



**Ministry of Health, Community Development, Gender, Elderly and Children**

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**Baseline Survey Report**  
**on**  
**External Hospital Performance Assessment**  
**to Regional Referral Hospitals**

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**December 2017**

**Regional Referral Hospital Management Project**



**Baseline Survey Report**  
**on**  
**External Hospital Performance Assessment**  
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and  
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## Table of Contents

Acronyms.....	5
Foreword.....	6
Acknowledgement.....	7
Executive summary.....	8
Background of EHPA.....	11
1. EHPA Tool.....	11
2. Methodology for EHPA baseline survey.....	14
3. Findings from EHPA Baseline data collection.....	15
Individual EHPA Report.....	16
Amana Regional Referral Hospital (Ilala, Dar es Salaam).....	17
Temeke Regional Referral Hospital (Temeke, Dar es Salaam).....	19
Mwanyanamala Regional Referral Hospital (Kinondoni, Dar es Salaam).....	21
Tumbi Regional Referral Hospital (Pwani region).....	23
Tanga Regional Referral Hospital (Tanga region).....	25
Sokoine Regional Referral Hospital (Lindi region).....	27
Ligula Regional Referral Hospital (Mtwara region).....	29
Mawenzi Regional Referral Hospital (Kilimanjaro region).....	31
Mt. Meru Regional Referral Hospital (Arusha region).....	33
Morogoro Regional Referral Hospital (Morogoro region).....	35
Dodoma Regional Referral Hospital (Dodoma region).....	37
Singida Regional Referral Hospital (Singida region).....	39
Iringa Regional Referral Hospital (Iringa region).....	41
Songea Regional Referral Hospital (Ruvuma region).....	43
Sumbawanga Regional Referral Hospital (Rukuwa region).....	45
Kibena Regional Referral Hospital (Njombe region).....	47
Musoma Regional Referral Hospital (Mara region).....	49
Sekou Toure Regional Referral Hospital (Mwanza region).....	51
Mpanda Regional Referral Hospital (Katavi region).....	53
Mbeya Regional Referral Hospital (Mbeya region).....	55
Bukoba Regional Referral Hospital (Kagera region).....	57
Geita Regional Referral Hospital (Geita region).....	59
Shinyanga Regional Referral Hospital (Shinyanga region).....	61
Maweni Regional Referral Hospital (Kigoma region).....	63

Kitete Regional Referral Hospital (Tabora region) .....	65
Manyara Regional Referral Hospital (Manyara region) .....	67
Bariadi Regional Referral Hospital (Simiyu region) .....	69
Vwawa Regional Referral Hospital (Songwe region) .....	71
Conclusion .....	73
Annex 1: Correlation coefficient between areas .....	0
Annex 2: Staff availability .....	1
Annex 3: Average of areas per RRH .....	2
Annex 4: Results of EHPA by sub areas .....	6

## 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
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	Planed 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

The journey to the External Hospital Performance Assessment (EHPA) Baseline Survey begun in 2015 when the Project for Strengthening Regional Referral Hospital Management conducted its first Base line survey. The 2015 baseline survey results assisted the project to come up with the right and evidence based interventions that would lead to the project achieving its yeanning objectives and purpose.

From the results of the baseline survey; it was evident that the need to have EHPA intervention was inevitable. From this understanding RRHM project conducted a series of working sessions and workshops with stakeholders to identify existing performance initiatives for hospital in the country. Eventually it was observed that none of the existing Assessment tools was focusing on performance of the RRH and that even the RMSS- H which is quarterly conducted by RHMTs was predominantly focusing on managerial issues and not touching sufficiently clinical services. In the absence of performance tool for RRH, ideally it was recommended to:

- Focus on strengthening the RRHMT as a podium towards strengthening Regional Referral Hospitals' governance and management, and ultimately improving the quality of services provided by these hospitals.
- Monitor the progress of planned activities in CHOP, productivity and quality of services provided at RRHs through Internal monitoring (by RRHMT self-assessment) and external monitoring (by the RHMT) mechanisms. From this viewpoint MoHCDGEC and PO-RALG agreed on the need to develop a guideline that encompasses both Internal Supportive Supervision (ISS) and External Hospital Performance Assessment Tools (HPA).

Developing the EHPA Guideline and the Tools was a participatory process that involved series of many undertakings that brought together stakeholders from MoHCDGEC, PORALG, RRHMTs RHMTs and DPs from drafting, sharing, pretesting and piloting of the tools at Mawenzi RRH and Ligula and Sokoine RRHs that was done after orientation of facilitators in Mtwara. The aim of involving a wide range of stakeholders was to enable the MoH to come up with a user-friendly tool that will be undoubtedly comprehended and used by RHMTs to annually assess performance of the RRH.

This report is a result of the base line survey that was carried out by RHMTs of each region after being oriented on the tools for two consecutive days and backed up by National facilitators from MoHCDGEC and PORALG. The findings and results were disseminated to the RRHMTs of the respective RRHs during feedback session that was conducted by the RHMT assessment teams. The results of the base line survey have provided a benchmark for the RRHMT and the Ministry to understand the situations prevailing in each RRH. Most importantly to assist the RRHMTs to identify gaps and problems of the RRH in provision of Quality services, link with those identified in ISS and QPR and plan for their interventions in the next CHOP.

For the Ministry, the report provides a very important picture of what is happening in the RRHs that will assist in following up the progress of performance of all RRH. Indeed, looking at the strengths and weaknesses, most of the issues do not require funds but change of attitude/mind set, commitment and tight supportive supervision. Nevertheless, the report further provides a mirror to see areas that require immediate and long term MoH intervention in RRH. I therefore urge all MoHCDGEC departments and interested partners to use this report to support the ministry initiatives through RRHMP to improve the quality of services being provided by the RRHs.



Edward N. Mbangi

Ag. Director, Policy and Planning

Ministry of Health, Community Development, Gender, Elderly and Children

## Acknowledgement

The preparation of this EHPA Baseline Survey Report would not have been possible without the support, hard work, and endless efforts of many individuals, Regional Health Management Teams from all the regions and officers from PORALG. The MoHC DGEC is grateful to them and express appreciation to every individual who contributed to the completion of the EHPA exercise from collection of data to the analysis and report writing.

The preparation of the EHPA exercise up to completion of this report was coordinated by the Regional Health Services Unit under DPP; hence the ministry would like to register the efforts of Dr. Didace Mutagwaba for overseeing the whole process.

This output would not have been possible without the support of JICA through the Regional Referral Hospital Management Project. In this regard, the Ministry deeply extends her appreciation to the Government of Japan through JICA for their continued Technical Cooperation. In particular, the Ministry directs her acknowledgement to the RRHMP team whose efforts and endurance of the process facilitated coming up with this valuable report: Chief Advisor Dr. Hisahiro Ishijima, Mr. Suzuki, Violet Mlay and Fares Masaule.

Lastly, but not least, the Ministry is grateful to the staff of DHQA, in particular, Dr. Talhiya Yahaya and her team and from DCS for continued inputs into the whole exercise from development of the Guide & tool to collection of data and report compilation.



Dr. Dorothy Gwajima  
Director, Curative Services  
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## Executive summary

This report provides summary of External Hospital Performance Assessment (EHPA) and analysis of 28 Regional Referral Hospitals conducted from June – October 2017 by Regional Hospital Management Teams (RHMT). The aim of this assignment was to orient RHMTs on the use of External Performance Assessment Guide and tool which has been developed purposely to enable them monitor performance towards delivery of quality services of their respective Regional Referral Hospitals. Furthermore, thereafter, collect baseline data as benchmark to assist RHMTs follow up performance progress of their RRH and responsively, provide required technical support for improvement of service areas identified and maintenance of achievements observed in the assessment. The performance assessment assignment was therefore, carried out by RHMTs under supervision of national facilitators’ team that was composed of members from MoHCDGEC, PORALG and RRHMP. All national facilitators from MOHSW, PORALG and RHMP were trained / oriented for three days on External Assessment Guide and Tools before the commencement of the pilot assessment exercise that was done for two days concurrently at Ligula Mtwara and Sokoine Lindi respectively. The facilitators were expected to train the RHMT on the same and back them up on the assessment process to oversee quality and objectivity of assessment results.

In carrying out the assignment, i.e. orientation of RHMTs and back up the collection of baseline data, facilitators were divided into two groups of four each (A & B), one with 12 regional hospitals to visit and 13 for the other group. Sokoine and Ligula as mentioned above was assessed immediately after the orientation of facilitators; and Mawenzi was assessed during piloting of the tools. Five days was spent at each RRH; two days for orientation of the RHMTs, two days for conducting actual assessment, and one for the RHMT to disseminate and give feedback on the findings and results to the Regional Referral Hospital Management Team (RRHMT).

