13	14	Sokoine	68.86%	72.88%	77.64%	4.02%	4.76%	8.77%	-2	-1	-3
7	5	11	Iringa	72.00%	81.60%	80.24%	9.60%	-1.36%	8.23%	2	-6	-4
5	20	12	Bukoba	73.15%	67.88%	80.08%	-5.27%	12.20%	6.93%	-15	8	-7
8	17	22	Mawenzi	69.42%	70.31%	75.94%	0.89%	5.63%	6.52%	-9	-5	-14
3	4	5	Amana	79.78%	82.62%	83.88%	2.84%	1.27%	4.10%	-1	-1	-2
1	1	3	Sekou-toure	85.26%	85.81%	87.05%	0.54%	1.24%	1.79%	0	-2	-2
2	8	6	Mwananyamala	81.70%	80.26%	82.46%	-1.44%	2.19%	0.76%	-6	2	-4
22	16	28	Njombe	59.01%	70.85%	58.04%	11.84%	12.82%	-0.98%	6	-12	-6
12	22	26	Shinyanga	68.13%	66.83%	67.14%	-1.30%	0.32%	-0.99%	-10	-4	-14
14	12	27	Temeke	66.93%	75.86%	62.82%	8.93%	13.04%	-4.11%	2	-15	-13

2.4. Newly established RRHs

There are five newly established regions and RRHs. Four newly established RRHs have shown trend of improvement. Average scores of 3 RRHs have gone up by more than 10% however, ranking has remained low except for Geita RRH. All of these RRHs have been attaining overall scores lower than overall average scores in every year of assessment, i.e. in 2017 = 65.14%, 2018 = 73.09% and 2019 = 77.47%. It may be observed from the trend of these RRHs that they have made a great effort in improving from where they were in 2017 but more support from the Ministry and follow up by RHMT is required.

Table 2-3: Comparison 2017 / 2018 / 2019 Performance “Newly Established RRHs” (Sorted by performance scores ranking)

Ranking			RHMT	RRH	Average Score			Deference					
					2017	2018	2019	Score			Rank		
17	18	19					17-18	18-19	17-19	17-18	18-19	17-19	
23	18	16	Geita	Geita	58.86%	69.18%	77.31%	10.33%	8.12%	18.45%	5	2	7
19	14	18	Katavi	Katavi	62.15%	72.21%	76.85%	10.07%	4.63%	14.70%	5	-4	1
24	15	24	Songwe	Songwe	58.14%	71.84%	67.76%	13.70%	-4.07%	9.62%	9	-9	0
27	27	25	Simiyu	Simiyu	48.12%	62.10%	67.61%	13.99%	5.51%	19.49%	0	2	2
22	16	28	Njombe	Njombe	59.01%	70.85%	58.04%	11.84%	-12.82%	-0.98%	6	-12	-6

2.5. Results by Areas

2.5.1. Overall by Areas

Regarding score by Area, all average scores by Area were improved more than 2017 and 2018. With exception of Area 10 all areas were over 70 % for the 2019EHPA; especially, scores on Area 5 (Organization of Service), which raised by more than 10% from 2018 to 2019. Area 2 (Hospital Management), Area 4 (Staff Performance Assessment), Area 7 (Client Focus) and Area 8 (Social Accountability) were high scored Areas, their scores exceeding the overall average. On the other hand, Area 10 (IPC, Safety Measures and Risk Management), Area 11 (Clinical Services) and Area 12 (Clinical Support Services) have increased a bit but relatively remained low scored Areas.

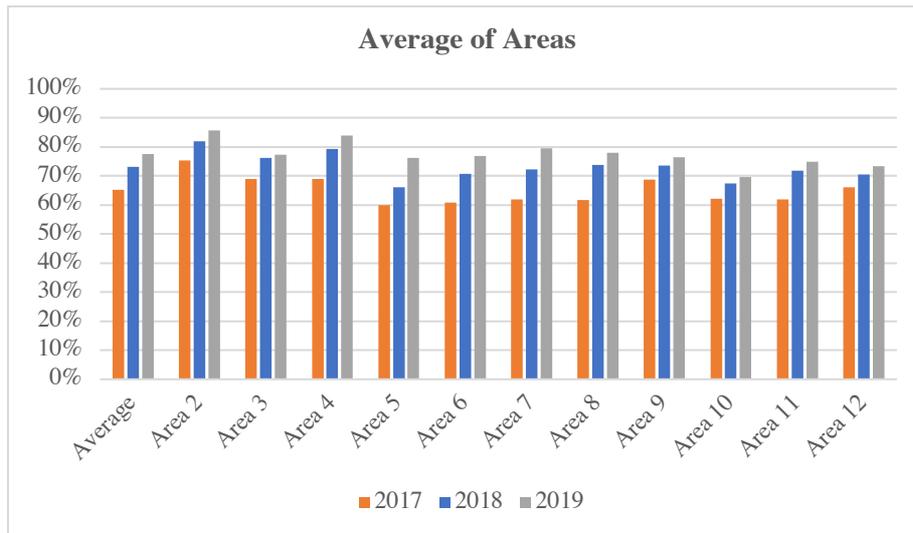


Figure 2-3: Average EHPA score on 2017, 2018 and 2019 per Area

As mentioned above, Standard Deviation (SD) of the average score was 7.43% and it decreased by 0.25 comparing to 7.68% in 2018 and decreased by 2.38 comparing to 9.42% in 2017. According to SD by Area, SD of all Areas has decreased except Area 9 (Hospital Infrastructure). Area 2, Area 7, Area 10 and Area 11 have SD under 10% in 2019; Area 11 and area 12 are still lower SD Areas. On the other hands, Area 8 and Area 4 are still high SD Areas.

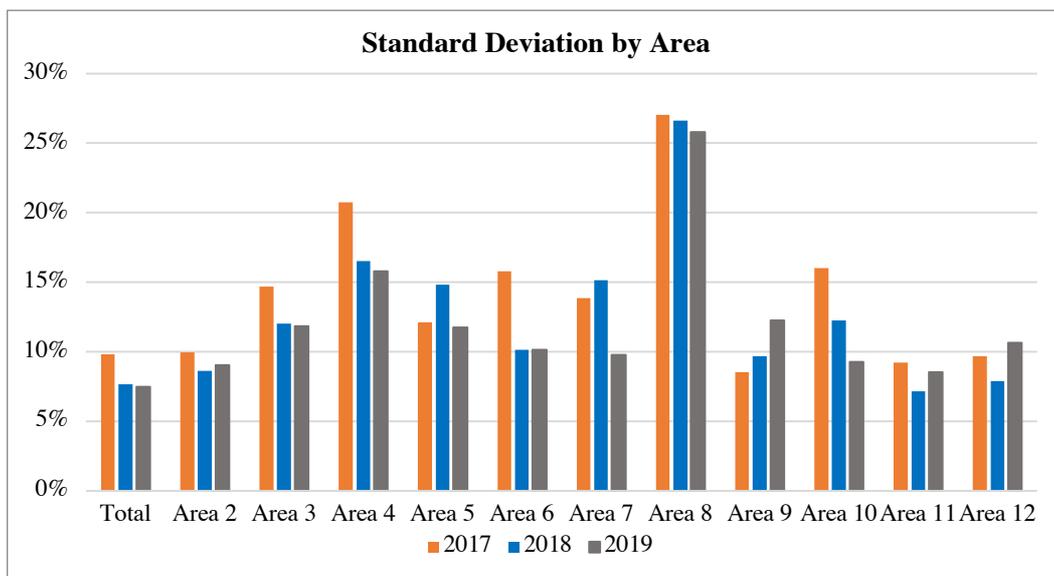


Figure 2-4: Average Standard Deviation per Areas in 2017, 2018 and 2019

2.5.2. Area 2: Hospital Management

In Area 2, Musoma RRH, Tumbi RRH, Katavi RRH, and Singida RRH increased their score largely, however, Manyara RRH, Maweni RRH Songwe RRH, Temeke RRH and Njombe RRH dropped greatly in scores. In this 2019 assessment, 9 RRHs are over 90% and 14 RRHs are 80-90%. Overall there is a lot of RRHs with very high scores e.g. Mt. Meru RRH (97.88%), Iringa RRH (94.68%) and Sekou-toure RRH (94.26%) scored high, however, Kitete RRH (75.33%), Temeke RRH (68.01%) and Njombe RRH (54.09%) scored low.

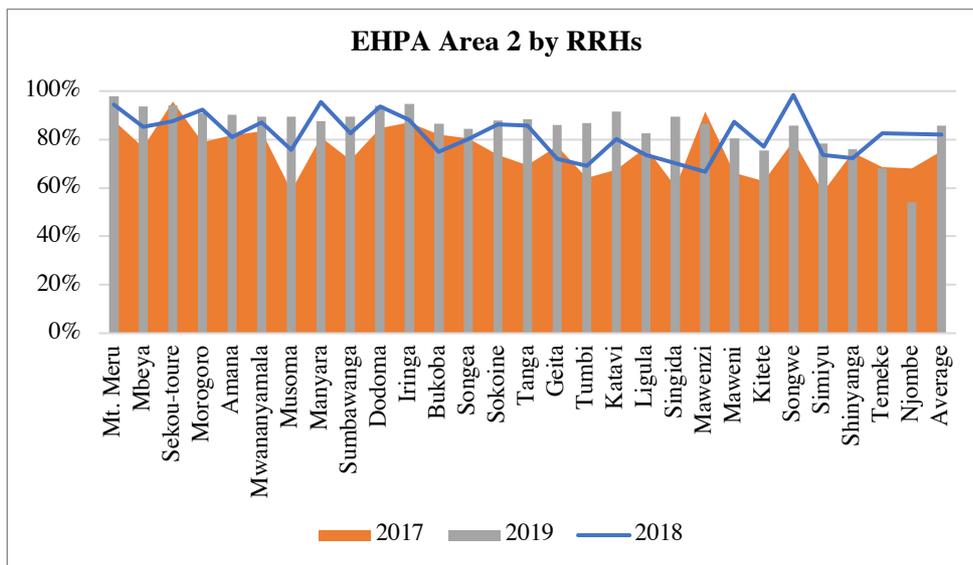


Figure 2-5: Score of Area 2 in 2017, 2018 and 2019

Cross cutting issues in Area 2 observed from the low scored RRHs;

- Coordination of HMT/QIT/WIT are very poor
- Required document are poorly managed
- Too many instructions in formulation of WIT causing confusion to RRH
- Staff has knowledge gaps on identified gaps
- Staff do not receive ISS feedback and no follow up action
- Staff are “Score gaining” mindset (People working on daily bases for CVs and Assessments)
- There is critical shortage of staff in RRHs

2.5.3. Area 3: Use of Hospital Data for Planning and Service Improvement

In Area 3, Mt. Meru RRH, Musoma RRH, Dodoma RRH, Geita RRH and Tumbi RRH, raised their score greatly, however, Morogoro RRH, Manyara RRH, Iringa RRH, Sumbawanga RRH, Shinyanga RRH, Temeke RRH and Njombe RRH recorded low scores in this area Mt. Meru RRH (96.76%), Dodoma RRH (93.98%) and Mbeya RRH (93.06%) scored high, whilst Kitete RRH (62.50%), Shinyanga RRH (56.48%) and Njombe RRH (43.98%) were low. 9 RRHs are 80-90 % and 8RRHs are 70-80%.

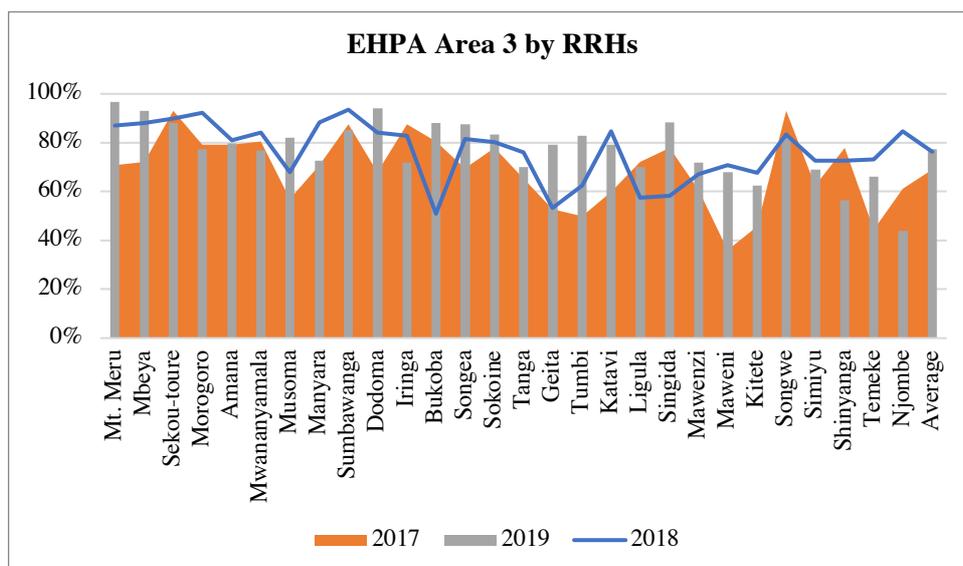


Figure 2-6: Score of Area 3 in 2017, 2018 and 2019

Cross cutting issues observed in Area 3 from low scored RRHs;

- Information is inconsistent among management and staff
- RRHMT/Staff do not own the data they collect (Electronic and Paper based)
- Hospital data are inadequately analyzed and used
- Importance of data is not understood properly
- No high-level authority follows up on correctness of data

2.5.4. Area 4: Staff Performance Assessment

In Area 4, Musoma RRH, Geita RRH, Tumbi RRH, Katavi RRH, Ligula RRH, Singida RRH, Songwe RRH and Simiyu RRH, scores increased largely. Amana RRH, Sokoine RRH, Temeke RRH and Njombe RRH scores decreaseddrastically. In 2019, Morogoro RRH, Dodoma RRH, Tumbi RRH and Singida RRH obtained 100%. However, Mwananyamala RRH, Temeke RRH and Njombe RRH scored the lowest (46.67%. 14 RRHs are over 90% and 7 RRHs are 80-90%. Overall there a many RRHs with very high scores.

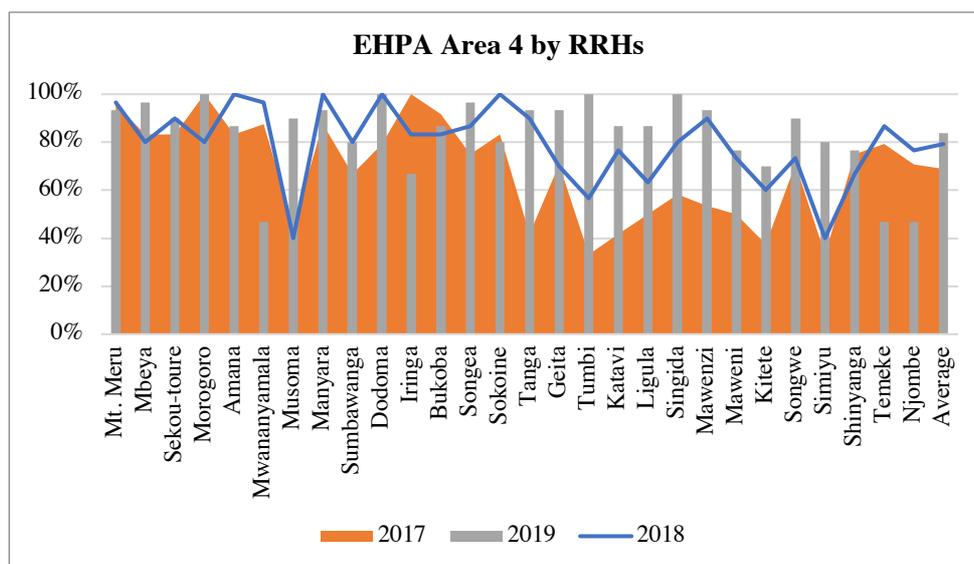


Figure 2-7: Score of Area 4 in 2017, 2018 ad 2019

Cross cutting issues in Area 4 observed from the low scored RRHs;

- There is knowledge gap amongst RRHMTs and staff as well in filling OPRAS forms.
- Importance/benefits accrued from the OPRAS system is not communicated properly to staff

2.5.5. Area 5: Organization of Service

In Area 5, Mt. Meru RRH, Mbeya RRH, Amana RRN, Mwananyamala RRH, Musoma RRH, Sumbawanga RRH, Dodoma RRH, Tanga RRH, Tumbi RRRH, Katavi RRH, Ligula RRH, Singida RRH, Kitete RRH and Songwe RRH scores increased argely, however, Morogoro RRH, Shinyanga RRH and Njombe RRH scores decreased largely. Mbeya RRH (98.33%), Amana RRH (92.22%) and Sekou Toure RRH (90.37%) obtained high scores, whilst Mawenzi RRH (61.67%), Njombe RRH (53.33%) and Shinyanga RRH (51.48%) were low in this area. 14 RRHs are 80-90% and 8 RRHs are 60-70%.

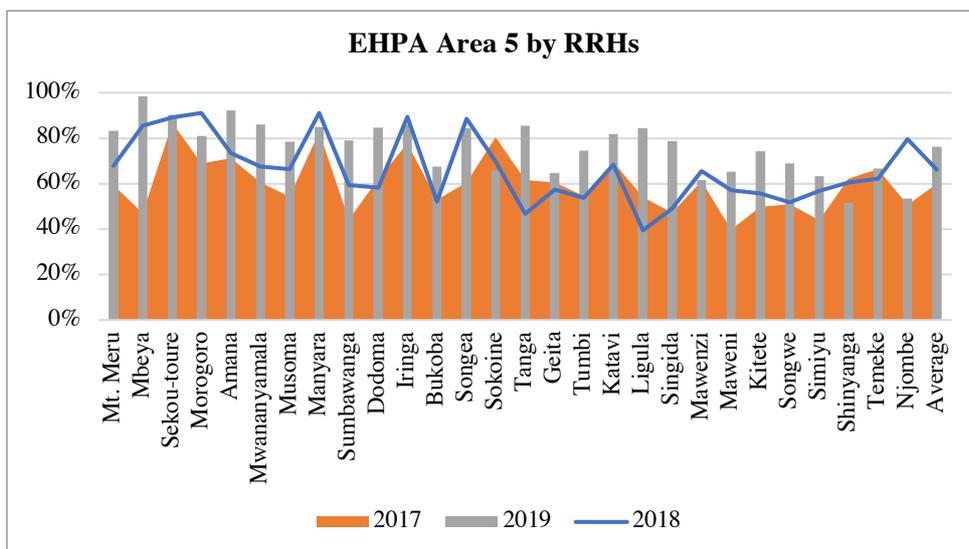


Figure 2-8: Score of Area 5 in 2017, 2018 and 2019

Cross cutting issues in Area 5 observed from the low scored RRHs;

- Client flow is hindered because of the hospital layout
- RRH Health promotional services are not planned/reported probably due to knowledge gap – planning and reporting, especially for “aired educational programs”

2.5.6. Area 6: Handling Emergency and Referral

In Area 6, Sekou-toure RRH, Msoma RRH, Sumbawanga RRH, Tumbi RRH, Katavi RRH, Ligula RRH, Maweni RRH, Kitete RRH and Simiyu RRH increased their score largely, however, Iringa RRH, Songea RRH and Temeke RRH scores decreased largely. Sekou Toure RRH (96.30%), Amana RRH (95.37%) and Mt. Meru RRH (90.74%) obtained high scores, however, Shinyanga RRH (64.81%), Songea RRH (59.26%) and Njombe RRH (58.33%) are relatively low. 9 RRHs are 80-90% and 8 RRHs are 70-80%.

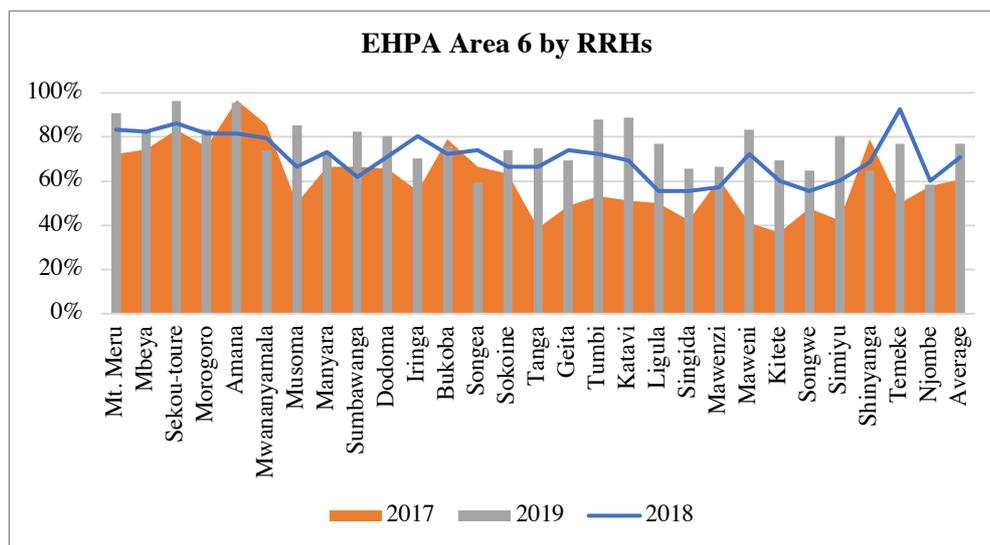


Figure 2-9: Score of Area 6 in 2017, 2018 and 2019

Cross cutting issues in Area 6 observed from the low scored RRHs;

- There is no active emergency preparedness team
- SOPs and guidelines are not available / in use
- Triage system is not well-established
- Emergency medicines and equipment are inadequate

2.5.7. Area 7: Client Focus

In Area 7, Morogoro RRH, Mosoma RRH, Maweni RRH and Temeke RRH increased their score largely, however, Amana RRH, Dodoma RRH and Njombe RRH decreased their scores largely.

In 2019, Mbeya RRH maintained the highest (100%). Morogoro RRH (97.22%) and Sokoine RRH (91.67%) obtained high scores. However, Geita RRH, Katavi RRH, Singida RRH Simiyu RRH and Shinyanga RRH scored the lowest (66.67%). 14 RRHs are 80-90% and 8 RRHs are 60-70%.

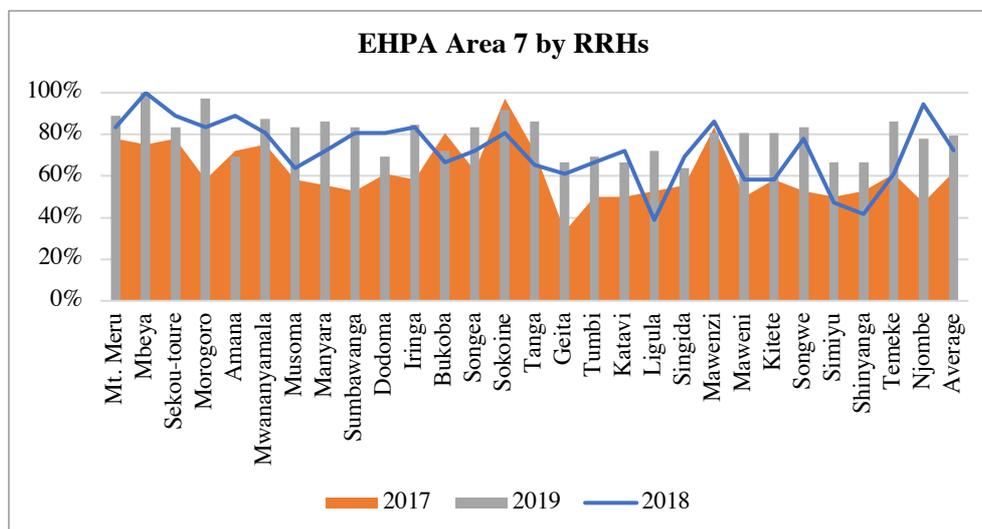


Figure 2-10: Score of Area 7 in 2017, 2018 and 2019

Cross cutting issues in Area 7 observed from the low scored RRHs;

- There is long waiting time for patients
- Clients are dissatisfied with high priced medicines in hospital pharmacies compared to community outlet
- There is inadequate pre/ post management information/instructions to the patients

2.5.8. Area 8: Social Accountability

In Area 8, the establishment of RRHAB has been largely affecting the scores. Mbeya RRH, Musoma RRH, Iringa RRH, Bukuba RRH, Songea RRH and Sokoine RRH increased their score largely. However, Amana RRH, Dodoma RRH, Songwe RRH, Simiyu RRH, Shinyana RRH and Njombe RRH have gone down. In 2019, 12 RRHs scored 100%; however, 3 RRHs are 33.33% (Tanga RRH, Tumbi RRH and Singida RRH). 13 RRHs are over 90% and 7 RRHs are under 60%. Area 8 is large variance among RRHs.

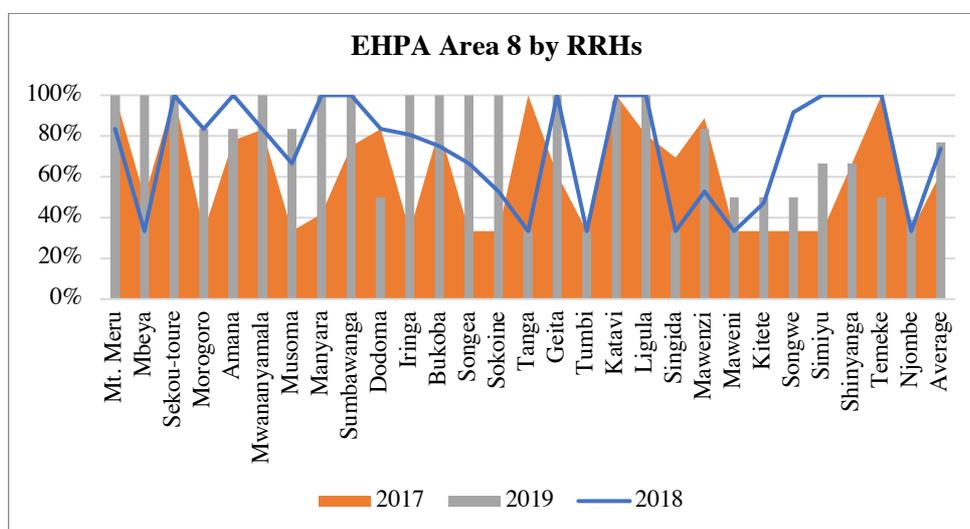


Figure 2-11: Score of Area 8 in 2017, 2018 and 2019

2.5.9 Area 9: Hospital Infrastructure

In Area 9, Mt. Meru RRH, Mwananyamala RRH, Geita RRH, Maweni RRH, Kitete RRH and Simiyu RRH scores increased. However, Mbeya RRH, Songea RRH, Mawenzi RRH, Songwe RRH, Temeke RRH and Njombe RRH obtained low scores. Amana RRH (93.92%), Mwananyamala RRH (93.23%) and Mt. Meru RRH (90.63%) scored high. On the other hand, Ligula RRH (61.81%), Temeke RRH (61.81%), Katavi RRH (57.29%) and Songwe RRH (43.40%) have low scores. 11RRHs are 80-90%, 6 RRHs are 70-80% and other 6 RRHs are 60-70%.

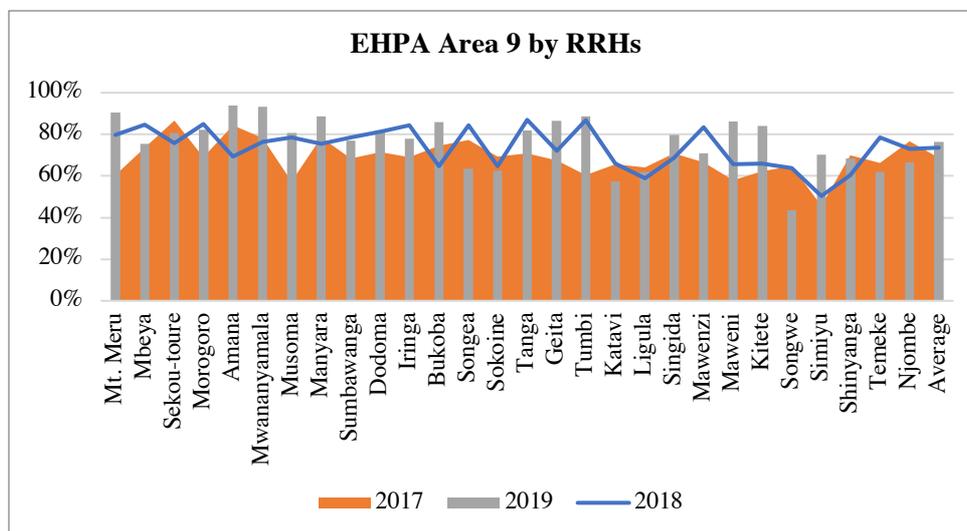


Figure 2-12: Score of Area 9 in 2017, 2018 and 2019

2.5.10. Area 10: IPC, Safety Measures and Risk Management

In Area 10, Maneni RRH and Njombe RRH increased their score largely, however, Mt. Meru RRH, Mbeya RRH, Amana RRH, Tumbi RRH and Mawenzi RRH decreased their scores largely. In 2019, Mwananyamala RRH (90.67%), Sekou-toure RRH (84.95%), and Morogoro RRH (81.94%) obtained high score. Katavi RRH (57.44%), Ligula RRH (56.45%) and Temeke RRH (50.10%) scored low. 11RRHs are 60-70%. And 9 RRHs are 70-80%.

Cross cutting issues in Area 10 observed from the low scored RRHs;

- Health Care Workers/Staff do not adhere to IPC, SOPs and issued guidelines
- Hi-tech incinerators are not in place or malfunctioning
- There are too many instructions on IPC and safety that confuse health care staff
- Infrastructure layouts not conducive/friendly for provision specific services like; CSSD, ICU, OT and so as proper sepsis prevention /etc.)

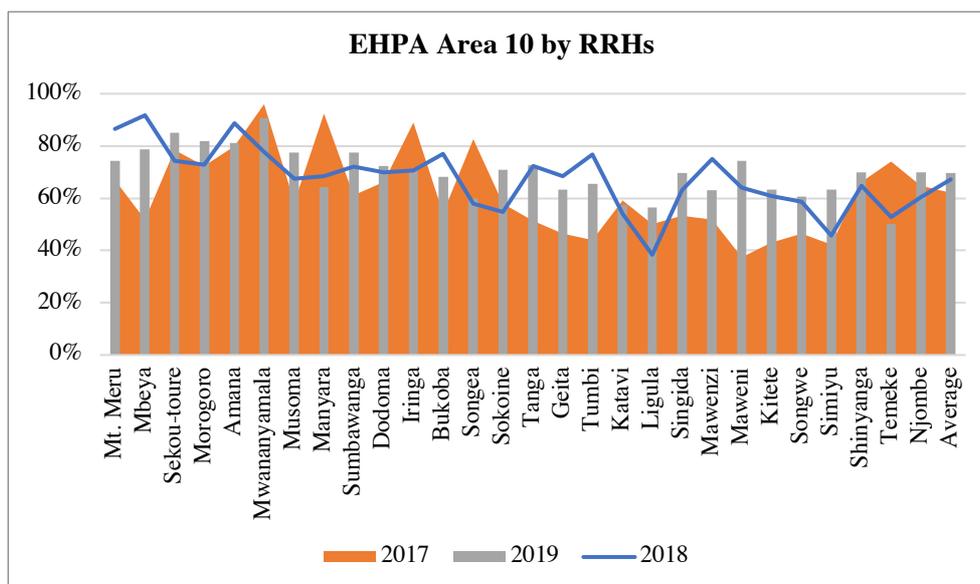


Figure 2-13: Score of Area 10 in 2017 and 2018

2.5.11. Area 11: Clinical Services

In Area 11, Musoma RRH, Songea RRH, Tanga RRH, Tumbi RRH, Maneni RRH, Singida RRH, Shinyanga RRH and Njombe RRH have raised their score largely. However, Sekou-toure RRH, Sumbawanga RRH, Sokoine RRH, Songwe RRH and Temeke RRH decreased their scores largely.

Singida RRH (89.35%), Mt. Meru RRH (85.65%) and Songea RRH (85.65%) scored high, while Simiyu RRH, Songwe RRH and Temeke RRH scored the lowest (58.33%). 12 RRHs are 70-80% and 9 RRHs are 80-90%.

Cross cutting issues in Area 11 observed from the low scored RRHs;

- Health care staff are not adherent to SOPs and guidelines for provision of care (OPD / IPD / Nursing care)
- Head of departments, etc. do not check current procedures by checklist and not follow up after the check.

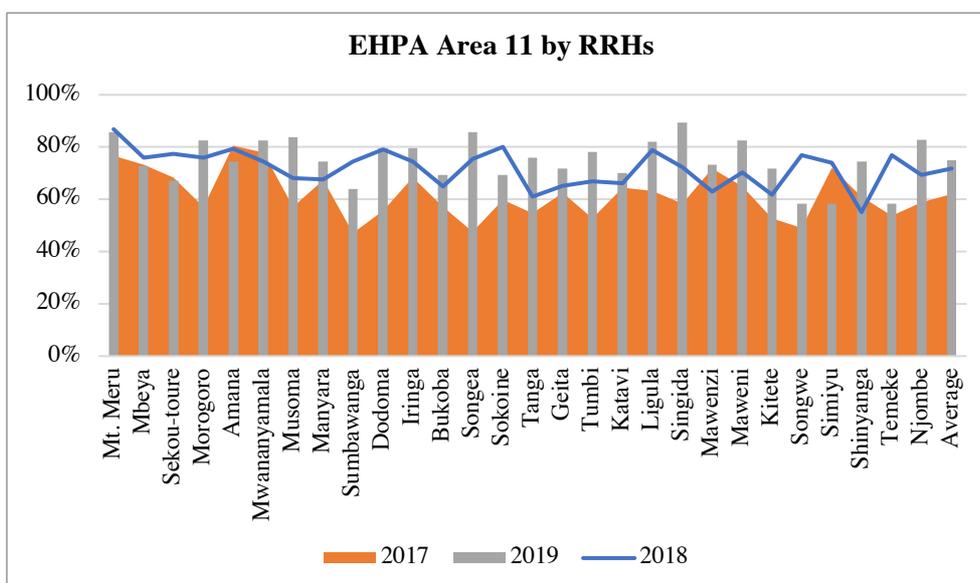


Figure 2-14: Score of Area 11 in 2017, 2018 and 2019

2.5.12. Area 12: Clinical Support Services

In Area 12, Manyara RRH, Bukoba RRH, Tanga RRH, Maweni RRH, Singida RRH and Mawenzi RRH increased scores largely. However, Simiyu RRH, Temeke RRH and Njombe RRH scores declined largely.

Tanga RRH (91.80%), Maenzi RRH (84.33%) and Morogoro RRH (83.07%) are high score hospitals. Songwe RRH (57.80%), Simiyu RRH (47.49%) and Njombe RRH (45.90%) have scored low. 10 RRHs are 70-80% and 8 RRHs are 80-90%.