The EHPA tool had twelve areas each with sub areas of focus that led to a total of 265 indicator questions scored in the assessment. The scores were recorded and processed automatically through excel file & calculator provided to the RHMTs in the tool. The analysis shows that; generally, average score for all the assessed RRH was 65.6%. Findings shows, that most assessed RRHs generally had strengths and areas for improvement as follows:

Table 1: Strengths and areas for improvement

Area	General Strengths	Areas for Improvement
<b>Management (Area 2 – 9)</b>	All assessed RRH had current CHOP, 5 YR strategic plan and in line with HSSP-IV	Orientation and induction program of newly employed staffs are not implemented in most RRH
	Most RRH had active and functional RRHMT appointed with letters and TORs and overseeing provision of range of clinical services in the Hospital	Data accuracy and consistency is a challenge in all RRHs. Data on registers, tally sheet and summary book do not tally
	Management meetings and Internal Supportive Supervisions (ISS) are scheduled and conducted monthly and quarterly respectively;	Most RRH are not using data generated in the hospital for planning interventions
	Extra duty, on call amenities, and Housing are budgeted and provided in more than 50% of the RRHs	HRHIS not in use in most RRH, & OPRAS still not understood by the Staff

Area	General Strengths	Areas for Improvement
	All RRH had QIT and WITs most of them active and functioning and; more than 50% of the RRHs have mechanism for response and provision of feedback from departments/ sections to RRHMT and vice versa	Critical Shortage of staff in some RRH e.g. Mara and Simiyu with a total no of staff 300
	HMIS tools (books and registers) available and Staff are trained on HMIS tools and EMR and are correctly filled	Only 8/28 RRH have functioning Hospital Advisory Board Service provider and client charters Client waiting time is not monitored in most RRH
	Assessed RRH have 80% of required medical equipment but lack sufficient PPM maintenance capacity of some equipment e.g. diathermy & anesthesia machines, mammography, laundry machines	No established PPM section/workshop in all RRHs to take care of urgent and also day to day maintenance issues; 5S-KAIZEN QI needs to be improved in all departments;
	Service provision point are arranged to allow optimal flow	Infrastructure challenges: falling roof, leakage, repainting, broken sinks e.tc.
	<b>Clinical Services (Area 10 and 11)</b>	Hospitals and surrounding for clinical services were clean e.g. wards, consultation rooms, and OTs and all had incinerators for waste disposal; though many not high
In patients are treated according to up to date standard treatment guidelines		Poor waste segregation and disposal in some regions. Only few RRH with Functioning Hi Tech incinerators
injection are adhered		2/3 of RRH do not have well established emergency, ICU, CSSD service units
Only 2 RRH have well-functioning equipped ICU with their staff trained on critical care		No system to track the medical incidents
PPE are available and practiced in Some RRH		PPEs are missing e.g. Goggles, heavy duty gloves, masks, caps in labor ward etc.
SOPs for hand washing are displayed, observed and adhered		QIT and WITs needs to be strengthened in almost all RRH, activities included in CHOP and reported
<b>Support Services (Area 12)</b>	Most of the RRHs have star rated Regional laboratories working towards accreditation & provision of quality services including blood transfusion services.	Hospitals with Kitchens, services are poor e.g. Simiyu kitchen used as storage area un-functional equipment,
	All RRHs have functional Medicines and Therapeutics Committees	Most RRH have no effective mechanism on pharmaceuticals record keeping that facilitates medicines audit
	Over 80% of the RRH are stocked with all 30 tracer medicines and dispensing points are staffed by a qualified pharmaceutical cadre	No SOPs and protocols for procedures in Radiology department, no license and no safety reports

Area	General Strengths	Areas for Improvement
	Mortuary services are provided according to guidelines in most of the visited RRH	

Overall score results show that; 14 RRH out of 28 assessed scored above the overall national average (65.6%) ranging from 85.3% (Sekou Toure) - 47.4% (Maweni) with SD of 9.42%. The analysis shows RRHs that scored above national average scored high in: Area 2 Hospital/ Facility Management; Area 3 Use of Hospital Data, Area 4 Staff Performance, Area 6 Handling Emergence and Referral and Area 9 Infra Structure but scored moderately in: Area 5 Organization of Service, Area 10 IPC & Safety, and Area 11 Clinical Services and Area 12 Clinical Support services.

RRHs that scored below national average, (Maweni- Kigoma, Bariadi- Simiyu, Kitete- Tabora and Musoma- Mara) scored lowest in: Area 3 Use of Hospital data, Area 4 - Staff Performance, Area 6 – Handling Emergence and Referral, Area 8- Social Accountability, Area 10 – IPC, Safety measures, Area 12 Support services as will be detailed under **“Results of EHPA per RRH”** in the following section. Under EHPA per RRH, detailed areas of strengths and weakness for each RRH has been given and suggestions for bridging the gaps identified as well as tips to maintain achievements observed during assessment.

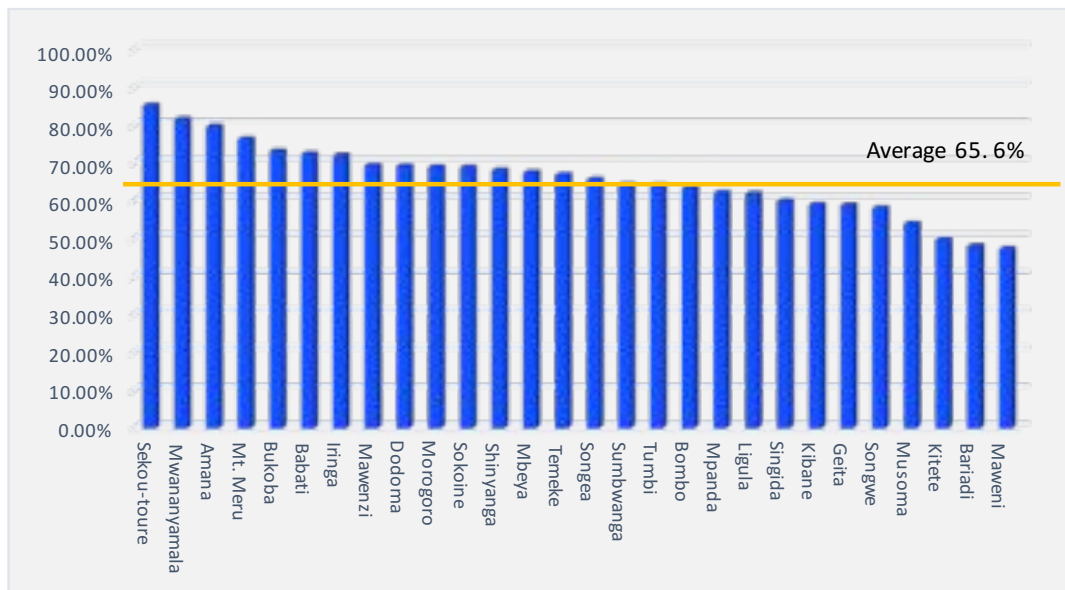


Figure 1: Average EHPA score per RRH

## Background of EHPA

The Government of Tanzania (GoT) through Ministry of Health has been benefiting from Technical assistance of JICA for strengthening Regional Health Management System since 2008 when the first Project focusing on strengthening Regional Health Management Teams was launched. Further assistance was extended to the Ministry of health in 2015, geared at achieving improved quality of service rendered by Regional Referral Hospitals through strengthening Regional Referral Hospital Management. Towards the commencement of the new Tech. assistance, the New Regional Referral Hospital Management Project (RRHMP) conducted its first Baseline Survey to assess the situations of the regional referral hospitals.

The 1<sup>st</sup> baseline survey results guided the project in developing effective interventions for all its six Outputs. Thus, the need to develop a guide and tools for Internal Supportive Supervision (ISS) and External Hospital Performance Assessment (EHPA) under Output III (Strengthening Monitoring and Evaluation of the Regional Referral Hospitals) was a result of this survey. The developed EHPA tool was agreed to be used by RHMT to assess performance of their respective RRH and ISS tool by RRHMT to supervise the Hospital Internally (Units, sections, Departments). The trajectory of developing the guide/ tools involved series of working sessions, gathering inputs from various stakeholders and piloting of the tool.

To be able to conduct the EHPA baseline for their RRH, 6 RHMT members were selected in every region and oriented on the guide and tools within their own RRH environment. The orientation which was immediately followed by the RHMT carrying out the EHPA at the RRH was done and overseen by National facilitators trained on the tool before. The orientation of facilitators was done in June 2017 while baseline surveys were conducted from July 7<sup>th</sup> to 7<sup>th</sup> October 2017.

### 1. EHPA Tool

The EHPA tool was developed based on the already existing Health Facility Star Rating tool which is being used to provide the status of 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 guides and tools to enrich the EHPA tool (see Figure 2). This enrichment brings in a comprehensive measurement process of RRH's performance that combines eight plus management areas with service provision sphere.

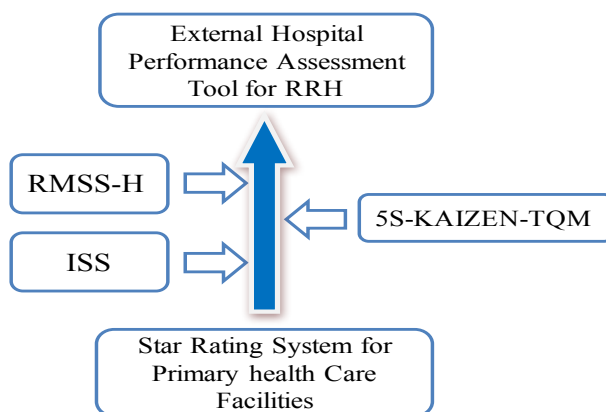


Figure 2: EHPA tool development process

The EHPA tool therefore does not differ much from the Star Rating in terms of areas of assessment and approach for the assessment. The EHPA checklist has total of twelve (12) areas with 109 indicators and some with 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 below:

Table 2: 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
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

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 3 below) Apart from those fields, the EHPA tool was equipped with calculator to assist the RHMT assessors in analyzing the results. (See the Figure 4 below).

SN	NO.	INDICATOR	QUESTION/ VERIFICATION METHOD	RESPONSES	Means of Verification	Departments/Units	Score	Remarks / Comments
External Performance Assessment Checklist for Regional Referral Hospital								
AREA 1: LEGALITY								
1	1.1	Valid Licence	Does the health facility have a valid license for provision of services? <u>Check for presence of:</u> <u>-Registration and up to date license for Private HF's as per Private Health Advisory Board Regulations</u> <u>-OR MSIMBO (HMIS) number for Public Facilities OR HFR</u>	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 HF's as per Private Health Advisory Board OR no Msimbo number for public facilities OR HFR		Administration		
2	1.2	Service Agreement	Does the facility have a service agreement with the government? <u>If applicable, ask the facility manager to show you the service agreement.</u>	Y. Valid service agreement in place N. No service agreement or not valid NA. For public facilities		Administration		
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? <u>Check Hospital and department organogram – administration block and in at least three departments</u>	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? <u>Ask the hospital manager for the number of staff available compared with establishment (Annex 1)</u>	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)		

Figure 3: Example of EHPA checklist

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

## 2. Methodology for EHPA baseline survey

### Training of Trainers (ToT – Facilitator)

Selection of ToT facilitators from the MoHCDGEC, PORALG and RRHMP was done prior to commencement of the EHPA Baseline Survey. About 12 participants were selected to attend facilitator training/orientation that was conducted in Mtwara from 19<sup>th</sup> to 24<sup>th</sup> June 2017. The orientation was also attended by selected RHMT assessors from Mtwara and Lindi, 6 members each. After the training, as part of practical orientation, the RHMT assessors from both regions, went back and conducted EHPA baseline data collection of their RRH under supervision of the trained facilitators. After the Mtwara Exercise, 10 facilitators were selected to participate in orienting and provide supportive supervision to the RHMTs of the remaining RRHs. Thus, two facilitation teams (A & B) were established and each team consisted of four or five members with officers from PORALG, DPP, DCS, DHQA and RRHMP. Group A had 12 RRHs to visit and B had 13.