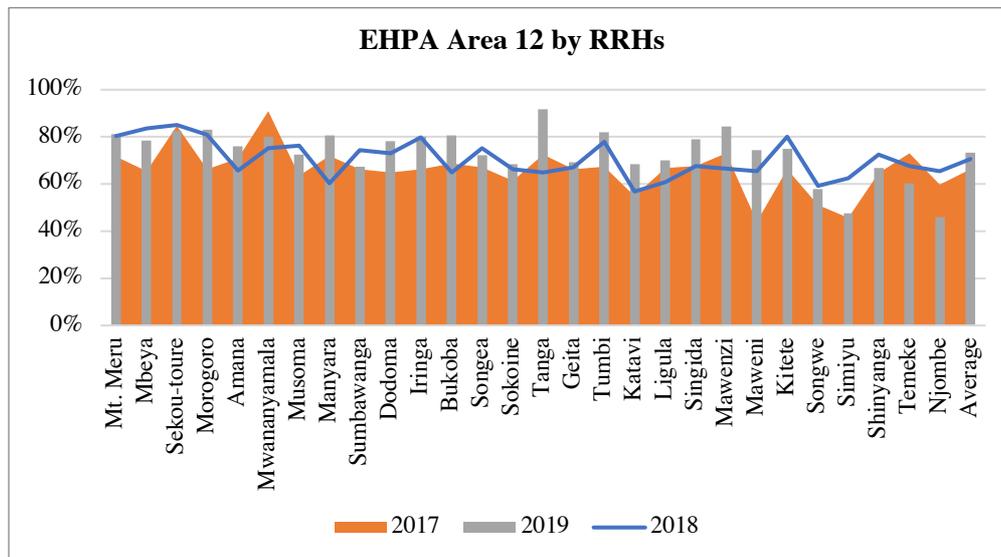


Figure 2-15: Score of Area 12 in 2017, 2018 and 2019

Area 12 is categorized into 6 sub-areas. The details of the results of sub areas on Area 12 are as follows:

In Pharmaceutical Services, Tumbi RRH, Maweni RRH, Mawenzi RRH and Simiyu RRH increased their score largely, however, Songea RRH scores decreased.

In 2019, the average is high (82.48%). Mwananyama RRH (92.46%), Mbeya RRH (90.08%) and Sekou-toure RRH (90.08%) have scored high. Shinyanga RRH (71.03%), Katavi RRH (67.86%) and Njombe RRH (57.54%) scored low. 18 RRHs are 80-90%.

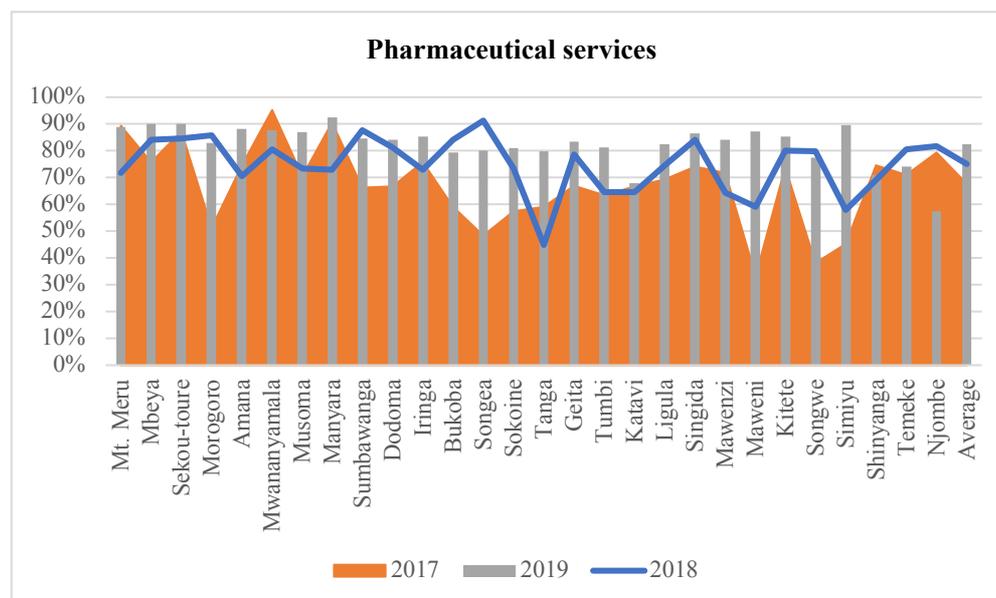


Figure 2-16: Score of Pharmaceutical Services in Area 12 in 2017, 2018 and 2019

Cross cutting issues in this sub-area as observed from low scored RRHs;

- There is Knowledge gap in store management among staff
- 5S tools are not used properly in commodity management (visual control, etc.)

- Expired drugs are handled improperly
- There is overload/overflow of vertical programs medicines-(observed in Mbeya)
- Drug audit is not done accordingly

In laboratory Services, Mosoma RRH and Tumbi RRH comparably raised scores while MT. Meru RRH, Sekou-toure RRH and Sumbawanga RRH scoring decreased.

In 2019, the average is (88.18%). Iringa RRH and Tumbi RRH scored 100% and Mbeya Mbeya is 95.24%. Sungwe RRH (66.67%), Simiyu RRH (61.90%) and Njombe RRH (42.86%) relatively scored low. 13 RRHs are over 90% and 8 RRHs are 80-90%.

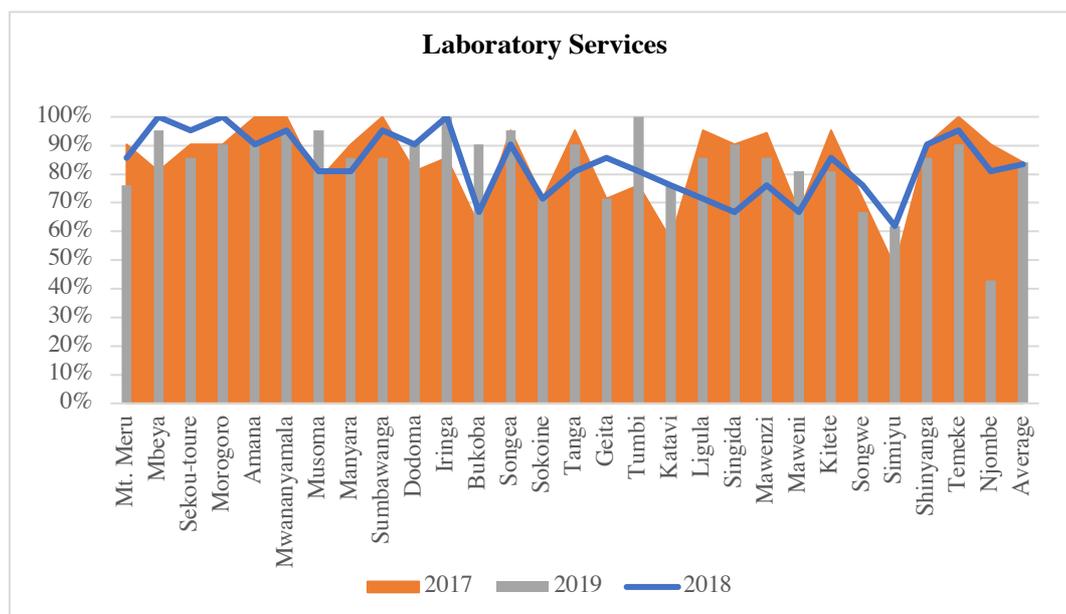


Figure 2-17: Score of Laboratory Services in Area 12 in 2017, 2018 and 2019

In Operation Theatre, Tanga RRH, Geita RRH, Maweni RRH and Mawenzi RRH have shown an upward trend increasing their score largely. However, Mbeya RRH, Manyara RRH, Sumbawanga RRH, Songea RRH, Katavi RRH, Ligula RRH and Simiyu RRH declined. greatly. In 2019, Average Score is 69.44%. Mwananyamala RRH, Tanga RRH and Mawenzi RRH obtained best score (91.67%). Songwe RRH (44.44%) and Simiyu RRH (33.33%) are at low level scores. 10 RRHs are 70-80% and 8 RRHs are under 60%.

Cross cutting issues in this sub-area observed from the low scored RRHs;

- OT rooms have structural / layout challenges
- Staff in OT are not IPC, SOPs and guidelines adherent
- There is inadequate number of equipment
- There is inadequate number of anesthetists

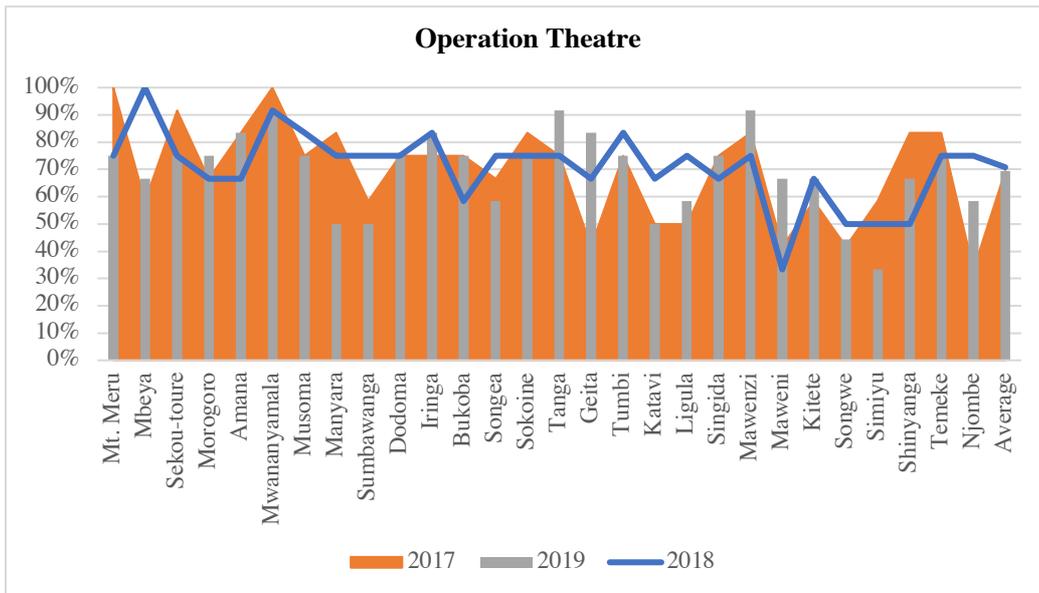


Figure 2-18: Score of Operation Theatre in Area 12 in 2017, 2018 and 2019

In Radiology and Imaging, Amana RRH, Mwananyamala RRH, Manyara RRH, Dodoma RRH, Bukoba RRH, Tanga RRH, Geita RRH, Tumbi RRH, Ligula RRH, Singida RRH and Mawenzi RRH have raised scores remarkably. Mbeya RRH, Morogoro RRH, Sumbawanga RRH, Iringa RRH, Songea RRH, Sokoine RRH, Maweni RRH, Kitete RRH, Simiyu RRH and Temeke RRH scores have gone down. In 2019, average score is 66.96%. Tanga RRH and Singida RRH scored 100% and Sumbawanga RRH, Simiyu RRH, Temeke RRH and Njombe RRH scored 33.33%. 12 RRHs are 60-70%, 7 RRHs are 80-90% and other 7 RRHs are under 60%.

Cross cutting issues in this sub-area observed from low scored RRHs;

- Protective gears are inadequately used
- Staff are non-adherent to safety procedures
- There is inadequate/malfunctioning of the required radiology and imaging equipment
- Structures / layout are not conducive for provision of Radiology and imaging services

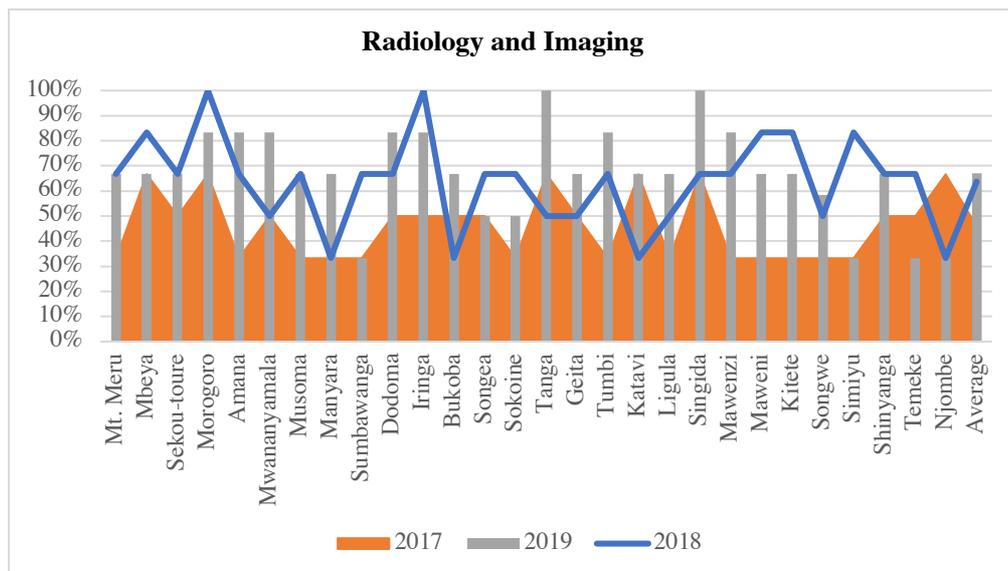


Figure 2-19: Score of Radiology and Imaging in Area 12 in 2017, 2018 and 2019

In Mortuary, the score of Maweni RRH increased largely. However, Mt. Meru RRH, Mbeya RRH, Sekou-toure RRH, Morogoro RRH, Mwananyamala RRH, Sumbawanga RRH, Iringa RRH, Songea RRH, Sokoine RRH, Geita RRH, Tumbi RRH, Kitete RRH, Simiyu RRH and Shinyanga RRH scores have fallen greatly

Average score is 72.22%, declined from 2018 (81.35%). 6 RRHs (Mt. Meru, Mwananyamala, Manyara, Bukoba, Tanga and Singida) scored the best (88.89%). Simiyu RRH and Njombe RRH scored the worst (33.33%). 11 RRHs are 70-80% and 7 RRHs are 60-70%.

Cross cutting issues in this sub-area were extracted from low scored RRHs;

- Staff are non-adherent to SOPs and guidelines
- There were non-functioning refrigerators
- The number of postmortem equipment was inadequate

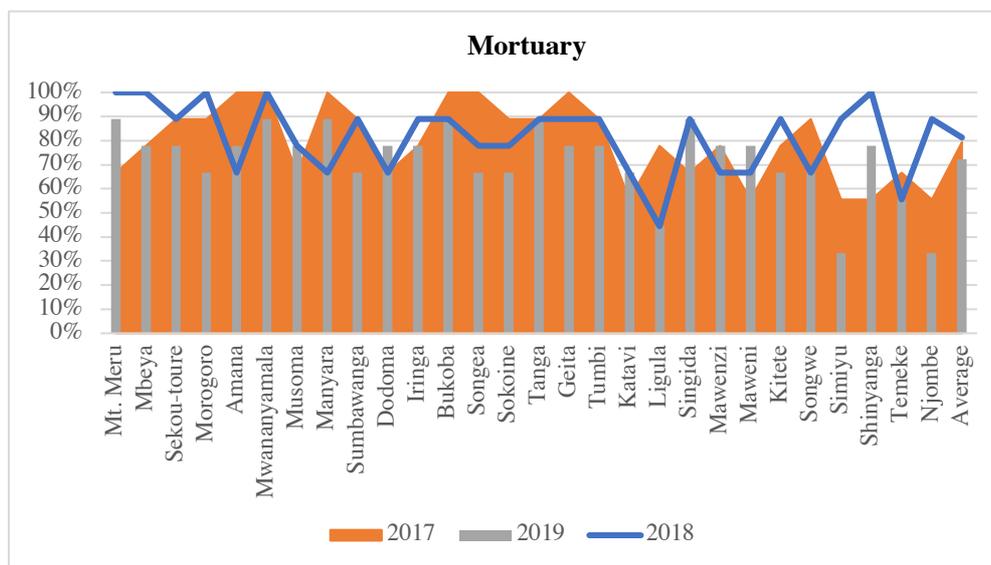


Figure 2-20: Score of Mortuary in Area 12 in 2017, 2018 and 2019

In Food Services, Mbeya RRH, Morogoro RRH, Manyara RRH, Sumbawanga RRH, Bukoba RRH, Songea RRH, Sokoine RRH, Tanga RRH, Katavi RRH and Ligula RRH increased scores largely. Musoma RRH and Maweni RRH scores went down largely. In 2019, average score is 64.88 increasing from 2018 (49.11%). Sekou-toure has maintained the 100% level for the 3rd time. Morogoro RRH, Manyara RRH and Tanga RRH scored 100%. However, 9 RRHs are 33.33%, and Amana RRH, Songwe RRH and Simiyu RRH are the worst through all EHPA three years.

Cross cutting issues in this sub-area observed from low scored RRHs;

- Kitchen premises are poorly maintained
- There is shortage of Nutrition officers in many RRHs
- Available nutritionists are not utilized properly
- Health care staff are not-adherent to SOPs and issued guidelines
- RRHs providing food services, have been observed to be not of the quality expected
- Some RRH have Food services but not meant for patients

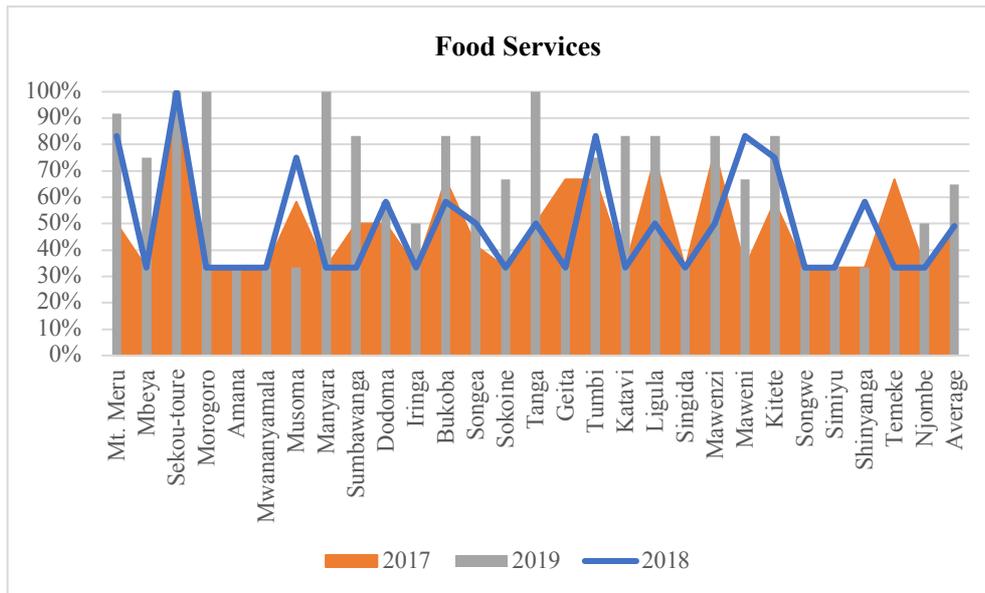


Figure 2-21: Score of Food Service in Area 12 in 2017, 2018 and 2019

3. Results by Zones of Assessment

The results by zones are summarized based on clusters of assessment and their respective team.

3.1. Southern Highlands & Southern Zone (Team A)

This report presents summary of results and analysis of the third External Hospital Performance Assessment (EHPA) carried out in 9 Regional Referral Hospitals from August – September 2019. The assessed hospitals were Temeke, Katavi, Sumbawanga, Songwe, Mbeya, Njombe, Songea, Ligula and Sokoine. Among these hospitals, Njombe was assessed for the first time following moving to its new premises in July 2019.

The overall score ranged from 88.1% (Mbeya) to 62.8% (Temeke) while Njombe scored 58.0% as baseline assessment. Compared to EHPA done in 2018, six hospitals (Ligula, Mbeya, Sokoine, Katavi, Sumbawanga and Songea) have an upward increase in their performance and their overall score in 2019 was more than 70.0%. Temeke and Songwe declined in their performance for 13.0% and 4.1% respectively. Furthermore, only 4 RRH out of 9 RRHs scored above the overall national average (77.5%) in 2019 which were Mbeya, Sumbawanga, Songea and Sokoine when compared to 4 RRH out of 9 RRHs in 2018 at an average of 73.1% which were Mbeya, Sumbawanga, Songea, Temeke. Whereby a significant decline was observed for Temeke RRH only. It may be concluded that the overall performance of RRH in EHPA conducted in 2019 have improved.

3.1.1. Analytical Summary

The brief summary report is for the assessment conducted to RRH in Dar es salaam region, Southern highland and Southern zone which are Temeke, Katavi, Sumbawanga, Songwe, Mbeya, Njombe, Songea, Ligula and Sokoine. With exception of Njombe which this assessment is considered to be their baseline assessment following moving to its new premises in July 2019, the other eight RRH this was a third assessment.

The result of assessment showed an upward trend for three years consecutive, six hospitals out of eight hospitals have an improvement in their overall performance. The results of assessment show that Mbeya have been a leading hospital in this zone for 2 years consecutively. For the assessment conducted in 2019, Mbeya scored the highest (88.1%) while Temeke was the lowest score (62.8%) in overall performance. The hospital that had overall great improvement when compared to EHPA done in 2018 was Ligula (16.1%), Mbeya (7.2%), Sokoine (4.8%), Katavi (4.6%), Songea (3.1%) and least improvement was documented by Sumbawanga (2.5%). The Decline in performance when compared to performance documented in 2018 was 13.0% for Temeke followed by Songwe (4.1%).

The noted improvements in the 6 RRH might be contributed by working on the gaps identified in the EHPA done in 2018 especially those which did not require funds, sustaining in performance in areas which performed well in 2018 and some implemented the gaps which required funds as seen the renovation going on in Katavi, Sumbawanga and Songwe. The decline documented by Temeke RRH could be contributed by weak performance of RRHMT as noted by decline of 14.61% in Area 2(Hospital management). Low score in Area 2 could have attributes in low scores in other working areas within Temeke RRH. Nonetheless the decline in overall score for Songwe, might be contributed by the ongoing renovation which led services in areas under renovation to be squeezed in the remaining small space which resulted in low score in Area 9, Area 10, Area 11 and Area 12.

3.1.2. General Observation from results and findings

(1) Hospital Management

It was noted that hospitals with management team working together improved in their performance which was also realized during assessment the team spirit seen. Despite of this achievement it might be exercised but not practiced in all areas as some are weak in performance. This creates doubts on the internal supportive supervision (ISS) if is done as it was intended, for example areas that are not fully supervised are operating theatre and mortuary. Also, it was noted that hospital management which are closely working with the established Quality Improvement Unit (QIU)/team including incorporating QI in the annual plan they are

improving in their performance while those which has sidelined QI declined in their performance (Temeke). QI activities not implemented and monitored as functional QIU are not established at some RRH (Katavi, Sumbawanga, Songwe, Njombe, and Sokoine) and QI activities not implemented at sectional level as WIT not capacitated by QIT in all RRH visited. Upon establishment of functional QIU and capacity building of WIT could contribute to improvement in IPC and other QI activities implemented within the hospital. ISS and internal M&E for 5S-KAIZEN findings and results not shared/utilized at sectional level so that the WIT at respective section can be aware of the identified gaps and prepare action plan to address them hence improve performance in their sections.

(2) Use of data for hospital data for planning and service improvement

All hospital visited are not using HMIS tally sheet at OPD, which hinder compilation of report which in turn could be analysed to generate data that could lead to conducting operation research for improving service delivery. RRH which had not conducted operational research were (Sumbawanga, Songea, Njombe, Ligula, Mbeya, Sokoine, Songwe and Temeke)

(3) Staff performance assessment

It was observed that filling of OPRAS forms is still a challenge, the process of filling OPRAS is required to be linked with available resources or activities planned to be implemented by respective hospital. It was observed that staff of Temeke had not filled the OPRAS forms for 2019/2020. This might be addressed by orientation of staff on how to fill them, how to set targets and how to rate the performance at each end of financial year.

(4) Medicines and equipment for handling emergency health services

Provision of emergency services is compromised as there is inadequate essential medicines and equipment and well designed and established emergency unit to all RRH. Also, it was noted that training and simulation for emergency was not done e.g. firefighting.

(5) Social accountability and governance

Temeke, Songwe and Njombe RRH do not have Hospital advisory board (HAB). Lack of HAB creates weak involvement of community utilizing the particular hospital and might impair important decisions that its implementation depends on approval of the HAB hence its lack contributed to low performance of these hospitals.

(6) Infrastructure

All the visited RRH had inadequate infrastructure, furniture to carter all required services to be provided in all RRH visited and they were not in good state of repair. Also, there was Inadequate number of toilets for patients as well as for staff observed to all hospital visited except for Njombe RRH. Five hospitals (Katavi, Songwe, Njombe, Ligula and Sokoine) faces challenges on how to carry out planned preventive maintenance (PPM) without a well-established unit.

(7) Service and major ward round (Clinical services)

Service and Major ward rounds was not conducted as per standards (service round) and irregularly (major ward) in all wards in all RRH visited.

(8) Pharmaceutical services

Pharmaceutical rules are not adhered due to absence of qualified pharmaceutical cadres allocated at dispensing points in all shifts (Katavi, Sumbawanga, Songwe, Njombe, Songea, Ligula and Sokoine. This shortage could also attribute to non-adherence of standards and principles of stock management in pharmacy store as bin cards, ledgers did not tally with physical count of stock which was available in their stores. Application of 5S-KAIZEN concept for stock management in Pharmacy store, Laboratory and all sections stores was not observed in all RRH visited.

(9) Operation Theatre

Most of Operation theatre are not closely monitored and supervised to ensure adherence to standards (IPC, 5S-activities, storage rules, procedures and traffic flow)

- Katavi RRH: Preserved foetus were stored in theatre shelf with no consent from their mothers and hospital administration was not aware of this practice. The responsible person when asked reported the preserved foetus were for academic purposes even though it was not established which training institution is using the facility as their training hospital
- Sumbawanga RRH: Pricked needle on mattress, which is contrary to standards of handling sharp waste, this act increases the risk for needle stick injury for both patients and staff.
- Songwe RRH: Recovery room used as minor theatre for voluntary medical male circumcision (VMMC), which denies patients undergone major surgical operation to be monitored prior being transferred to ward.
- Mbeya RRH: IV fluids exposed to sun light, which can compromise the strength of it and not in line with storage standards of health commodities.
- Songea RRH: Storing of medicines and supplies which are not supposed to be kept in theatre which may lead to misuse of drugs this practice shows improper management of medicines. Also, it was noted that clients to minor theatre crosses major theatre, this implies that IPC rules governing theatre not well adhered.
- Ligula RRH: Tendency of pre- filling syringe with medicines before patient being transferred to theatre from ward. This practice is usually done once staff are informed of their readiness for patients from labour ward/antenatal.

(10) Mortuary

The functionality of mortuary not monitored regularly (Katavi, Sumbawanga, Songea, Ligula and Sokoine RRH) as it was noted to have inadequate and improper handling of post-mortem instrument and storage of unnecessary items (medicines for NTDs and their registers, cryotherapy machine) within mortuary building. The refrigerators for preservation of dead body bodies were non-functioning for Ligula RRH

3.1.3. Summary of success stories (Innovation done)

- Temeke and Ligula have procured bin liner machines and they are making their own bin liners which reduced cost of bin liners and they can use it as source of income by selling surplus liners to other facilities.
- Mending and sewing of theatre gowns is done at the Songea RRH this has reduced time and cost if this was to be subcontracted to private company.
- Sokoine RRH are weighing the health care waste generated from various service areas and documented prior to disposal at hi-tech incinerator. This will help to know the exact amount of health care waste generated by the category of waste in order to avoid overloading/under loading of incinerator.
- In order to meet staffing level demand, Sokoine RRH had started to train existing staff through Continuing education plan and upon completion will come back and work at Sokoine.
- Health education, announcement, Instruction given to patients, client and staff by using Public Announcement system which help to reach all people at the same time (Temeke, Mbeya, Ligula, Sokoine).

3.1.4. General Observation from results and findings

(1) RRHMT

- RRH with no quality improvement unit (QIU) should initiate formation of these unit with at least one full time staff. Formulate QIT whose members needs to be selected from different cadres to compose the team. RRH needs to develop roles and responsibilities for QIU staff and QIT
- Service and major ward rounds should be conducted as per guidelines as it was noted that it was not conducted during weekend, holidays and even within facility it was not conducted ill wards. Lack of this practice impairs continuity of care for admitted patients

- Operation theatre and mortuary should be monitored and supervised by RRHMT/QIT so as to improve delivery of safe and quality health services
- All hospitals should ensure they allocate funds in their annual plans for clinical Supportive supervision which might contribute to clinical skill capacity building to staff in council hospital
- All hospitals which have not yet established maintenance unit (Songwe, Njombe, Ligula and Sokoine) should establish it while those with existing unit, the Head of maintenance unit should be engaged during CHOP preparation so as to have budget for equipment maintenance for all working areas in the facility
- All hospitals are having both HMIS and GoTHOMIS, however it was noted that only GoTHOMIS is used in most RRH. In order to ensure that data generated within the facility are not lost, all patients information entered in GoTHOMIS are also required to be entered in HMIS tools. The HMIS tools will act as back up during system breakdown as the result data can be retrieved at all time.

(2) RHMT / RAS

- Conduct supportive supervision to all RRH during RMSS-H and identify gaps, monitor implementation of identified gaps in order to improve service delivery at respective RRH
- RHMT of Ruvuma collaborate with District Councils of Namtumbo and Madaba to decongest Songea RRH by ensuring CEmONC centres are built and operationalized in Madaba and Namtumbo DC

(3) Critical issues for immediate follow up by MOHCDGEC

- Sokoine RRH is not fenced which has led to hospital areas to be encroached from neighbours, therefore all hospitals need to be directed to ensure they construct fence around all hospital surrounding and those with no title deeds start processing it
- Songwe, Njombe and Temeke RRH do not have HAB, the process towards its formation needs to be expedited
- Disposal of health care waste is posing a challenge as there is no hi-tech incinerator (Katavi, Sumbawanga, Songwe, Njombe, Songea and Ligula)
- Design of most laundry facilities and operating theatre are not in line with IPC guidelines (Sokoine, Katavi, Songwe, Ligula, Sumbawanga). Most of laundry have only one entrance for clean and dirty linen and have no ironing machines. The operating theatre also has one entrance for client(patients) going in and out after the surgical procedures. Similarly, CSSD unit in 7 RRH are within operating theatres which do not create a smooth flow of sterile and non-sterile packs as per IPC guidelines exception of Sumbawanga and Njombe RRH which have standalone CSSD units.
- New nursing care tools such as Treatment chart, Vital sign chart, nursing care plan are
 - not well documented
 - some staff reported not oriented on how to use them
 - Tools do not provide room to capture extra information based on nursing care
- Non-functioning mortuary refrigerators at Ligula RRH
- Staff still faces challenges in filling OPRAS forms
- 5S-KAIZEN principles not applied in stock management of health commodities to avoid overstocking. Also, the implementation 5S-KAIZEN activities within section is still low as some selected themes are stagnated as a result the working areas are not improved
- Decongest antenatal wards by pregnant women at Songea RRH by fast tracking construction and operationalization of CEmONC centres Madaba DC and Namtumbo DC as at present they do not provide CEmONC services

3.2. Northern, Central Zone (Team B)

This report presents a summary of results of EHPA conducted in 10 RRHs from August to September 2019. The assessed RRHs are Mwananyamala, Bombo, Mawenzi, Mount Meru, Manyara, Singida, Dodoma, Iringa, Morogoro and Tumbi.

RRH with highest score in East and Central zone is Mount Meru (89.33%) followed by Morogoro (85.71), Mwananyamala (82.46%), Manyara (82.36%), Dodoma (80.42%) and Iringa (80.24%). The RRH with highest difference of score from performance of 2018 were Singida (13.63%), Tumbi (11.52%) and Tanga (9.56%). There is slight decrease in score for Iringa RRH by 1.36% in 2019 compared to 2018.

The highest score for Mount Meru RRH were due to high performance (100%) in the following sub areas; working condition, information use and dissemination, service provider charter, referral mechanism, client satisfaction, social accountability assessment, functional of hospital advisory board, utilities and outpatient services. The big difference performance was observed in social accountability, in 2018 was 83.33% and in 2019 was 100%. Also, organization of service was 67.78% in 2017 and 83.33 in 2019.

Inadequate performance of Mawenzi were due to low performance in the following sub areas; information use and dissemination (33.33%), health promotion services (50.00%), PPM (58.33%) and inpatient services (58.33%). Generally, there is large improvement from 2017, 2018 to 2019, as shown by the increase of average score which are 68.48%, 75.71% and 80.74% respectively.

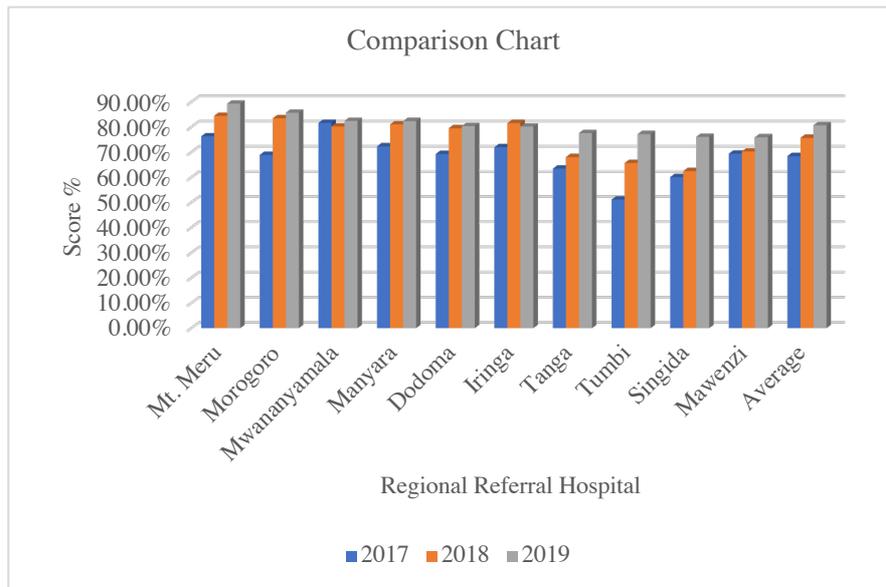
In average, areas with high performance were Hospital management (90.57%), staff performance assessment (88.67%) and hospital infrastructure (83.58%). Areas with inadequate performance were social accountability (71.67%), IPC, safety measure and risk management (72.51%) and handling of emergency and referral (76.76%). The low score in social accountability compared to other areas was caused by lack of Hospital Advisory Board in four RRHs, which are Dodoma, Tanga, Tumbi and Singida.

During assessment, strengths and areas for improvement were observed. Most of areas for improvements are under the control of RRHs, therefore recommendations on addressing them were given. RHMTs were tasked to make follow up on implementation of action plan for addressing observed gaps.

3.2.1. Trends of Performance of RRHs

RRH with highest score in East and Central zone is Mount Meru (89.33%) followed by Morogoro (85.71), Mwananyamala (82.46%), Manyara (82.36%), Dodoma (80.42%) and Iringa (80.24%). The RRH with highest difference of score from performance of 2018 were Singida (13.63%), Tumbi (11.52%) and Tanga (9.56%). There is slight decrease in score for Iringa RRH by 1.36% in 2019 compared to 2018.

Na	Region	RRH	Scores			Differences	
			2017	2018	2019	17-18	18-19
1	Arusha	Mt. Meru	76.33%	84.49%	89.33%	8.17%	4.84%
2	Morogoro	Morogoro	68.96%	83.51%	85.71%	14.55%	2.20%
3	Dar	Mwananyamala	81.70%	80.26%	82.46%	-1.44%	2.19%
4	Manyara	Manyara	72.37%	81.11%	82.36%	8.74%	1.25%
5	Dodoma	Dodoma	69.29%	79.54%	80.42%	10.25%	0.88%
6	Iringa	Iringa	72.00%	81.60%	80.24%	9.60%	-1.36%
7	Tanga	Bombo	63.47%	68.06%	77.61%	4.58%	9.56%
8	Pwani	Tumbi	51.17%	65.70%	77.22%	14.52%	11.52%
9	Singida	Singida	60.10%	62.49%	76.12%	2.38%	13.63%
10	Kilimanjaro	Mawenzi	69.42%	70.31%	75.94%	0.89%	5.63%
Average			68.48%	75.71%	80.74%	7.23%	5.03%



The highest score for Mount Meru RRH were due the following reasons; good working environment, transparency, information sharing (top down communication) and awareness of staff on hospital plan. RRHMT with support from HAB managed to take up its role in supportive supervision. These resulted into high performance (100%) in the following sub areas; working condition, information use and dissemination, service provider charter, referral mechanism, client satisfaction, social accountability assessment, functional of hospital advisory board, utilities and outpatient services. The big difference performance was observed in social accountability, in 2018 was 83.33% and in 2019 was 100%. Also, organization of service was 67.78% in 2017 and 83.33 in 2019. Generally, the hospital scored above 70% in all areas.

Inadequate performance of Mawenzi were due lack of permanent QI team members (all members are part time) and inadequate effort of RRHMT to supervise implementation of action plan and identified gaps resulting low performance in the following sub areas; information use and dissemination (33.33%), health promotion services (50.00%), PPM (58.33%) and inpatient services (58.33%).

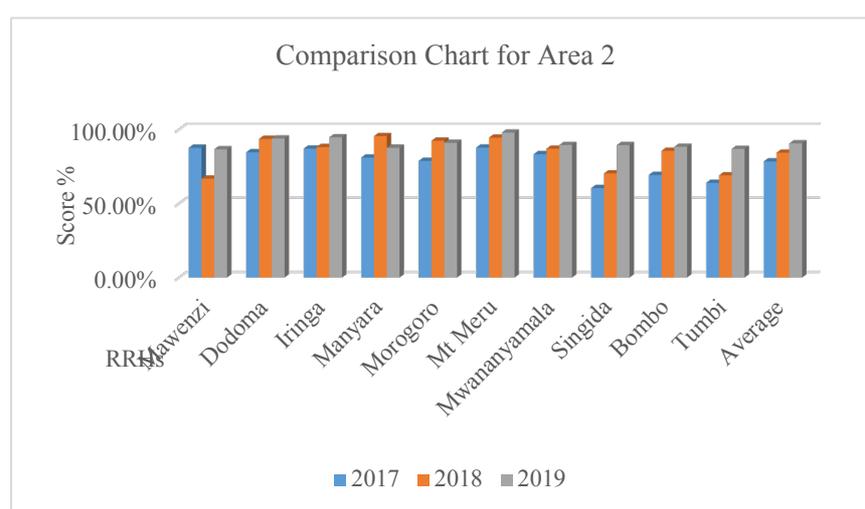
Generally, there is large improvement from 2017, 2018 to 2019, as shown by the increase of average score which are 68.48%, 75.71% and 80.74% respectively.

In average, areas with high performance were Hospital management (90.57%), staff performance assessment (88.67%) and hospital infrastructure (83.58%) Areas with inadequate performance were social accountability (71.67%), IPC, safety measure and risk management (72.51%) and handling of emergency and referral (76.76%). The low score in social accountability compared to other areas was caused by lack of Hospital Advisory Board in four RRHs, which are Dodoma, Tanga, Tumbi and Singida

Area	Mawenzi	Dodoma	Iringa	Manyara	Morogoro	Mt Meru	Mwananyamala	Singida	Bombo	Tumbi	Average
Area 2	86.56%	93.88%	94.68%	87.65%	90.96%	97.88%	89.47%	89.40%	88.31%	86.92%	90.57%
Area 3	71.76%	93.98%	71.76%	72.69%	77.31%	96.76%	76.85%	88.43%	69.91%	82.87%	80.23%
Area 4	93.33%	100.00%	66.67%	93.33%	100.00%	93.33%	46.67%	100.00%	93.33%	100.00%	88.67%
Area 5	61.67%	84.63%	86.11%	85.00%	80.93%	83.33%	86.11%	78.70%	85.56%	74.44%	80.65%
Area 6	66.67%	80.56%	70.37%	73.15%	83.33%	90.74%	74.07%	65.74%	75.00%	87.96%	76.76%
Area 7	80.56%	69.44%	84.72%	86.11%	97.22%	88.89%	87.50%	63.89%	86.11%	69.44%	81.39%
Area 8	83.33%	50.00%	100.00%	100.00%	83.33%	100.00%	100.00%	33.33%	33.33%	33.33%	71.67%
Area 9	70.83%	81.94%	77.95%	88.54%	82.29%	90.63%	93.23%	79.86%	81.77%	88.72%	83.58%
Area 10	63.16%	72.35%	70.77%	64.38%	81.94%	74.21%	90.67%	69.54%	72.69%	65.41%	72.51%
Area 11	73.15%	79.63%	79.63%	74.54%	82.41%	85.65%	82.41%	89.35%	75.93%	78.24%	80.09%
Area 12	84.33%	78.17%	79.96%	80.62%	83.07%	81.22%	80.03%	79.03%	91.80%	82.08%	82.03%
Average	75.94%	80.42%	80.24%	82.36%	85.71%	89.33%	82.46%	76.12%	77.61%	77.22%	80.74%

Table 3: Comparison of Hospital Management (Area 2)

RRH	Mawenzi	Dodoma	Iringa	Manyara	Morogoro	Mt Meru	Mwananyamala	Singida	Bombo	Tumbi	Average
2017	87.6%	84.6%	87.1%	81.0%	78.8%	87.8%	83.3%	60.4%	69.3%	64.0%	78.4%
2018	66.8%	93.6%	88.1%	95.5%	92.4%	94.5%	87.01%	70.3%	85.6%	69.0%	84.3%
2019	86.6%	93.9%	94.7%	87.6%	90.96%	97.9%	89.5%	89.4%	88.3%	86.9%	90.6%



3.2.2. General Findings from the results and observation

- Commitment of the RRHMT is high and they are highly motivated by the results of EHPA.
- Physical renovations are ongoing at each hospital.

For example: Mwananyamala and Mawenzi (maternity block), Manyara (OPD block), Morogo, Dodoma and Tumbi (Emergency department) and Iringa (orthopedic workshop).

- Required document were not always available compared to activities performed
For example: for Mawenzi document for organization of services and handling of emergency, Singida client focus,
- Motivation of the staff is variant. Hospital management has average score of 90.57% while IPC, safety measures and risk management (72.51%) and Handling of emergency and referral (76.76%).
- Multiple priorities / Challenges arising from construction / renovations work at the RRHs leading to delays in completion of scheduled work and inadequate maintenance of other areas, for example at Mawenzi and Singida RRHs
- Incomplete filling of partography and use of nylons (local sutures) at mortuary for postmortem were observed in all visited RRH
- Data collection, storage, analysis and usage. Close supervision on introduction and use of EMR and HMIS tools as a complementary way of generation, collection, storage and analysis is not prioritized resulting into mismatch of data
- Inactive emergency preparedness and response teams was a crosscutting issue of all RRH visited. In most RRH, necessary documents were missing, and no simulation exercise was conducted.
- Inadequate system of reporting medical errors in all visited RRHs. Reports on incidence, accident and medical errors were missing in all service provision points.
- PEP registered information which include high number of children rape and pricking cases for HCWs recorded at the RRHs and provided with PEP were not analyzed for further actions to address the situation. Young ages of 4 years old to 14 years old cases of rape continue to be reported but no definite actions were taken to address the situations.
- Management of TUMBI RRH is under Kibaha Education Centre that has Board of Directors that having multiple priorities as opposed to RRHAB which only priority is RRH. Observed gaps with KEC board of directors were;
 - No reports on the discussions and agreements towards agendas originating from Hospital at the Boards meetings
 - No reports on engagement of the Board and the community during the process of annual planning by the hospital
 - Scheduled/ extra ordinary meetings of the Boards on specific issues related with RRH's improvements of services were not available
 - No evidence of the Board receiving opinions and give feedback to the represented community on improvements of the TRRH

3.2.3. Technical Recommendations

(1) RRHMT

- Emphasize on the collection, storage and analysis of HMIS data/ information for proper planning and implementation to improve services and documentation and record keeping of all implemented activities is very important
- Close follow up of 5S KAIZEN and IPC implementation
- For improving of working environment at CSSD and Dental services, plan in the CHOP for the expansion / construction of CSSD and Dental clinic
- Improve environment of service delivery at OPD new area (waiting area, triage and privacy) at Dodoma and Morogoro
- Follow up establishment of RRHAB especially for Dodoma, Singida, Tanga and Tumbi
- Strengthen Emergency Preparedness and Response team on their roles and responsibilities in all visited RRHs
- Strengthen PPM on equipment and infrastructure to prolong shelf life and improve quality of services in all visited RRHs
- Strengthening of QIT and WIT functionality at all service provision points and include all activities in the CHOP in all visited RRHs

- HMT / QIT should conduct follow up and supervision on the filling of Partography and IPC adherence at all areas especially at Mortuary in all visited RRHs
- Hospital has to ensure all service provision points initiate a system for Tracking medical errors/Incidence at their area of work
- Equip hospital Sections with standard equipment i.e Operating Theatre, Consultation rooms, EMD, ICU, Dental, Minor Theatre and Physiotherapy in all visited RRHs
- Rehabilitation/construction of toilets to meet the requirements according to standards or Mwananyamala, Singida and Mawenzi.
- Conduct analysis of PEP register collected information to determine severity and then share with appropriate authorities/organs for appropriate management of the presented situations to prevent recurrence in all visited RRHs.

(2) RHMT/ RAS

- Follow up and conduct supportive supervision in addressing the identified gaps from ISS/EHPA
- Support RRH on designing and conducting outreach and clinical services at RRHs and lower health facilities
- Ensure that RRHs adhered to available guidelines, for example IPC, safety measures, clinical services and administration

(3) MoHCDGEC

- Fast tracking the establishment of RRHAB at Dodoma, Singida, Tumbi and Bombo RRHs
- Strengthening functionality of disciplinary committee at RRHs in all RRHs
- • Addressing shortage of HRH. For RRHs with critical shortage (according to work load) at Mwananyamala, Tanga, Mount Meru and Dodoma RRHs.
- Strengthening on establishment of emergency services at RRHs
- To disseminate new IPC guideline to RRHs and other health facilities

3.3. Lake Zone (Team C)

This report presents summary of results and analysis of the third External Hospital Performance Assessment (EHPA) carried out in 9 Regional Referral Hospitals from August – September 2019. The 2019 EHPA was principally a follow up of progress on the implementation of suggestions and recommendations given and agreed with each RRH during the 2018 EHPA. Specifically, the assessment was geared at:

- Providing technical support to RRHMTs in addressing gaps and challenges identified in 2018 EHPA which they could not address (within the given time) towards improving and delivering quality services to their clients,
- Supportive supervision to RRHs focusing on annual performance of the RRHMTs in the twelve Areas as per the EHPA/ISS Guidelines for the ended 2018-19 financial year;
- Oversee appropriate utilization of data and information collected through different monitoring tools i.e. Quarterly reports, ISS, 5S KAIZEN CV reports and EHPA to improve service delivery in the current financial year as well as to develop evidence-based CHOPs for the next financial year.

Akin to 2018 approach, to the assessment, all assessors were oriented on External Assessment Guide and Tools for three days involving two days extensive theoretical orientation on the concepts, and one day of practice, report writing and feedback presentation of assessment.

Comparable to the 2018 EHPA tool, the 2019 tool had the same twelve areas each with sub areas of focus and a total of 271 indicator questions scored in the assessment. Scores were recorded and processed automatically the same way as in 2018 through excel file & calculator provided in the tool used by the assessment teams.

3.3.1. Summary

General Observation from Results & Findings

- **IPC Safety and guidelines:** Professionals practices are not adhered to and even if they were its more of procedures rather than professional oriented. IPC, Safety, housekeeping and waste management were not adhered to. In the most of hospitals visited, cleaning does not perform according to IPC standard (highly cleaning including taking care of the hidden areas, roofs, surfaces, and floors were not cleaned properly. Routine dusting of the wards including patient lockers, under patient's mattresses, tables for investigations, windows, sinks and toilets were not cleaned in daily bases). The only visible areas are cleaned.

In performing sterile procedure such as wound dressing, wound assessment during service and major word rounds and theatre procedures sterility is not highly considered. This put patients into a big risk to acquire surgical site infections.

Healthcare workers (e.g. Doctors at Emergency Medicine Department (EMD) do not adhere to IPC standard precautions and this puts staff and patients at a big risk to acquire infections - blood borne pathogens (HIV, HVB & HCV even hemorrhagic fever including Ebola virus)

Department wise; Only Sekou Toure and Amana RRH scored above of 80% in this area. Musoma and Maweni scored above 70% and Shinyanga, Bukoba, Tabora, Simiyu and Geita scored below 70% in this area

- **Critical shortage of staff:** over 50% of RRH in lake zone seems to have critical shortage of HRH, e.g.71.1% (Simiyu RRH) 49.3%(Maweni), 41.3% (Kagera); 36.1% (Shinyanga), 35.9% (Musoma & Bukoba) 35.2% ,Kitete 28.2% and (Amana), 21.3%, This does not mean Amana RRH with 21.3% shortage of HRH is better off because comparing to other RRH the population that is served by AMANA RRH makes that shortage huge and with adverse effect on the service provision. However, shortage of human recourses should not be taken as an excuse for provision of sub standards care to patients. Proper allocation of human resources is needed.
- **Inactive /absence of Work Improvement Teams:** WIT is inactive or not available in sections. QIT unity in RRH has been formed but its either QI has failed to supervise WIT or WIT members doesn't understand and implement their responsibility.
- **Weak documentation and Information dissemination:** Assessed RRHs in Lake Zone, information management is a challenge and extends to inability to share / disseminate information. Only Bukoba Sekotoure and Musoma scored more than 80% in this area, Amana and Geita have scored above 70% and Shinyanga, Simiyu, Maweni and Kitete have scored less than 70%.
- **Clinical services:** from the assessed RRH most of Consultation/Counseling rooms at OPD were not equipped with appropriate equipment and diagnostic kits such as pen torch, otoscope, patella hammer, spatula etc. ICU services from the assessed RRH are either missing equipment and/or workers are not trained. Clinical and general nursing procedures were not performed properly; Basing on experience gained in field, clinical procedures are not adhered to, as many procedures were performed in a short cut way (Preparation of equipment before performing procedure and clearing trolleys after procedure is no longer performed). Tiding of the wards after every shift in no longer practices and this leads to disorganization of working environment. Other areas noted for concentration were improper filling and utilization of nursing intervention forms for early identification of deviations of vital signs that hinders quickly recovery. Also, improper filling of Partograph for monitoring of progress of labor including identification of maternal and fetal danger signs during labor that hinder early intervention and decision making resulting to increasing maternal and fetal mortality rate. Assessing and checking vitals for detection of deviations from normal body parameters is not done by prescribers/clinicians during patients'

consultations, instead decision making is basing on vital signs that taken by nurses during triaging of patients which might be not true.

- **Radiology and imaging Services in RRH:** Still there is quite a number of RRHs in Lake Zone which conduct ordinary X-Rays and Ultrasounds; but in Shinyanga the available X-Ray machine cannot take even adult Spine X-Ray, SOPs and Protocols are not available/not adhered to. TAEC reports are not available or not timely submitted.
- **Infrastructure:** Toilets both patients and staff toilets are not in a good state of repair many has no flushers, corks on water taps and the available ones are not fitting. In most of visited RRH friendly disability toilets are not available. But in Musoma and Bukoba there is commode chairs for physical challenged patients

Recommendations

(1) RRHMT

- Prepare an Action Plan to address all the areas of improvement indicated and report on quarterly basis
- RRHMT should harmonize trainings/OJT and strengthen self-internal supportive supervision on ISS, 5S KAIZEN, and IPC to develop workers skills and competence for improving working environment and reduction of cross infection. Housekeeping practices, instrument processing, waste management be the points of emphasize, proper utilization of visual control methods for effective and efficient commodity management, 5S tools for proper implementation of 5S-KAIZEN be emphasized well.
- Strengthening establishments and functionality of QIT / WIT at the RRHs by involving all cadres' especially medical practitioners.
- Practice KAIZEN Activities within the recommended time so as to measure the impact of KAIZEN Theme implemented.
- Improve documentation and record keeping such as full history taking, physical examination to all patient's record and inform them about their diagnosis and treatment.
- Equip consultation rooms with appropriate equipment and diagnostic kit such as pen torch, otoscope, patella hammer, spatula etc.
- Introduce mechanism for tracking medical error, accidents and incidences then analyze the finding for further intervention to improve quality of care.
- Strengthen practicing professional skills to develop workers' competence on proper filling of Partography, interpretation of findings for proper decision making. Also emphasize on proper filing and utilization of nursing intervention forms including nursing care plan for detecting.
- Deviations of vital signs and other body parameters from normal, in order to plan proper interventions to accelerate speed recovery of serious patients.

(2) RHMT

- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP.
- RHMT to make follow up on the implementation of RRHMT EHPA Action plan during RMSS-H and report accordingly on the progress attained and provide feedback to RRHMT.
- Continue supporting RRHMT as it is indicated in RHMT Functions.

(3) MoHCDGEC

- Ministry through Department of Health Quality Assurance should train, disseminate all quality improvement guidelines, the current National IPC and 5S-KAIZEN Guideline also make a close follow up on the IPC and 5S-KAIZEN Implementation in RRH.
- Real situation of HRH availability has to be assessed in all RRH. Data from HRHIS/HMIS has to help the assessment and facilitate not only recruitments and deployments but as well redistribution / reallocation of the existing HRH.

- Ministry in collaboration with RHMT has to make close follow up and ensure proper record keeping and management of information for proper planning and decision making.
- Ministry through department of radiology and imaging to establish program on strengthen the radiology services at RRH by servicing the available machines and/or supply the new one.

3.3.2. Trend of Performance of RRHs

The highest score RRH in Lake Zone is Sekou-Toure the same as in 2018. The scores of all assessment areas of Sekou-Toure RRH are over 70% except Area 11 (Clinical Services) that Scored 67% and 11 Areas of 12 Areas are over 80%. All areas with gaps that required no funds were effectively addressed and maintained hence, a notable improvement is observed; although the issues of Nursing Care plan for Serious Patients and Proper Utilization of Partograph for progress of labor and early identification of danger sign in labor are not properly filled/ used. Most of what is to be improved at Sekou Toure are gaps & challenges that require high investments in terms of funding. RRHMT has to plan, budget and locate funds in CHOP for procurement of equipment and renovation/construction of infrastructures if at all a notable step is to be made by Sekou Toure. The second ranked Amana RRH has same attributes as Sekou Toure only to be lowered by Area 7(Clients Focus) with 69.44%.

3.3.3. Improvement's from 2018

Comparing to 2018, positions have changed with 2 RRHs moving from RRH that performed lower than 70% to RRH that performed 80% and above. These are Musoma 82.37% and Bukoba 80.08%. All assessment areas in Musoma RRHs, have scores above 70% while Bukoba 8 areas scored above 70% with an exception of Area 5 (Organization of Services) 10(IPC) 11(Clinical Services).

On the other hand, average scores of Geita RRH, Maweni RRH and Kitete RRH, has scored above 70% while Shinyanga RRH dropped. Further down the analysis observed that scores in Shinyanga RRH have dropped especially Area 3 (Use of Hospital Data for planning and Service Improvement)16.21%, Area 5 (Organization Services) 9.08% Areas 8 (Social Accountability) 33.3% and Area 12 (Clinical Supportive Services) 5.55%. Simiyu RRH scored less than 70% but to this RRH this was the baseline survey.

Table 3-4: Comparison of score by Area "Lake zone"

RRH	Total	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
Sekou-toure	87.05%	94.26%	87.96%	90.00%	90.37%	96.30%	83.33%	100.00%	80.73%	84.95%	67.13%	82.54%
Amana	83.88%	90.35%	79.63%	86.67%	92.22%	95.37%	69.44%	83.33%	93.92%	81.18%	74.54%	76.06%
Musoma	82.37%	89.46%	81.94%	90.00%	78.33%	85.19%	83.33%	83.33%	80.73%	77.48%	83.80%	72.49%
Bukoba	80.08%	86.41%	87.96%	86.67%	67.59%	75.93%	72.22%	100.00%	85.76%	68.29%	69.44%	80.62%
Geita	77.31%	86.06%	79.17%	93.33%	64.81%	69.44%	66.67%	100.00%	86.63%	63.19%	71.76%	69.31%
Maweni	74.72%	80.51%	68.06%	76.67%	65.37%	83.33%	80.56%	50.00%	86.28%	74.40%	82.41%	74.34%
Kitete	70.56%	75.33%	62.50%	70.00%	74.26%	69.44%	80.56%	50.00%	84.03%	63.39%	71.76%	74.93%
Simiyu	67.61%	78.30%	68.98%	80.00%	63.33%	80.56%	66.67%	66.67%	70.14%	63.23%	58.33%	47.49%
Shinyanga	67.14%	76.05%	56.48%	76.67%	51.48%	64.81%	66.67%	66.67%	68.40%	69.94%	74.54%	66.87%

3.3.4. General Observations and Findings Lake Zone and Amana RRH

There is good cooperation between the regional teams (RHMT) and hospital teams (RRHMT) especially for those stay at the same compound or nearby compare to those stay at regional blocks. RHMT which stays outside i.e. like in regional blocks are not well informed to issues concerning hospital but also could be easy for those stays outside hospital compounds when came into a point of RMSS-H and other supportive supervision.

Through good cooperation between the two teams it is easier for RHMT to support RRHMT managerial and technical assistance. Almost all RRHMT visited observed to engage more to fill in the gaps identified in previous EHPA; top management are eagerly to bring changes to their hospitals towards QI issues.

3.3.5. Cross cutting issues

(1) Strength

- Availability of important plans document such as training need assessment, orientation induction and succession plan,
- On call and extra duty amenities are budgeted and paid
- QIU are formulated with specific HCW assigned for QI issues
- Emergency department/Unity/rooms for emergence health services are allocated
- RRHAB are functional and for the ones that are outdated the process at the RRH are completed
- OPD/IPD patients are treated according to guidelines
- Laboratory in all visited RRH are performing both internal and external quality control except Simiyu RRH
- All visited RR hospitals are observing TAT
- Colour coded bins and liners were available in all RRH
- PEP services are available, provided according to guideline and records are kept
- Hand washing facilities are available with guideline
- Availability of antiseptics and disinfectant
- All pharmacies are staffed with pharmaceutical cadre
- Visited RRH has functional Blood transfusion services
- Qualified Pharmaceutical Cadre and functional Therapeutic Committee in place
- Expired or unusable stock handled as per guidelines and regulations, with well action plan to prevent the available commodities
- Availability of X-Ray and Ultrasound Services except Simiyu RRH
- Presence of functional mortuary, functioning refrigerators and availability of formalin for preserving dead bodies except Simiyu RRH

(2) Areas of improvement

- Concept of visual control methods is applied in most of stores in all RRH; the issue is on the color adherence, arrangement of items to find
- Maximum, minimum and reordering stock level is not done.
- WITs from different sections are not working according to roles and responsibilities such that the monitoring activities which are supposed to be monitored but not done by Work Improvement Team for further analysis and actions
- Almost all RRH visited there were inadequate professional skills practices such as inadequate documentation and record keeping to patient's records/files (History taking and physical examination **except for intern Doctors documents**)
- Incorrect filling of Partograph especially during plotting of the contractions and fetal wellbeing, observation revealed Partograph are filled after a woman delivered or were not filled immediate after procedure. All hospital experiences the same.
- DDAs are well managed in secured cabinet/cupboard but the used one are not secured, can be reached by other people, and these are the ones used to dispense secured one; the prediction is unsecured one might be the source of drug abused people to maintain their supply, therefore the suggestion is to secure both un used and used one.
- Forms designed for recording basic nursing care plan for serious cases were incorrectly filled especially on column for nursing assessment findings, nursing diagnosis, objective and nursing intervention and sometime were used at all.
- No functional mechanism introduced for monitoring nearly medicine to expire from the main store and sub stores which were listed down for sharing with doctors and other staffs for preventing expired medicine and medical supplies in the hospitals.

- No effective mechanism to monitor medicines and medical supplies stocked in wards. RRHMT should monitor the use of bin cards and ledgers to prevent expire medicine.
- Practice in laboratories is not basing to National IPC Guideline, instead the laboratory safety manual is used however it is not adhered to and the SOPs developed have no checklist to monitor adherence to.
- Inadequate knowledge on 5S tools implementation e.g. zoning, labelling, numbering etc. and visual control methods adopted for effective and efficient commodity management
- Patients and provider communication still a challenge especially in relation to drug dispensing (prescribers and dispensers have no mutual communication and no meeting conducted among them) At dispensing rooms there were inadequate instructions given to the patients e.g. how to use medicine with food, possible side effects and special storage requirement at home
- Consultation rooms are missing equipment such as vaginal examination trays, Diagnostic kit with pen torch, patella hammer, turning fork, otoscope etc. and some even hand washing facilities.
- No documentation of interventions used to bring changes within the facility for standardization and sustainability of quality improvement.

(3) Strength in General on EHPA

When EHPA conducted in a form of supportive supervision facilitates friendship with staffs and attention is drawn towards positive mind to improve quality of services.

(4) Challenge facing EHPA

Fulfilling the EHPA checklist without reasoning and consideration of service offered e.g. storing anesthetic medicine to emergency unit while the service cannot be offered. (instead of equipping section with appropriate medicine and equipment for improving function ability of the unit, therefore the medicines are there for EHPA exercise)

(5) General suggestion towards quality improvement

The goal of “EHPA”, is not just to introduce assessment at the hospitals, but to bring changes in organizational (hospital) culture and management style. Healthcare delivery should be outcome-oriented and patient-centered. Safety and Quality are the essential features of the outcome. Responsiveness and equity are the core components of patient-centeredness. To achieve those goals participatory approach is essential. Regardless of the categories and ranks of the hospital staff, full participation of the employees should be encouraged through accumulation of small successes in the routine work.

Everybody is aware of the importance of safety and quality of care. No health worker wants to provide bad care and commits medical accident. All these things can be minimized by the application of the 5S-KAIZEN-TQM stepwise approach. But the staffs need to know how to initiate and implement this approach at the workplace. Because of the disorganized working environment, health workers may make mistakes or even may deal badly with patients unintentionally. The “change management” is, thus, needed as a breakthrough to meet the staff satisfaction and patients’ demand with code of ethics. Such a change is also essential, if the authorities intend to retain the precious and talented health care providers at the workplace. Initiation of the process with 5S and CQI towards TQM brings the necessary changes in the hospital to enhance staff morale and client satisfaction. This can be done by the top and middle managers with special care to strengthen capacities of all staff. Careful and meticulous tuning is needed for cultivating positive and upward spiral in quality improvement. However, for successful implementation of the process, it requires commitment from the top-level managers and leaders.

4. Results by Regional Referral Hospitals

The results by RRHs are summarized based on zones of assessment and their respective team.

(1) Southern Highlands & Southern Zone (Team A)

- 1) Temeke RRH (Dar es salaam)
- 2) Mpanda RRH (Katavi)
- 3) Sumbawanga RRH (Rukwa)
- 4) Songwe RRH
- 5) Mbeya RRH
- 6) Songea RRH (Ruvuma)
- 7) Kibena RRH (Njombe)
- 8) Ligula RRH (Mtwara)
- 9) Sokoine RRH (Lindi)

(2) Northern, Central Zone (Team B)

- 10) Mwananyamala RRH (Dar es salaam)
- 11) Tanga RRH
- 12) Mawenzi RRH(Kilimanjaro)
- 13) Mt. Meru RRH (Arusha)
- 14) Manyara RRH
- 15) Singida RRH
- 16) Dodoma RRH
- 17) Iringa RRH
- 18) Morogoro RRH
- 19) Tumbi RRH (Pwani)

(3) Lake Zone (Team C)

- 20) Amana RRH (Dar es salaam)
- 21) Bukoba RRH (Kagera)
- 22) Geita RRH
- 23) Sekou-toure RRH (Mwanza)
- 24) Musoma RRH (Mara)
- 25) Bariadi RRH (Shimiyu)
- 26) Shinyanga RRH
- 27) Kitete RRH (Tabora)
- 28) Maweni RRH (Kigoma)

TEMEKE RRH (Dar es Salaam) (FC: 107806-2)

Basic information of the RRH

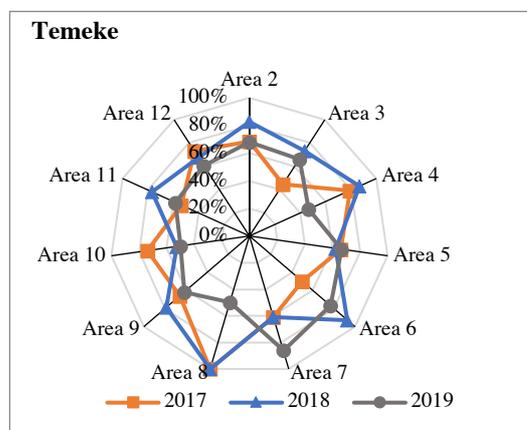
Bed capacity	304		
Number of staffs	457 (shortage by 5% by minimum staff requirement)		
Departments existing in the RRH	8, Section 32		
Vital Information Bed occupancy rate: 90.5% Average of length of stay: 4 days Average Number of Out-patients per day-2574 Average Number of Out-patients per day/doctor: 114 Average NHIF revenue collection/day: 4,554,778,00 Average cash revenue collection/day: 4,847,524.12			
Top 10 Diseases			
1	Hypertension	6	Diarrhea
2	Substance abuse and Psychosis	7	UTI
3	Diabetes mellitus	8	Pneumonia
4	Epilepsy	9	Otitis external
5	Anemia	10	BPH

Overall EHPA average= 62.8% (2017: 66.9% ; 2018: 75.6%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	68.5	44.4	79.2	66.3	50.0	61.1	100.0	66.1	73.9	53.7	72.9
2018	82.6	73.2	88.3	62.2	92.6	61.1	100.0	78.7	52.9	76.9	67.7
2019	68.0	66.2	46.7	66.7	76.9	86.1	50.0	61.8	50.1	58.3	60.3

Comparing to EHPA conducted in 2018, the results shows that the hospital did not make any improvement; instead there was a marked decline in performance when in nine areas with the exception of two areas (Area 5-Organization of service and Area 7-Client focus).

The Hospital management did not prepare an action plan to address the gaps identified during the EHPA conducted in 2018 especially those which did not require funds. Also, it was noted that hospital management was not closely working with the established Quality Improvement Unit (QIU)/team as the QI activities were not incorporated in the annual plan. Weak performance of RRHMT might have contributed to low scores in the nine areas.



Best performing areas

Best performing areas were: - Facility management (Area 2), Function of HMIS (Area 3), “Appropriate handling of emergencies”, Referral mechanisms (Area 6), Client service charter, Client satisfaction (Area 7), Utilities (Area 9), Pharmaceutical services, Laboratory services and Operating theatre (Area 12).

Low performing areas

The low performing sub-areas includes:- Facility Autonomy and Fiscal decentralization, Working conditions (Area 2), Information use and Dissemination, Medical records (Area 3), Staff performance and appraisal system (Area 4), Service provider charter, Client flow and Health promotion services (Area 5), Emergency preparedness and response services (Area 6), Social accountability assessment, Functional hospital advisory board (Area 8), Buildings, equipment and furniture (Area 9), Infection prevention and control, Health care waste management, Fire safety (Area 10), Outpatient services, RMNCH (Area 11), Operating theatre, Radiology and imaging, Mortuary services and Kitchen services (Area 12)

Key strong points

- Presence of disciplinary committee
- List of services with prices and specialized clinics are displayed at selected departments e.g. OPD
- Functional QIT
- Availability of utilities (water and electricity)
- Client satisfied with services provided
- Internal and external quality assurance done in the laboratory

Key Weak points

- HRHIS not updated and no analysis is done
- Data collected at service areas are not analyzed and displayed
- OPRAS forms for 2019/2020 not available in selected staff files
- Lack of hospital Advisory Board
- Waste segregation not properly done in some areas (Operating theatre, minor theatre, hospital environment)
- Partograph not filled properly
- Nursing care plans including documentation of patient vitals not done

Key Suggestions

RRHMT

- Renovate toilets for patients and relative especially Paediatric ward
- Conduct maternal and perinatal death audit within 7 days
- Follow up In-charges of wards to continue insisting on preparation of nursing care plans, taking and documentation of vital signs as per guidelines
- Practice of 5S/KAIZEN in all working areas to improve delivery services

RHMT

- Make follow up and monitor implementation of identified gaps during RMSS-H

Pictures

	
<p>Cholera bed at emergency unit</p>	<p>Foot operated pedal colour coded waste bins</p>
	
<p>Lack of visual privacy in delivery room</p>	<p>Improper waste segregation at waste storage point</p>

KATAVI RRH (FC: 105336-2)

Basic information of the RRH

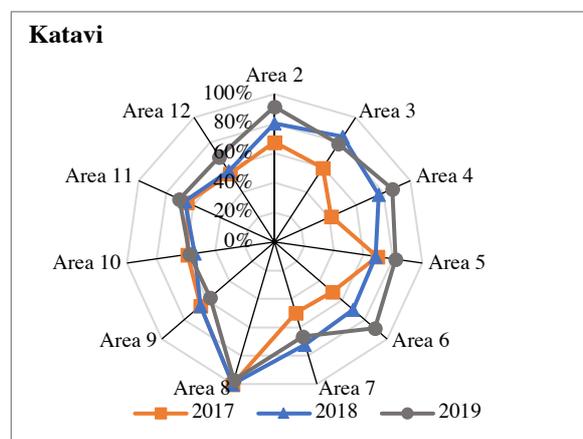
Bed capacity	340		
Number of staffs	202 (58%Staff shortage by) *minimum requirement		
Departments existing in the RRH	Dept-14, Section-30		
Vital Information Bed occupancy rate: 130% Average of length of stay: 5days Average Number of Out-patients perday-65 Average Number of Out-patients per day/doctor:56 Average NHIF revenue collection/day: 6,000,000 Average cash revenue collection/day:5,000,000			
Top 10 Diseases			
1	Malaria	6	Abortion
2	Anemia	7	Hypertension
3	Pneumonia	8	UTI
4	Diarrhea	9	Fracture
5	Road Traffic Accident	10	Typhoid

Overall EHPA average=76.9 (2018: 72.4%, 2017: 62.2%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	81.9	79.2	83.3	71.1	96.7	72.2	77.8	84.2	79.9	80.6	70.8
2018	80.9	81.0	100.0	73.3	81.5	88.9	100	65.1	88.7	79.4	65.7
2019	91.5	79.2	86.7	81.9	88.9	66.7	99.2	57.3	57.4	70.2	68.5

Comparing to EHPA conducted in 2018, the results show that the hospital has made an improvement in seven areas with the exception of four areas (Area 3 Use of hospital data for planning and service improvement, Area 7 Client focus, Area 8 Social accountability, Area 9 Hospital infrastructure).

The improvement might be contributed by RRHMT working on the gaps identified during the 2018EHPA as most of the gaps did not require funds. The low score in performance might have been contributed by not sharing the results of the previous assessment with respective sections, as the results no action was taken by the sections to improve the identified gaps.



Similarly, client satisfaction survey was not done at OPD especially for client waiting time for consultation; unavailability of sufficient funds for conducting minor repainting, repair and maintenance of hospital infrastructure (especially water taps, buildings), unavailability of plan for planned preventive maintenance (PPM) and implementation report. Furthermore, toilets were dirty and were few in number when compared to actual requirement and there was no toilet for physically challenged clients.