### Orientation of RHMTs and Collection of data from the RRHs

Both groups set off the assignment to orient and support RHMT to conduct EHPA from 7<sup>th</sup> July 2017 and were done by 9<sup>th</sup> October 2017. In the training/orientation of the RHMTs the following methodology was observed by both groups:

- 2- Days orientation to RHMT on ISS and EHPA Guideline & Tools
- 2 Days, Assessment, Analysis of results, and report writing by RHMT;
- On the 5th day, a brief feedback report presented by RHMTs to RRHMTs & discussion on findings/ results and Way Forward

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
- Observation
- Interview of staff
- Interview of patients/clients

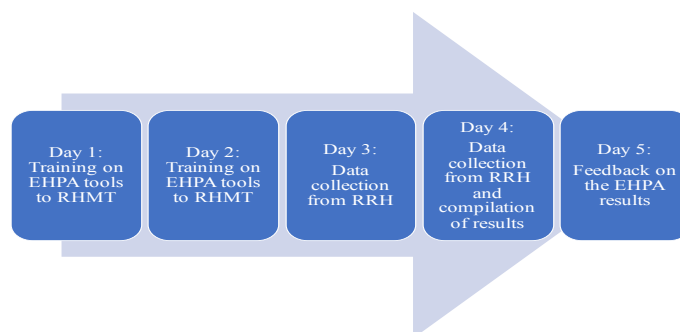


Figure 5: EHPA training and baseline data collection process



Orientation to RHMT on EHPA tool



Interview to RRHMT (Iringa RRH)

### 3. Findings from EHPA Baseline data collection

As mentioned above, the EHPA baseline data collection was conducted between July and October 2017. The table 4-1 is the Average EHPA score per RRHs.

Table 3: Average EHPA score per RRHs

SQ#	RR Hospital	Average EHPA score	SQ#	RR Hospital	Average EHPA score	
1	Sekou-toure	85.3%	15	Songea	65.7%	
2	Mwananyamala	81.7%	16	Sumbawanga	64.3%	
3	Amana	79.8%	17	Tumbi	64.0%	
4	Mt. Meru	76.3%	18	Tanga	63.5%	
5	Bukoba	73.2%	19	Mpanda	62.1%	
6	Manyara	72.4%	20	Ligula	61.9%	
7	Iringa	72.0%	21	Singida	60.1%	
8	Mawenzi	69.4%	22	Kibena	59.0%	
9	Dodoma	69.3%	23	Geita	58.9%	
10	Morogoro	69.0%	24	Songwe	58.1%	
11	Sokoine	68.9%	25	Musoma	54.0%	
12	Shinyanga	68.1%	26	Kitete	49.9%	
13	Mbeya	67.5%	27	Bariadi	48.1%	
14	Temeke	66.9%	28	Maweni	47.3%	
				National Average		<b>65.6%</b>
				Standard Deviation		<b>9.4%</b>

Based on the findings from the EHPA, it may be inferred that:

- 1) There is a vivid improvement in revenue collection. (Increase of revenue collection was reported by many RRHs)
- 2) No standardized organogram for RRH. Therefore, department and sections that providing the services are different by hospital. However, staffing level for RRH is standardized in staffing level.
- 3) Bed capacity is different between hospital by hospital
- 4) Establishment of facilities for provision of proper and safer service such as CSSD, Medical engineering department etc. was not well understood by RRHMT
- 5) Importance of evidence based planning and decision making seems not well recognized by RRHMTs
- 6) Hospital Management has strong positive relationship with almost all areas. The results indicate that strengthening of the RRHMT is essential for improving hospital performance. This is realized from the fact that most of the identified gaps were related to improper management and inadequate supportive supervision from both RRHMTs and RHMTs
- 7) Staff performance, and Handling of Emergency and referral cases, have very strong positive relationship. Moreover, it has strong positive relationship with IPC, Safety and Risk management
- 8) Strengthening of Clinical support areas will be influencing positively to enhancing the IPC, Safety and Risk management

The findings of EHPA of each regional referral hospital are as follows. Due to limited space, all findings of EHPA could not be included in this document.




## **Individual EHPA Report**

# Amana Regional Referral Hospital (Ilala, Dar es Salaam)

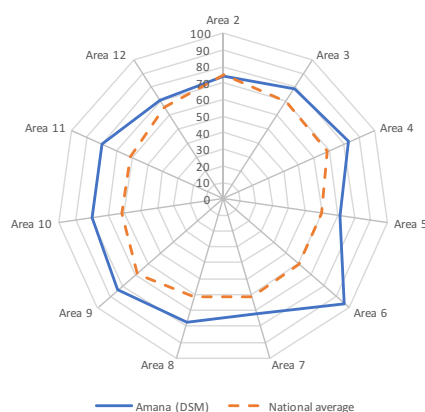
Facility code: 100097-5

## Basic information of the RRH

Bed capacity	250	
Number of staff	393(Staff shortage by 18%) *minimum requirement	
Departments existing in the RRH	14 Dept., 4-Sections	
Top 10 diseases	Fractures, Hypertension Pregnancy complications, Diabetes, Pneumonia, Skin disease, Anemia, Peptic Ulcers, Neonatal Sepsis, Birth Asphyxia	

## Average score of the EHPA:

Overall EHPA average=79.1



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
74.04	79.17	83.33	71.11	96.67	72.22	77.78	84.2	79.89	80.56	70.77

Radiology and Imaging and Food Service in Area 12 were found as weakest sub-areas, scores 33.3%. On the other hand, Medical records, Health Promotion Services, Referral Mechanism, Emergency Preparedness and Response Services, Social Accountability Assessment, Utilities, RMNCH-Services, Laboratory Services, Mortuary sub-areas were identified as best performance sub-areas with the score of 100%.

## Key strong points

- Hospital surroundings are clean and waste bin strategy is applied well.
- The hospital has organizational structure, and all required teams are established.
- Training needs assessment was carried out and OJT has been conducted
- CHOP and 5years Strategic plan are available
- Existence of various efforts to increase revenue collection e.g. Banking system, NHIF form auditing system, etc. were observed
- Client satisfaction is observed

## Key weak points

- No update, and no filing system for OPRAS
- Revenue collection and expenditures not displayed for public
- Long waiting and shortage of medicine are major complain from client
- 5S-KAIZEN needs to be improved in all departments

- WIT is not well functioning
- No system to track medical incidents
- Weak maintenance of equipment and facilities
- Weak safety measures were observed in clinical support areas

### Key suggestions

- RRHMT to make plan to address identified gaps
- For gap that require funds should be included in development of CHOP
- Strengthening of QIT and WIT functionality
- Strengthening of 5S-KAIZEN activities

### Pictures



Good storage of cleaning tools following IPC guideline



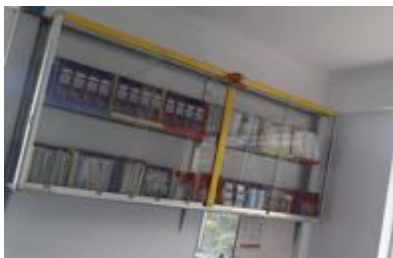
Improper storage of unnecessary equipment



Good practice of commodity management with 5S



Color coding waste bin strategy is applied but mixture of medical wastes was found



Good practice of commodity management with 5S




Color coding waste bin strategy is applied but mixture of medical wastes was found

# Temeke Regional Referral Hospital (Temeke, Dar es Salaam)

Facility code: 107806-2

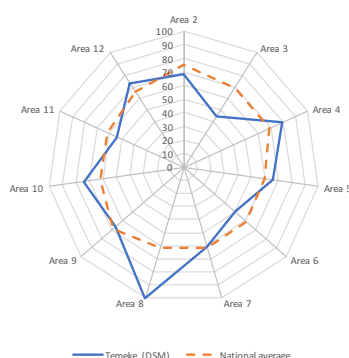
## Basic information of the RRH

Bed capacity	304	
Number of staff	408 (Staff shortage by 15%) *minimum requirement	
Departments existing in the RRH	6 Dept., 22-Section	
Top 10 diseases	Hypertension, TB, Diabetic Mellitus, Epilepsy, Acute Respiratory Tract Infection, Diarrhea, Surgical Condition Fracture, Cardiovascular Diseases, Skin disease	

Pics: [http://3.bp.blogspot.com/\\_-7\\_kBDEFXPg/TNkDTH0JJGI/AAAAAAAAAIM/rCQcNs8ti9Y/s1600/100\\_4117.jpg](http://3.bp.blogspot.com/_-7_kBDEFXPg/TNkDTH0JJGI/AAAAAAAAAIM/rCQcNs8ti9Y/s1600/100_4117.jpg)

## Average score of the EHPA:

Overall EHPA average=66.9



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
68.5	44.4	79.2	66.3	50	61.1	100	66.1	73.9	53.7	72.9

Outpatient and Inpatient Services in Area 11 was identified as weakest sub-areas with the scores of 33.3%. Social Accountability Assessment, Functional Hospital Advisory Boards, Laboratory Services were identified as best performance sub-areas with the score of 100%.

## Key strong points

- The hospital has a complete resolution mechanism (disciplinary committee, terms of reference and minutes available)
- Revenue collection for the hospital is improving
- Patients are treated according to guidelines
- Maternal and perinatal audit are conducted
- Availability of waste disposal facilities such as incinerator and Placenta Pit
- Health Facility Advisory Board is available and function
- Good client feedback mechanism and complain handling and actions are taken prior to client's complaints/suggestions
- OPRAS forms are used to measure staff performance

### Key weak points

- Training need assessment not done by hosp. Management- no report
- Succession plan not in place at the department level and administration
- QIT & WIT are not well functioning
- No funds allocated for Quality improvement activities in the hospital
- No hospital data analysis based on HMIS tools
- HRHIS is not yet operated in RRHMT and not utilized for CHOP development
- Patients files at OPD are not retained at the facility
- Client waiting time is not monitored and Service provision points are not well arranged to ensure smooth client flow
- Emergence team is available but not functioning
- Some of the clients were not satisfied with the services provided
- No system for tracking clinical errors
- No SOPs and protocols for procedures in Radiology department and no safety reports form Tanzania Atomic Energy Commission

### Key suggestions

- RRHMT to make plan to address identified gaps
- Strengthening of QIT and WIT functionality
- RRHMT to strengthen ISS and report
- For gap that require funds should be included in development of CHOP

### Pictures



Well organized patient records



Broken equipment are dumped out side



A ward well organized and prepared




Disorganized storage room

# Mwanyanamala Regional Referral Hospital (Kinondoni, Dar es Salaam)

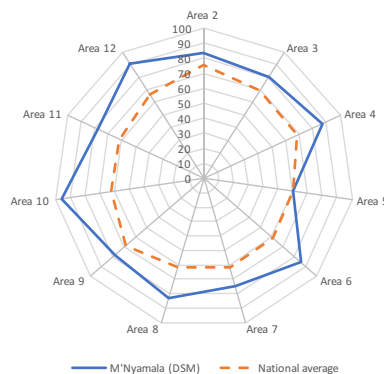
Facility code: 105905-4

## Basic information of the RRH

Bed capacity	254	
Number of staff	515 (Staff shortage by 0%) *minimum requirement	
Departments existing in the RRH	5 Dept., 20 Section	
Top 10 diseases	Hypertension/ Cardiovascular disease, Diabetic Mellitus, URI Pneumonia, UTI, Surgical Condition and others, Upper respiratory infections, Anemia, PID, Neo natal sepsis	

## Average score of the EHPA:

Overall EHPA average=81.7



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
83.3	80.6	87.5	60.4	85.6	75	83.3	78.1	96	77.8	90.9

Food Services in Area 12 were found as weakest sub-areas with 33.3% scores. Medical records, Referral Mechanism, Emergency Preparedness and Response Services, Client Satisfaction, Social Accountability Assessment, Utilities, Outpatient and Inpatient Services, Laboratory Services, Operation Theatre, Mortuary were best performing sub-areas with the score of 100%.

## Key strong points

- Organization structures for Hospital and Departments
- 5-year Strategic Plan available, CHOP implementation, quarterly financial and technical reports are shared to RHMTs and feedback returned
- Internal supportive supervision is conducted regularly
- Service provision points well arranged
- Availability of a functional emergency preparedness and disaster responsiveness team
- 80% of Clients are satisfied with service provided
- Waste segregation in place and Incinerator is available and well-functioning
- Appropriate storage, handling and arrangement of medication at pharmacy, and most of the tracer medicine were available in the pharmacy, theatre, and other departments

### Key weak points

- Training needs assessment, Succession plan are not available
- No clinical supportive supervision conducted
- No induction plan for newly employed staff
- Inconsistence of data compilation for HMIS/DHIS, HRHIS, and no analysis conducted regularly
- Necessary information such as service charter, medicines supplies and expenditures etc. was not displayed to the Public
- Unclear Client feedback mechanism for client's complaints
- Inadequate knowledge on IPC, SOPs and guideline
- No system for tracking medical errors
- X ray machine needs frequent repair, and TAEC report not present

### Key suggestions

- Sharing of vital information i.e. budget, plans, financial income and expenditures
- Display to the notice board or share during the meetings
- For gap that require funds should be included in development of CHOP
- The RRHMT do not conduct clinical SS to district hospitals at their region
- RRHMT to start Clinical SS to district Hospitals

### Pictures



Good arrangement of Mortuary services



Hospital map displayed for guiding visitors



Information is well managed on the noticeboard




Good application of 5S for stock management

# Tumbi Regional Referral Hospital (Pwani region)

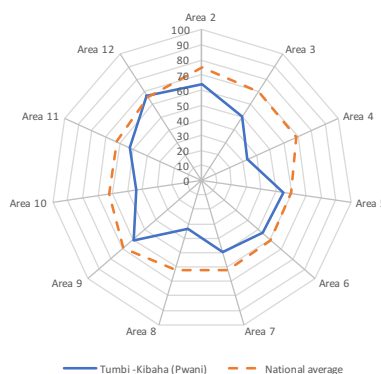
Facility code:107942-5

## Basic information of the RRH

Bed capacity	219	
Number of staff	405 (Staff shortage by 16%) *minimum requirement	
Departments existing in the RRH	7 8-Section	
Top 10 diseases	Malaria, Pneumonia, Anaemia, Skin Diseases, UTI, Neonatal SepticaemiaFracture, Diarrhoea, Sickle Cell Disease, Low Birth Weight, Prematurity Complication	

## Average score of the EHPA:

Overall EHPA average=51.2



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
64.04	50	33.33	54.44	53.33	50	33.33	60.42	43.98	52.78	67.26

Information Use and Dissemination, Social Accountability, Staff Performance Appraisal System, Client Service Charter, Social Accountability Assessment, and Fire Safety, Radiology and Imaging were identified as weakest sub-areas, scores 33.3%. Unfortunately, no sub area scored more than 90%.

### Key strong points

- System for management of patient records is functional
- Health care workers adhere to IPC practices while giving injections
- Exemption protocol is available and in use
- Maternal death audit is being performed within 24 hours

### Key weak points

- CHOP implementation is not corresponding with Plan
- Information system such as HMIS, HRHIS is not well used
- Improper and outdated displayed information on notice boards in some departments
- Client feedback mechanism is not in place, and Client service charter is not visible to clients at the facility. Clients are not satisfied with their services



- Weak practices of clinical support services at laboratory and radiology department; Standard treatment guidelines are not available at OPD, and insufficient examination equipment such BP machine, stethoscope etc. are observed at OPD
- No system for tracking medical errors
- No PPM plan and reports available
- No proper facility for health workers such as changing rooms, tea rooms etc. in some areas
- Hospital Hazardous wastes are not disposed appropriately
- Inadequate availability of tracer medicine and improper recording of medications observed

### Key suggestions

- HMT should process establishment of HAB.
- HMT should make sure all identified gaps are worked on.
- RRHMT to make plan to address identified gaps
- Strengthening of QIT and WIT functionality
- For gap that require funds should be included in development of CHOP

### Pictures



5S not practiced properly in some areas



Improper segregation of medical wastes



Nonfunctional medical equipment is not taken care and left in work place




Improvised safety box at surgical ward

# Tanga Regional Referral Hospital (Tanga region)

Facility code:100405-0

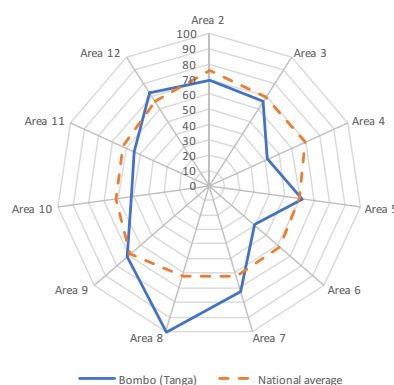
## Basic information of the RRH

Bed capacity	412	
Number of staff	397(Staff shortage by 17%) *minimum requirement	
Departments existing in the RRH	6 Dept., 35 Section	
Top 10 diseases	Diabetes, Conjunctivitis Hypertension, Injuries Heart diseases, HIV/ AIDS Anaemia, Malaria Pneumonia, TB and Leprosy	

Pics: [https://upload.wikimedia.org/wikipedia/commons/a/ae/Bombo\\_Hospi4.JPG](https://upload.wikimedia.org/wikipedia/commons/a/ae/Bombo_Hospi4.JPG)

## Average score of the EHPA

Overall EHPA average=63.5



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
69.27	65.28	41.67	61.67	38.89	72.22	100	70.83	51.26	54.63	72.49

Referral Mechanism, Emergency Preparedness and Response Services, Fire Safety were identified as weakest sub-areas with the score of 33.3%. On the other hand, Social Accountability Assessment, Functional Hospital Advisory Boards, Laboratory Services were scored as good performance sub areas with the score of more than 95%.