Best performing areas

Best performing sub-areas were Facility management, Facility autonomy and fiscal decentralization (Area 2), Function of HMIS, Information use and dissemination, Medical records (Area 3), Staff performance appraisal system,(Area 4), Service provider Charter, Client flow and health promotion services (Area 5), Appropriate handling of emergency, Referral mechanism, Emergence preparedness and response services (Area 6), Client service charter (Area 7) Social accountability assessment, functional hospital advisory board (Area 8) Utilities (Area9), Outpatient services ,inpatient services (Area 11), Laboratory and food services in Area 12.

Low scored areas

Clients satisfaction (Area 7), Planned preventive maintenance, Building, Equipment and furniture (Area 9), Infection prevention and Control (IPC), Health care waste and management, Fire safety (Area 10), RMNCH services (Area 11), Pharmaceutical services, Operating theatre, Radiology and imaging and Mortuary services (Area 12).

Key strong points

- Availability of functional HAB, and members are oriented on their responsibilities;
- Presence of “Disciplinary committee” with evidence of its functionality;
- Evidence of utilization of data to address community problem and measure taken to respond
- Up-to-date OPRAS filled forms for year 2019/2020
- Availability of emergency unit as well as SOPs for handling

Key Weak points

- ISS, Internal M&E of 5S-KAIZEN findings and results not shared at sectional level
- Unreliability of data /information due to use of two medical recording system (GoTHOMIS and HMIS)
- Most Buildings are not in good state of repair, and walls need repair and painting
- Health care waste management and line not handled as per IPC guidelines,
- Service ward round not conducted during weekends and holiday

Key Suggestions

RRHMT

- Make plans to address identified gaps; those which require funds should be budgeted for in the next CHOP;
- Renovate toilets for patients and relative especially;
- Conduct maternal and perinatal death audit within 7 days;
- Follow up In-charges of wards to continue insisting on preparation of nursing care plans, taking and documentation of vital signs as per guidelines;
- Pharmacy store should practice and adhere to principles of 5S-KAIZEN

RHMT

- Make follow up and monitor implementation of identified gaps during RMSS-H

Pictures

	
<p>Availability of Feedback mechanism for service provided to clients</p>	<p>Accessibility of on-call roster with contact numbers</p>
	
<p>Rusty Operating table in OT</p>	<p>IPC not adhered in hanging IV line</p>

SUMBAWANGA RRH (FC: 107663-7)

Basic information of the RRH

Bed capacity	217		
Number of staffs	468 (11% Staff shortage by *minimum requirement)		
Departments existing in the RRH	Dept-9, Section-27		
Vital Information Bed occupancy rate: 54% Average of length of stay: 3 days Average Number of Out-patients perday-180 Average Number of Out-patients per day/doctor:30 Average NHIF revenue collection/day: 1.249,080 Average cash revenue collection/day:1,119,036			
Top 10 Diseases			
1	Malaria	6	Hypertension
2	Anemia	7	Acute diarrhea
3	Abortion complication	8	Urinary Tract Infection
4	Fracture	9	Peptic ulcers
5	Road traffic accident	10	Gynecological Diseases

Overall EHPA average = 80.5% (2018: 79.5%, 2017: 64.3%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	81.9	79.2	83.3	71.1	96.7	72.2	77.8	84.2	79.9	80.6	70.8
2018	80.9	81.0	100	73.3	81.5	88.9	100	65.1	88.7	79.4	65.7
2019	89.5	85.2	80.0	79.1	82.4	83.3	100.0	76.9	77.4	63.9	67.3

Comparing to EHPA conducted in 2018, the results shows that the hospital has made an improvement in six areas (Area 2- Hospital management, Area 3- Use of hospital data for planning and service improvement, Area 5-Organization of health services, Area 6 - Emergency and referral and Area 9 - hospital infrastructure). Also, the hospital-maintained performance in Area 8- Social accountability.

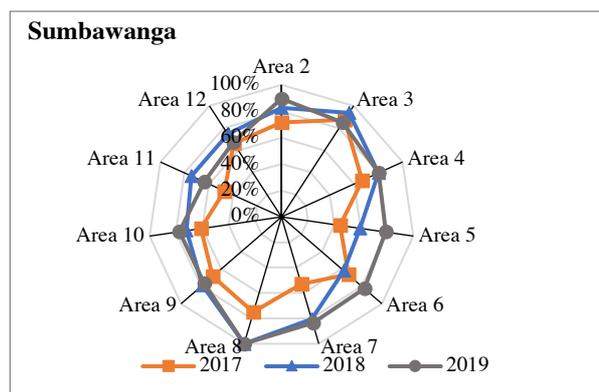
There was a decline in performance in four areas: Area 4-Staff performance assessment, Area 7-Client focus, Area 10-IPC, Safety measures and Risk management, Area 11-Clinical services and Area 12- Clinical support services.

As regard to the improvement, it might have been contributed by RRHMT strategically sustaining the performance in areas they performed well in 2018 and working on the gaps identified during the 2018 EHPA especially those which did not require funds.

The weak performance might be contributed by wrong interpretation of 2018 EHPA data and failure to take action for improvement:- Staff were not satisfied with OPRAS, Most vehicles and machines were not functional and well maintained, Outpatient patients not treated as per standard treatment guidelines, maternal and perinatal death are not conducted within seven days, No report for RRHMT using 5S-KAIZEN approach for medicine ,equipment and medical supply, and there was no action taken to minimize number of expired medicine and medical supplies.

Best performing sub areas

Best performing sub-areas were: Facility management, Facility autonomy and fiscal decentralization, working condition(Area 2), Function of HMIS, medical record (Area 3), Staff performance and appraisal system(Area 4), Service provider charter, client flow(Area 5), Appropriate handling of emergencies, Referral mechanisms, Emergency preparedness and response services(Area 6), Client service charter (Area 7), Social accountability assessment, Functional hospital advisory board (Area 8), Planned preventive maintenance, equipment and furniture (Area 9) Fire safety (Area 10), Inpatient services (Area 11) and Pharmaceutical services, Laboratory services, food services (Area 12).



Low performing sub areas

Information use and dissemination, (Area 3), Health promotion services (Area 5), Client satisfaction (Area 7), Buildings (Area 9), Infection prevention and control, Health care waste management (Area 10), Outpatient services, RMNCH services (Area 11), Operating theatre, Radiology and imaging and Mortuary services (Area 12).

Key strong points

- Staff attendance and absenteeism monitored
- All the HMIS registers and related tools are correctly filled
- Clinical supportive supervision done to all council hospitals
- Disciplinary committee present with evidence of its functionality
- Availability of utilities with back up (reservoir tanks for water and automatic changeover switch for electricity)

Key Weak points

- ISS and 5S-KAIZEN internal M&E findings and results not shared/utilized
- Guidelines and SOPs for handling health emergencies and disasters not available
- Linen in laundry not handled as per IPC standards (No decontamination and ironing machine)
- No ICU as well as staff trained in critical care management.
- Protocols for traffic flow in Operating theatre are not adhered
- Despite of having a recovery area it is not used as it was designed

Key Suggestions

RRHMT

- Strengthen QIT- capacitate QI FP
 - KAIZEN Cases should be completed within recommended time and standardized
 - QIT should foster the implementation of 5S-KAIZEN activities for solving problems at sectional level in all departments
- Consider conducting renovation of buildings especially OT as its floor is cracked; and repairing of incinerator as it is non-functional
- Non-functional items should be sorted and liaise with government verifiers for disposal
- Service ward round should be carried out as recommended
- Supervise the functionality of sections such as mortuary, laundry and OTH
- Establish and maintain surgical procedure protocols for prevention of sepsis
- Maternal Audit should be done according to guide
- Make plans to address identified gaps and for gap that require funds should be included in development of CHOP for financial year 2020/2021
- Solve /address gap using 5S-KAIZEN approach and report progress on quarterly basis

RHMT

- Make follow up and monitor implementation of identified gaps during RMSS-H

Pictures



	
<p>Improper handling of sharps as well as mixing of home and uniforms in changing room</p>	<p>Cracked floor and wall in hospital buildings</p>

SONGWE RRH (FC: 108289-0)

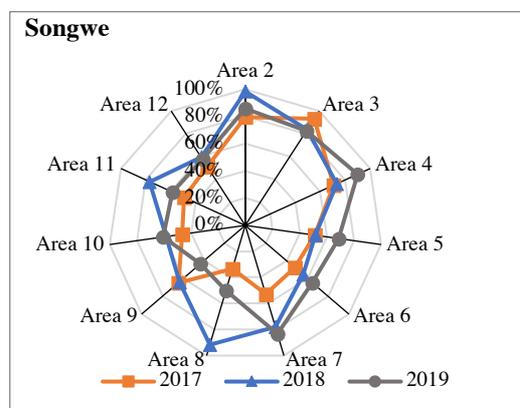
Basic information of the RRH

Bed capacity	150		
Number of staffs	244 (49.3% Staff shortage by) *minimum requirement		
Departments existing in the RRH	Dept-5, Section-15		
Vital Information			
Bed occupancy rate: 45.6%			
Average of length of stay: 3 days			
Average Number of Out-patients per day- 476			
Average Number of Out-patients per day/doctor: 14			
Average NHIF revenue collection/day: 2,800,000			
Average cash revenue collection/day: 720,000			
Top 10 Diseases for Adult			
1	Upper Respiratory Infection	6	Diarrhea with no Dehydration
2	Urinary Tract Infection	7	GIT Disease, other non-infection
3	Lower Respiratory Tract Infection	8	Fracture, Dislocation
4	Diarrhea with some Dehydration	9	Influenza
5	Hypertension	10	Ear Infection

Overall EHPA average = 67.8 % (2017:58.1%, 2018: 72.8%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	79.5	93.0	70.8	50.9	47.7	52.7	33.3	64.5	46.5	49.0	51.1
2018	98.4	83.3	83.3	51.6	55.6	77.8	91.7	63.7	58.6	76.9	59.3
2019	85.8	85.8	90.0	68.9	64.8	83.3	50.0	43.4	60.6	58.3	57.8

Comparing to EHPA conducted in 2018, the results shows that the hospital has made slight improvement in six areas: - Area 4 Staff Performance, Area 5 Organization of Services, Area 6 Emergency Handling, Area 7 Client Focus, Area (Infra-Structure, Area 10 IPC and Area 12 Support services. The overall score seems to drop in most of area except Area 2 and 3 when comparing with EHPA of 2018. This might be contributed by RRHMT working on the gaps identified by 2018 EHPA including those which required funds as we observed on going renovation of some building which includes administration block, water system and sewerage system. The weak performance might have been greatly contributed by: - lack of established HAB, the sewerage system being disconnected due to the ongoing renovation which in turn led to low scores in Areas 9, 10, 11 and 12. Also, there is no established maintenance unit hence there was no PPM plan and report and infrastructure are still inadequate compared to current need such as toilets in terms of number for both staff and patients.



Best performing areas

Best performing sub-areas were Facility management, Facility autonomy and fiscal decentralization, Working condition (Area 2), Function of HMIS, Medical records (Area 3), Staff performance appraisal system, (Area 4), Service provider charter, (Area 5), Referral mechanism, (Area 6), Client service charter (Area 7) inpatient services (Area 11), Pharmaceutical services (Area 12)

Low performing areas

Information use and dissemination (Area 3) Client flow, Health promotion Area 5, Appropriate handling of emergency, Emergency preparedness and response services Area 6, Clients satisfaction (Area7), Social accountability assessment, Functional advisory Board (Area 8), Planned preventive maintenance, Building, Equipment and furniture (Area 9), Infection prevention and control (IPC), Fire safety (Area 10), RMNCH

services, Outpatient services(Area 11), Laboratory services, operating theatre, radiology and imaging and mortuary services, Food services (Area 12).

Key strong points

- Availability of retention mechanism as well as housing allowance/house
- Interpretation of data is applied in decision making
- Hospital supervisor contact is displayed at service delivery points
- Feedback mechanism are in place and functioning such as suggestion box, display of contact details for phone or SMS feedback
- Evidenced efforts in improving infrastructure e.g. water supply and sewage system

Key Weak points

- No evidence of utilizing ISS and 5S-KAIZEN M&E and QPR findings and results in improving service delivery
- No established hospital advisory board (HAB)
- No engineering workshop/section
- Unavailability of required cleaning materials and poor storage
- No documentation of nursing care plan in male medical and surgical ward

Key Suggestions

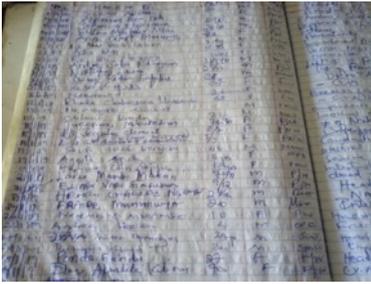
RRHMT

- Strengthen QIT- capacitate QI FP
 - Established KAIZEN should complete within recommended time and standardize
 - QIT should foster the implementation of 5S-KAIZEN activities for solving problems at sectional level
- Construct hi-tech incinerator
- Non-functional items should be sorted and liaise with government verifiers for disposal
- Service ward round should be carried out as recommended including weekend and holidays
- Establish and maintain surgical procedure protocols for prevention of sepsis
- Make close follow up towards establishment HAB
- Establishment of emergency department
- Conduct maternal and perinatal audit as per guideline
- Establish PPM unit within hospital

RHMT

- Make follow up and monitor implementation of identified gaps during RMSS-H

Pictures

	
<p>Documentation of referral (into and outside the facility)</p>	<p>Visual privacy ensured in delivery room</p>
	
<p>Rusted bed-male medical ward</p>	<p>Expired medicines but not registered in suspensory ledger and still within Pharmacy store</p>

MBEYA RRH (FC: 104602-8)

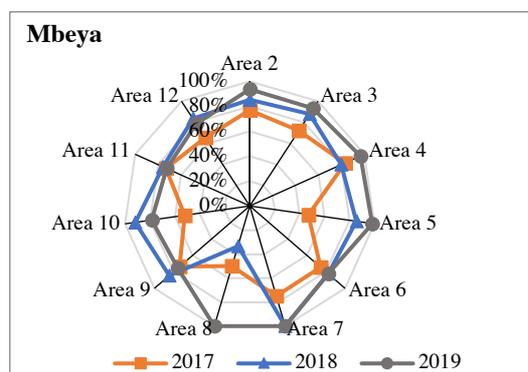
Basic information of the RRH

Bed capacity	180		
Number of staffs	325(32.4 by) minimum requirement		
Departments existing in the RRH	10		
Vita Vital Information Bed occupancy rate: 67% Average of length of stay: 3 Days Average Number of Out-patients perday-250 Average Number of Out-patients per day/doctor:28 Average NHIF revenue collection/day: 4,355,333.02 Average cash revenue collection/day:1,461,392.00			
Top 10 Diseases			
1	Gastroenteritis	6	Hypertension
2	Pneumonia	7	Diabetes mellitus
3	UTI	8	Burn injuries
4	Trauma	9	Anemia
5	HIV/AIDS	10	Malaria

Overall EHPA average=88.1% (2017: 67.55%; 2018: 82.60%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	76.9	72.2	83.3	47.0	74.4	75.0	50.0	73.6	51.9	73.2	65.5
2018	85.3	88.0	91.7	85.6	82.4	100.0	33.3	84.6	91.8	75.9	83.5
2019	93.7	93.1	96.7	98.3	82.4	100.0	100.0	75.5	78.7	72.7	78.6

Comparing to EHPA (2018), overall results show that the hospital made improvement in the performance. Areas which had marked improvements were: (Area 2-Hospital management, Area 3-Use of hospital data for planning and service management, Area 4-Staff performance assessment, Area 5- Organization of services and Area 8-Social Accountability. Two areas; (Area 6-Handling of emergency and referral and Area 7-Client focus) maintained the score performance. Four areas had a slight decline in scores: Area 9-Hospital infrastructure, IPC, Safety measures and risk management, Area 11-Clinical services and Area 12-Clinical support services.



RRHMT together with hospital staff working on the gaps identified during the 2018 EHPA as well as cooperation provided to QIT contributed to their notable upward improvement in most of the EHPA assessed areas. The slight decline might be contributed by: - not doing minor repair and painting which is required in some buildings, unavailability of hand washing facilities in toilets, and not adhering IPC guidelines during segregation of healthcare waste and storage of cleaning materials.

Best performing areas

Best performing areas were:- Facility management (Area 2), Use of hospital data for planning and service management (Area 3), Staff performance assessment (Area 4), Organization of services (Area 5), Handling of emergencies and referral (Area 6), Client focus (Area 7), Social accountability (Area 8), Planned preventive maintenance, Buildings, utilities (Area 9), Infection Prevention Control, health care waste management (Area 10), RMNCH services and inpatient services (Area 11), Pharmaceutical services, Laboratory, Mortuary services and Food services (Area 12).

Low performing sub areas

The low performing sub-areas includes: - Buildings, equipment and furniture (Area 9), Fire safety (Area 10), Outpatient services (Area 11), Operating theatre, Radiology and imaging (Area 12).

Key strong points

- HRHIS analysis is done
- Staff attendance and absenteeism monitored
- Outreach health promotion services are scheduled and conducted
- Functional HAB and oriented on their roles and responsibilities
- Availability of recommended antiseptics and disinfectants
- Availability of qualified Pharmaceutical cadre at all dispensing point throughout the day

Key Weak points

- Reports of ISS implementation and feedback to sections/ departments not shared
- The hospital has inadequate medicines for emergency services
- No Planned preventive maintenance implementation report for the past year
- Waste segregation and storage of cleaning materials not done as per IPC guidelines
- No general ICU as well as staff trained in critical care management
- Some radiological equipment is missing and no safety report from TAEC

Key Suggestions

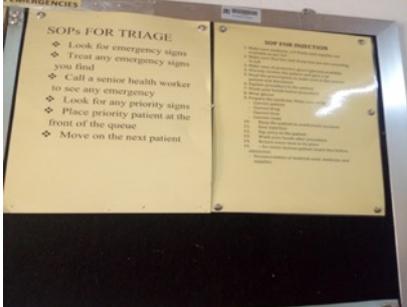
RRHMT

- Capacitate QIT- to oversee implementation of 5S-KAIZEN activities for solving problems at all sectional level
- Supervise all heads of clinical departments to ensure that Service ward round should be carried out as recommended (daily including weekends and holiday)
- Establish surgical services as well as ICU
- Hospital matron should supervise the cleanliness of patients’ beds and rusted ones should be painted
- Practice all IPC standards for safety of staff and clients utilizing the hospital

RHMT

- Make follow up and monitor implementation of identified gaps during RMSS-H

Pictures

	
<p>Availability of colour coded waste bins and bin liners</p>	<p>SOPs for triage</p>
	
<p>Improper storage of IV fluids in operating theatre where they are exposed to sunlight</p>	<p>Improper storage of cleaning materials (not disinfected and not hanging to the bucket used during mopping) in male medical ward</p>

NJOMBE RRH (FC: 107759-3)

Basic information of the RRH

Bed capacity	53		
Number of staffs	109 (77.3% Staff shortage by) * minimum requirement		
Departments existing in the RRH	Dept-7, Section-13		
Vital Information Bed occupancy rate: 20% Average of length of stay: 5 days Average Number of Out-patients per day-20 Average Number of Out-patients per day/doctor: 10 Average NHIF revenue collection/day: 314,326/= Average cash revenue collection/day: 166,355/=			
Top 10 Diseases			
1	Urinary Tract Infection (UTI)	6	Pneumonia
2	Hypertension (HTN)	7	Surgical Condition
3	Upper Respiratory Tract Infections (URTI)	8	Skin infections
4	Peptic Ulcers Diseased (PUD)	9	Road traffic Accidents
5	Diabetic Mellitus (DM)	10	Fracture

Overall EHPA average = 58.0 %

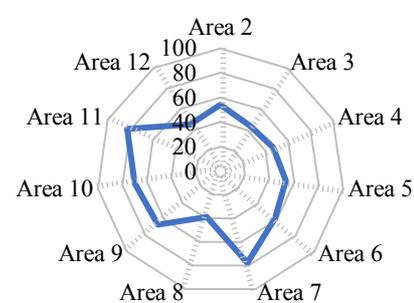
YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2019	54.1	44.0	46.7	53.3	58.3	77.8	38.9	66.7	69.9	82.9	45.5

The result of this EHPA which was conducted in August 2019 stands as a baseline assessment for Njombe RRH.

The hospital shifted from Kibena Hospital where formerly a designated regional referral hospital to its new premises was in July 2019. At a time of this assessment, the hospital had only one building that was completely built. All the required services at RRH were being provided in small rooms available in the New RRH building. The results show that the hospital has performed well in only two areas, Client focus (Area 7) and Clinical Services (Area 11).

Areas which had low to moderate performance were Hospital management (Area 2), Use of hospital data for planning and service improvement (Area 3), Staff performance assessment (Area 4), Organization of service (Area 5), Handling of emergencies and referral (Area 6), Social accountability (Area 8), Hospital infrastructure (Area 9), IPC, Safety Measures and Risk Management (Area 10) and clinical support services (Area 12). The low performance could be contributed by inadequate infrastructure to suit all required services at RRH level. Moreover, some staff are still new after being transferred to the hospital from councils and need to be capacitated.

Njombe



Best performing sub areas

Referral mechanisms (Area 6), Client satisfaction (Area 7), Buildings, Utilities (Area 9), Infection prevention and control (Area 10), Outpatient services, RMNCH-Services, Inpatients Services (Area 11).

Low performing sub areas

Facility Management, Facility Autonomy and Fiscal Decentralization, Working Conditions (Area 2), Function of HMIS, Information Use and Dissemination, Medical records (Area 3), Staff performance appraisal system (Area 4), Service provider charter, client flow, Health Promotion Services (Area 5), Appropriate handling of emergencies, Emergency Preparedness and Response Services, (Area 6), Client Service Charter (Area 7), Social Accountability Assessment, Functional Hospital Advisory Board (Area 8), Planned Preventive Maintenance (PPM), Equipment and

Furniture (Area 9), Health care waste management, Fire safety (Area 10), Pharmaceutical Services, Operation Theatre, Laboratory, Radiology and Imaging, Mortuary Services and Food services(Area 12)

Key strong points

- Availability of RRHMT with appointment letters and terms of reference
- Majority of staff reported in work early (*Bus for transporting staff is provided by hospital*)
- Availability of electronic revenue collection system as the effort to improve hospital revenue collections
- Most equipment, machines, and plants are still new and functioning

Key Weak points

- No evidence of using the HMIS data to prepare a facility profile report and HIMS summary book and EMR not updated
- No feedback mechanism in place (*suggestion box, client help desk, display of contact details for phone or SMS feedback*)
- No established maintenance unit, laundry services, hi-tech incinerator and mortuary services
- Inadequate equipment for and Improper waste segregation in all areas visited
- The facility has no NICU
- Nursing care plan not documented in all areas visited

Key Suggestions

RRHMT

- Establish a full-fledged quality improvement Unit (QIU)
 - Capacitate QIT on Basic hospital management and quality improvement trainings
 - QI establish and capacitate WIT in all working sections on
 - ◇ Roles and responsibilities
 - ◇ 5S-KAIZEN activities and other QI initiatives
 - Service ward round should be carried out as recommended
- Make plans to address identified gaps and for gap that require funds should be included in development of CHOP
- Solve /address gap using 5S-KAIZEN approach and report progress on quarterly basis

MOHCDGEC and RHMT

- Make close follow up on establishment of systems and mechanisms (Managerial, technical and financial systems)
- Expedite establishment of hospital advisory board (HAB)

Pictures

	
<p>Availability of elbow operated tap</p>	<p>Availability of serviced fire extinguisher</p>
	
<p>Improper waste segregation and storage of cleaning materials as per IPC guidelines</p>	<p>S1-S3 activities not done therefore efficiency and productivity of work not observed</p>

SONGEA RRH (FC:107543-1)

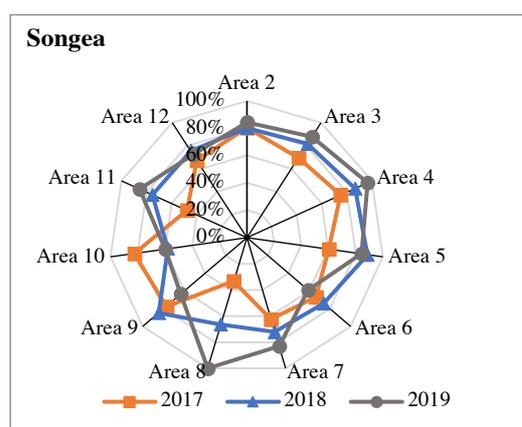
Basic information of the RRH

Bed capacity	321		
Number of staffs	464 (3.5% Staff shortage) *minimum requirement		
Departments existing in the RRH	Dept-5, Section-34		
Vital Information Bed occupancy rate: 77% Average of length of stay: 4days Average Number of Out-patients perday-468 Average Number of Out-patients per day/doctor:11 Average NHIF revenue collection/day: 567,554 Average cash revenue collection/day:1,305,802			
Top 10 Diseases			
1	Malaria	6	Fracture
2	Abortion complication	7	Road Traffic Accidents
3	Anemia	8	Gynecological disease
4	Pneumonia	9	HIV infection, symptomatic
5	Hypertension	10	UTI

Overall EHPA average=79.7% (2017: 65.7%,2018: 76.2%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	81.9	79.2	83.3	71.1	96.7	72.2	77.8	84.2	79.9	80.6	70.8
2018	80.9	81.0	100	73.3	81.5	88.9	100	65.1	88.7	79.4	65.7
2019	84.3	87.5	96.7	84.3	59.3	83.3	100	63.5	59.9	85.6	72.3

Comparing to 2018 EHPA, the results show that the hospital has made an improvement in five areas: - Area 2-Hospital management, Area3-Use of Hospital data for planning and service improvement, Area 5- organization of services, Area 11- Clinical services and Area 12- Clinical support services. Area 8- Social accountability maintained its performance. Area which declined most in performance was Area 10 -IPC, Safety measures and Risk management (from 88.7 to 59.9), others were Area 4- Staff performance assessment, Area 6-Handling Emergency and Referral and Area-9 Hospital infrastructure. As regard to the improvement observed might have been contributed by RRHMT working hard on the gaps identified during the 2018 EHPA especially sub areas which did not require funds. The weak performance might be contributed by inadequate color-coded bin liners and safety boxes, Inadequate cleaning materials, Shortage of medicines and equipment for emergency care, unavailability of disabled toilets and elbow operated taps and unavailability of hi-tech incinerator. Furthermore, storing of medicines and supplies which are not supposed to be kept in operating theatre which could lead to misuse of drugs, shows improper management of medicines. Also, it was noted that clients to minor theatre crosses major theatre, this implies that IPC rules governing theatre not well adhered.



Best performing areas

Best performing sub-areas were Facility management, Facility autonomy and fiscal decentralization, Working condition (Area 2), Function of HMIS, Information use and dissemination (Area 3), Staff performance and appraisal system (Area 4), Service provider charter, Health promotion service (Area 5), Client Service Charter (Area 7), Social accountability, Functional hospital advisory board (Area 8), Planned Preventive Maintenance (PPM)(Area 9), Infection prevention and control, (Area 10), Outpatient services, RMNCH-Service, Inpatient Services (Area 11), Pharmaceutical Services, Laboratory services and Food services (Area 12).

Weak performing areas

The weak performing sub-areas includes Medical Record (Area 3), Client Flow (Area 5), Appropriate Handling of Emergencies, Referral Mechanism, Emergency Preparedness and Response Services, (Area 6), Client

satisfaction (Area 7), Buildings, Utilities, Equipment and Furniture (Area 9), Healthcare Waste Management, Fire Safety (Area 10), Operating theatre, Radiology and imaging, and Mortuary services (Area 12).

Key strong points

- Functional RRHMT (Availability of monthly meeting schedule, & Minutes)
- Availability of updated Human Resource for Health Information System (HRHIS)
- Availability of Functional QIT with clear reporting structure
- Availability of trained staff on HMIS
- Clients are satisfied with services provided
- Availability of Updated and functional HAB

Key Weak points

- Outstanding MSD debt
- Weak implementation of 5S-KAIZEN in majority of the sections visited
- No operational research to improve hospital operational performance
- Nonfunctional emergency preparedness team
- Inadequate color-coded bin liners and safety boxes
- No bin liners and safety boxes as well as hi-tech incinerator

Key Suggestions

RRHMT

- Establish a full-fledged QI unit
- Conduct capacity building to QIU staff
- Improve availability of emergency medicine and equipment at the OPD as per guideline
- Provide liquid soap and prepare and handle antiseptics and disinfectants according to IPC guidelines
- Conduct HMIS data analysis and use findings to conduct operational research to improve hospital operational performance
- Align old service charter displayed on walls with current one
- Establish Biometric/electronic system to monitor staff attendance
- Allocate budget for maintenance and repair of all hospital equipment
- Make plan to address identified gaps and monitor its implementation during ISS

QIT

- Conduct Capacity building for WIT on QI initiatives
- Dedicate a specific area for Packing (visitors', staff and hospital vehicles)
- Timely planning and Procurement of waste segregation items (waste bin, bin liners and safety box)
- Strengthening of QIT and WIT functionality

RHMT

- Make follow up and monitor implementation of identified gaps during RMSS-H
- Facilitate provision of CEmONC services in Namtumbo and Madaba DC

Pictures

	
<p>Innovation: Mending and sewing of theatre gown done at hospital</p>	<p>Safety considered (serviced fire extinguishers and sterilized packs)</p>



Clients toilet are not properly cleaned



Majority of equipment are rusty (No PPM)

LIGULA RRH (FC: 103503-9)

Basic information of the RRH

Bed capacity	228		
Number of staffs	263 (45.3% Staff shortage by minimum requirement)		
Departments existing in the RRH	Dept-15, Section-42		
Vital Information			
Bed occupancy rate: 33%			
Average of length of stay: 5 day			
Average Number of Out-patients per day-101			
Average Number of Out-patients per day/doctor: 3			
Average NHIF revenue collection/day: 2,545,558.20			
Average cash revenue collection/day: 966,018.90			
Top 10 Diseases			
1	Hypertension	6	Severe Pneumonia
2	Psychosis	7	Dental Caries
3	Diabetes Mellitus	8	Surgical condition
4	Epilepsy	9	Visual Impairment
5	Skin Infection- Fungus	10	Upper Respiratory Infection

Overall EHPA average =76.6 % (2017:61.86%, 2018: 60.49 %)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	76.7	72.2	50.0	54.1	50.0	52.8	80.6	64.1	50.1	63.1	66.8
2018	73.5	57.4	63.3	39.4	55.6	38.9	100.0	59.0	38.4	76.0	60.9
2019	82.7	69.9	86.7	84.3	76.9	72.2	100.0	61.8	56.4	81.9	70.2

The 2019 EHPA, results shows that the hospital has made improvements in all eleven areas within overall percentage, an increase of 16% when compared to the 2018 EHPA. The improvement is likely to have been contributed by RRHMT working committedly on the gaps identified during the EHPA conducted in 2018 especially those which did not require funds and the team spirit noted among the RRHMT, QIT and all staff.

Best performing sub areas

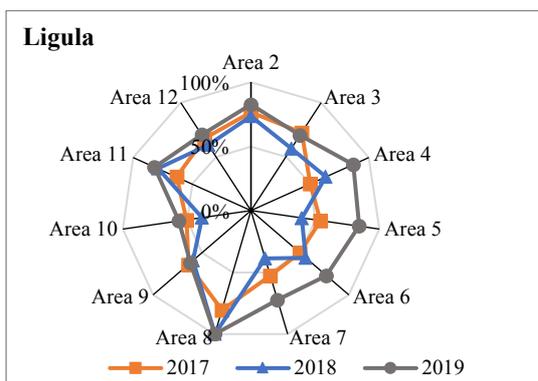
Best performing sub-areas were Facility management, Facility autonomy and fiscal decentralization (Area 2), Function of HMIS, Information use and Dissemination (Area 3), Staff performance appraisal system (Area 4), Service provider charter, Client flow (Area 5), Appropriate handling of Emergency, Referral mechanism, (Area 6), Client service charter (Area 7), Social Accountability Assessment, Functional Advisory Board, (Area 8), Utilities (Area 9), Outpatient and inpatient services (Area 11), Pharmaceutical services, laboratory and Food services (Area 12).

Low performing sub areas

Working condition (Area 2), Medical Record (Area 3), Health promotion (Area 5), Emergency preparedness and response services (Area 6), Clients satisfaction (Area7), Planned preventive maintenance, Building, Equipment and furniture (Area 9), Infection prevention and control (IPC), Fire safety, Health care waste Management (Area 10), RMNCH services (Area 11) Operating theatre, Radiology and Imaging and mortuary services (Area 12).

Key strong points

- Organized facility management evidenced by teamwork spirit which resulted into working in all gaps identified during 2018 EHPA;
- Biometric system is used for monitoring staff attendance;
- Referral system is functional and known to all interviewed staff;
- There is a record of actions taken to respond towards suggestions/ addressed complaints;
- Functional Hospital Advisory Board;



- Both internal and external quality controls for laboratory tests conducted.

Key Weak points

- Most clients attended at the facility are not satisfied with health services provided
- Inadequate qualified pharmaceutical staff at dispensing point in all shift
- No operational research/survey had been conducted to improve hospital performance
- No SOPs for emergency preparedness and responsiveness as well as training and simulation
- No evidence of feedback given to clients/community after addressing their complaints
- Staff in visited areas do not adhere to IPC standards (2018) e.g. during giving injections, disposal of sharps and pre-filled injections in OT refrigerator

Key Suggestions

RRHMT

- Establish a full-fledged QI unit with at least one permanent staff
- Conduct capacity building to all QIU staff
- Improve availability of emergency medicine and equipment at the OPD as per guideline
- Renovate and repair hand washing places and facilities
- Conduct HMIS data analysis and use findings to conduct operational research for improvement of hospital performance
- Establish full functioning PPM unit for maintenance and repair of all hospital equipment

QUALITY IMPROVEMENT UNIT

- Ensure all sections have functional WIT
- Conduct Capacity building for WIT on QI initiatives
- Make close supervision to WIT
- Optimize 5S-KAIZEN activities in all departments

RHMT

- Make follow up and monitor implementation of identified gaps during RMSS-H

Pictures

	
<p>Bin liner Machine</p>	<p>Client service charter in place</p>
	
<p>Improper storage of antiseptic</p>	<p>Disability friendly toilet used as store in laboratory</p>

SOKOINE RRH (Lindi) (FC:107517-5)

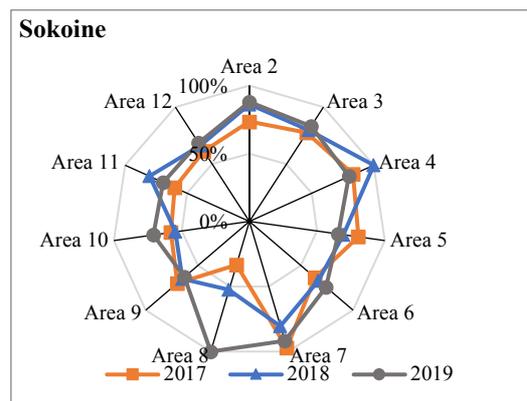
Basic information of the RRH

Bed capacity	241		
Number of staffs	260 (46% Staff shortage by) *minimum requirement		
Departments existing in the RRH	Dept-8		
Vital Information Bed occupancy rate: 34.9 % Average of length of stay:2.1 day Average Number of Out-patients per day- 121.1 Average Number of Out-patients per day/doctor: 5.1 Average NHIF revenue collection/day: Tsh. 1,351,380.11 Average cash revenue collection/day: 901,173.52			
Top 10 Diseases			
1	URTI	6	Moderate anemia
2	Hypertension	7	Diarrheal diseases
3	UTI	8	Diabetes mellitus
4	Skin conditions	9	Surgical conditions
5	Cardiovascular diseases	10	Malaria MRDT positive

Overall EHPA average =77.6 % (2017: 68.9 %,2018: 72.9 %)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	73.5	77.8	83.3	80.6	63.3	97.2	33.3	69.4	57.9	59.8	61.3
2018	86.2	80.1	100.0	69.6	66.7	80.6	82.8	64.8	54.7	80.1	66.3
2019	88.0	83.3	80.0	65.7	74.1	91.7	100.0	62.5	70.8	69.4	68.5

When Comparing to EHPA conducted in 2018, the results shows that the hospital has made an improvement in seven areas which shows an upward trend ranging from 1.8 to 17.2% increase. The areas which documented an upward improvement are: - Area 2-Hospital management, Area 3-Use of Hospital data for planning and service improvement, Area 6-Handling emergencies and referral, Area 7- Client focus, Area 8-Social Accountability, Area 10-IPC, Safety measures and risk management and Area 12-Clinical support services. The decline in performance ranged from 2.3 to 20.0% and areas which had low performance are- Area 4- Staff performance assessment, Area 5-Organization of services, Area 9-Infrastructure and Area 11-Clinical services. The improvement might be contributed by RRHMT team work as well as among staff in sustaining the achievements gained in 2018 and working on the gaps identified.