## Key strong points

- Established engineering section with trained personnel and practicing PPM
- System for management of Patients records is in place
- Hospital has good client flow and discipline instruction
- Availability of customer care unit for complaint handling
- RRH has good recognition system for best performers

## Key weak points

- WIT is not functioning
- HRHIS is not yet introduced into the hospital administration
- Weak 5S practices observed in many areas
- No training needs assessment, promotion plan, orientation or induction plan
- No quarterly progress report developed
- Monthly Data in OPD register does not correspond to tally sheet and summary form

- Clients waiting time is not monitored
- Clients complained for shortage of medicine in the Hospital

### Key suggestions

- RRHMT to make plan to address identified gaps
- Strengthening of QIT and WIT functionality
- For gap that require funds should be included as one of the priorities during development of next CHOP
- RHMT assessors submit Comprehensive report to RMO, RAS & RRHMT and PORALG & MOHCDGEC in 21 days
- Close follow-up of implementation of identified gaps requiring immediate action
- Plan and Budget for gaps that require fund
- Provide implementation report to RHMT

### Pictures



Disorganized items



Good practice of medical record filing



Disorganized record keeping




Poor storage of cleaning materials

# Sokoine Regional Referral Hospital (Lindi region)

Facility code: 107517-5

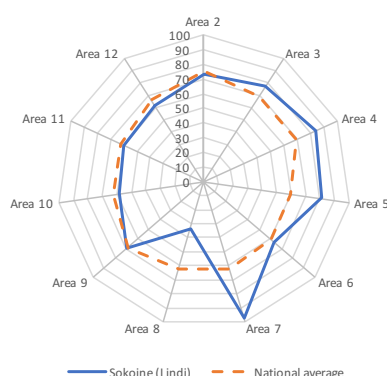
## Basic information of the RRH

Bed capacity	208	
Number of staff	232 (Staff shortage by 52%) *minimum requirement	
Departments existing in the RRH	9 Dept., 16-Sections	
Top 10 diseases	Hypertension, URTI Diabetis, Malaria Confirmed, Clinical Malaria, UTI, Skin Disease Diarrhea Diseases, Pneumonia, Gynecological Disease	

Pics: [https://c4.staticflickr.com/4/3195/2596337110\\_5b4755f9b9\\_z.jpg?zz=1](https://c4.staticflickr.com/4/3195/2596337110_5b4755f9b9_z.jpg?zz=1)

## Average score of the EHPA

Overall EHPA average=68.9



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
73.5	77.8	83.3	80.6	63.3	97.2	33.3	69.4	57.9	59.8	61.3

Social Accountability Assessment, Functional Hospital Advisory Boards, Fire Safety, Radiology and Imaging and Food Service were identified as weakest sub-areas with the score of 33.3%. On the other hand, Function of HMIS, Medical records, Client Flow, Client Service Charter, Client Satisfaction were identified as good performance sub areas with score of more than 90%.

### Key strong points

- The Hospital managed to conduct analysis for HRHIS through the system
- Availability of functioning QIT with the schedule and minutes of the meeting
- Improvement in revenues collection from cost sharing and other insurances
- Training of - staff in HMIS/DHIS2 and well organized record taking, storage and retrieval
- Service provision points were well arranged and waiting areas were spacious
- Clients satisfaction is good
- Color coded bins and bin liners and Waste segregation are in place
- Most of the tracer medicine were available at maternity department

### Key Weak points

- Inadequate practice of 5S KAIZEN
- Insufficient data analysis for planning and decision making

- Staff were not satisfied with the performance review system by the management
- Unavailability and inaccessible of documents i.e. PEP registers, minutes of emergency preparedness team and annual PPM plan
- There is no evidence of community participation
- Inadequate analysis of the data collected on client's complaints
- Hospital does not have CSSD
- X ray machine is not functional for more than three months and updated TAEC report not available

### Key Suggestions

- RRHMT to make plan to address identified gaps
- Establishment of CSSD sections
- Accelerate the process of HAB appointment
- Sharing of vital information i.e. budget, plans, financial income and expenditures
- Prepare PPM Schedule and adhere
- Strengthening of QIT and WIT functionality
- For gap that require funds should be included in development of CHOP

### Pictures



Proper color code bin strategy is working for segregation of waste



Very clean ward and good alignment of beds



Well-equipped ICU but not well organized




Disorganized pharmacy store

# Ligula Regional Referral Hospital (Mtwara region)

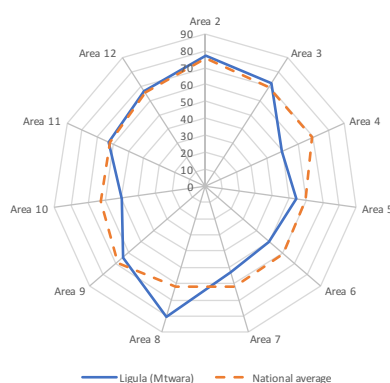
Facility code: 103503-9

## Basic information of the RRH

Bed capacity	238	
Number of staff	254(Staff shortage by 47%) *minimum requirement	
Departments existing in the RRH	14 Dept.	
Top 10 diseases	Malaria, Anaemia Dental caries, UTI, Pneumonia, Hypertension Gynaecological diseases, Road Accident, HIV/AIDS, Fractures	

## Average score of the EHPA

Overall EHPA average=61.9



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
76.66	72.22	50	54.07	50	52.78	80.56	64.06	50.13	63.15	66.8

Health Promotion Services, Referral Mechanism, Fire Safety, Radiology and Imaging were identified as weakest sub-areas with the score of 33.3%. On the other hand, Working Conditions, Social Accountability Assessment, Outpatient and Inpatient Services, and Laboratory Services were identified as good performance sub-areas with the score of more than 90%.

### Key strong points

- Availability of teams (QIT, WIT, RRHMT) and committees
- HAB is functional with a list of members displayed
- HAB has schedule and minutes of meetings available, evidence of participation in CHOP preparation
- Presence of good patient-provider interaction
- 5S well practiced and good quality control and documentation is observed in laboratory
- Therapeutic committee is functional
- Presence of good patient-provider interaction

### Key Weak points

- Poor documentation; No meetings schedule e.g.WIT, QIT& RRHMT, No plans e.g. Training need assessment, promotion plan & succession plan, No copies of important documents (audit reports)

- HRHIS is not yet utilized for HR planning
- No evidence of HMIS data analysis for planning and other purposes, Income and expenditure reports do not show % of funds used for purchase of medicines
- Poor client's records keeping; Use of papers instead of cards which are not correctly filled
- Ineffective performance management mechanism; Low understanding of staffs in OPRAS filling, reviews, rewards or consequences
- Low client's satisfaction (long waiting time unavailability of prescribed medicines)
- No established PPM section/workshop or service contract to take care of urgent and also day to day maintenance issues.
- No narrative summary and reports of maternal and perinatal audits
- 5S-KAIZEN is not fully observed in the pharmacy
- The tracer medicines and medical supplies are not 100% available
- No radiation safety report in the department

### Key Suggestions

- Immediate follow up the construction of new incinerator
- Procure new laundry machine and renovate the room as per required IPC standards
- Purchase and install new fire extinguishers
- Pay outstanding bills of electrical power and water to ensure its constant availability
- Implement PPM activities as planned in CHOP

### Pictures



Good commodity management at OT sub store



Disorganized medical records



Good arrangement of commodities at surgical dept.




Improper segregation of dirty lines at Landry

# Mawenzi Regional Referral Hospital (Kilimanjaro region)

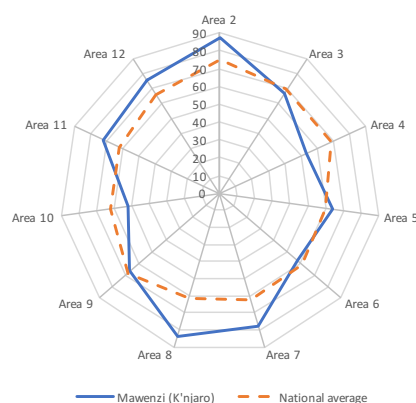
Facility code:108713-9

## Basic information of the RRH

Bed capacity	300	
Number of staff	442(Staff shortage by 8%) *minimum requirement	
Departments existing in the RRH	19 Dept., 25-Section	
Top 10 diseases	ARI, Pneumonia, Cardiovascular Diseases, Psychoses, UTI, Eye conditions, Oral conditions Diabetes Mellitus, Epilepsy Rheumatoid, Diseases	

## Average score of the EHPA

Overall EHPA average=72.2



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
87.6	66.67	53.33	64.44	57.58	77.78	83.33	66.67	52.17	71.79	75.24

Information Use and Dissemination, Planned Preventive Maintenance (PPM), Radiology and Imaging were identified as the weakest sub-areas with the score of 33.3%. On the other hand, Working Conditions, Client Satisfaction, Social Accountability Assessment, Utilities were identified as the best performance sub-areas with the score of 100%.

## Key strong points

- Analysis of HRHIS sheet was related with CHOP
- Availability of training need analysis and assessment
- Incentive-Housing for staffs, best workers 300,000/= recognition for best working staffs
- Availability of award and recognition ceremony as incentive for health workers
- Presence of five year strategic plans, Quarterly financial and technical report
- Availability of internal and external Auditing report
- Availability of medical record which are secured to maintain confidentiality
- Reward was given to the best Performer
- Client were fully satisfied with services (80 % of interviewed patients reported acceptable waiting time)
- Availability of active HAB, list of members, minutes and quarterly schedules



### Key weak points

- HR Information in HRHIS is not updated regularly
- No proper feedback from HMT to departments
- QIT: No current report of quality improvement activities except Laboratory, CTC, Pharmacy and NHIF. (WITs are available in various departments but are not active e.g. OPD, labor)
- Availability of all HMIS tools but some not filled correctly
- Analysis of data for service improvement in various departments not done and documented
- No monitoring of patient waiting time before seen by doctor
- Some emergency equipment and medicines were missing
- No SOPs and Guidelines for handling emergency cases
- No client charter seen or displayed
- Lack of maintenance plan for Equipment
- Hospital infrastructure is not in good condition and need major renovation e.g. Laundry, kitchen, psychiatric ward, mortuary
- Hospital arrangement (5s-KAIZEN) not in good condition except Laboratory and theater
- Hospital has no mechanism for tracking medical errors
- Some tracer medicines were missing

### Key Suggestions

- RRHMT to make plan to address identified gaps
- Strengthening of QIT and WIT functionality
- For gap that require funds should be included in development of CHOP

### Pictures



Well organized Pharmacy store



Confusing color coded bin and bin liner, mixture of waste



Improvement of medical record arrangement.




Disorganized working bench

## Mt. Meru Regional Referral Hospital (Arusha region)

Facility code: 105316-4

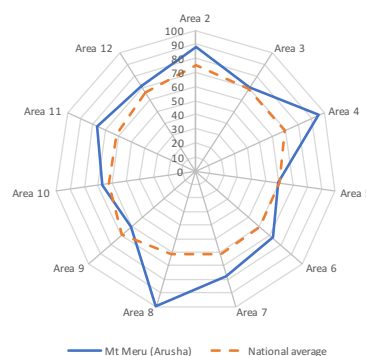
### Basic information of the RRH

Bed capacity	500	
Number of staff	512 (Staff shortage by 0%) *minimum requirement	
Departments existing in the RRH	6 Dept., 22-Section	
Top 10 diseases	Pneumonia, Neonatal Septicemia, Birth asphyxia URTI, Diarrhea Anemia, Fractures Diabetes, Gastrointestinal Diseases, Peptic Ulcers	

Pics: [https://morgansmissionintanzania.files.wordpress.com/2015/06/img\\_9707.jpg](https://morgansmissionintanzania.files.wordpress.com/2015/06/img_9707.jpg)

### Average score of the EHPA

Overall EHPA average=76.3



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
87.78	70.83	95.83	59.44	72.22	77.78	100	60.42	67	76.67	71.63

Information Use and Dissemination, Utilities, Fire Safety and Radiology and Imaging were identified as weakest sub-areas with the score of 33.3%. On the other hand, Client Satisfaction, Social Accountability, Functional Hospital Advisory Boards, RMNCH-Services and Operation Theatre were identified as best performance sub-areas with score of 100%.

### Key strong points

- Regularly updated HRHIS
- Succession and promotion plans in place
- Feedback mechanism from department/section to RRHMT and vice versa in place
- Evidence of improved Hospital Revenue collection (50 to 80% improvement)
- Quarterly financial, technical and audit report available and shared with RHMT
- List of exempted services, groups/diseases in place
- Service provision point are arranged to allow optimal flow
- Functional emergency preparedness & disaster responsive team
- Client were satisfied with hospital services (80% of interviewed patients)
- PPE is in use and health care providers adhere to IPC
- Presence of functional ICU
- Availability of all tracer medicines with exception of RH (Rifampicin, Isoniazid)
- Medicines and supplies are stored according to standards
- Functional operating theatre with all necessary equipment for surgical procedures

### Key Weak points

- No orientation and induction program for newly employed staff
- The use of less than 67% of expenditure on drugs
- No valid and reliable HMIS data
- No Service provider and client charters
- No list of services and medicines with price displayed at reception
- Client waiting time not monitored
- Maintenance schedule and records not available but no PPM plan
- IPC, 5S/Kaizen practices not adhered in Kitchen and Mortuary

### Key Suggestions

- Advise RRHMT to oversee inclusion of the gaps in coming CHOP
- Make closer follow up in implementation of plans
- Prepare immediately and long term plans to address identified gaps
- Use available resources to address the identified gaps which require little or no fund
- Report on progress of implementation to RHMT

### Pictures



Unnecessary equipment was dumped in the yard



Proper arrangement of files and commodities



Disorganized working place with broken items




Proper arrangement of sterilized materials at CSSD

## Morogoro Regional Referral Hospital (Morogoro region)

Facility code: 105299-2

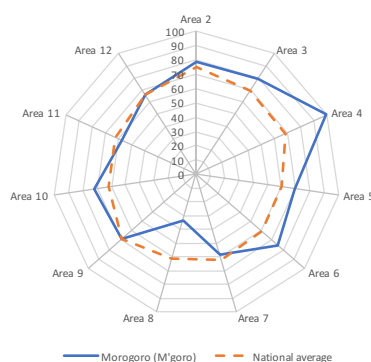
### Basic information of the RRH

Bed capacity	450	
Number of staff	560 (Staff shortage by 0%) *minimum requirement	
Departments existing in the RRH	12 Dept., 50-Section	
Top 10 diseases	Malaria, Pneumonia Anemia, Diarrhea Accidents, Gynecological Disease, UTI, Hypertension, Diabetes, Neonatal Sepsis	

Pics: [http://funds.gfmcdn.com/8057257\\_1452110043.3287.jpg](http://funds.gfmcdn.com/8057257_1452110043.3287.jpg)

### Average score of the EHPA

Overall EHPA average=69.0



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
78.8	79.2	100	68.9	75.6	58.3	33.3	68.9	72.4	57	66.2

Social Accountability Assessment, Functional Hospital Advisory Boards, Food Service were identified as weakest sub-areas with the score of 33.3%. On the other hand, Staff Performance Appraisal System, Laboratory Services were identified as better performance sub areas with the score of more than 90%.

### Key strong points

- HMT has strengthened mechanisms to raise RRH revenue collection
- All the required updated tools for HMIS are in place
- Hospital has installed directive sign boards to help clients to access service easily
- Referral system procedures is known to all staff
- Complaints desk are in place and monitored by HMT
- Most of the buildings are in good state of repair only minor repair is needed
- Recommended antiseptics and disinfectant available in all departments

### Key Weak points

- HRHIS is not updated regularly
- WITs are not well function to improve working environment
- Succession plan and Induction plan were not available
- Tally sheets and registers data in OPD does not match

- Long waiting time before a client seen by Health care provider at OPD and NHIF departments
- No training and simulation for handling emergencies in the hospital
- Long queue in registration area and user fee collection point
- PPM for buildings, equipment, vehicles are not done properly
- No Record keeping of issued & received medicines also difficult to do auditing
- SOP and protocol for all types of equipment and procedures are not available

### Key Suggestions

- RRHMT to establish PPM unit, prepare PPM schedule (buildings, equipment & vehicles), reports and keeping records
- RRHMT to work on identified gaps and conduct regular internal supportive supervision
- RRHMT should allocate funds for construction of CSSD
- Hospital QIT unit should make sure 5S is observed in all departments
- RRHMT should establish a mechanism for tracing feedback for referred patients and provided feedback to lower facilities
- Client service chatter which contain all information should be displayed to all departments.
- Generated data from departments should be analyzed and used to improve performance of service delivery.
- Minutes of Departments meetings has to be documented.
- QIT and WIT should be Strengthened to increase functionality
- Patients should be treated according to standard Treatment guidelines and registers to be filled correctly and completely.
- Emergency tray in internal medicine wards should include anti-malarial medicine.

### Pictures



Clear direction board at corridor



Process of improving documentation at Medical record



Proper arrangement of medicine at store




Disorganized shoe rack in a ward changing room

## Dodoma Regional Referral Hospital (Dodoma region)

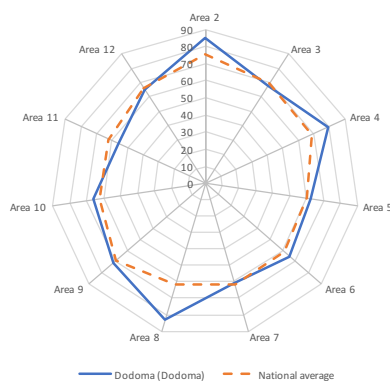
Facility code: 100991-9

### Basic information of the RRH

Bed capacity	420	
Number of staff	484 (Staff shortage by 0%) *minimum requirement	
Departments existing in the RRH	14 Dept. 42-Section	
Top 10 diseases	Fractures and Dislocations Hypertension, Diabetes UTI, Pneumonia, Anemia Peptic ulcers, Asthma URTI, Diarrhea	

### Average score of the EHPA

Overall EHPA average=69.3



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
84.64	68.06	79.17	62.22	65.56	61.11	83.33	71.35	66.34	55.56	64.88

Functions of HMIS, RMNCH-Services were identified as the weakest sub-areas with the score of less than 35%. On the other hand, Working Conditions, Social Accountability Assessment were identified as the best performance sub-areas with the score of 100%.

### Key strong points

- Internal supportive supervision and feedback mechanisms to the responsible department was observed
- Quality improvement team and WIT in all departments conduct QI training and exit interview for the clients
- Existence of CHOP which incorporate all planned activities and budget, and actively shared with the RRHAB and with specific intervention to address local health concern.
- Good mechanisms of increasing Hospital income from 3million per week to 30million
- Availability of HMIS data and facility technical and financial reports
- Good patient flow
- There is a functional emergency preparedness and disaster responsiveness team
- Availability of Suggestion box and opportunity for client to explain his or her problem to the responsible officers
- Availability of adequate color coded bins and liners in all service areas

### Key Weak points

- HIMS Registers not available to the most of wards and HMIS data not properly filled
- Long waiting time for service delivery
- No SOP for emergency preparedness and disaster responsiveness
- No PPM plan and reports available
- No functional plumbing, drainage and sewage system in some service areas
- Unavailability of active system for tracking medical errors
- Weak documentation of the vital signs
- Unavailability of SOP for operating theatre
- Inadequate availability of tracer medicine
- PPE were available but not used

### Key Suggestions

- RRHMT should conduct regular need assessment and develop plan for training
- Strengthening Data Base system at Medical record especially. HRHIS
- RRHMT to strengthen HMIS by providing HMIS tools to the responsible Departments
- RHMT with RRHMT to conduct data quality assessment at the hospital
- Hospital to keep the reports of perinatal and maternal death audit

### Pictures



Good storage of cleaning tools



Disorganized cupboard at OT



Evidence of practicing KAIZEN activities




Improper handling of Landry

# Singida Regional Referral Hospital (Singida region)

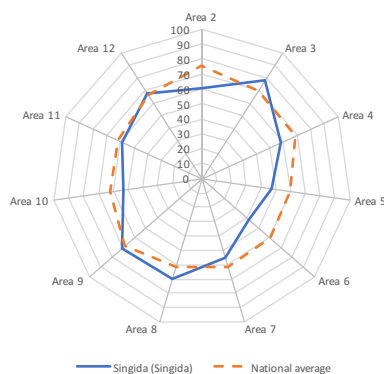
Facility code: 107485-5

## Basic information of the RRH

Bed capacity	250	
Number of staff	336 (Staff shortage by 30%) *minimum requirement	
Departments existing in the RRH	9 Dept. 25-Section	
Top 10 diseases	Diarrhea, URTI Pneumonia, Malaria Skin Disease (Non infectious), Skin Disease (Non fungal), UTI, Skin Disease ( Fungal) Anemia, Intestinal worms	

## Average score of the EHPA

Overall EHPA average=60.1



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
60.4	77.78	58.33	47.22	42.22	55.56	69.44	70.83	53.31	58.33	67.72

Fire Safety, Food Service, Emergency Preparedness and Response Services, Appropriate Handling Emergency Cases were identified as weak sub-areas with the score of less than 40.0%. On the other hand, Utilities, Laboratory Services were identified as better performance sub-areas with the score of more than 90%.