Best performing sub areas

Best performing sub-areas were Facility management, Facility autonomy and fiscal decentralization and working condition (Area 2), Function of HMIS, Information use and Dissemination (Area 3), Staff performance appraisal system (Area 4), Health Promotion Services (Area 5), Client service charter (Area 7), Social Accountability Assessment, Functional Advisory Board,(Area 8), PPM (Area 9), Infection Prevention and Control (Area 10), Outpatient services, RMNCH and Inpatient services (Area 11), Pharmaceutical services, laboratory services and Food services (Area 12)

Low performing sub areas

Medical records (Area 3), Client Flow (Area 5), Appropriate handling of Emergency, Referral mechanism, Emergency preparedness and response services (Area 6), Client satisfaction (Area 7), Buildings and utilities (Area 9), Health care waste Management, Fire safety (Area 10), Operation theatre, Radiology and Imaging, mortuary services (Area 12).

Key strong points

- Retention programs in place and budgeted i.e. Housing allowance, Extra duty and on call allowances

- Regularly updated Human Resource for Health Information System
- Availability of on job training schedule in departments/wards
- There is operational research conducted based on HMIS report
- Training and simulation on emergency preparedness done (Ebola and firefighting)
- Presence of clear mechanism for monitoring use of health commodities (Dispensing register, bin card and ledgers)

Key Weak points

- No clear gap identification and/or improvement plan from report of ISS and 5S-KAIZEN
- HMIS tools (registers, summary forms and tally sheets) do not match
- Fire extinguishers not serviced (Next service was scheduled for 4th August 2019)
- No evidence of feedback given to clients/community after addressing their complaints raised
- Nonfunctional items scattered in working areas e.g. mortuary, ICU, OT, general store
- Service ward rounds not done daily e.g. Grade one, surgical and medical male wards

Key Suggestions

RRHMT

- Conduct capacity building to QIU staff
- Improve availability of emergency medicine and equipment at the OPD as per guideline
- Provide elbow taps in hand washing places
- Make close follow up of OPD for proper filling of tally sheet, Partography in labour wards and nursing implementation tools (Nursing care plan, treatment chart)
- Improve and adhere to storage procedures for health commodities including medicines and remove nonfunctional and scattered items in various service areas

QIU

- Restore and ensure functional WIT in all sections
- Make close supervision to WIT
- Optimize 5S-KAIZEN activities in all departments

RHMT

- Make follow up and monitor implementation of identified gaps during RMSS-H

Pictures

	
<p>Color coded waste bins with foot pedal</p>	<p>Display list of service with price</p>
	
<p>Unorganized items in stores: PMU</p>	<p>Medicines for NTD stored in Mortuary</p>

MWANANYAMALA RRH (Dar es Salaam)(FC:105905-4)

Basic information of the RRH

Bed capacity	254		
Number of staffs	370 (46% Staff shortage by maximum requirement)		
Departments existing in the RRH	8		
Vita Vital Information Bed occupancy rate: 100% Average of length of stay: 3 days Average Number of Out-patients per day- 1,598 Average Number of Out-patients per day/doctor: 23 Average NHIF revenue collection/day: 998,458 Average cash revenue collection/day: 4,679,497			
Top 10 Diseases			
1	Diabetic Mellitus	6	Malaria MRDT Positive
2	Hypertension	7	Skin Disease, non-infections
3	Upper respiratory infections	8	Pneumonia non-Severe
4	Surgical Conditions	9	Fracture/ Dislocation
5	Urinary Tract Infection UTI	10	Fungal Infection

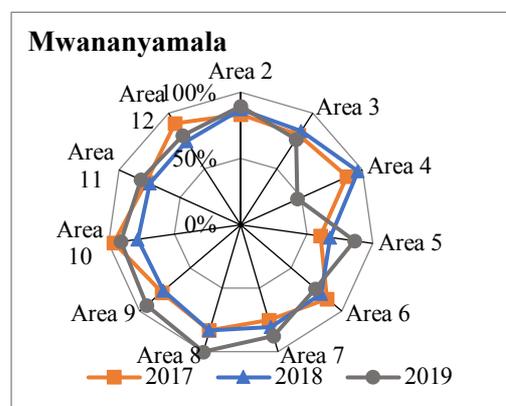
Overall EHPA average = 82.46% (2017: 81.70%, 2018: 80.26%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	83.3	90.6	87.5	60.4	85.0	75.0	83.3	78.1	96.0	77.8	90.9
2018	87.0	84.3	96.7	67.6	79.6	80.6	83.3	76.4	77.8	74.5	75.1
2019	89.5	76.9	46.8	86.1	74.1	87.5	100.0	93.2	90.7	82.4	80.0

There is reduction in score in 2019 for area 4 comparing to 2017 and 2018. In area 5 and 8, there is increase in score in 2019 comparing to 2017 and 2018. Other areas, there is increase or decrease of scores in 2019 compared to 2017 and 2018. The average score is almost the same.

Comparing to 2018 EHPA, the hospital made improvement in eight areas. The improvement contributed by RRHMT commitment to working on the gaps identified during the EHPA done 2018 as most of the gaps did not require funds.

On the other hand, there is reduction in the score for area 3, 4 and 6 (Use of Hospital Data for Planning and Service Improvement, Staff Performance Assessment and Handling Emergency and Referral). The reduction was due to Data inconsistency observed (summary and tally sheets do not match), absence of evidence of active staff performance appraisal system (OPRAS), and Emergency preparedness and response Team not being functional. Generally, there is slight improvement from 2017, 2018 to 2019, as shown by the average score which are 81.70%, 80.26% and 82.46% respectively.



Best performing areas

Best performing sub-areas include Facility management, Facility autonomy and fiscal decentralization, Working conditions (Area 2), Information use and dissemination (Area 3), Service provider charter, Health promotion services (Area 5), Appropriate handling of emergencies, Referral mechanisms (Area 6), Client satisfaction (Area 7), Social accountability assessment, Functional hospital advisory board (Area 8), PPM, Utilities, Equipment and furniture (Area 9), Infection prevention and control, Fire safety (Area 10), RMNCH services, Outpatient services (Area 11), Pharmaceutical services, Laboratory, Operating theatre, Radiology and imaging, Mortuary (Area 12).

Weak performing areas

Low performing sub-areas includes Staff performance appraisal (Area 4), Client flow (Area 5), Emergency preparedness and response services (Area 6), Food services (Area 12)

Key strong points

- Orientation and induction of new employed staff conducted
- Evidenced efforts in interventions /steps to address local health problems
- Reliable electrical power and water supply with functional stand-by generator and water storage tanks
- Availability of trained personnel on PPM and PPM annual plan
- Production of biogas used for hot water supply in maternity block from Placenta decomposition;
- Medical errors/incidents register books in place
- Well documented data recording and record keeping at mortuary

Key Weak points

- HRHIS not updated regularly, no analysis of data and information not shared amongst RRHMT
- Internal self-assessment on quality of service not conducted at the Hospital
- No evidence of active staff performance appraisal system in place (OPRAS).
- Summary of Hospital plans, budget, received medicine, supplies and income and expenditure not displayed
- Actions on suggestions for improvements or to address complaints from the feedback mechanisms not observed
- IPC standards not adequately adhered
- Some tools are missing in diagnostic kit at OPD i.e patella hammer, spatula, tongue depressors

Key Suggestions

RRHMT

- Update the action plan with current gaps identified in EHPA 2019
- Continue with implementation of the activities that are in their actions plan
- Document implementation status
- QAU/QIT conduct competency check and update the skill profile of each
- QAU/QIT operate within job description and provided tasks
- Prepare checklist for day-to-day monitoring
- Introduce Bio-medical Engineering Workshop at the hospital
- Assist HMIS Section to strengthen collection of accurate and valid data

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>Application of visual control in monitoring commodities</p>	<p>Use of 5S tools i.e. Alignment and zoning</p>
	
<p>Leakage of sewage system</p>	<p>Improper waste segregation – Gloves found in blue dustbin</p>

BOMBO RRH (Tanga) (FC: 100405-0)

Basic information of the RRH

Bed capacity	424		
Number of staffs	369 (46% Staff shortage by maximum requirement)		
Departments existing in the RRH	5 departments and 19 sections		
Vita Vital Information			
Bed occupancy rate: 59%			
Average of length of stay: 5 days			
Average Number of Out-patients per day- 350			
Average Number of Out-patients per day/doctor: 58			
Average NHIF revenue collection/day: 7,080,041			
Average cash revenue collection/day: 3,427,275			
Top 10 Diseases			
1	Diabetic Mellitus	6	Malaria
2	Hypertension	7	Pulmonary Tuberculosis
3	Immuno-Deficiency Syndrome (IDS)	8	Septicemia
4	Anaemia	9	Cerebrovascular Accident/Stroke
5	Congestive Cardiac Failure (CCF)	10	Psychosis

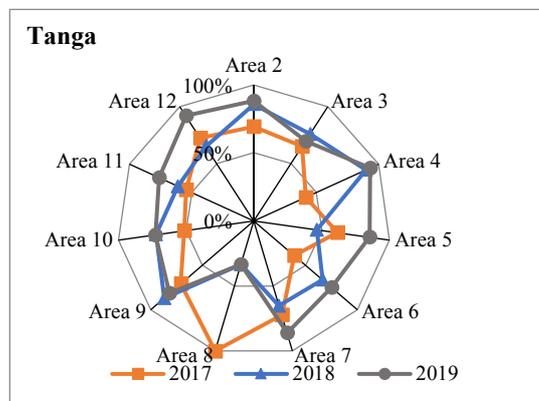
Overall EHPA average = 77.61% (2017 63.47% %, 2018: 67.71%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	69.3	65.3	41.7	61.8	38.9	72.2	100.0	70.8	51.3	54.6	72.5
2018	85.6	75.9	87.5	46.7	66.7	65.3	33.3	86.9	70.9	60.9	64.9
2019	88.3	69.9	93.3	85.6	75.0	86.1	33.3	81.8	72.7	75.9	91.8

Comparing to EHPA 2018 and 2019, Bombo RRH scores have declined in area 3 and area 8 comparing to 2017 and 2018. In area 2 and 4, there is increase in score in 2019 comparing to 2017 and 2018. Other areas, there are minor increase or decrease of scores in 2019 compared to 2017 and 2018. The average score increased from 63.47% in 2017 to 77.46% in 2019.

Comparing to 2018 EHPA, the hospital made improvement in four areas (Areas 5, 7, 11 and 12). There is reduction in the score in the following area Application of HMIS tools, use, validity and reliability of the data not in conformity (Area 3), Emergency preparedness and response team not functional (Area 6), absence of Regional Referral Hospital Advisory Board (Area 8) and Non-adherence to IPC standards (Area 10).

Generally, there is slight improvement from 2017, 2018 to 2019, as shown by the average score which are 63.47%, 67.71% and 77.46% respectively.



Best performing areas

Best performing sub-areas include Facility autonomy and fiscal decentralization, Working conditions (Area 2), Function of HMIS, Medical records (Area 3), Staff performance appraisal (Area 4), Client flow, Health promotion services (Area 5), Appropriate handling of emergencies (Area 6), Client satisfaction (Area 7), Utilities, Equipment and furniture (Area 9), Fire safety (Area 10), Outpatient services (Area 11) Laboratory, Operating theatre, Radiology and imaging, Mortuary, food services (Area 12).

Weak performing areas

The weak performing sub-areas include Information use and dissemination (Area 3), Referral mechanism, Emergency preparedness and response services (Area 6), Social accountability assessment, Functional hospital advisory board (Area 8), PPM (Area 9), Infection prevention and control (Area 10), Inpatient services (Area 11)

Key strong points

- Promotion plan, orientation and induction plans including minutes of implementation available

- Responses / feedback from HMT to Departments / Sections and vice versa done through internal memo
- Outreach health promotion activities are scheduled and conducted
- Availability of equipped emergency department
- Actions were taken on suggestions from patients to address some of the complaints received
- Clients were satisfied with the service provided at the hospital
- Hospital ICU and NICU are available with all required items
- Internal and external quality control report seen

Key Weak points

- Training need assessment report and succession plan were not available
- The hospital has weak system for tracking incidence and medical errors
- No activities to indicate internal(self) assessment on quality of service
- HRHIS updating, analysis and related applications using information from the system was not conducted
- Application of HMIS tools, use, validity and reliability of the data not in conformity (they do not tally / match)
- Emergency preparedness and response team not functional
- No Regional Referral Hospital Advisory Board
- Missing of standard sutures for postmortem observed at mortuary

Key Suggestions

RRHMT

- Enforce management of Data,
- Ensure functionality of Emergency Preparedness and Response Team;
- Oversee and practice of IPC standards at all areas;
- Involvement of Departments / Sections in the development of CHOP
- Strengthen hospital QIT with permanent staff and WIT function for improvement of health service delivery
- Maintain and share the best 5S KAIZEN practices at all service delivery points
- Make follow up on the establishment of RRHAB

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>Availability of emergency medicine</p>	<p>Up date fire extinguisher with SOPs</p>
	
<p>Cracked walls</p>	<p>Knowledge gap on application of visual control</p>

MAWENZI RRH (Kilimanjaro)(FC:107485-5)

Basic information of the RRH

Bed capacity	210		
Number of staffs	449 (34% Staff shortage by maximum requirement)		
Departments existing in the RRH	16		
Vita Vital Information Bed occupancy rate: 25% Average of length of stay: 2 days Average Number of Out-patients per day- 484 Average Number of Out-patients per day/doctor: 9 Average NHIF revenue collection/day: 2,60,617 Average cash revenue collection/day: 2,419,698			
Top 10 Diseases			
1	Hypertension	6	Surgical Condition
2	Psychoses	7	Urinary Tract Infections
3	Diabetes Mellitus	8	Epilepsy
4	Upper Respiratory Infections	9	Peptic Ulcers
5	Rheumatoid and Joint Diseases	10	Pneumonia, Non-Severe

Overall EHPA average = 75.94% (2017: 68.78%, 2018: 70.08%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	87.6	66.7	53.3	64.4	57.6	77.8	83.3	66.7	52.2	71.8	68.8
2018	66.7	67.1	87.5	65.6	57.4	86.1	52.8	83.3	75.0	62.9	66.5
2019	86.6	71.7	93.3	61.7	66.7	80.6	83.3	70.8	63.2	73.2	84.3

There is increasing of score for area 4 in 2019 compared to 2017. Other areas, there is either minor increase or minor decreasing of scores in 2019 compared with 2018 and 2017. The average score increased from 68.78% in 2017 to 75.94% in 2019.

Comparing to 2018 EHPA, the hospital made improvement in seven areas. The improvement might be contributed by RRHMT worked on the gaps identified during the 2018 EHPA.

There is reduction in score for area 5 and 7 (organization of service and client focus) and reduction in the score for area 9 and 10 (Hospital infrastructure and IPC, safety measure and risk management). Absence of permanent members of QIU contributed to inadequate supervision of service provision points.

Low performance in infrastructure might have been contributed by inadequate funds for conducting minor repair repainting, and maintenance of hospital infrastructure (water taps, buildings), equipment and procurement of some missing equipment.

Generally, there is improvement from 2017, 2018 to 2019, as shown by the average score which are 68.78%, 70.08% and 75.94% respectively.

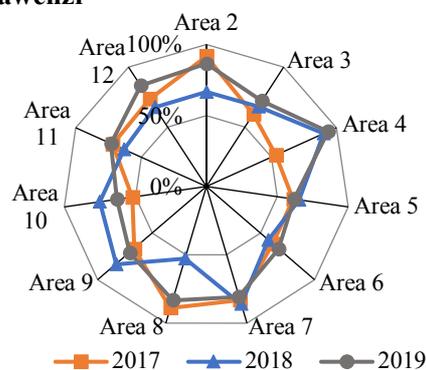
Best performing areas

Best performing sub-areas include Facility autonomy and fiscal decentralization, working conditions (Area 2), Function of HMIS, medical records (Area 3), Staff performance and appraisal system (Area 4), Service provider charter (Area 5), Referral mechanisms (Area 6), Client satisfaction (Area 7), Functional hospital advisory board (Area 8), Utilities (Area 9), Outpatient services (Area 11), Pharmaceutical services, Laboratory, Operating theatre, Radiology and imaging, and Food services (Area 12).

Weak performing areas

The weak performing sub-areas include Information use and dissemination (Area 3), Service provider charter, Client flow, Health promotion services (Area 5), Appropriate handling of emergencies, Referral mechanism,

Mawenzi



Emergency preparedness and response services (Area 6), Client service charter (Area 7), Social accountability (Area 8), Plan Preventive Maintenance, Equipment and furniture (Area 9), Infection prevention and control, Health care waste management, Fire safety (Area 10), Inpatient services (Area 11)

Key strong points

- Availability of induction plan and implementation report
- There are actions taken to improve revenues collections
- Functional emergency preparedness and response team
- Functional Hospital Advisory Board
- Facility has fully functional CSSD
- Protocols for prevention of surgical sepsis and Traffic flow are in place and observed
- Safety radiological report from TAEC available

Key Weak points

- HRHIS updating, analysis, utilization of data and preparation of workers skill profile are not done regularly
- Succession plan and retention mechanism not documented
- No written feedback report on ISS to departments
- No Emergency Medicine Department
- Most of Hospital buildings and corridor need rehabilitation
- No workshop and store for storage of broken equipment. The broken equipment is stored in the open space
- Weak 5S- KAIZEN implementation in most of the section visited

Key Suggestions

RRHMT

- Strengthening QIT and WIT functionality (Hospital to allocate full time personnel for coordinating QI activities)
- Improve hospital infrastructure especially rehabilitation of patients Wards
- Strengthening biomedical technical services for periodic maintenance of equipment

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>Well arranged pharmacy store</p>	<p>Hospital directional boards</p>
	
<p>Broken equipment kept outside the hospital environment</p>	<p>Inadequate 5s-KAIZEN practice</p>

MOUNT MERU RRH (Arusha) (FC:105316-4)

Basic information of the RRH

Bed capacity	500, available 379		
Number of staffs	475 (30% Staff shortage by maximum requirement)		
Departments existing in the RRH	7 departments and 14 sections		
Vita Vital Information Bed occupancy rate: 62 % Average of length of stay: 4 days Average Number of Out-patients per day- 299 Average Number of Out-patients per day/doctor: 16 Average NHIF revenue collection/day: 857,758 Average cash revenue collection/day: 3,818,479			
Top 10 Diseases			
1	HIV Diseases	6	Road traffic Accidents
2	Fractures	7	Tuberculosis
3	Cardiovascular Diseases	8	Gastrointestinal Diseases other Non-infections.
4	Pneumonia	9	Diabetes
5	Anaemia	10	Meningitis

Overall EHPA average =89.33 % (2017 76.33: %, 2018: 84.42%)

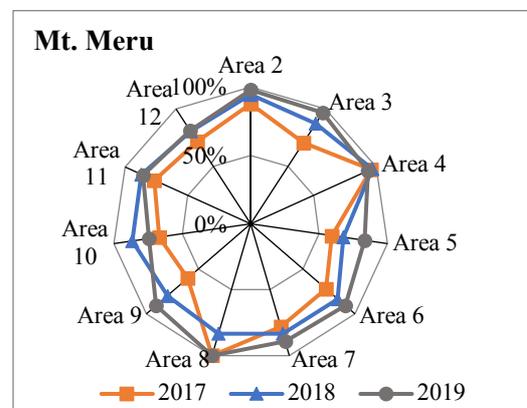
YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	87.8	70.8	95.8	59.4	72.2	77.8	100.0	60.4	67.0	76.7	71.6
2018	94.5	87.0	95.8	67.8	83.3	83.3	83.3	79.7	86.5	86.9	80.4
2019	97.9	96.8	93.3	83.3	90.7	88.9	100.0	90.6	74.2	85.7	81.2

Comparing to EHPA of three years, there is increasing of score from 2017, 2018 and 2019 for areas 2, 3, 5, 6, 7, 9 and 12. There are slight increase or decrease of scores for areas 4, 8, 10 and 12 for 2017, 2018 and 2019. The average score increased from 76.33% in 2017 to 89.33% in 2019.

Comparing to the 2018 EHPA, the hospital made an improvement in eight areas (Areas 2, 3, 5, 6, 7, 8, 9 and 12). The highest score was attributed to good working environment, transparency, information sharing (top down communication) and awareness of staff on hospital Plan (CHOP). RRHMT with support from RRHAB managed to take up its role in supporting supervision.

There is slight reduction in the score for area 4, 10 and 11 (Staff performance appraisal, IPC, Safety Measures and Risk Management, Clinical services) but the overall score was still high.

Generally, there is large improvement from 2017, 2018 to 2019, as shown by the average score which are 76.33%, 84.42% and 89.33% respectively.



Best performing areas

Best performing sub-areas include Facility management, Facility autonomy and fiscal decentralization, Working conditions (Area 2), Function of HMIS, Information use and dissemination, Medical records (Area 3), Staff performance appraisal (Area 4), Service provider charter, Health promotion services (Area 5), Appropriate handling of emergencies, Referral mechanism, Emergency preparedness and response services (Area 6), Client satisfaction (Area 7), Social accountability assessment, Functional hospital advisory board (Area 8), Plan Preventive Maintenance, Buildings, Utilities, Equipment and furniture (Area 9), Outpatient services (Area 11) Pharmaceutical services, Mortuary, food services (Area 12).

Weak performing areas

The weak performing sub-areas include Client flow (Area 5), Fire safety (Area 10), Radiology and imaging (Area 12).

Key strong points

- Workers’ skills profile and training need assessment report documented
- Facility reports developed from HMIS data
- Rewards and consequences were based on OPRAS
- Availability of emergency department with equipment, SOPs and trained personnel
- Feedback mechanisms and actions to improve service provisions were in place and functioning
- Presence of functional HAB that addresses local / community concerns and participates in planning
- 5S-KAIZEN implementation is observed in majority of the visited areas (12 KAIZEN theme)
- Protocols for traffic flow, surgical procedures available and in use

Key Weak points

- Conflict resolution mechanism documents are not available
- Succession plan for the entire hospital is not available
- Patients medical records in the files were not complete
- Emergency preparedness and response team are not effectively functioning
- No mechanisms by HMT to measure compliance with the client service charter
- CSSD does not have enough space for sterilization and floor pattern of equipment not adhered to standards
- Nonadherence to IPC standards at some areas such as laundry

Key Suggestions

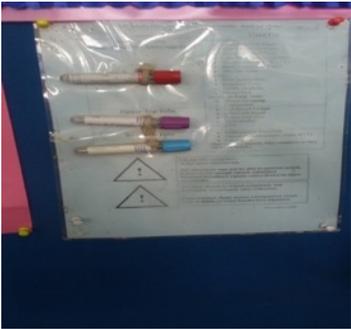
RRHMT

- Plan for the expansion of CSSD and operating theatre
- Need to renovate laundry into an acceptable standard
- Keep documentation of all implemented activities
- Equip High Dependent Unit into a full functional ICU
- X – Ray machine – Look for an option of construction of Dark room for provision of services
- Follow up at Mortuary to ensure the availability of National standard mortuary registers

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>User friendly disabled toilet</p>	<p>SOPs on the use of investigation tube to improve quality of laboratory results</p>
	
<p>Improper waste segregation</p>	<p>Broken ceiling board</p>

MANYARA RRH (Manyara) (FC: 104279-5)

Basic information of the RRH

Bed capacity	89		
Number of staffs	208 (69% Staff shortage by maximum requirement)		
Departments existing in the RRH	11 departments and 9 sections		
Vita Vital Information			
Bed occupancy rate: 32%			
Average of length of stay: 3 days			
Average Number of Out-patients per day- 98			
Average Number of Out-patients per day/doctor: 12			
Average NHIF revenue collection/day: 1,698,481			
Average cash revenue collection/day: 1,617,242			
Top 10 Diseases			
1	Hypertension	6	Cardiovascular diseases
2	ARI	7	Pneumonia, Non-severe
3	UTI	8	Peptic Ulcers
4	Diabetes	9	Pregnancy complications
5	Gynecological diseases	10	Rheumatoid and Joint diseases

Overall EHPA average = 82.36% (2017: 72.37 %, 2018: 81.10%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	81.0	70.8	87.5	82.6	66.7	55.6	41.7	78.7	92.4	67.4	71.8
2018	95.5	88.4	100.0	91.1	73.1	72.2	100.0	75.3	68.5	67.6	60.4
2019	87.7	72.7	93.3	85.0	73.2	86.1	100.0	88.5	64.4	74.5	80.6

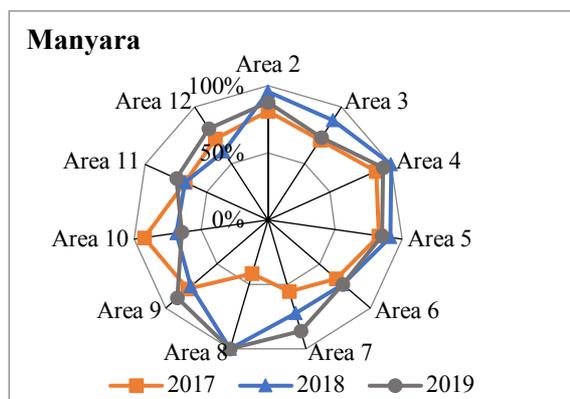
Comparing the EHPA, there is increasing in scores in 2018 comparing to 2017, then the score reduced in 2019 for Areas 2, 3, 4, 5, and 10. For areas 6, 7, 8, 9, 11 and 12 the score increased in 2019 compared to 2017. There is increasing in score for area 8 in 2018 and 2019 compared to 2017. For area 10, there is decrease in score in 2018 and 2019 compared to 2017. The average score increased from 72.36% in 2017 to 82.36% in 2019.

Comparing to EHPA conducted 2018, the hospital made an improvement in four areas (Areas 7, 8, 9 and 11) and thus they were able to maintain their score in 2019.

There is reduction in the score for area 2, 3, 4, 5, and 10 (Hospital management, Use of hospital data for planning and service improvement, Staff performance assessment, Organization of services, IPC and Safety Measures and Risk Management, Clinical services).

Low performance in these areas were caused by absence of report on clinical SS to lower facilities, HMIS summary books not updated, HMIS registers and tally sheets not consistent and no adherence to IPC standards.

Generally, there is improvement from 2017 to 2018 and slight increase to 2019, as shown by the average score which are 72.37%, 81.10% and 82.36% respectively.



Best performing areas

Best performing sub-areas include Facility management, Facility autonomy and fiscal decentralization, Working conditions (Area 2), Medical records (Area 3), Staff performance appraisal (Area 4), Service provider charter, Client flow, Health promotion services (Area 5), Client satisfaction (Area 7), Social accountability assessment, Functional hospital advisory board (Area 8), Plan Preventive Maintenance, Buildings, Utilities, Equipment and furniture (Area 9), Outpatient services (Area 11) and Pharmaceutical services, laboratory, Mortuary, food services (Area 12).

Weak performing areas

The weak performing sub-areas include Function of HMIS, Information use and dissemination (Area 3), Referral mechanism (Area 6), Infection prevention and control, Health care waste management, Fire safety (Area 10), Inpatient services (Area 11), Radiology and imaging, Operating theatre (Area 12).

Key strong points

- HRHIS updated and information shared
- Training need assessment and On job training were conducted
- Patients confidentiality observed esp. in storage of files
- Availability of outreach services schedule and implementation report
- Functional HAB
- Both internal and external quality control are done at laboratory
- Protocols for traffic flow, surgical procedures available and in use at operating theatre

Key Weak points

- Patients medical records were not complete i.e. history taking, physical exams
- HMIS summary books is not updated, HMIS registers and tally sheets was no consistent
- No all staff are aware of the Service charter and prices of medicines and services
- No written documents prescribing procedures for referral system
- Emergency preparedness and disaster responsiveness team not effectively functioning
- Weak system of recording incident, accident and medical errors
- No National standard mortuary register

Key Suggestions

RRHMT

- Strengthen QIT with permanent staff
- HMIS data collection need to be strengthened including storage of HMIS books
- Strengthen PPM on available structure i.e. buildings
- Strengthen documentation and record keeping of all implemented activities
- 5S KAIZEN dissemination and implementation has to be enforced

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>Standards operating procedures are in place</p>	<p>Application of 5s tools-Zoning, Labelling and numbering</p>
	
<p>Improper storage of commodities, no 5S practice</p>	<p>Knowledge gap on the use of visual control i.e. Reached red zone and no refilling of commodities, likely to get out of stock</p>

SINGIDA RRH (Singida) (FC:107485-5)

Basic information of the RRH

Bed capacity	275		
Number of staffs	368 (46% Staff shortage by maximum requirement)		
Departments existing in the RRH	12 departments		
Vita Vital Information			
Bed occupancy rate: 26%			
Average of length of stay: 2 days			
Average Number of Out-patients per day- 271			
Average Number of Out-patients per day/doctor: 7			
Average NHIF revenue collection/day: 3,496,581			
Average cash revenue collection/day: 2,482,464			
Top 10 Diseases			
1	Hypertension	6	Diabetic mellitus
2	ARI	7	Anaemia
3	Skin diseases	8	Diarrhoea
4	Rheumatoid joint diseases	9	Pneumonia
5	UTI	10	Fracture / dislocation

Overall EHPA average = 76.12% (2017 60.10: %, 2018: 63.55%)

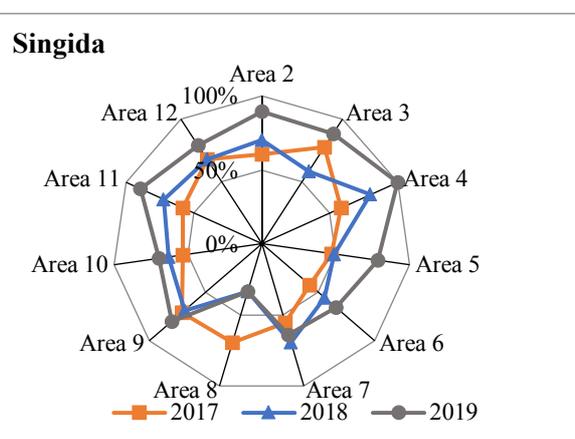
YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	60.4	77.8	58.3	47.2	42.2	55.6	69.4	70.8	53.3	58.3	67.7
2018	70.3	58.3	91.7	48.9	55.6	69.4	33.3	68.6	63.0	72.2	67.7
2019	89.4	88.4	100.0	78.7	65.7	63.9	33.3	79.8	69.5	89.4	79.0

Comparing to EHPA 2017, 2018 and 2019, there is increasing of score for areas 2, 4, 5 and 11 and large decreasing for area 8 in 2019 compared to 2017. Other areas, there is either minor increase or minor decreasing of scores in 2019 compared with 2018 and 2017. The average score increased from 60.10 in 2017 to 76.12 in 2019.

Comparing to 2018 EHPA, the hospital made an improvement in nine areas (Areas 2, 3, 4, 5, 6, 9, 10, 11, and 12). Mainly the hospital did well in the following sub areas: - Staff performance appraisal system, availability of Service Provider Charter, good working conditions, proper medical records, good Outpatient services and availability of reliable water and electricity system

There is reduction in the score for area 7 (Client focus) and the same low score for area 8 (Social accountability)

Generally, there is large improvement from 2017, 2018 to 2019, as shown by the increase of the average score which are 60.10%, 63.55% and 76.12% respectively.



Best performing areas

Best performing sub-areas include: - Facility management, Facility autonomy and fiscal decentralization, Working conditions (Area 2), Functions of HMIS, Information use and dissemination, Medical records (Area 3), Staff performance appraisal (Area 4), Service provider charter (Area 5), Utilities (Area 9), Outpatient services, RMNCH (Area 11), Pharmaceutical services, laboratory, Radiology and imaging, Mortuary (Area 12).

Weak performing areas

The weak performing sub-areas include Health promotion services (Area 5), Referral mechanism, Emergency preparedness and response (Area 6), Client service charter, Client satisfaction (Area 7), Social accountability

assessment, Functional hospital advisory board (Area 8), Equipment and furniture (Area 9), Health care waste management, Fire safety (Area 10), food services (Area 12).