### Key strong points

- 67% of cost sharing spent for purchasing medicines
- HMT/QIT conduct regular meetings
- Functional medicine and therapeutics committee
- TAEC safety report available up to date and recommendations were acted upon.
- Basic emergency equipment available and functional in OT

### Key Weak points

- Lack of regular update of HRHIS
- No induction plan and succession plan
- No action plan for implementation of gaps identified in ISS or QIT SS
- Only two CHOP quarterly progress report prepared first and second quarters
- Irregular cross check for data accuracy and consistence
- Hospital has no service charter
- 30 out of 37 items of medicine for emergencies are missing (OPD)



- No functional emergency preparedness and disaster responsiveness team
- No PPM plan and schedules available and No staff trained on PPM
- Inadequate PPE in work places
- No Central Sterile Supply Department (CSSD)
- No system for tracking medical errors and adverse drug reaction

### Key Suggestions

- Update HRHIS and share to all HMT regularly
- Prepare and submit quarterly CHOP Progress reports to high authority
- Establish HAB
- Hospital data should be analyzed, interpreted and displayed
- Develop Service charter and client service charter
- Information concerning medicine and service prices should be displayed to public through notes boards
- All meetings, training, supportive supervision and other activities conducted should be documented
- QI activities should be included in CHOP
- Establish ICU unit
- Establish a system for tracking medical errors and drug adverse reaction, Improve internal communication.

### Pictures



Disorganized medical records at registry



Well organized notice board



Very dark, poor ventilation at OPD waiting area




Well organized documents and files

# Iringa Regional Referral Hospital (Iringa region)

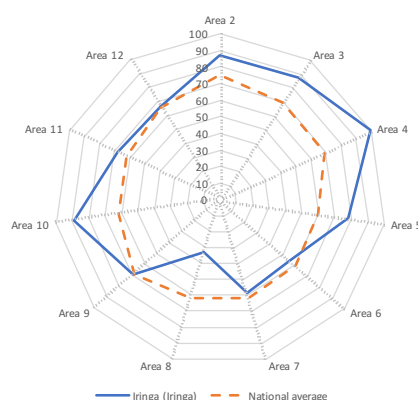
Facility code: 101854-8

## Basic information of the RRH

Bed capacity	445	
Number of staff	402 (Staff shortage by 16%) *minimum requirement	
Departments existing in the RRH	6 Dept. 30-Section	
Top 10 diseases	Hypertension, Diabetes Mellitus, Fracture/Dislocation, Gastroenteritis, Malaria Pneumonia (Severe) Diarrhea Disease, HIV/AIDS URTI, UTI	

## Average score of the EHPA

Overall EHPA average=72.0



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
87.1	87.5	100	77.6	55.6	58.3	33.3	69.1	88.9	68.3	66.3

Social Accountability Assessment, Functional Hospital Advisory Boards, Food Service were identified as weakest sub-areas with the score of 33.3%. On the other hand, Working Conditions, Staff Performance Appraisal System, Health Promotion Services, Utilities, Fire Safety, RMNCH-Services were identified as best performance sub-areas with the score of 100%.

## Key strong points

- Activities for induction are included in the CHOP and employer is committed for the induction of employees in the hospital
- Quality Improvement Team (QIT) and Work Improvement Teams (WITs) are active and their activities are budgeted in the CHOP
- Five-year Strategic Plan, CHOP, CHOP guideline, current Health policy, HSSP IV were seen and easily accessible
- The management provide Job/task description for all employees
- The hospital appointed new Hospital Advisory Board in June, 2017
- Workplace and items in all areas are clean and waste segregation are done
- There is a fully functional CSSD
- Most patients were informed about their diagnosis and treatment

- Expired drugs are stored and handled according to guidelines

### Key Weak points

- No Clients service charter
- Changing room is mixed up with many items such as mattresses, oxygen apparatus etc.
- PEP, SOP and guidelines were not found in all areas
- Waiting areas in OPD, X-ray and dispensing is limited
- Patients records (OPD, specialized clinic) not kept at facility
- Vital signs not taken/charted in patient's files
- No evidence of 5S KAIZEN use and visual controls in managing health commodity
- IPC guideline is reported to be present but not in seen/accessible
- Equipment for emergency resuscitation and airway management are inadequate
- The hospital has to improve documentation: Succession plan, feedback mechanism, mentoring and coaching

### Key Suggestions

- Proper documentation in patient's files and ward round books to both Doctors and Nurses
- Vital signs should be taken to all admitted patients and well documented according to guidelines
- All patients' records should be properly filled in HMIS books
- Patients history should be detailed and full physical examination should be done
- Establish inventory of all equipment in theater
- Outsourcing of food services should follow IPC guidelines
- All important documents should be kept within functional area for easy accessibility
- The RRHMT should adhere to the available systems (HRHIS, GoTHOMIS, eLMIS and DHIS 2) for quality health services delivery

### Pictures



Well managed patient record



Improper handling of medical waste



Well organized information on a notice board




Well organized pharmacy store

# Songea Regional Referral Hospital (Ruvuma region)

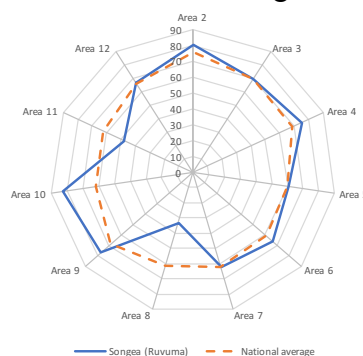
Facility code: 107543-1

## Basic information of the RRH

Bed capacity	395	
Number of staff	518 (Staff shortage by 0%) *minimum requirement	
Departments existing in the RRH	12 Dept.	
Top 10 diseases	Malaria, Pneumonia, Diarrhea, Anemia, UTI, URTI, Bronchial asthma, Influenza, Burns, Gastroenteritis	

## Average score of the EHPA

Overall EHPA average=65.7



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
80.4	69.4	75	60.4	66.7	62.5	33.3	77.3	82.7	47.6	67

Information Use and Dissemination, Social Accountability Assessment, Functional Hospital Advisory Boards were identified weakest sub areas with the score of 33.3%. On the other hand, Referral Mechanism, Utilities, Mortuary, Healthcare Waste Disposal, Laboratory Services were identified as better performance sub areas with the score of more than 95%.

### Key strong points

- Availability of Human Resource allocated at the HF which is more than 75%
- Presence of up to date filled OPRAS for the current financial year 2016-2017.
- Emergency preparedness team available and some kind of triage system also in place
- The hospital has workshop unit with a biomedical engineer electrical technician, plumber, carpenter (for PPM)
- Hand washing SOPs in place and facility provide PEP services according to guideline

### Key Weak points

- No regular update on HRHIS data base
- No documentation of plans (staff orientation, induction, on-job training)
- No updated HMIS summary books
- Staff not satisfied by the performance mechanism (OPRASS)
- Facility has no service Charter for core Health care services indicating the packages of services provided
- No functional RRHAB
- The workshop does not have a PPM plan
- Storage of antiseptic and disinfectant not according to IPC standards

- Handling of Patients without proper PPE
- Hospital management has no system for tracking medical errors
- 5S and KAIZEN approach for medicine not well implemented in pharmacy dept. visual control method not in place
- Not all tracer medicines available (less than 20/30)

### Key Suggestions

- Improvement on documentation of plans (staff orientation, induction, on-job training)
- Hospital should regularly update HRHIS data
- RRHAB should be established
- ICU should have all essential equipment for management of critically ill patients.
- Hospital management should establish system for tracking medical errors
- Strengthen medicine and therapeutic committee, emergency preparedness team and train them appropriately.
- The hospital should improve the list of emergency medicine and equipment available at the OPD as per guideline, if a dedicated room for emergency can be set aside.
- Plan and implement servicing schedule of fire extinguishers and PPM.
- Radiology department should comply with radiology safety program including TAEC Report
- RRHMT should engage the Community in facility planning process through RRHAB

### Pictures



Disorganized medical record



Good arrangement on the working bench in Lab.



Damaged sealing in Landry section




Information is well managed on the notice board

# Sumbawanga Regional Referral Hospital (Rukuwa region)

Facility code: 107663-7

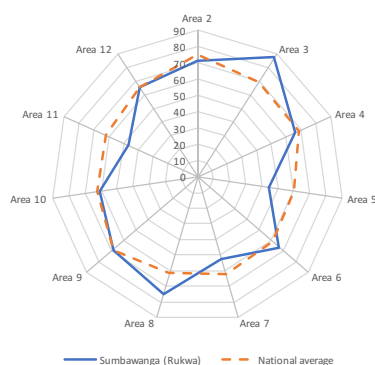
## Basic information of the RRH

Bed capacity	202	
Number of staff	308 (Staff shortage by 36%) *minimum requirement	
Departments existing in the RRH	16 Dept., 56-Section	
Top 10 diseases	Malaria, Anemia, Diarrhea Diseases, Trauma, Accidents, Animal Bites and Burns Pneumonia, Severe Malaria Pregnancy Complications HIV/AIDS. Acute Respiratory Infections, Diabetes	

Pics: <https://pbs.twimg.com/media/CZtRT1eWIAE5TUv.jpg>

## Average score of the EHPA

Overall EHPA average=64.3



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
71.4	87.5	66.6	44.2	66.6	52.7	75	68.4	61.1	47	66.1

Health Promotion Services, Radiology and Imaging, Client Service Charter were identified as weak subareas with the score of less than 40%. On the other hand, Information Use and Dissemination, Referral Mechanism, Utilities, Laboratory Services were identified as best performance sub-areas with the score of 100%.