Key strong points

- Analysis of Human Resource, through utilization of (HRHIS) were done
- OPRAS in place to assess staff performance
- Availability of facility profile report for the last year based on HMIS data
- Availability of charter indicating the package of services provided and standards of care for core services
- Feedback mechanism in use (i.e. availability of complaints handling files, suggestion box, Help desk)
- Facility management team measure compliance with the client service charter
- Functional hospital therapeutic committee

Key Weak points

- Updated health worker skill profile report for each cadre, succession plan and on job training reports not in place
- Inadequate application of mechanism to control medicines stock level and wastage of resources by using 5S-KAIZEN activities
- Inaccuracy, inconsistency and incorrectness of data
- No reported reward /consequences to staff based on OPRAS performance
- Emergency preparedness and disaster responsiveness team not effectively functioning
- No RRHAB
- Inadequate use of 5S tools and visual control observed during visiting
- No adherence to IPC standards

Key Suggestions

RRHMT

- Improve on application of 5S KAIZEN at all areas of the hospital
- Strengthen implementation of IPC
- Fast track the process of establishment of the Regional Referral Hospital Advisory Board
- Ensure the documentation of all implemented activities and follow up
- Emergency and Preparedness Response Team need to be improved

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>Use of visual control in stock management</p>	<p>SOPs, guidelines and documentation books in place</p>
	
<p>Non adherence to 5S (No sorting, setting and shinning)</p>	<p>Improper handling of linen (linen kept on the floor)</p>

DODOMA RRH (Dodoma) (FC: 100991-9)

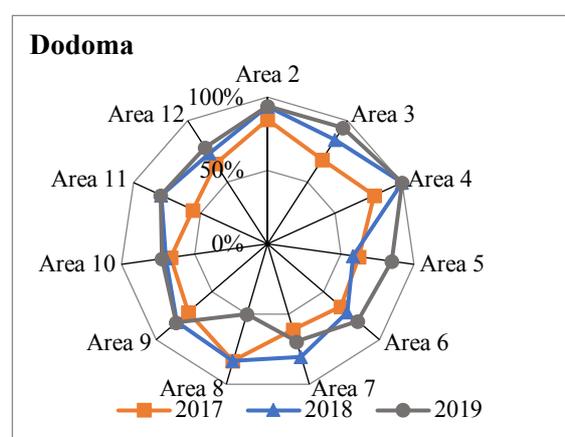
Basic information of the RRH

Bed capacity	423		
Number of staffs	476 (30% Staff shortage by maximum requirement)		
Departments existing in the RRH	16 departments		
Vita Vital Information			
Bed occupancy rate: 64%			
Average of length of stay: 3 days			
Average Number of Out-patients per day- 637			
Average Number of Out-patients per day/doctor: 9			
Average NHIF revenue collection/day: 1,0450,549			
Average cash revenue collection/day: 5,790,993			
Top 10 Diseases			
1	Hypertension	6	Diarrhea
2	Diabetic	7	Skin infection
3	UTI	8	Burn
4	Fracture	9	Dysentery
5	URTI	10	Sickle cell

Overall EHPA average = 80.42% (2017: 69.29 %, 2018: 79.54%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	84.6	68.1	79.2	62.2	65.6	61.1	83.3	71.4	66.3	55.6	64.9
2018	93.6	84.3	100.0	58.3	71.3	80.6	83.3	81.4	69.8	79.2	73.1
2019	93.9	93.9	100.0	84.6	80.6	69.4	50.0	81.9	72.4	79.6	78.2

Comparing to EHPA 2017, 2018 and 2019, there is increasing of scores for area 2, 3, 4, 6, 9, 10, 11 and 12 and decreasing in scores for areas 7 and 8. The average score increased from 69.29% in 2017 to 80.42% in 2019. Comparing to 2018 EHPA, the hospital made an improvement in two areas (Areas 4, 5, 6 and 9). Improvements were on Information Use and Dissemination, Staff performance appraisal system and availability of reliable water and electricity system. However, there is reduction in the score for area 7, 8, 10 and 12. Low performance were due to low score in management of food Services, inadequate Healthcare Waste Management, absence of RRHAB and dissatisfaction of clients. Generally, there is improvement from 2017, 2018 to 2019, as shown by the increase of the average score which are 69.29 %, 79.54% and 80.42% respectively.



Best performing areas

Best performing sub-areas include Facility management, Facility autonomy and fiscal decentralization, Working conditions (Area 2), Function of HMIS, Information use and dissemination, Medical records (Area 3), Staff performance appraisal (Area 4), Service provider charter, Client flow (Area 5), Appropriate handling of emergencies, Referral mechanism (Area 6), Buildings, Utilities (Area 9), Infection prevention and control (Area 10), Outpatient services, RMNCH (Area 11), Pharmaceutical services, Laboratory, Radiology and imaging (Area 12).

Low performing areas

The low performing sub-areas include Health promotion services (Area 5), Client satisfaction (Area 7), Social accountability assessment, Functional hospital advisory board (Area 8), Equipment and furniture (Area 9), Health care waste management, Fire safety (Area 10), Inpatient services (Area 11), Food services (Area 12).

Key strong points

- HRHIS updated and analyzed
- More than 80% activities were implemented based on approved budget
- Financial accounts audited and no outstanding audit query
- Operational research on “Assessment of the Barriers towards Nursing documentation at DRRH” conducted
- Updated OPRAS filled forms of the previous year and current year in place
- Waiting time monitored before a client is seen by a healthcare provider in outpatient services
- Availability of document describing referral procedure
- Availability of trained personnel on medical, surgical, maternal and neonatal emergencies

Key Weak points

- HMIS registers, related tools not correctly filled, the submitted HMIS data not valid and not reliable
- Medical records not properly completed for all patients seen at the hospital
- There is no document/SOP describing how emergency preparedness and response team operates
- No RRHAB
- Shortage of rooms for staff services (changing room and tearoom)
- CSSD does not have enough space for sterilization
- Inadequate number of radiation badges (TLDs) compared with staff
- Food handlers not screened for contagious diseases

Key Suggestions

RRHMT

- Documentation and record keeping of all implemented activities is very important
- Close follow up of 5S KAIZEN and IPC implementation
- Plan in the CHOP expansion of CSSD and high tech incinerator
- Improve environment of service delivery at OPD new area (waiting area, triage and privacy)
- Fast track the establishment of RRHAB

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>Well secured Oxygen cylinder (safety considered)</p>	<p>Application of 5s tools (labeling, numbering)</p>
	
<p>Some of buildings need minor rehabilitation</p>	<p>Broken toilet need of repair</p>

IRINGA RRH (Iringa) (FC:101854-8)

Basic information of the RRH

Bed capacity	377		
Number of staffs	403 (41% Staff shortage by maximum requirement)		
Departments existing in the RRH	12 departments		
Vita Vital Information Bed occupancy rate: 64% Average of length of stay: 2 days Average Number of Out-patients per day- 295 Average Number of Out-patients per day/doctor: 10 Average NHIF revenue collection/day: 1,865,894 Average cash revenue collection/day: 1,690,958			
Top 10 Diseases			
1	Hypertension	6	Rheumatoid and Joint diseases
2	Diabetes	7	Diarrhea Disease
3	Cardiovascular diseases	8	UTI
4	Upper Respiratory infection	9	GIT diseases
5	Pneumonia (Severe)	10	Sexually Transmitted infections

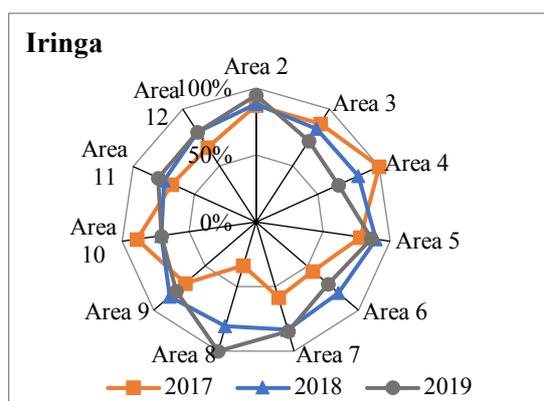
Overall EHPA average = 80.24% (2017: 72.00 %, 2018: 81.60%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	87.1	87.5	100.0	77.6	55.7	58.3	33.3	69.1	88.9	68.3	66.3
2018	88.1	82.9	83.3	89.4	80.6	83.3	80.6	84.4	70.7	74.5	79.8
2019	94.7	71.8	66.7	86.1	70.4	84.7	100.0	77.9	70.8	79.6	79.9

Comparing to EHPA 2017, 2018 and 2019, there is increasing in scores in 2018 comparing to 2017, then the score reduced in 2019 for Areas 5, 6 and 9. For areas 2, 7, 11 and 12 the score increased in 2019 compared to 2017. Areas 3, 4 and 10, the score decreased in 2019 compared to 2017 and 2018. The average score increased from 72.00% in 2017 to 81.60% in 2018, then slightly reduced to 80.24 in 2019. Comparing to EHPA conducted 2018, the hospital made an improvement in the following areas; working conditions were good, client was satisfied with the services provided, availability of RRHAB, and presence of good laboratory services.

Low performance was in; Information Use and Dissemination, food Services, absence of Planned Preventive Maintenance (PPM) and inadequate management of Inpatient Services

Generally, there is great improvement from 2017, 2018 to 2019, as shown by the average score that increased from 72.00% in 2017 to 81.60% in 2018, then slightly reduced to 80.24 in 2019



Best performing areas

Best performing sub-areas include Facility management, Facility autonomy and fiscal decentralization, Working conditions (Area 2), Medical records (Area 3), Service provider charter, Client flow (Area 5), Client satisfaction (Area 7), Social accountability assessment, Functional hospital advisory board (Area 8), Buildings, Utilities (Area 9), Outpatient services, RMNCH (Area 11), Pharmaceutical services, Laboratory, Radiology and imaging, Operating theatre (Area 12).

Weak performing areas

The weak performing sub-areas include Information use and dissemination (Area 3), Staff performance appraisal (Area 4), Health promotion services (Area 5), Referral mechanism, Emergency preparedness and response (Area 6), Plan Preventive Maintenance, Equipment and furniture (Area 9), Health care waste management, Fire safety (Area 10), Inpatient services (Area 11), food services (Area 12).

Key strong points

- Training needs assessment and plan implemented

- Recently updated HRHIS
- On Job Training are conducted
- Presence of system for managing patient records (filing system for easy retrieval)
- Employees are aware of the OPRAS Mechanism
- Availability of trained personnel on handling emergencies
- Presence of active and functional RRHAB
- The hospital has fully functional CSSD
- Outpatients and inpatients are treated according to current Standard Treatment Guidelines

Key Weak points

- Hospital/ Departments have no succession plan, system for orientation / induction of newly employed staff
- Hospital do not conduct and report internal (self) assessment on quality of service;
- Only one Hospital staff trained on the current HMIS/ Electronic Medical Record (EMR);
- No current filled forms of Performance (OPRAS);
- Healthcare providers not aware of the charter indicating package of services;
- Emergency preparedness and response team is not effectively functioning;
- Majority of staff are not conversant with fire extinguisher evacuation procedures;
- The hospital has no system for tracking incident, accident and medical errors report.

Key Suggestions

RRHMT

- Ensure documentation of the activities implemented;
- Emphasize on the collection, storage and analysis of HMIS data/ information for proper planning and implementation to improve services;
- Strengthen Emergency Preparedness and Response team on their roles and responsibilities;
- Introduce dedicated area / structure within the RRH compound to provide food services for proper follow up on food handlers screening, cleanliness of the area etc.
- Strengthen 5S KAIZEN and IPC adherence to improve provision of services
- Strengthen PPM of equipment and buildings

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>Good storage of patient files at reception</p>	<p>Availability of emergency medicine and equipment</p>
	
<p>Water leakage (tap water not repaired)</p>	<p>Improper storage of cleaning materials</p>

MOROGOR RRH (Morogoro) (FC:105299-2)

Basic information of the RRH

Bed capacity	450		
Number of staffs	528 (22% Staff shortage by maximum requirement)		
Departments existing in the RRH	18 departments		
Vita Vital Information			
Bed occupancy rate: 59 %			
Average of length of stay: 3 days			
Average Number of Out-patients per day- 436			
Average Number of Out-patients per day/doctor: 31			
Average NHIF revenue collection/day: 4,172,060			
Average cash revenue collection/day: 2,600,301			
Top 10 Diseases			
1	Hypertension	6	Anemia
2	Gynecological diseases	7	Diabetic
3	UTI	8	Pneumonia
4	Motor Traffic Accidents	9	Diarrhea
5	Respiratory Infection/Tonsillitis	10	Malaria

Overall EHPA average = 85.71% (2017: 69.00%, 2018: 84.57%)

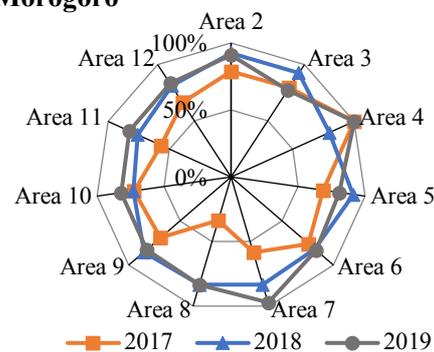
YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	78.8	79.2	100.0	68.9	75.6	58.3	33.3	68.9	72.4	57.0	66.2
2018	92.4	92.1	91.7	91.1	81.5	83.3	83.3	85.1	72.9	75.9	80.9
2019	90.9	77.3	100.0	80.9	83.3	97.2	83.3	82.3	81.9	82.4	83.1

Over the three years of EHPA, there is increasing in scores for areas 2, 6, 7, 8, 10, 11 and 12. The scores for areas 5 and 9 increased in 2018, then reduced in 2019. Area 4 was high in 2017, it declined in 2018 and increased in 2019. The average score increased from 69.00% in 2017 to 85.71% in 2019.

Comparing to EHPA conducted 2018, the hospital made an improvement in following areas: -Good working conditions, staff performance appraisal system was in place, client is satisfied with the provide services, availability of RRHAB and Good food services.

Reduction in the score were due to inadequate health promotion services, unavailability of equipment and furniture, knowledge gap on evacuation procedures of fire extinguishers and no adherence to IPC at mortuary. Generally, there is large improvement from 2017 to 2019, as shown by the increase of the average score which are 69.00%, 84.57% and 85.71% respectively.

Morogoro



Best performing areas

Best performing sub-areas include Facility management, Facility autonomy and fiscal decentralization, Working conditions (Area 2), Medical records (Area 3), Staff performance appraisal (Area 4), Service provider charter (Area 5), Appropriate handling of emergency, Referral mechanism (Area 6), Client service charter, Client satisfaction (Area 7), Social accountability assessment (Area 8), Plan Preventive Maintenance, Utilities (Area 9), Infection prevention and control, Health care waste management (Area 10), Outpatient services, RMNCH (Area 11) Pharmaceutical services, laboratory, Radiology and imaging, food services (Area 12).

Low performing areas

Low performing sub-areas include Information use and dissemination (Area 3), Health promotion services (Area 5), Functional hospital advisory board (Area 8), Equipment and furniture (Area 9), Fire safety (Area 10), Inpatient services (Area 11), Mortuary (Area 12).

Key strong points

- Implementation on coaching and mentoring by RRHMT /HMT was observed
- OPRAS in place to assess staff performance at the hospital

- Evidence for implementation of health education activities and outreach services in place
- Charter indicating the package of services provided and standards of care for core services were in place and healthcare providers aware of the charter
- Availability of health care workers trained on managing emergencies
- Presence of active and functional RRHAB
- The hospital has fully functional CSSD
- Functional medicine and therapeutic committee
- Both laboratory internal and external quality control are done

Key Weak points

- Hospital had no updated health worker skill profile for each cadre that includes on job training undergone by each cadre from HRHIS;
- Human Resource for Health Information System (HRHIS) not updated in all areas;
- HMIS registers and related tools were not correctly filled and thus brought the challenges of validity and reliability;
- No document/SOP describing how emergency preparedness and response team operates;
- No schedule and minutes for emergency preparedness and response team meetings;
- No corridor connecting mortuary and laundry with other Hospital departments;
- Inadequate working area for dental clinic;
- Majority of staff not aware with the evacuation procedure of fire extinguisher.

Key Suggestions

RRHMT

- Internal memo and other official documents must be pinned in their proper files should not circulate as loose minutes;
- Documentation of all implemented activities is vital in sustainability of the quality of services;
- Strengthen QIT and WIT on their roles and responsibilities;
- Create a system of tracking medical errors in all service points;
- Conduct minor repairs on buildings i.e. doors, ceiling boards etc.
- Close follow on the implementation of IPC and 5S-KAIZEN;
- Equip hospital Sections with standard equipment i.e. Operating Theatre;
- Work on the challenges related with limited space i.e. OPD, CSSD and Dental clinic.

RHMT

- Make follow up implementation of identified gaps during RMSS-H

Pictures

	
<p>Use of 5S tools (Labeling & numbering)</p>	<p>Application of visual control in stock management</p>
	
<p>Improper storage of HMIS tools(no application of 5s tools)</p>	<p>Hospital commodities store at the corridor (improper storage)</p>

TUMBI RRH (Coast) (FC: 107942-5)

Basic information of the RRH

Bed capacity	219		
Number of staffs	389 (17% Staff shortage by minimum requirement)		
Departments existing in the RRH	14 departments and 2 units		
Vital Information Bed occupancy rate: 68% Average of length of stay: 3 days Average Number of Out-patients per day- 400 Average Number of Out-patients per day/doctor: 12 Average NHIF revenue collection/day: 3,278,116 Average cash revenue collection/day: 2,240,117			
Top 10 Diseases			
1	Hypertension	6	Rheumatoid Joint diseases
2	Fractures	7	Eye diseases
3	Diabetic mellitus	8	Anemia
4	URTI	9	Gynecological diseases
5	Peptic Ulcers	10	Road traffic accidents

Overall EHPA average = 77.22% (2017: 51.17%, 2018: 65.70%)

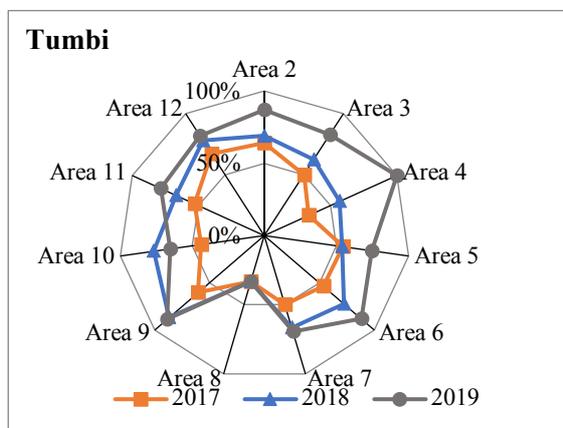
YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	64.0	50.0	33.3	54.4	53.3	50.0	33.3	60.4	43.9	52.8	67.3
2018	69.0	62.5	56.8	53.7	72.2	66.7	33.3	86.8	76.8	66.9	77.9
2019	86.9	82.9	100.0	74.4	87.9	69.4	33.3	88.7	65.4	78.2	82.1

Comparing to EHPA 2017, 2018 and 2019, the scores increased for areas 2, 3, 4, 5, 6, 7, 9, 10, 11 and 12. The score for area 10 increased in 2018, then it declined in 2019. The score for area 8 remains constant in all three years. The average score increased from 51.17% in 2017 to 77.22% in 2019.

Comparing to 2018 EHPA, the hospital made an improvement in the following sub areas; Staff performance appraisal system (Area 4), Referral Mechanism (Area 6) and Laboratory (Area 12).

There is reduction and low performance in the score for area IPC, Safety Measures and Risk Management, Social accountability and health promotion services

Generally, there is large improvement from 2017, 2018 to 2019, as shown by the increase of the average score which are 51.17%, 65.70% and 77.22% respectively.



Best performing areas

Best performing sub-areas include Facility management, Facility autonomy and fiscal decentralization, Working conditions (Area 2), Functions of HMIS, Medical records (Area 3), Staff performance appraisal (Area 4), Service provider charter, Client flow (Area 5), Appropriate handling of emergencies, Referral mechanism (Area 6), Plan Preventive Maintenance, Buildings, Utilities, Equipment and furniture (Area 9), Infection prevention and control (Area 10), Outpatient services, RMNCH services (Area 11) Pharmaceutical services, Laboratory (Area 12).

Low performing areas

Low performing sub-areas include Information use and dissemination (Area 3), Health promotion services (Area 5), Client satisfaction (Area 7), Social accountability assessment, Functional hospital advisory board (Area 8), Fire safety (Area 10), Inpatient services (Area 11).

Key strong points

- OPRAS in place to assess staff performance;

- Rewards and consequences based on OPRAS performance were observed through selection of best Wards;
- Essential guidelines for handling of emergency cases are in place;
- Availability of health care workers trained on managing emergencies;
- Actions on suggestions for improvements to address complaints from the feedback mechanisms were observed;
- Availability of trained personnel on PPM, PPM plan and report;
- Functional medicine and therapeutic committee;
- Laboratory internal and external quality control are done.

Key Weak points

- HRHIS was updated partially, data not analyzed, and Health workers skill profile report not seen
- System for orientation of staff and a plan for induction of the newly employed staff in the Hospital not seen
- Staff attendance and absenteeism was monitored through Biometric system
- Fire extinguishers are out of service;
- Majority of staff not aware with the evacuation procedure of fire extinguisher;
- Improper filling of partograph observed;
- The hospital has no system for tracking medical errors;
- There is no hospital formulary.

Key Suggestions

RRHMT

- Strengthen the implementation of 5S KAIZEN and IPC standards implementation;
- Request and link RRH agendas, priorities and activities that are of emergency nature at the KEC Board of Directors;
- Improve the privacy of the Dental, Eye and physiotherapy units;
- Improve feedback towards comments, suggestions provided from clients to improve services.

RHMT

- Make follow up implementation of identified gaps during RMSS-H

MoHCDGEC

- Consultation with PORALG on hand over process of Tumbi RRH from Kibaha Education Centre to MoH

Pictures

	
<p>Color coded dust bins with liners and SOPs in place</p>	<p>Self-creation of Foot operated steel dust bins</p>
	
<p>Improper storage of commodities(no shelves or pallet</p>	<p>Disorganized procedure trolley (no 5s practice to facilitate work efficient and mistake proofing)</p>

AMANA RRH (Dar es Salaam) (FC: 100097-5)

Basic information of the RRH

Bed capacity	340		
Number of staffs	380(HRH shortage by 21.3%) *minimum requirement		
Departments existing in the RRH	Dept-7, Section-5		
Vital Information Bed occupancy rate: 130% Average of length of stay: 2days Average Number of Out-patients perday-1068 Average Number of Out-patients per day/doctor:13 Average NHIF revenue collection/day: 1,858,419.42 Average cash revenue collection/day: 4,853,119.95			
Top 10 Diseases			
1	Fracture	6	Heart diseases
2	Dental	7	Skin diseases
3	Diabetes	8	Surgical cases
4	Hypertension	9	Obstetrics and gynecology diseases
5	Pneumonia	10	Peptic ulcer disease

Overall EHPA average = 83.88% (2017: 79.78%, 2018: 82.4%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	81.9	79.2	83.3	71.1	96.7	72.2	77.8	84.2	79.9	80.6	70.8
2018	80.9	81.0	100	73.3	81.5	88.9	100	65.1	88.7	79.4	65.7
2019	90.3	79.6	86.6	92.2	95.3	69.4	83.3	93.9	81.1	74.5	76.0

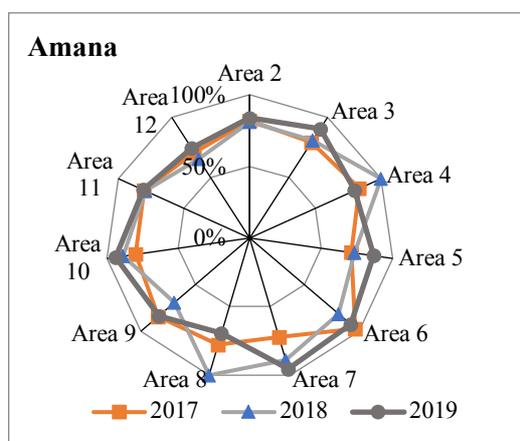
Comparing to 2018 EHPA results, Amana RRH has made a lot of effort for improvement in most areas and sub areas with exception of sub areas of information use and dissemination (Area 2), Client satisfaction (Area 7), inpatient services (Area 11) and Food services (Area 12).

The improvement might be contributed by teamwork from RRHMT worked on the gaps identified during the EHPA done 2018 as most of the gaps were acted upon especially those which did not require funds whilst the ones required funds were included in CHOP and were implemented accordingly.

The top management of the hospital seems to be eagerly to bring changes towards quality improvement.

The weak performance might be contributed by inactive WITs despite of all efforts made by the top management. No

evidence of simple survey within the hospital conducted on clinical services e.g: healthcare waste management, inadequate documentation and record keeping in basic Nursing care plan as well as monitoring of progress of labor by use of partograph and PPE especially mortuary this situation compromises the safety of HCWs and facility in general



Best performing areas

Best performing areas and sub-areas that considered performance of 90% and above in which performer need to sustain and put effort to prevent falling back, these areas and sub areas are Hospital management on sub areas of facility management and facility autonomy and fiscal decentralization (Area 2), service provider charter and health promotion (Area 5), Referral mechanism and emergency preparedness and response services (Area 6), Functional Hospital Advisory Board (Area 8), PPM, utilities, equipment and furniture (Area 9), Fire safety (Area 10) Clinical support services on sub area of Laboratory services (Area 12).

Low performing areas

The performing sub-areas below 70% considered to be addressed in special consideration, these areas and sub areas includes information use and dissemination (Area 3), Client satisfaction (Area 7), Social accountability assessment (Area 8), Inpatients services (Area 11) and food services (Area 12).

Key strong points

- ISS feedback report is given to departments with immediate feedback
- List of services with prices and specialized clinics are displayed in all selected departments OPD, Pharmacy, Internal Medicine and Surgical.
- Hospital has functional emergency department for emergence health services with Equipment for Emergencies and emergency preparedness and disaster responsiveness team in place.
- Health education plan and IEC materials in place
- Both internal and external quality controls done regularly at laboratory
- Hospital Advisory Board meetings held periodically, and members oriented on their roles
- Safety radiological report from TAEC available

Key Weak points

- HRHIS data analysis is not shared to RRHMT and no updated OPRAS for the year 2019/2020
- Inconsistence data from primary source of data collection in IPD at OPD HMIS tools
- No proper mechanism to assess client charter compliance and reports of interventions taken to address local health problems identified from the community by management team and no hard copy of Standard Treatment guidelines.
- No evidenced of PPM plan and report as well as biomedical engineer or person trained to establish the section
- Flow movement of sterilized equipment, Waste segregation and hanging of giving set are not practiced according to IPC.
- Mechanism for analysing tracked medical errors not in place with no effective monitoring system of medicines stocked in wards
- Inadequate knowledge on 5S tools and visual control methods adopted for effective and efficient commodity management at the main store and sub stores

Key Suggestions

RRHMT

- Analyse HRHIS information and share with RRHMT for management, planning and development of HRH.
- Assess and analyse each department contribution on financial issues e.g. dental unity
- Analyse attendance information from biometry and take necessary action monthly
- Strengthen self-internal supportive supervision
- Conduct trainings/OJT on IPC, 5S KAIZEN activities in relation to purpose of implementation then practice KAIZEN Activities within the recommended time so as to evaluate the impact of KAIZEN Theme implemented
- Improve documentation and record keeping to all patient's record such as full history taking and physical examination
- Equip consultation rooms with diagnostic kit such as pen torch, otoscope, patella hammer, spatula etc.
- Conduct special OJT on proper filling, interpret and decision making by using Partograph and practice nursing care plan
- Renovate/construct new CSSD according to IPC guideline
- Develop mechanism for effective monitoring system of medicines stocked in wards
- Conduct training/OJT on 5S tools and visual control methods adopted for effective and efficient commodity management especially in stores

RHMT

- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP
- RHMT to make follow up on the implementation of RRHMT EHPA Action plan during RMSS-H and report accordingly on the progress attained and provide feedback to RRHMT

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on Partograph use and Nursing care plan
- Train and disseminate the current National IPC Guideline (November 2018)
- Disseminate current Standard Treatment Guidelines (2017)

Picture

	
<p>Proper Utilization of Notice board</p>	<p>Proper Record Keeping</p>
	
<p>Expired Drugs</p>	<p>Disorganized shelf</p>

Bukoba RRH (FC: 102162-5)

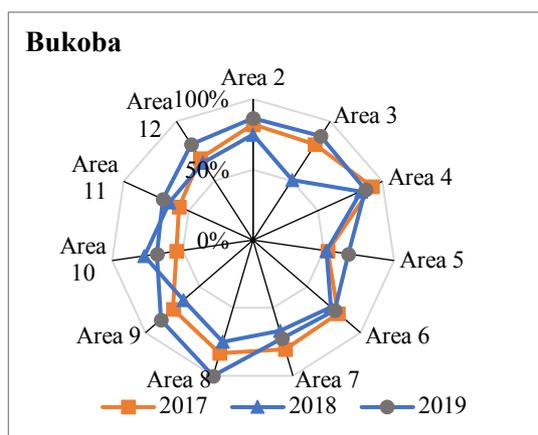
Basic information of the RRH

Bed capacity	308		
Number of staffs	284(41.3%Staff shortage by) *minimum requirement		
Departments existing in the RRH	Dept.11, Section21		
Vital Information			
Bed occupancy rate: 44. %			
Average of length of stay: 4days			
Average Number of Out-patients per day-582			
Average Number of Out-patients per day/doctor:19			
Average NHF revenue collection/day: 4274945.44			
Average cash revenue collection/day: 1856977.229			
Top 10 Diseases			
1	Hypertension	6	Abortion Complication
2	UTI	7	HIV/AIDS
3	Peptic Ulcers	8	Pneumonia
4	Anemia	9	Malaria
5	Diabetic Mellitus	10	Psychosis

Overall EHPA average = 80.08% (2017: 73.15%, 2018: 67.09%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	82.1	80.6	91.7	53.0	78.9	80.6	83.3	74.5	54.3	57.0	68.8
2018	74.9	50.9	83.3	52.0	72.2	66.7	75.0	64.8	77.1	64.8	64.9
2019	86.4	87.9	86.6	67.5	75.9	72.2	100	85.7	68.2	69.4	80.6

Comparing to 2018 EHPA the hospital has tried of improvement in all areas as shown by the results that there is a tremendously increasing of scores especially (Area 2- Hospital management, Area 3- Use of hospital data for planning and service improvement, Area 4 staff performance assessment, Area 8- Social accountability, Area 9- Hospital infrastructure and Area 12-Clinical Support Services). The improvement might be contributed by several reasons among them could be: - teamwork from RRHMT members who acted upon the gaps identified during the 2018 EHPA to most of the gaps that did not require funds; Positive mind set from top management and implementers (Staffs) towards quality improvement issues through different approaches including 5S-KAIZEN-TQM Approach; Staff motivation from the management e.g. On Call and extra duties allowances or self-motivation from staffs.



The weak performance could have been contributed by QI unit not conducting operational research/ survey within the facility on clinical services issues hence some healthcare workers do not practically perform their duties with adequate professional skills, such practices are inadequate recording nursing care plan, incorrect monitoring of labor by plotting the graph of contractions and fetal well-being. Waste segregation is not done according to IPC guideline. Could be Managers and QI unit did not introduce the mechanism that will facilitate the staffs to practice professional skills and be recognized.

Best performing areas

Best performing sub-areas are those scores 90% and above which need sustainability performance and some effort are as follow: Hospital management sub area of working conditions (Area 2), Use of hospital data for planning and service management especially on information use and dissemination (Area 3) Organization of service especially client focus (Area 5) Social Accountability Assessment (Area 8) Hospital Infrastructure especially PPM and utilities (Area 9) and Clinical support Service sub area Laboratory (Area12)

Low performing areas

Organization of service especially on health promotion services (Area 3), handling Emergencies and Referral especially sub area of referral mechanism (Area 6), Client Focus sub area of Client satisfaction (Area 7), Hospital infrastructure especially on equipment and furniture (Area 9), IPC, Safety measures and Risk management on IPC and fire safety (Area 10) Clinical service more effort on inpatient services and RMNCH services (Area 11) Clinical Support Service sub area Radiology and imaging (Area 12)

Key Strong points

- Availability of functional HAB, and members are oriented on their responsibilities
- Disciplinary committee present with evidence of its functionality
- Evidence of utilization of data to address community problem and measure taken to respond
- Up-to-date OPRAS filled forms for year 2019/2020
- Availability of emergency unity as well as SOPs for handling

Key Weak points

- Hospital has no documented plans that evidenced there are plans for succession, promotion, staff retention and induction as well as no monitoring of staff attendance and absenteeism;
- Hospital has no mechanism to track medical errors for the further improvement of quality of care. Some sections have register to document incidences, accidents and medical errors and whenever documented no analysis has been done for actions;
- Inconsistence data from the primary sources i.e. tally-sheets and registers and Inadequate documentation and record keeping in patients' files such as history taking and physical examination;
- Inadequate emergency equipment and medicine at emergency unit for proper service;
- Sub stores in wards ordering and uses medicine and medical supplies but no mechanism conducted by pharmaceutical section to monitor e.g. drug audits these medicine and medical supplies stocked in wards;
- Inadequate knowledge on 5S tools and visual control methods adopted for effective and efficient commodity management
- Stagnation of KAIZEN Theme with QC story: most of KAIZEN Theme implementation have stopped at step 1 & 2.

Key Suggestions

RRHMT

- Monitor and analyze staff attendance and absenteeism
- Analyze adherence of Clients service charter and modify directional sign boards to read on both sides and the label to specify places
- Equip consultation rooms with diagnostic kits such as pen torch, otoscope, patella hammer, spatula and appropriate equipment and medicine for emergency readily accessible and usable for improving quality of care
- Conduct training/OJT on 5S tools and visual control methods adopted for effective and efficient commodity management especially in stores then practice KAIZEN activities within the recommended time and consider characteristic value indicators for evaluation purposes.
- Improve documentation and record keeping to all patient's records such as full history taking and physical examination, nursing records etc. and practice basic nursing care plans to all serious patients as per nursing guidelines
- RRHMT should conduct drug audits and develop mechanism for effective monitoring of medicines stocked in wards for the purposes of strengthening of receiving and issuing vouchers, bin cards etc.
- Display dispensing SOP and adhere to, for adequate instruction to the patients e.g. how to use medicine with food, possible side effects and special storage requirement at home

RHMT

- RHMT to make follow up on the implementation of RRHMT EHPA Action plan during RMSS-H and report accordingly on the progress attained and provide feedback to RRHMT
- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on Partograph use and nursing care plan.
- Disseminate Current Standard Treatment Guidelines (2017)

Pictures

	
<p>Self-Discipline instruction Displayed</p>	<p>Proper utilization of color-coding waste bin and bin liners</p>
	
<p>Improper keeping of cleaning materials</p>	<p>Improper utilization of color waste bins coding bin</p>

SEKOU TOURE RRH (Mwanza) (FC: 107517-5)

Basic information of the RRH

Bed capacity	315		
Number of staffs	362 (HRH shortages by 25% by minimum requirement)		
Departments existing in the RRH	Dept.-6, Section-9		
Vita Vital Information			
Bed occupancy rate: 69.2%			
Average of length of stay: 2			
Average Number of Out-patients per day-Average Number of Out-patients per day/doctor:18			
Average NHF revenue collection/day: 4,853,776.26			
Average cash revenue collection/day: 3,906,726.28			
Top 10 Diseases			
1	Pneumonia	6	Anemia
2	Diarrhea	7	Fracture
3	URTI	8	Epilepsy
4	UTI	9	Neonatal Sepsis
5	Allergic conjunctive	10	Burn

Overall EHPA average=87.05% (2017: 85.26%, 2018:85.81%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	95.7	93.1	83.3	86.7	83.3	77.8	100	86.6	78.4	68.3	84.7
2018	87.5	89.8	87.5	89.3	86.1	89.9	100	75.7	74.2	77.3	85.1
2019	94.2	87.9	90.0	90.3	96.3	83.3	100	80.7	84.9	67.1	82.5

The good cooperation between RHMT and RRHMT as well as understanding the meaning of EHPA facilitates the smoothness of EHPA exercise.

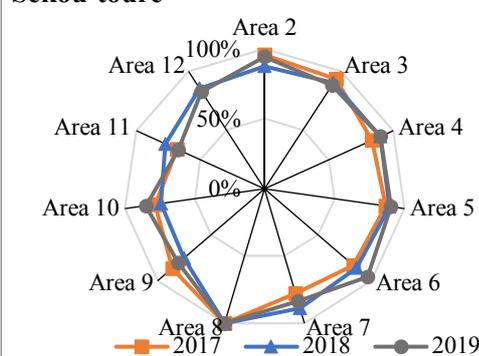
Comparing to 2018 EHPA results, the hospital has tried for improvement in all areas with exception of sub areas Client satisfaction, Equipment and furniture, healthcare waste management, RMNCH and Inpatients services, and radiology and imaging.

From observation the top management of the hospital is eager to bring changes towards quality improvement

The improvement might be contributed by: - RRHMT commitment and teamwork to work on the gaps identified during the 2018 EHPA on most of the gaps that did not require funds; RRHMT members are anxious to learning and share experiences;

Staff motivation given by the management e.g. on calls and extra duties allowances or self-motivation; Positive mind set among staffs and RRHMT members towards quality improvement issues with client centered mind. The weak performance is in sub Areas; healthcare waste management, inadequate documentation and record keeping in basic Nursing care plan to serious patient as well monitoring of progress of labor by use of Partograph especially plotting graphs of contractions and fetal well-being. In addition, weak follow up of implementation of Quality Improvement action plan from different assessment including ISS, 5S KAIZEN CV etc.

Sekou-toure



Best performing areas

Best performing sub-areas from the area of assessment were consider those scored 90% and above which need sustainability performance and some effort to avoid falling back, these areas are as follow: sub areas of facility management, facility autonomy and fiscal decentralization as well as working conditions “Hospital management” (Area 2), Use of hospital data for planning and service management especially on function of HMIS and information use and dissemination (Area 3), Staff performance appraisal system (Area 4), Organization of service especially service provider charter and client focus (Area 5), Handling Emergencies and referral on sub areas of referral mechanism and emergency preparedness and response services (Area 6), Client service charter from (area 7), all sub areas assessed in Social Accountability Assessment (Area 8), Hospital Infrastructure

especially PPM and utilities (Area 9), Fire safety from Area 10 and Clinical support Service sub areas of Pharmaceutical and food services (Area12).

Low performing areas

The performing sub-areas below 70% considered to be addressed in special consideration and were taken as weak performing areas. These areas and sub areas includes; Client satisfaction from Client focus (Area 7), Equipment and Infrastructure (Area 9), Healthcare waste management (Area 10), Clinical services especially RMNCH and inpatients services (Area 11 and radiology and imaging services (Area 12).

Key Strong points

- Evidence of utilization of data to address community problem and measures taken to respond;
- Availability of functional HAB, and members are oriented on their responsibilities;
- Disciplinary committee present with evidence of its functionality;
- Up-to-date OPRAS filled forms for year 2019/2020;
- Availability of functional emergency department as well as SOPs and guideline for handling emergencies;
- Evidence of implementation of PPM and measures taken to respond.

Key Weak points

- Partograph were not correctly filled especially monitoring of contractions;
- Inadequate documentation and record keeping in patients' files such as history taking and physical examination;
- Missing of some equipment at consultation rooms such as Diagnostic kit with pen torch, patella hammer, turning fork, otoscope etc. also vaginal examination trays;
- No effective monitoring system of medicine and medical supplies stocked in wards;
- No basic nursing care plan were observed for serious cases in the Wards;
- Hospital has no documented mechanism for tracking medical errors e.g. wrong medication/injections etc.
- Stagnation of KAIZEN Theme activities implemented in various sections;
- Inadequate knowledge on 5S tools implementation e.g. zoning, labelling, numbering etc. and visual control methods adopted for effective and efficient commodity management.

Key Suggestions

RRHMT

- Strengthen self-internal supportive supervision;
- Conduct trainings/QIT on IPC, 5S KAIZEN activities in relation to purpose of implementation
- Practice KAIZEN Activities within the recommended time so as to evaluate the impact of KAIZEN Theme implemented;
- Consider avoiding sharing of equipment planned to be for emergency purposes in emergency department;
- Improve documentation and record keeping such as full history taking and physical examination to all patient's record;
- Equip consultation rooms with diagnostic kit such as pen torch, otoscope, patella hammer, spatula etc.
- Practice nursing care plan to all serious patients for improving quality of care services;
- Conduct special QIT on proper filling, interpret and decision making by using Partograph;
- Develop mechanism for effective monitoring system of medicines stocked in wards
- Conduct training/OJT on 5S tools and visual control methods adopted for effective and efficient commodity management especially in stores

RHMT

- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP;
- RHMT to make follow up on the implementation of RRHMT EHPA Action plan during RMSS-H and report accordingly on the progress attained and provide feedback to RRHMT;

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on Partograph use and nursing care plan.

Pictures

	
<p>Services and price displayed</p>	<p>Proper arrangement of items</p>
	
<p>Improper Handling of Dirty Linens</p>	<p>Improper management of I/V lines</p>

GEITA RRH (FC: 101192-3)

Basic information of the RRH

Bed capacity	207
Number of staffs	313 (35.2Staff shortage by) *minimum requirement
Departments existing in the RRH	Dept.-16
Vita Vital Information	
Bed occupancy rate: 72%	
Average of length of stay: 4days	
Average Number of Out-patients per day-Average 231	
Number of Out-patients per day/doctor: 13%	
Average NHF revenue collection/day: 305,241	
Average cash revenue collection/day: 22,584.02	



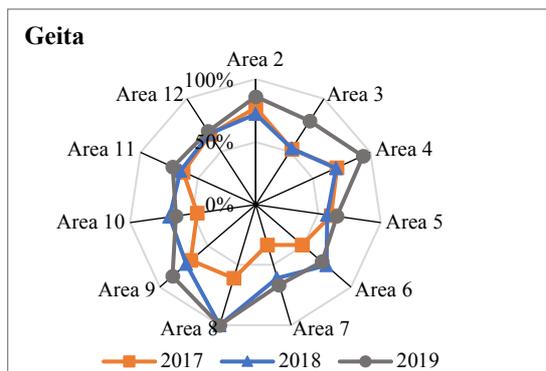
Top 10 Diseases

1	Malaria	6	Pneumonia
2	Severe Anemia	7	Hypertension
3	Diarrhea Diseases	8	PTB
4	HIV	9	Fracture
5	UTI	10	Peptic Ulcers

Overall EHPA average=77.31 % (2017: 58.86%, 2018: 69.26%)

YEAR	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	77.3	52.8	70.8	60.6	48.9	33.3	61.1	67.4	46.6	62.6	66.1
2018	72.1	53.2	70.8	57.4	74.1	61.1	100	72.2	68.5	65.3	67.2
2019	86	79.1	93.3	64.8	69.4	66.6	100	86.6	63.1	71.7	69.3

Comparing to EHPA results conducted in 2018, generally Geita RRH has improved in 4 areas with great change that raised the scores to above 80%. There are also some sub areas that performed weak and score below 70% such as Medical records (Area 3), health promotion services (Area 5) handling of emergencies and referral (Area 6), Client satisfaction (Area 7), healthcare waste management and fire safety (Area 10) radiology and imaging, Food services (Area 12). The improvement could be contributed by teamwork from RRHMT o work on the gaps identified during the EHPA done 2018 for most of the gaps that did not require funds. Staffs self-motivation and/or management motivation to staffs e.g. on call and extra duties allowances.



The low performance might be contributed by several factors:- inadequate implementation of training programs to staffs such as handling emergencies and referral, refresh training on IPC, and 5S KAIZEN etc.; Inadequate knowledge of QIT and WITs on their roles and responsibilities; weak/irregular internal self-assessment which resulted into inadequate professional skill practices from the implementers, in sub area- of healthcare waste management, inadequate documentation and record keeping in basic Nursing care plan to serious patient as well as monitoring of progress of labor by use of Partograph; and Inadequate sharing of Action plans from the identified gaps of different assessments including ISS, 5S KAIZEN CV etc.

Best performing areas

Best performing sub-areas that considered performance of 90% and above in which performer need to sustain and put effort to prevent falling back, these sub areas were Hospital management on sub areas of working conditions, (Area 2), Staff performance appraisal system (Area 4), Client service charter (Area 7), Functional HAB and social accountability (Area 8) and PPM and utilities, (Area 9)

Low performing areas

The performing sub-areas below 70% considered to be addressed in special consideration, these areas and sub areas includes medical records (Area 3), Health promotion services from Organization of services (Area 5), Appropriate handling of emergencies and referral mechanism (Area 6), Client satisfaction (Area 7), Healthcare

waste management and Fire safety from IPC, safety measures and Risk management (Area10), inpatients services (Area 11) Radiology and imaging and food services (Area 12).

Key strong points

- HRHIS system is updated, analysis is done, and necessary actions are taken
- OPRAS forms for 2018/2019 are available in selected staff files
- List of services with prices and specialized clinics are displayed at selected departments e.g. OPD
- Hospital has functioning High dependent unit (HDU) to complement the work of ICU as well as emergency department for emergency health services.
- Hospital Advisory Board meetings held periodically, and members oriented on their roles
- The hospital has functional Hitech Incinerator and placenta pit
- All service areas have running water with elbow operated system and liquid soap.

Key Weak points

- Healthcare workers (e.g. Doctors at Emergency Medicine Department (EMD) do not adhere to IPC standard precautions
- Data inconsistency from primary source of data generation e.g. registers, tally-sheet and monthly summary form;
- Staffs working at High Dependant Unit (HDU) and emergency department for caring emergencies are not trained to manage emergency medical and surgical cases;
- Disinfection is not done within the hospital after an information from one of stakeholder that it has been abandoned by MoHCDGEC (Stakeholder was not mentioned);
- Inadequate knowledge on 5S tools implementation e.g. zoning, labelling, numbering etc. and visual control methods adopted for effective and efficient commodity management;
- Inadequate documentation and record keeping have been observed to the following areas: basic nursing care plan chart, registers for tracking medical errors and storage of medicines stocked in wards and consultation rooms does not equipped with Diagnostic kit such as BP machines, pen torch, patella hammer, turning fork, otoscope etc.
- Flow movement of sterilized operating theatre equipment not practiced according to IPC.

Key Suggestions

RRHMT

- Strengthen self-internal supportive supervision and make follow up of implemented action plan
- Conduct training/ QIT to build capacity of the WIT in order to work according to roles and responsibilities;
- Conduct trainings/ QIT on IPC, 5S KAIZEN activities in relation to purpose of implementation then utilize 5S tools and adopt visual control methods for effective and efficient commodity management stored at main store and sub stores;
- Strengthen OIT on proper filling, interpret and decision making by using Partograph as well as basic nursing care plan to all serious patients;
- Equip consultation rooms with diagnostic kit such as pen torch, otoscope, patella hammer, spatula, BP machines etc. as well as vaginal examination trays;
- Introduce mechanism for tracking medical errors then analyze the finding for further intervention to improve quality care;
- Train staffs on handling emergencies and referral as well as ICU and Triage.

RHMT

- Make follow up implementation of identified gaps during RMSS-H
- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on Partograph use and Nursing care plan;
- Train and disseminate the current National IPC Guideline (November 2018);
- Disseminate current Standard Treatment Guidelines (2017).

Pictures

	
<p>Proper uses of antiseptic hand rub</p>	<p>Good arrangement of drugs in emergency trolley</p>
	
<p>Mixture of items that hinders work efficiency</p>	<p>Mixture of items that hinders work efficiency</p>

MUSOMA RRH (FC: 105721-5)

Basic information of the RRH

Bed capacity	269		
Number of staffs	310 (35.9 HRH shortage by minimum requirements)		
Departments existing in the RRH	Dept.16, Section-28		
Vital Information Bed occupancy rate:30% Average of length of stay:2days Average Number of Out-patients- per day-235 Average Number of Out-patients per day/doctor: 9 Average NHF revenue collection/day: 3,836,019.43 Average cash revenue collection/day: 3,599.611.07			
Top 10 Diseases			
1	Malaria	6	Injuries
2	Hypertension	7	Anemia
3	Diabetics	8	Dental Condition
4	Intestinal Worms	9	Eye Conditions
5	HIV/ARC	10	Gynecological

Overall EHPA average = 82.37% (2017:54.01%, 2018: 67.06%)

Year	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	58.8	56.9	45.8	54.3	50.0	58.3	33.3	57.5	58.3	57.2	63.6
2018	75.8	68.1	41.7	66.5	66.7	63.9	66.7	78.5	67.4	68.1	76.2
2019	89.4	81.9	90.0	78.3	85.1	83.3	83.3	80.7	77.4	83.8	72.4

The observed teams from Regional team (RHMT) and hospital team (RRHMT) has a good relationship that was evidenced by information shared for the coming EHPA and preparedness of the both teams that facilitated the smoothness of EHPA exercise.

Comparing to 2018 EHPA results, Musoma RRH has improved in most areas and sub areas with exception of sub areas of Medical records (Area 3), Client flow (Area 5), Client satisfaction (Area 7), Equipment and furniture (Area 9), fire safety (Area 10) Food services and radiology and imaging (Area 12). The improvement might be contributed by RRHMT teamwork in working on the gaps identified during the 2018 EHPA on most of the gaps that required no funds. Those required funds were planned for in the ongoing CHOP and were implemented accordingly e.g. Handling Emergencies and referral.

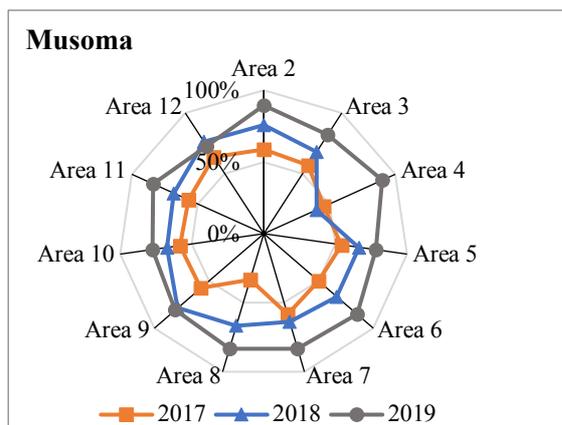
The weak performance might be contributed greatly by inactive WITs due to lack of knowledge on their roles and responsibilities. This is coupled with inadequate documentation and record keeping in basic Nursing care plan to serious patient as well as monitoring of progress of labor by use of Partograph on plotting graphs of contractions and fetal well-being. Some health care workers did not use PPE especially mortuary this situation compromises their safety and facility in general

Best performing areas

Best performing sub-areas were: - working conditions, (Area 2), use of hospital data for planning and service improvement on sub area of Information use and dissemination (Area 3), Staff performance and appraisal system (Area 4), Client service charter (Area 7), PPM and utilities, (Area 9) Clinical support services on sub area of Laboratory services (Area 12).

Low performing areas

The performing sub-areas below 70% includes medical records (Area 3), Client flow from Organization of services (Area 5), Client satisfaction (Area 7), equipment and furniture (Area 9), Fire safety from IPC, safety measures and Risk management (Area10), Radiology and imaging and food services (Area 12).



Key Strong points

- HRHIS system is updated, analysis is done, and necessary actions are taken;
- OPRAS forms for 2018/2019 are available in selected staff files;
- List of services with prices and specialized clinics are displayed at selected departments e.g. OPD;
- Hospital has functional emergency department for emergency health services with trained Health care workers to manage medical and surgical cases;
- Hospital Advisory Board meetings held periodically, and members oriented on their roles;
- The hospital has functional Hitech Incinerator and placenta pit;
- All service areas have running water with elbow operated system and liquid soap.

Key Weak points

- Healthcare workers (e.g. Doctors at Emergency Medicine Department (EMD) do not adhere to IPC standard precautions;
- Data inconsistency from primary source of data generation e.g. registers, tally-sheet and monthly summary form;
- Missing of some equipment at consultation rooms such as Diagnostic kit with pen torch, patella hammer, turning fork, otoscope etc. also vaginal examination trays are missing;
- Some consultation rooms have no examination beds and hand washing facilities;
- Inadequate knowledge on 5S tools implementation e.g. zoning, labelling, numbering etc and visual control methods adopted for effective and efficient commodity management;
- No effective monitoring system of medicines stocked in wards;
- Doors at Obstetric theatre are not recommended by theatre protocol since they are like that of normal house/office therefore needs modification to maintain theatre protocol.

Key Suggestions

RRHMT

- Conduct trainings/OIT on IPC, 5S KAIZEN activities in relation to purpose of implementation;
- Practice KAIZEN Activities within the recommended time so as to evaluate the impact of KAIZEN Theme implemented;
- Strengthen self-internal supportive supervision;
- Equip consultation rooms with diagnostic kit such as pen torch, otoscope, patella hammer, spatula etc.;
- Strengthen medical error tracking then analyze the finding for further intervention to improve quality care;
- Conduct training/OIT on 5S tools and visual control methods adopted for effective and efficient commodity management stored at sub store;
- Strengthen OIT on proper filling, interpret and decision making by using Partograph as well as basic nursing care plan to all serious patients.

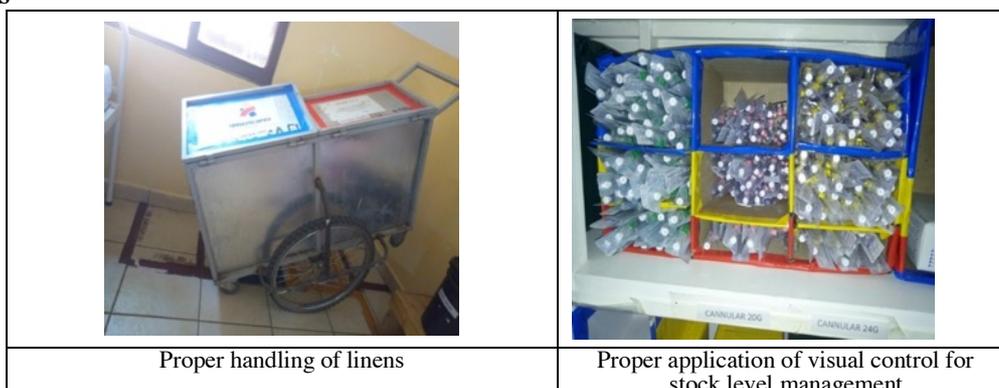
RHMT

- Make follow up implementation of identified gaps during RMSS-H
- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on Partograph use
- Train and disseminate the current National IPC Guideline (November 2018)

Pictures





Mixture of items that hinders work efficiency



Disorganized working environment

SIMIYU RRH (FC: 102162-5)

Basic information of the RRH

Bed capacity	208		
Number of staffs	137 (Staff shortage by 71.7%) *minimum requirement		
Departments existing in the RRH	Dept-7		
Vita Vital Information			
Bed occupancy rate: 48%			
Average of length of stay: 5days			
Average Number of Out-patients per day-155			
Average Number of Out-patients per day/doctor:22			
Average NHF revenue collection/day: 250,086.33			
Average cash revenue collection/day: 1,608,297.9			
Top 10 Diseases			
1	Other diseases	6	Anemia, Severe
2	Eye disease	7	Dental disease
3	Urinary tract infection	8	Pneumonia
4	Malaria	9	URTI
5	diarrhea	10	Skin Infection

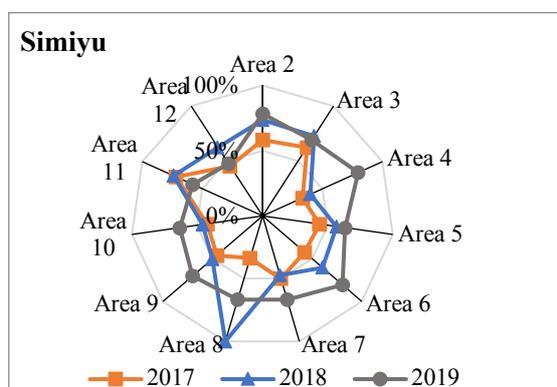


Overall EHPA average = 67.61% (2017:48.12%, 2018: 62.25%)

Year	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	58.4	62.5	33.3	43.9	42.2	50.0	33.3	45.8	42.3	72.0	45.6
2018	73.5	72.7	41.7	56.9	60.2	47.2	100	50.4	45.7	74.1	62.6
2019	78.3	68.9	80.0	63.3	80.5	66.6	66.6	70.1	63.2	58.3	47.4

Comparing to 2018 EHPA results for Bariadi RRH show a lot of effort for improvement. at Emergency department, Pharmaceutical services, and Outpatient services. Other services are not offered such as RMNCH services, operating theatre, Radiology and imaging, mortuary services etc.

The noted improvement might be contributed by team work from RRHMT in planning how to offer service as RRH. The weak performance might be contributed by several factors such as inadequate knowledge on IPC, 5S KAIZEN activities, inactive WITs



Best performing areas

Best performing sub-areas facility autonomy and Fiscal decentralization and working conditions, (Area 2), Staff performance appraisal system (Area 4), Appropriate Handling of emergencies and referral mechanism (Area 6). Client service charter (Area 7), buildings, equipment and furniture (Area 9), Outpatients services (Area 11) Clinical support services on sub area of pharmaceutical services (Area 12).

Low performing areas

The low performing sub-areas (below 70%) includes information use and dissemination and medical records (Area 3), Client flow and health promotion services from Organization of services (Area 5), Client satisfaction (Area 7), Social accountability (Area 8), PPM and utilities (Area 9), Fire safety from IPC, safety measures and Risk management (Area10),

Furthermore, the following services are not offered by the facility RMNCH, Operating theatre, Radiology and imaging, mortuary and food services.

Key strong points

- Regularly updated Human Resource for Health Information System (HRHIS) is available
- Service provision points arranged to allow optimal flow of patients and adequate waiting space.
- Availability of self-discipline instructions in some departments (No smoking is prohibited to stay to the ambulance parking area).
- Buildings can be easily accessed by physically challenged patients
- Alternative water storage facilities available to sustain the services provision with enough capacity for the hospital
- Hospital has functional emergency department for emergency health services and equip with appropriate equipment and medicine for medical and surgical services
- RRHAB is available, trained, meeting schedule and minutes are in place
- Linens handled according to IPC guidelines (Sorting and separation of soiled linens and dry dirty linens is done at the point of bed making and there were closed trolley laundry use)
- All service areas have running water with elbow operated system and liquid soap.

Key Weak points

- WIT was not available/not active in all departments visited
- Inconsistence of data in register book, tally sheet and summary forms. Especially in OPD
- Facility has no CSSD
- Missing of some equipment at consultation rooms such as Diagnostic kit with pen torch, patella hammer, turning fork, otoscope etc. also vaginal examination trays are missing
- Some consultation rooms have no examination beds
- No system/mechanism has been introduced for tracking medical errors, incidences and accidents
- Basic nursing care plan observed for serious cases in the Wards needs to be improved especially on problem identified, nursing diagnosis and implementation column
- No hard copy observed for STGs except soft copy downloaded by doctors in their phones/laptops
- Lack of service charter indicating types of services and standards of care.
- Stagnation of KAIZEN themes activities implemented
- Inadequate knowledge on 5S tools implementation e.g. zoning, labelling, numbering etc. and visual control methods adopted for effective and efficient commodity management
- Refrigerator used for storing blood for blood transfusion services is also used to store other items

Key Suggestions

RRHMT

- Conduct trainings/OIT on IPC, 5S KAIZEN activities in relation to purpose of implementation
- Practice KAIZEN Activities within the recommended time so as to evaluate the impact of KAIZEN Theme implemented
- Strengthen self-internal supportive supervision (ISS, IPC, 5S KAIZEN)
- QIT/WIT should be established and strengthened in all working areas
- Practice nursing care plan according to nurses' skills to all serious patients for improving quality of care services
- Improve documentation and record keeping such as full history taking and physical examination to all patient's record
- Equip consultation rooms with diagnostic kit such as pen torch, otoscope, patella hammer, spatula etc. as well as vaginal examination trays
- Introduce system to track accidents, incidents and medical error then analyze the finding for further intervention to improve quality of care.
- Consider separating pediatric admission cases from general wards
- Right now, from feedback session take action to a mixed blood bank refrigerator with other items by separating them

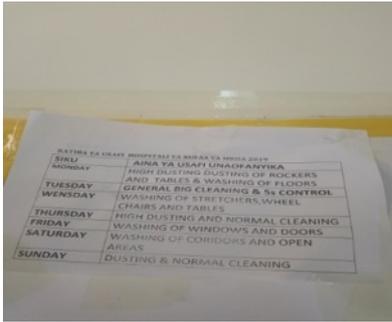
RHMT

- Make follow up implementation of identified gaps during RMSS-H
- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on basic nursing care plan
- Train and disseminate the current National IPC Guideline (November 2018)
- Disseminate Current National Standard Treatment (2017).

Pictures



Cleaning schedule displayed



Good alignment of beds



Improper burning of waste



Elbow control tap is not functioning

SHINYANGA RRH (FC: 107423-6)

Basic information of the RRH

Bed capacity	304		
Number of staffs	309 (Staff shortage by 36.1%) *minimum requirement		
Departments existing in the RRH	Dept. 7, Section 14		
Vita Vital Information			
Bed occupancy rate: 12%			
Average of length of stay: 1days			
Average Number of Out-patients per day-60			
Average Number of Out-patients per day/doctor:7			
Average NHF revenue collection/day: 1,417,592			
Average cash revenue collection/day:1,172,224			
Top 10 Diseases			
1	Malaria	6	Pneumonia non-Severe
2	Diabetes Mellitus	7	URI
3	Hypertension	8	Severe Anemia
4	Mild Moderate Anemia	9	Diarrheal with no dehydration
5	Typhoid	10	Severe Pneumonia

Average score of the EHPA = 67.14% (2017:68.13%, 2018: 67.58%)

Year	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	74.6	77.8	75.0	62.0	78.9	52.8	66.7	69.8	69.8	61.1	64.6
2018	72.4	72.7	75.0	60.6	68.5	41.7	100	60.4	64.7	55.1	72.4
2019	76.0	56.4	76.6	51.4	64.8	66.6	66.6	68.4	69.9	74.5	66.8

Cooperation between the RHMT and RRHMT facilitated the smoothness work of the EHPA assessors.

Comparing to EHPA results conducted in 2018, Shinyanga RRH has not made much effort for improvement since almost all areas and sub areas did not change much and some declined.

The areas and sub areas that scored 80 and above are so limited. These are: working conditions (Area 2), Referral mechanism (Area 6), utilities (Area 9) Outpatients services (Area11) and Laboratory services (Area 12) the remaining needs effort for improvement. The little improvement might be contributed by several reasons including personal or section effort and administration sharing information to the implementers.

The weak performance might be contributed by inactive RRHMT members resulted into weak performance of Management areas e.g. use of hospital data for planning and service improvement; weak coordination of human resource to work as a team for the benefit of the facility hence staffs are demoralized;

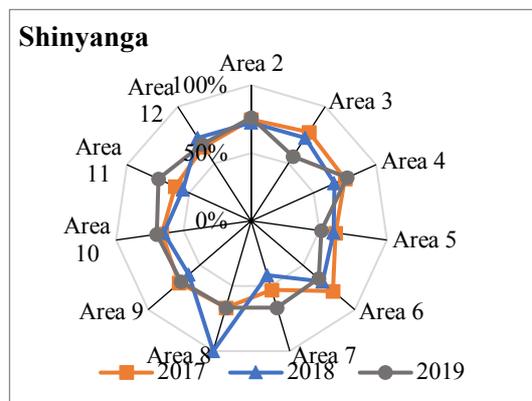
WITs are not aware of their roles and responsibilities resulting into inadequate skill practices from the implementers, in healthcare waste management, inadequate documentation and record keeping in basic Nursing care plan to serious patient as well as monitoring of progress of labor by use of Partograph.

Operating theatre is not abiding to IPC guideline, windows are left open and dusty flow movement of the sterilization does not comply with IPC standards also used to store Oxygen cylinders without safety conscious.

Best performing areas

Best performing sub-areas were Hospital management on sub areas of working conditions, (Area 2), Referral mechanism (Area 6), utilities, (Area 9) Outpatients services (Area 11) and Clinical support services on sub area of Laboratory services (Area 12).

Low performing areas



The low performing areas and sub-areas includes Function of HMIS, information use and dissemination and medical records (Area 3), Service provider Charter, Client flow and health promotion services from Organization of services (Area 5), Appropriate handling of emergencies and Emergency preparedness and response services (Area 6), Client Service Charter and Client satisfaction (Area 7), Social accountability (Area 8), PPM and equipment and furniture (Area 9), Fire safety (Area10), Inpatients services (Area 11) Operating theatre, Food services, Radiology and imaging and food services (Area 12).

Key Strong points

- Guidelines necessary for planning are available i.e. CHOP, HSSP IV, Cost sharing etc.
- HRHIS system is updated, analysis is done, and necessary actions are taken
- OPRAS forms for 2018/2019 are available in selected staff files
- List of services with prices and specialized clinics are displayed at selected departments e.g. OPD
- Hospital Advisory Board is available, and members trained on their roles and responsibilities.
- The hospital has placenta pit
- Hospital has ICU occupied by 11 beds
- Alternative water storage facilities to sustain the services provision with enough capacity for the hospital were available
- All service areas have running water with elbow operated system and liquid soap.

Key Weak points

- HRH analysis is not done through HRHIS.
- Staff attendance and absenteeism analysis is done but no action taken in June out of 254 present staff only 8 come to work on time and 246 came late
- Nonfunctioning WITs in the different sections
- Confidentiality of patient's records are not secured
- Data inconsistency from primary source of data generation e.g. registers, tally-sheet and monthly summary form
- Overlapping of information to the notice board with no removal instructions
- Facility has no service Charter for core Health care services indicating the packages of services provided and prices at OPD.
- No plan and report of outreach services
- No health education plan and IEC materials at OPD e.g. TV
- Client waiting time not monitored
- Triage not conducted by skilled trained personnel instead are conducted by Medical attendants as their daily job allocation
- Minutes and schedule for verification of functional Emergency Preparedness and Response and staffs working at allocate EMD were not trained
- Missing of some equipment at consultation rooms such as Diagnostic kit with pen torch, patella hammer, turning fork, otoscope etc. also vaginal examination trays are missing
- Incorrect filling of Partograph and nursing care plan charts
- Inadequate knowledge on 5S tools implementation e.g. zoning, labelling, numbering etc. and visual control methods adopted for effective and efficient commodity management
- No effective monitoring system of medicines stocked in wards
- No mechanism for tracking medical errors
- No PPM plan and establishment of the section
- The hospital has no functional Hitech Incinerator

Key Suggestions

RRHMT

- Strengthen self-internal supportive supervision
- Reform and/or conduct training to building capacity of WITs
- Conduct trainings/OIT on IPC, 5S KAIZEN activities in relation to purpose of implementation
- Practice KAIZEN Activities within the recommended time so as to evaluate the impact of KAIZEN Theme implemented
- Procure and equip consultation rooms with diagnostic kit such as pen torch, otoscope, patella hammer, spatula etc. as well as vaginal examination trays
- Introduce the mechanism for tracking medical errors then analyse the finding for further intervention to improve quality of care
- Develop mechanism for effective monitoring system of medicines stocked in wards

- Conduct training/OIT on 5S tools and visual control methods adopted for effective and efficient commodity management at stores and sub stores
- Strengthen OIT on proper filling, interpret and decision making by using Partograph as well as basic nursing care plan to all serious patients.

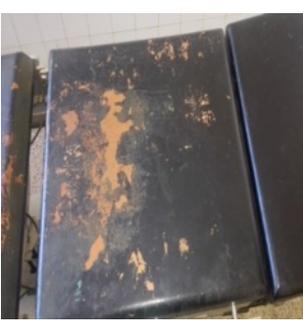
RHMT

- Make follow up implementation of identified gaps during RMSS-H
- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on Partograph use
- Train and disseminate current National IPC Guideline (November 2018) to RRH
- Disseminate Current National Standard Treatment (2017).

Picture

	
<p>Proper keeping of clinical forms</p>	<p>Proper keeping of uniforms</p>
	
<p>Dirty equipment in working place</p>	<p>Torn of operation table cover</p>

KTETE RRH (FC: 102162-5)

Basic information of the RRH

Bed capacity	260
Number of staffs	347 (Availability 28.2% deficit by minimum requirements)
Departments existing in the RRH	Dept.10, Section-22



Vita Vital Information
 Bed occupancy rate: 10%
 Average of length of stay: 7days
 Average Number of Out-patients per -day-Average 200
 Number of Out-patients per day/doctor:40
 Average NHF revenue collection/day: 593,316
 Average cash revenue collection/day:1.718327

Top 10 Diseases

1	Malaria	6	PID
2	HTN	7	Ill-defined symptoms
3	PUD	8	ARI
4	Others	9	Pneumonia
5	UTI	10	Anemia

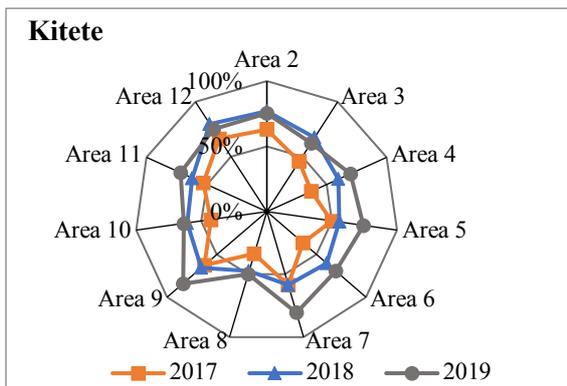
Average score of the EHPA =70.56% (2017:49.86%, 2018:63.74%)

Year	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	62.9	45.8	37.5	49.8	36.7	58.3	33.3	62.2	43.0	52.8	66.1
2018	76.9	67.6	66.7	55.7	60.2	58.3	47.2	65.8	60.8	61.9	80.0
2019	75.3	62.5	70.0	74.2	69.4	80.5	50.0	84.0	63.3	71.7	74.9

Observation shows a hospital team (RRHMT) has a good relationship between themselves. Comparing to 2018 EHPA results, the hospital has made r improvement almost in all areas. Generally, there are some changes although the following areas and sub areas did not perform well and these are; information use and dissemination with medical records, handling of emergencies and referral, Client flow and satisfaction, Social accountability, IPC, Safety Measures and Risk Management, Inpatients services, operating services, radiology and imaging and mortuary.

The improvement could have been contributed by several reasons such as teamwork amongst RRHMT to work on the gaps identified during the 2019 EHPA especially those which require funds.

It could as well be due to staff motivation given by the management e.g. on calls and extra duties allowances or self-motivation. The weak performance might be contributed by lack of simple research which could have been conducted by QI unit within the hospital on clinical services issues and come up with action plan. There are also inadequate professional skill practices from the implementers. This situation was evidenced by sub area which professional skills play a role such as practicing IPC, safety and risk management, inadequate documentation and record keeping in basic Nursing care plan to serious patient as well monitoring of progress of labor by use of Partograph especially plotting graphs of contractions and fetal well-being. Weak follow up of implementation of Quality Improvement action plan from different assessment including ISS, 5S KAIZEN CV and so on; this was evidenced by stagnation of KAIZEN Themes selected at different sections.



Key strong points

- The facility has on job training schedule and implementation report
- Midterm review and end of term for OPRAS is done accordingly.
- Availability of functional referral system (known to staff interviewed) and there is documentation
- Patient privacy maintained in delivery room and OPD
- Availability of electrical power supply with automatic switchover generator
- In patients are treated according to guidelines (malaria, pneumonia, DM, and essential hypertension)

- External and internal quality controls report available at laboratory

Key Weak points

- Inactive WIT observed in most of visited department
- Allocated room for offering emergency health service has no equipment and medicine also appropriate SOPs and Emergency Guidelines.
- Staffs working at ICU are not trained on emergency medical and surgical cases
- Forms for Charting basic nursing care plan which were observed for serious cases were incorrectly filled especially on column for nursing assessment findings, nursing diagnosis, objective and nursing intervention
- Nearly medicine to expire from the main store are not listed down for sharing with doctors and other staffs
- No effective monitoring system of medicines and medical supplies stocked in wards
- Allocated recovery rooms at operating theatre are not equipped only there was drip stands
- Flow movement of sterilized equipment are not practiced according to IPC. Guideline (windows are left open dusty area; unsterilized equipment crosses the sterilizer machines for preparation)

Key Suggestions

RRHMT

- Reform or conduct training to build capacity of WITs on their roles and responsibilities.
- Conduct trainings/OJT on IPC, 5S KAIZEN activities in relation to purpose of implementation
- Practice KAIZEN Activities within the recommended time so as to measure the impact of KAIZEN Theme implemented
- Strengthen self-internal supportive supervision (ISS, 5S KAIZEN, IPC)
- Train staffs working at ICU and emergency unit and equip the department with necessary appropriate equipment
- Improve documentation and record keeping to all patient's record such as full history taking, physical examination and inform them about their diagnosis and treatment
- Equip consultation rooms with appropriate equipment and diagnostic kit at such as pen torch, otoscope, patella hammer, spatula etc. also vaginal examination trays.
- Introduce mechanism for tracking medical error, accidents and incidences then analyze the finding for further intervention to improve quality care
- Practice nursing care plan to all serious patients in regard to Nursing skills for improving quality of care services
- Conduct training/OIT on proper filling, interpret and decision making by using Partograph
- Develop mechanism for effective monitoring system of medicines stocked in wards
- Develop theatre protocol and monitoring checklist then share with other staffs in order to monitor adherence to.

RHMT

- Make follow up implementation of identified gaps during RMSS-H
- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on Partograph use
- Train and disseminate current National IPC Guideline (November 2018) to RRH
- Disseminate Current National Standard Treatment (2017).

Pictures



Proper labeling of items	Self-discipline instruction
	
Used equipment left on the trolley	Spite in bucket during tooth extraction

MAWENI RRH (FC: 108713-9)

Basic information of the RRH

Bed capacity	241
Number of staffs	245 (Staff shortage by 49.3%) *minimum requirement
Departments existing in the RRH	Dept.8, Section-21
Vita Vital Information	
Bed occupancy rate: 15%	
Average of length of stay: 4 days	
Average Number of Out-patients per day-122	
Average Number of Out-patients per day/doctor: 12	
Average NHF revenue collection/day: 2,945,652	
Average cash revenue collection/day: 1,237,043	



Top 10 Diseases

1	URTI	6	Anemia
2	Malaria	7	Pneumonia
3	Diabetes	8	Rheumatoid and joint diseases
4	Hypertension	9	PID
5	Skin infections	10	Intestinal worms

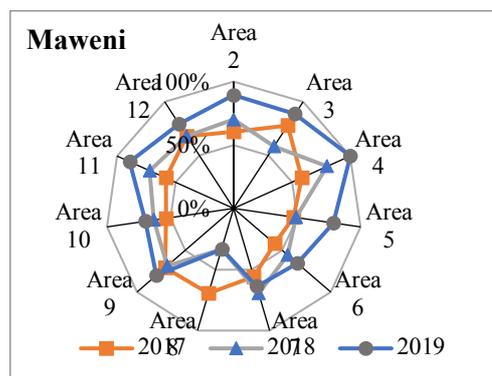
Overall EHPA average = 74.72% (2017: 47.35%, 2018:65.25%)

Year	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
2017	66.3	36.1	50.0	39.8	41.1	50.0	33.3	58.0	37.4	64.8	44.0
2018	87.2	70.8	66.7	57.0	72.2	58.3	33.3	65.6	64.0	70.4	65.4
2019	80.5	68.0	76.6	65.3	83.3	80.5	50.0	86.2	74.4	82.4	74.3

Maweni hospital has made a lot of effort towards improvement in Comparison to EHPA results conducted in 2018. Health Promotion Services sub area scored very low comparing to other sub areas performance.

The observed changes might be contributed by RRHMT teamwork to work on the gaps identified during the 2018 EHPA and challenges realized in the March 2019 visit to follow up implementation of the recommendations from the 2018 EHPA.

The weak performance might be contributed by lacking a culture to conduct simple surveys within the hospital, focusing towards quality improvement on clinical services., Also the weak performance could have been a result inadequate internal self-assessment through ISS, 5S KAIZEN, IPC and delay or no sharing of the findings with sections.



Best performing areas

Best performing sub-areas Emergency Preparedness and Response Services (Area 6), Client service charter from (area 7), Hospital Infrastructure especially PPM and utilities (Area 9)

Low performing areas

The low performing areas and sub- includes; information use and Dissemination, medical records (Area 2), Client flow and health promotion services (Area 5), Client satisfaction from Client focus (Area 7), Social accountability assessment and functional HAB (Area 8), Equipment and Infrastructure (Area 9), fire safety (Area 10) Operating Theatre, radiology and imaging, Food services (Area 12)

Key Strong points

- Facility has functional emergency unit with availability of Emergency Preparedness and Disaster Responsiveness.
- Treatment of Outpatients and Inpatients is done according to Current Standard Treatment Guideline (2017)
- Maternal and perinatal death are reviewed within the recommended time (Within 7 days)
- Functional Therapeutic Committee in place with availability of meeting minutes and reports

- DDA properly secured (cabinet locked) as well as the used one properly secured too.
- Both internal and external quality controls were done
- The facility complies with radiology TAEC safety program verified by TAEC safety reports
- Facility has dedicated kitchen to provide food services

Key Weak points

- Some Partograph were not correctly filled especially monitoring of contractions and foetal well being
- Inadequate documentation and record keeping in patients' files such history taking and physical examination
- Consultation rooms were missing essential equipment such as Diagnostic kit with pen torch, patella hammer, turning fork, otoscope etc. also vaginal examination trays are missing, and privacy was compromised by some doors are not closed needs repair etc.
- No effective monitoring system of medicine and medical supplies stocked in wards
- Developed charts for basic nursing care plan for serious cases in the Wards those observed were incorrectly filled or use
- Hospital has no mechanism for assessing the documentation registers for tracking medical errors e.g. wrong medication/injections etc. and analyse the findings for action
- SOPs developed in laboratory, there is no mechanism to monitor adherence to
- Inadequate PPE for handling dead bodies at mortuary
- Stagnation of KAIZEN Theme activities implemented in various sections.
- Inadequate knowledge on 5S tools implementation e.g. zoning, labelling, numbering etc. and visual control methods adopted for effective and efficient commodity management

Key Suggestions

RRHMT

- Conduct training/OJT to build capacity of QIT and WITs
- Strengthen self-internal supportive supervision and share the findings with sections/departments.
- Conduct trainings/OJT on IPC, 5S KAIZEN activities in relation to purpose of implementation
- Try as much as possible to avoid sharing of equipment planned to be for emergency purposes in emergency department.
- Improve documentation and record keeping such as full history taking and physical examination to all patient's record
- Equip consultation rooms with diagnostic kit such as pen torch, otoscope, patella hammer, spatula etc. and other essential equipment such as vaginal examination trays
- Practice nursing care plan to all serious patients as per nursing guidelines for improving quality of care.
- Establish special program in collaboration with the available stakeholders on proper filling, interpret and decision making by using Partograph
- Develop mechanism for effective monitoring system of medicines stocked in wards
- Practice KAIZEN Activities within the recommended time so as to evaluate the impact of KAIZEN Theme implemented
- Conduct training/OJT on 5S tools and visual control methods adopted for effective and efficient commodity management especially in stores

RHMT

- RHMT to support RRHMT on managerial and technically to address identified gaps and for gap that require funds should be included in development of CHOP
- RHMT to make follow up on the implementation of RRHMT EHPA Action plan during RMSS-H and report accordingly on the progress attained and provide feedback to RRHMT

MoHCDGEC

- Strengthen external supportive supervision or introduce special program on Partograph use
- Train and disseminate current IPC guideline (2018)
- Disseminate hard copies of Standard treatment Guidelines (2017)

Picture

	
<p>Availability of commode chair</p>	<p>Proper keeping of sterile items</p>
	
<p>Improper application of visual control</p>	<p>Pit latrine left open</p>

5. Conclusion

The EHPA 2019 has been an exercise with a lot of realizations. The report and the findings therefrom reflect progressive situation towards strengthening and improvement of service delivery in almost all the Regional Referral Hospitals in the country. In some RRHs the HRH shortage has improved e.g. Sokoine from shortage of 78% down to 46%; Sumbawanga from 36% shortage down to 11%; Mbeya from 34. % shortage to 32.4% etc. Nevertheless, few RRHs like Mwananyala have remained stand still while RRHs for the newly established regions Songwe, Bariadi and Kibena the HRH shortage has increased as they handed back the Council/District hospitals after shifting to their new RRHs.

This could be the result of the permission given by the ministry to RRHs to employ health care workers on contractual basis coupled with increase in deployment done by MOHCDGEC to the hospitals.

In this report there are also many good practices/ innovations that have been demonstrated by RRHs as the RRHMTs strived to maintain achievements as well as addressing issues that were identified in 2018. These are worth tapping and be sustained by all RRHMTs if at all they wish to improve the quality of services, being delivered by the RRHs. Henceforth, it is important for each RRHMT to further analyze the results and findings of their respective RRH so that this report becomes expressive and helpful in improvement of services in the hospital. RRHs which have been committed to take actions on the gaps and challenges identified by the 2018 EHPA, have exhibited notable improvement in the services they deliver. Musoma RRH is a very good example moving from 21st position in 2018 with 67% score to 7th position in 2019 with 82.5% scores. This is direct attestations that with close follow up of actions to take on the findings of EHPA from each RRH; no doubt improvement of Quality services in these hospitals is gradually achievable and hence, effectiveness of EHPA.

Equally important, we continue to reinforce our recommendations to the RRHMT to effectively utilize the data and information generated from this report amalgamated with other information from Internal Supportive Supervision (ISS), KPIs reports to effectively prioritize RRHs' interventions in the next coming CHOP and eventually come up with evidence-based CHOP. Through the results and finding contained herein it is evident MoHCDGEC will be able to come up with appropriate interventions and Policy decisions that will focus on improving service delivery in all RRHs in the country

We continue to believe that the information shared in this report can also be utilized by any other relevant authority to properly support and improve service delivery at the regional referral hospitals. Indeed, environment surrounding the Regional Referral Hospital is gradually changing towards the aspired improvements. We strongly recommend, MoHCDGEC to continue conducting oversee External Hospital Performance Assessment as per the instructions given in the ISS/EHPA Guideline (2018).

Annex

Results of EHPA by Area

RRH	Total	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12	SD
M t M eru	89.33%	97.88%	96.76%	93.33%	83.33%	90.74%	88.89%	100.00%	90.63%	74.21%	85.65%	81.22%	0.08
M beya	88.15%	93.69%	93.06%	96.67%	98.33%	82.41%	100.00%	100.00%	75.52%	78.67%	72.69%	78.57%	0.11
Sekou-toure	87.05%	94.26%	87.96%	90.00%	90.37%	96.30%	83.33%	100.00%	80.73%	84.95%	67.13%	82.54%	0.09
M orogoro	85.71%	90.96%	77.31%	100.00%	80.93%	83.33%	97.22%	83.33%	82.29%	81.94%	82.41%	83.07%	0.07
Am ana	83.88%	90.35%	79.63%	86.67%	92.22%	95.37%	69.44%	83.33%	93.92%	81.18%	74.54%	76.06%	0.09
M w ananyam ala	82.46%	89.47%	76.85%	46.67%	86.11%	74.07%	87.50%	100.00%	93.23%	90.67%	82.41%	80.03%	0.14
M usom a	82.37%	89.46%	81.94%	90.00%	78.33%	85.19%	83.33%	83.33%	80.73%	77.48%	83.80%	72.49%	0.05
M anyara	82.36%	87.65%	72.69%	93.33%	85.00%	73.15%	86.11%	100.00%	88.54%	64.38%	74.54%	80.62%	0.10
Sum baw anga	80.46%	89.53%	85.19%	80.00%	79.07%	82.41%	83.33%	100.00%	76.91%	77.41%	63.89%	67.26%	0.10
Dodom a	80.42%	93.88%	93.98%	100.00%	84.63%	80.55%	69.45%	50.00%	81.95%	72.36%	79.63%	78.18%	0.14
Iringa	80.24%	94.68%	71.76%	66.67%	86.11%	70.37%	84.72%	100.00%	77.95%	70.77%	79.63%	79.96%	0.10
Bukoba	80.08%	86.41%	87.96%	86.67%	67.59%	75.93%	72.22%	100.00%	85.76%	68.29%	69.44%	80.62%	0.10
Songea	79.70%	84.29%	87.50%	96.67%	84.26%	59.26%	83.33%	100.00%	63.54%	59.92%	85.65%	72.29%	0.14
Sokone	77.64%	87.98%	83.33%	80.00%	65.74%	74.07%	91.67%	100.00%	62.50%	70.83%	69.44%	68.45%	0.12
Tanga	77.61%	88.31%	69.91%	93.33%	85.56%	75.00%	86.11%	33.33%	81.77%	72.69%	75.93%	91.80%	0.17
Geita	77.31%	86.06%	79.17%	93.33%	64.81%	69.44%	66.67%	100.00%	86.63%	63.19%	71.76%	69.31%	0.13
Tum bi	77.22%	86.92%	82.87%	100.00%	74.44%	87.96%	69.44%	33.33%	88.72%	65.41%	78.24%	82.08%	0.17
Katavi	76.85%	91.47%	79.17%	86.67%	81.85%	88.89%	66.67%	97.22%	57.29%	57.44%	70.19%	68.45%	0.14
Ligu la	76.63%	82.67%	69.91%	86.67%	84.26%	76.85%	72.22%	100.00%	61.81%	56.45%	81.94%	70.17%	0.12
M aw eni	76.24%	80.51%	68.06%	76.67%	65.37%	83.33%	80.56%	66.67%	86.28%	74.40%	82.41%	74.34%	0.07
Singida	76.12%	89.40%	88.43%	100.00%	78.70%	65.74%	63.89%	33.33%	79.86%	69.54%	89.35%	79.03%	0.18
M aw enzi	75.94%	86.56%	71.76%	93.33%	61.67%	66.67%	80.56%	83.33%	70.83%	63.16%	73.15%	84.33%	0.10
K itete	72.08%	75.33%	62.50%	70.00%	74.26%	69.44%	80.56%	66.67%	84.03%	63.39%	71.76%	74.93%	0.07
Songwe	67.76%	85.77%	82.41%	90.00%	68.89%	64.81%	83.33%	50.00%	43.40%	60.65%	58.33%	57.80%	0.16
S im iyu	67.61%	78.30%	68.98%	80.00%	63.33%	80.56%	66.67%	66.67%	70.14%	63.23%	58.33%	47.49%	0.10
Shinyanga	67.14%	76.05%	56.48%	76.67%	51.48%	64.81%	66.67%	66.67%	68.40%	69.94%	74.54%	66.87%	0.08
Tem eke	62.82%	68.01%	66.20%	46.67%	66.67%	76.85%	86.11%	50.00%	61.81%	50.10%	58.33%	60.32%	0.12
N ðm be	58.04%	54.09%	43.98%	46.67%	53.33%	58.33%	77.78%	38.89%	66.67%	69.87%	82.87%	45.90%	0.14
Average	77.47%	85.71%	77.35%	83.81%	76.31%	76.85%	79.56%	78.08%	76.49%	69.73%	74.93%	73.36%	11.33%
SD	7.43%	9.02%	11.84%	15.81%	11.75%	10.15%	9.78%	24.85%	12.25%	9.27%	8.55%	10.64%	

DefERENCE between 2018 and 2019

RRH	Total	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
M t M eru	4.84%	3.39%	9.72%	-3.33%	15.56%	7.41%	5.56%	16.67%	10.94%	-12.30%	-1.20%	0.79%
M beya	7.21%	8.37%	5.09%	16.67%	12.78%	0.00%	0.00%	66.67%	-9.03%	-13.10%	-3.24%	-4.89%
Sekou-toure	1.24%	6.75%	-1.85%	0.00%	1.11%	10.19%	-5.56%	0.00%	5.03%	10.71%	-10.19%	-2.51%
M orogoro	2.20%	-1.43%	-14.81%	20.00%	-10.19%	1.85%	13.89%	0.00%	-2.78%	9.03%	6.48%	2.12%
Am ana	1.27%	9.42%	-1.39%	-13.33%	18.89%	13.89%	-19.44%	-16.67%	24.65%	-7.51%	-4.91%	10.32%
M w ananyam ala	2.19%	2.46%	-7.41%	-50.00%	18.52%	-5.56%	6.94%	16.67%	16.84%	12.90%	7.87%	4.89%
M usom a	15.31%	13.67%	13.89%	50.00%	11.85%	18.52%	19.44%	16.67%	2.26%	10.09%	15.74%	-3.70%
M anyara	1.25%	-7.87%	-15.74%	-6.67%	-6.11%	0.00%	13.89%	0.00%	13.19%	-4.13%	6.94%	20.24%
Sum bw anga	2.47%	6.91%	-8.33%	0.00%	19.63%	20.37%	2.78%	0.00%	-1.74%	5.39%	-10.65%	-7.21%
Dodom a	0.88%	0.27%	9.72%	0.00%	26.30%	9.26%	-11.11%	-33.33%	0.52%	2.52%	0.46%	5.09%
Iringa	-1.36%	6.56%	-11.11%	-16.67%	-3.33%	-10.19%	1.39%	19.44%	-6.42%	0.03%	5.09%	0.20%
Bukoba	12.20%	11.51%	37.04%	3.33%	15.56%	3.70%	5.56%	25.00%	21.01%	-8.80%	4.63%	15.67%
Songea	3.08%	4.12%	6.02%	10.00%	-4.44%	-14.81%	11.11%	33.33%	-20.83%	1.98%	10.28%	-2.91%
Sokoine	4.76%	1.81%	3.24%	-20.00%	-3.89%	7.41%	11.11%	47.22%	-2.26%	16.14%	-10.65%	2.18%
Bom bo	9.56%	2.67%	-6.02%	3.33%	38.89%	8.33%	20.83%	0.00%	-5.21%	0.43%	15.00%	26.85%
Ge ita	8.12%	14.01%	25.93%	23.33%	7.41%	-4.63%	5.56%	0.00%	14.41%	-5.26%	6.48%	2.12%
Tum bi	11.52%	17.89%	20.37%	43.33%	20.74%	15.74%	2.78%	0.00%	1.91%	-11.41%	11.30%	4.10%
Katavi	4.63%	11.29%	-5.56%	10.00%	13.52%	19.44%	-5.56%	-2.78%	-8.51%	3.41%	4.07%	11.64%
L igu la	16.14%	9.17%	12.50%	23.33%	44.81%	21.30%	33.33%	0.00%	2.78%	18.09%	2.96%	9.26%
M aw en i	10.98%	-6.73%	-2.78%	3.33%	8.33%	11.11%	22.22%	33.33%	20.66%	10.38%	12.04%	8.93%
S ingida	13.63%	19.14%	30.09%	20.00%	29.81%	10.19%	-5.56%	0.00%	11.28%	6.55%	17.13%	11.31%
M aw enzi	5.63%	19.89%	4.63%	3.33%	-3.89%	9.26%	-5.56%	30.56%	-12.50%	-11.84%	10.19%	17.86%
K itete	8.95%	-1.60%	-5.09%	10.00%	18.52%	9.26%	22.22%	19.44%	18.23%	2.58%	9.91%	-5.03%
Songw e	-4.07%	-12.60%	-0.93%	16.67%	17.22%	9.26%	5.56%	-41.67%	-20.31%	2.02%	-18.52%	-1.52%
S im iyu	5.51%	4.78%	-3.70%	40.00%	6.48%	20.37%	19.44%	-33.33%	19.79%	17.56%	-15.74%	-15.08%
Sh inyanga	0.32%	3.70%	-16.20%	10.00%	-9.07%	-3.70%	25.00%	-33.33%	7.99%	5.22%	19.44%	-5.56%
Tem eke	-13.04%	-14.61%	-6.94%	-40.00%	4.44%	-15.74%	25.00%	-50.00%	-16.84%	-2.78%	-18.52%	-7.41%
N jpm be	-12.82%	-28.17%	-40.74%	-30.00%	-26.11%	-1.85%	-16.67%	5.56%	-6.25%	9.46%	13.43%	-19.64%
Average	4.38%	3.74%	1.06%	4.52%	10.12%	6.08%	7.29%	4.27%	2.82%	2.41%	3.07%	2.79%

Results of EHPA by Sub-Area (1)

Area	Sub-Area	Mawenzi	Ligula	Sokoine	Songea	Kibane	Linga	Morogoro
2	Hospital Management	74.40%	88.01%	92.18%	89.91%	52.83%	91.81%	82.79%
	Facility Autonomy and Fiscal Decentralisation	93.61%	93.33%	80.09%	87.96%	51.11%	92.22%	90.09%
	Working Conditions	91.67%	66.67%	91.67%	75.00%	58.33%	100.00%	100.00%
3	Function of HMIS	87.50%	70.83%	83.33%	95.83%	37.50%	70.83%	70.83%
	Information Use and Dissemination	33.33%	83.33%	83.33%	100.00%	33.33%	50.00%	66.67%
	Medical records	94.44%	55.56%	83.33%	66.67%	61.11%	94.44%	94.44%
4	Staff Performance Appraisal System	93.33%	86.67%	80.00%	96.67%	46.67%	66.67%	100.00%
5	Service Provider Charter	68.33%	91.67%	58.33%	91.67%	60.00%	91.67%	98.33%
	Client Flow	66.67%	94.44%	55.56%	61.11%	66.67%	100.00%	77.78%
	Health Promotion Services	50.00%	66.67%	83.33%	100.00%	33.33%	66.67%	66.67%
6	Appropriate Handling Emergency Cases	66.67%	72.22%	72.22%	61.11%	58.33%	77.78%	91.67%
	Referral Mechanism	66.67%	100.00%	83.33%	66.67%	83.33%	66.67%	83.33%
	Emergency Preparedness and Response Services	66.67%	58.33%	66.67%	50.00%	33.33%	66.67%	75.00%
7	Client Service Charter	61.11%	77.78%	83.33%	100.00%	55.56%	69.44%	94.44%
	Client Satisfaction	100.00%	66.67%	100.00%	66.67%	100.00%	100.00%	100.00%
8	Social Accountability Assessment	66.67%	100.00%	100.00%	100.00%	33.33%	100.00%	100.00%
	Functional Hospital Advisory Boards	100.00%	100.00%	100.00%	100.00%	44.44%	100.00%	66.67%
9	Planned Preventive Maintenance (PPM)	58.33%	50.00%	58.33%	75.00%	50.00%	58.33%	91.67%
	Buildings	75.00%	63.89%	66.67%	62.50%	91.67%	86.81%	79.17%
	Utilities	83.33%	83.33%	75.00%	66.67%	75.00%	100.00%	91.67%
	Equipment and Furniture	66.67%	50.00%	50.00%	50.00%	50.00%	66.67%	66.67%
10	Healthcare Waste Disposal	60.32%	54.76%	83.33%	71.43%	74.21%	78.97%	91.67%
	Infection Prevention Control	62.50%	47.92%	62.50%	41.67%	68.75%	66.67%	87.50%
	Fire Safety	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%
11	Outpatient and Inpatient Services	83.33%	100.00%	83.33%	100.00%	100.00%	83.33%	83.33%
	RMNCH-Services	77.78%	66.67%	66.67%	77.78%	77.78%	88.89%	88.89%
	Inpatient Services	58.33%	79.17%	58.33%	79.17%	70.83%	66.67%	75.00%
12	Pharmaceutical Services	84.13%	82.54%	80.95%	80.16%	57.54%	85.32%	82.94%
	Laboratory Services	85.71%	85.71%	71.43%	95.24%	42.86%	100.00%	90.48%
	Operation Theatre	91.67%	58.33%	75.00%	58.33%	58.33%	83.33%	75.00%
	Radiology and Imaging	83.33%	66.67%	50.00%	50.00%	33.33%	83.33%	83.33%
	Mortuary	77.78%	44.44%	66.67%	66.67%	33.33%	77.78%	66.67%
	Food Service	83.33%	83.33%	66.67%	83.33%	50.00%	50.00%	100.00%

Results of EHPA by Sub-Area (2)

Area	Sub-Area	Mwananyamala	Amana	Temeke	Mpanda	Sumbwanga	Songwe	Mbeya
2	Hospital Management	85.09%	96.23%	75.51%	91.07%	80.07%	74.55%	97.28%
	Facility Autonomy and Fiscal Decentralisation	100.00%	91.48%	61.85%	83.33%	88.52%	82.78%	83.80%
	Working Conditions	83.33%	83.33%	66.67%	100.00%	100.00%	100.00%	100.00%
3	Function of HMIS	75.00%	83.33%	87.50%	70.83%	100.00%	91.67%	95.83%
	Information Use and Dissemination	83.33%	66.67%	50.00%	83.33%	66.67%	66.67%	83.33%
	Medical records	72.22%	88.89%	61.11%	83.33%	88.89%	88.89%	100.00%
4	Staff Performance Appraisal System	46.67%	86.67%	46.67%	86.67%	80.00%	90.00%	96.67%
5	Service Provider Charter	91.67%	93.33%	66.67%	90.00%	98.33%	90.00%	95.00%
	Client Flow	66.67%	83.33%	66.67%	72.22%	72.22%	66.67%	100.00%
	Health Promotion Services	100.00%	100.00%	66.67%	83.33%	66.67%	50.00%	100.00%
6	Appropriate Handling Emergency Cases	88.89%	86.11%	72.22%	83.33%	72.22%	52.78%	72.22%
	Referral Mechanism	83.33%	100.00%	100.00%	100.00%	100.00%	83.33%	100.00%
	Emergency Preparedness and Response Services	50.00%	100.00%	58.33%	83.33%	75.00%	58.33%	75.00%
7	Client Service Charter	75.00%	72.22%	72.22%	100.00%	100.00%	100.00%	100.00%
	Client Satisfaction	100.00%	66.67%	100.00%	33.33%	66.67%	66.67%	100.00%
8	Social Accountability Assessment	100.00%	66.67%	33.33%	100.00%	100.00%	66.67%	100.00%
	Functional Hospital Advisory Boards	100.00%	100.00%	66.67%	94.44%	100.00%	33.33%	100.00%
9	Planned Preventive Maintenance (PPM)	91.67%	91.67%	41.67%	66.67%	83.33%	33.33%	83.33%
	Buildings	81.25%	84.03%	55.56%	54.17%	65.97%	56.94%	85.42%
	Utilities	100.00%	100.00%	83.33%	75.00%	75.00%	50.00%	83.33%
	Equipment and Furniture	100.00%	100.00%	66.67%	33.33%	83.33%	33.33%	50.00%
10	Healthcare Waste Disposal	92.86%	70.63%	60.71%	53.57%	63.49%	61.11%	96.43%
	Infection Prevention Control	79.17%	72.92%	56.25%	52.08%	68.75%	54.17%	72.92%
	Fire Safety	100.00%	100.00%	33.33%	66.67%	100.00%	66.67%	66.67%
11	Outpatient and Inpatient Services	83.33%	83.33%	33.33%	83.33%	50.00%	33.33%	50.00%
	RMNCH-Services	88.89%	77.78%	66.67%	55.56%	66.67%	66.67%	88.89%
	Inpatient Services	75.00%	62.50%	75.00%	71.67%	75.00%	75.00%	79.17%
12	Pharmaceutical Services	87.70%	88.10%	74.21%	67.86%	84.52%	77.38%	90.08%
	Laboratory Services	95.24%	90.48%	90.48%	76.19%	85.71%	66.67%	95.24%
	Operation Theatre	91.67%	83.33%	75.00%	50.00%	50.00%	44.44%	66.67%
	Radiology and Imaging	83.33%	83.33%	33.33%	66.67%	33.33%	58.33%	66.67%
	Mortuary	88.89%	77.78%	55.56%	66.67%	66.67%	66.67%	77.78%
	Food Service	33.33%	33.33%	33.33%	83.33%	83.33%	33.33%	75.00%

Results of EHPA by Sub-Area (3)

Area	Sub-Area	Musoma	Bariadi	Sekou-toure	Kiiete	Marweni	Geita	Bukoba
2	Hospital Management	85.03%	70.10%	98.53%	76.45%	78.49%	82.26%	87.02%
	Facility Autonomy and Fiscal Decentralisation	83.33%	81.48%	92.59%	74.54%	79.72%	84.26%	80.56%
	Working Conditions	100.00%	83.33%	91.67%	75.00%	83.33%	91.67%	91.67%
3	Function of HMIS	79.17%	79.17%	91.67%	70.83%	70.83%	87.50%	91.67%
	Information Use and Dissemination	100.00%	66.67%	100.00%	50.00%	66.67%	83.33%	100.00%
	Medical records	66.67%	61.11%	72.22%	66.67%	66.67%	66.67%	72.22%
4	Staff Performance Appraisal System	90.00%	80.00%	90.00%	70.00%	76.67%	93.33%	86.67%
5	Service Provider Charter	85.00%	73.33%	93.33%	78.33%	85.00%	83.33%	75.00%
	Client Flow	66.67%	66.67%	94.44%	61.11%	61.11%	77.78%	94.44%
	Health Promotion Services	83.33%	50.00%	83.33%	83.33%	50.00%	33.33%	33.33%
6	Appropriate Handling Emergency Cases	88.89%	83.33%	88.89%	58.33%	75.00%	66.67%	77.78%
	Referral Mechanism	83.33%	83.33%	100.00%	83.33%	83.33%	66.67%	66.67%
	Emergency Preparedness and Response Services	83.33%	75.00%	100.00%	66.67%	91.67%	75.00%	83.33%
7	Client Service Charter	100.00%	100.00%	100.00%	94.44%	94.44%	100.00%	77.78%
	Client Satisfaction	66.67%	33.33%	66.67%	66.67%	66.67%	33.33%	66.67%
8	Social Accountability Assessment	83.33%	66.67%	100.00%	66.67%	66.67%	100.00%	100.00%
	Functional Hospital Advisory Boards	83.33%	66.67%	100.00%	66.67%	66.67%	100.00%	100.00%
9	Planned Preventive Maintenance (PPM)	91.67%	58.33%	100.00%	100.00%	100.00%	91.67%	100.00%
	Buildings	72.92%	80.56%	72.92%	69.44%	78.47%	71.53%	76.39%
	Utilities	91.67%	58.33%	100.00%	83.33%	100.00%	100.00%	100.00%
	Equipment and Furniture	66.67%	83.33%	50.00%	83.33%	66.67%	83.33%	66.67%
10	Healthcare Waste Disposal	84.52%	64.68%	86.11%	63.10%	77.38%	75.00%	61.11%
	Infection Prevention Control	81.25%	58.33%	68.75%	60.42%	79.17%	47.92%	77.08%
	Fire Safety	66.67%	66.67%	100.00%	66.67%	66.67%	66.67%	66.67%
11	Outpatient and Inpatient Services	83.33%	83.33%	83.33%	83.33%	83.33%	83.33%	83.33%
	RMNCH-Services	88.89%	33.33%	55.56%	77.78%	88.89%	77.78%	66.67%
	Inpatient Services	79.17%	58.33%	62.50%	54.17%	75.00%	54.17%	58.33%
12	Pharmaceutical Services	86.90%	89.68%	90.08%	85.32%	87.30%	83.33%	79.37%
	Laboratory Services	95.24%	61.90%	85.71%	80.95%	80.95%	71.43%	90.48%
	Operation Theatre	75.00%	33.33%	75.00%	66.67%	66.67%	83.33%	75.00%
	Radiology and Imaging	66.67%	33.33%	66.67%	66.67%	66.67%	66.67%	66.67%
	Mortuary	77.78%	33.33%	77.78%	66.67%	77.78%	77.78%	88.89%
	Food Service	33.33%	33.33%	100.00%	83.33%	66.67%	33.33%	83.33%

Results of EHPA by Sub-Area (4)

Area	Sub-Area	Shinyanga	Dodoma	Tumbi	Mt. Meru	Babati	Bombo	Singida	Average
2	Hospital Management	72.51%	92.46%	81.49%	96.43%	89.51%	71.97%	89.23%	83.69%
	Facility Autonomy and Fiscal Decentralisation	72.31%	97.50%	87.59%	97.22%	90.09%	92.96%	87.31%	85.06%
	Working Conditions	83.33%	91.67%	91.67%	100.00%	83.33%	100.00%	91.67%	88.39%
3	Function of HMIS	58.33%	87.50%	87.50%	95.83%	62.50%	87.50%	87.50%	80.65%
	Information Use and Dissemination	50.00%	100.00%	66.67%	100.00%	66.67%	33.33%	83.33%	72.02%
	Medical records	61.11%	94.44%	94.44%	94.44%	88.89%	88.89%	94.44%	79.36%
4	Staff Performance Appraisal System	76.67%	100.00%	100.00%	93.33%	93.33%	93.33%	100.00%	83.81%
5	Service Provider Charter	60.00%	98.33%	90.00%	100.00%	88.33%	73.33%	91.67%	84.29%
	Client Flow	61.11%	88.89%	83.33%	66.67%	83.33%	83.33%	77.78%	75.60%
	Health Promotion Services	33.33%	66.67%	50.00%	83.33%	83.33%	100.00%	66.67%	69.05%
6	Appropriate Handling Emergency Cases	61.11%	83.33%	88.89%	88.89%	77.78%	100.00%	72.22%	76.39%
	Referral Mechanism	83.33%	83.33%	100.00%	100.00%	66.67%	66.67%	66.67%	83.93%
	Emergency Preparedness and Response Services	50.00%	75.00%	75.00%	83.33%	75.00%	58.33%	58.33%	70.24%
7	Client Service Charter	66.67%	72.22%	72.22%	77.78%	72.22%	72.22%	61.11%	82.94%
	Client Satisfaction	66.67%	66.67%	66.67%	100.00%	100.00%	100.00%	66.67%	76.19%
8	Social Accountability Assessment	66.67%	66.67%	33.33%	100.00%	100.00%	33.33%	33.33%	77.98%
	Functional Hospital Advisory Boards	66.67%	33.33%	33.33%	100.00%	100.00%	33.33%	33.33%	78.17%
9	Planned Preventive Maintenance (PPM)	33.33%	75.00%	91.67%	91.67%	91.67%	58.33%	75.00%	74.70%
	Buildings	73.61%	86.11%	88.19%	87.50%	87.50%	77.08%	77.78%	75.32%
	Utilities	100.00%	100.00%	91.67%	100.00%	91.67%	91.67%	100.00%	87.50%
	Equipment and Furniture	66.67%	66.67%	83.33%	83.33%	83.33%	100.00%	66.67%	68.45%
10	Healthcare Waste Disposal	70.24%	83.73%	83.73%	80.95%	61.90%	63.89%	77.38%	73.12%
	Infection Prevention Control	72.92%	66.67%	79.17%	75.00%	64.58%	54.17%	64.58%	65.85%
	Fire Safety	66.67%	66.67%	33.33%	66.67%	66.67%	100.00%	66.67%	70.24%
11	Outpatient and Inpatient Services	83.33%	83.33%	83.33%	100.00%	83.33%	83.33%	100.00%	80.36%
	RMNCH-Services	77.78%	88.89%	88.89%	77.78%	77.78%	77.78%	88.89%	75.79%
	Inpatient Services	62.50%	66.67%	62.50%	79.17%	62.50%	66.67%	79.17%	68.63%
12	Pharmaceutical Services	71.03%	84.13%	81.35%	88.89%	92.46%	79.76%	86.51%	82.48%
	Laboratory Services	85.71%	90.48%	100.00%	76.19%	85.71%	90.48%	90.48%	84.18%
	Operation Theatre	66.67%	75.00%	75.00%	75.00%	50.00%	91.67%	75.00%	69.44%
	Radiology and Imaging	66.67%	83.33%	83.33%	66.67%	66.67%	100.00%	100.00%	66.96%
	Mortuary	77.78%	77.78%	77.78%	88.89%	88.89%	88.89%	88.89%	72.22%
	Food Service	33.33%	58.33%	75.00%	91.67%	100.00%	100.00%	33.33%	64.88%



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