### Key strong points

- Availability of regular internal quality assessment
- Availability of strategic plan, a well-prepared CHOP and involvement of HAB in planning
- Installation of electronic revenue collection –GoTHoMIS and improved revenue collection
- Internal Supportive Supervision conducted as per schedule
- Data analysis is done and applied in planning i.e. CHOP and in decisions making
- Staff are satisfied with performance appraisal system
- Functional team well trained on handling emergencies is available
- Mechanism for capturing client feedback and complaints is available
- Availability of well-functioning, oriented and active HAB
- Staff trained on PPM and implementation reports are available
- The hospital provides PEP services for health workers who exposed to infectious materials
- The Hospital has full and functional CSSD unit
- Appropriate storage and handling of medication

### Key Weak points

- HRHIS data is not updated

- Inactive and nonfunctioning WIT to most of the departments except Laboratory
- Identified gaps during ISS are not implemented in all service areas except Laboratory
- Inpatients information not easy to retrieve and confidentiality is not observed
- Most of staff are not aware with client/core health care services charter
- Summary of plans, budget, allocated medicines and supplies, income and expenditure not displayed
- Triage system not functional
- No feedback mechanisms for referred clients
- No PPM annual plans
- Some hospital areas are not clean and organized
- Antiseptic and disinfectant are not stored according to IPC guideline
- Lack of some tracer medicine

### Key Suggestions

RRHMT to:

- Make plan to address identified gaps
- Conduct scheduled Internal Supportive Supervision
- Avail and ensure use of all required guidelines, SOPs and protocols
- share performance reports timely
- Strengthening of QIT
- Revive WIT functionality
- For gap that require funds should be included in development of CHOP

### Pictures



Staff movement is not considered to put furniture



Good storage of medicine at pharmacy store



Damaged sealing in a ward




Good arrangement of workplace at OPD

# Kibena Regional Referral Hospital (Njombe region)

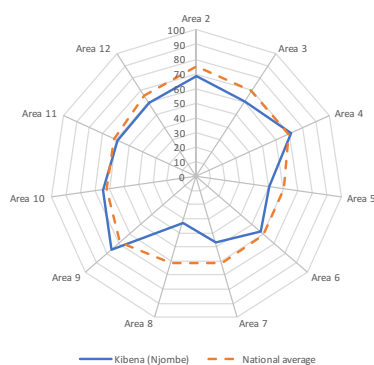
Facility code: 106501-0

## Basic information of the RRH

Bed capacity	160	
Number of staff	204 (Staff shortage by 58%) *minimum requirement	
Departments existing in the RRH	9 Dept.	
Top 10 diseases	Upper Respiratory Infection UTI, Pneumonia Severe Pneumonia non-Severe Marasmus Kwashiorkor Fracture, Road Traffic Accident, Gastrointestinal Diseases	

## Average score of the EHPA

Overall EHPA average=59.0



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
68.2	61.11	70.83	50.56	57.78	47.22	33.33	76.74	64.68	58.89	59.79

Health Promotion Services, Client Satisfaction, Social Accountability Assessment, Functional Hospital Advisory Boards, Fire Safety, Operation Theatre, Food Service were identified as weakest sub areas with the score of 33.3%. On the other hand, Function of HMIS, Referral Mechanism, Utilities, Equipment and Furniture were identified as better performance sub areas with the score of 83.3%. Laboratory Services was scored 90.8% as highest performance sub area.

### Key strong points

- HMIS Data collection tools are available and updated in all visited departments
- Service provision flow is well arranged
- Clients are satisfied with the hospital cleanliness and privacy (>50%)
- Hospital buildings are in good state of repair and environment is generally clean
- All vehicles, equipment, machines, and plants are working and well maintained
- The hospital provides PEP services
- QIT is available, have meeting schedule and minutes available
- Generally, workplace and items are organized and clean

### Key Weak points

- WIT is not working properly as 5s is not practiced in most departments
- Clinical supportive supervision not done, as should be done at least quarterly
- Lack of evidence on the use of data collected for service improvement
- Client waiting time is not monitored in all service areas
- Clients are not satisfied with the waiting time and lack of some medicines at dispensing



- No Hospital Advisory Board established
- No biomedical engineer or engineering section in the hospital
- The facility does not have a system for tracking medical errors

### Key Suggestions

- The HMT should improve documentation (e.g. Succession plan, promotion plan and training need assessment Plan)
- 5S should be practiced in all departments, improvising may be used to improve 5S
- The HMT should find appropriate equipment's for transport of bed sheets to laundry instead of using wheel chairs
- There should be clear targets for revenue collection in the hospital
- Staff Reward mechanism should be more innovative e.g. use of letters for appreciation, verbal appreciation from a supervisor etc.
- Patients should be treated according to standards treatment guidelines
- The hospital should dedicate a room and equip it to provide ICU services
- Vital signs for admitted patients should be recorded for all
- SOPs for PEP must be available in all departments providing services
- Hospital must establish a designated CSSD within.
- Hospital should allocate qualified staff to the dispensing points.
- Hospital Emergency preparedness team should be active and retrained over time, with team meetings and documentation
- Fire extinguishers should be serviced and staff trained on how to use them
- HAB establishment process should be fast tracked

### Pictures



Clean well organized OPD



Unwanted medical equipment is piled in backyard



Disorganized sluice room




Disorganized sluice room

# Musoma Regional Referral Hospital (Mara region)

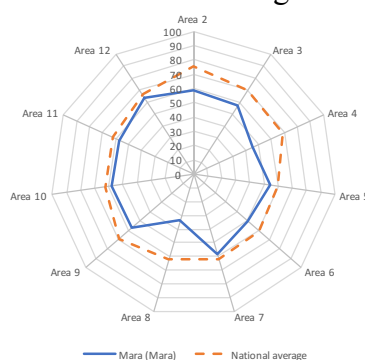
Facility code: 105721-5

## Basic information of the RRH

Bed capacity	300	
Number of staff	329 (Staff shortage by 32%) *minimum requirement	
Departments existing in the RRH	16 Dept.	
Top 10 diseases	Malaria, Hypertension Diabetics, Intestinal Worms HIV/ARC, Injuries Anemia, Dental Condition Eye Conditions, Gynecological	

## Average score of the EHPA

Overall EHPA average=54.0



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
58.82	56.94	45.83	54.26	50	58.33	33.33	57.47	58.33	57.22	63.62

Social Accountability Assessment, Functional Hospital Advisory Boards, Planned Preventive Maintenance (PPM), Equipment and Furniture, Fire Safety, Radiology and Imaging were identified as weakest sub areas with the score of 33.3%. On the other hand, Utilities was the only sub-area identified as best performance sub area with the score of 100%.

## Key strong points

- Availability of necessary plans e.g. 5 YRS strategic plan and CHOP.
- Availability of paper based system for managing patients records
- Referral system is well organized and every staff knows
- Availability of tracer medicines and health products and Functioning Therapeutic committee

## Key Weak points

- Not conducting human resource analysis through utilization of HRHIS
- Staff attendance and absenteeism is not monitored
- WITs not functional in most of departments except LAB
- RRHMT does not prepare and submit quarterly financial and technical reports to RHMT and HAB.
- No monitoring of implemented activities in CHOP
- No report for ISS observed though ISS conducted
- Inconsistence of data in register book, tally sheet and summary forms. E.g. in OPD
- Client waiting time is not monitored by RRHMT
- No trained health care provider for triage system
- HAB is not yet established and no evidence of community engagement through RRHAB

- Lack of PPM plan and evidence of establishment of engineering section
- Hospital environment not clean enough, litters in and around ward areas, around the incinerator.

### Key Suggestions

- RRHMT should make follow up on establishing HAB .
- RRHMT should monitor hospital performance and prepare analysis reports as per guidelines.eg. ISS, CHOP implementation report, Data analysis report
- RRHMT should ensure HRHIS is used for planning and management of HR
- QIT/WIT should strengthen supervision on infrastructure issues, Cleanliness and IPC in service areas
- PPM plan should be documented and implemented.
- RRHMT should conduct and adhere to ISS schedule
- Introduce inter-departmental performance competition award for quality improvement
- Remove all unwanted equipment in all work areas, hospital environment and develop specific storage.
- QIT/WIT should strengthen supervision on infrastructure issues, Cleanliness and IPC in service areas
- Working consultation rooms should be increased from one to at least 2-3.

### Pictures



Necessary information is shared with public



No information management on the notice board



5S is applied in Pharmacy for commodity management




Unnecessary item is dumped in the courtyard

## Sekou Toure Regional Referral Hospital (Mwanza region)

Facility code: 107354-3

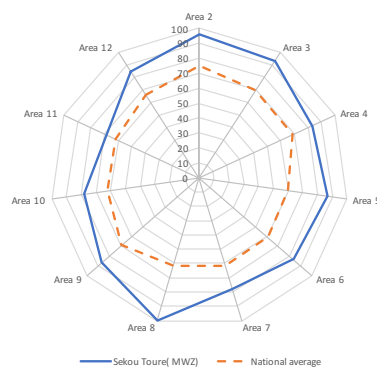
### Basic information of the RRH

Bed capacity	315	
Number of staff	375 (Staff shortage by 22%) *minimum requirement	
Departments existing in the RRH	6 Dept. ,24-Section	
Top 10 diseases	Malaria, Anemia Pneumonia, Abortions Diarrhea, Neonatal sepsis Hypertension, HIV/AIDS Gynecological diseases UTI	

Pics: <https://www.jamiiforums.com/attachments/1-jpg.544679/>

### Average score of the EHPA

Overall EHPA average=85.3



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
95.67	93.06	83.33	86.67	83.33	77.78	100	86.63	78.37	68.33	84.72

Outpatient and Inpatient Services, Radiology and Imaging were identified as weak performance sub areas with the score of 50%. On the other hand, Working Conditions, Information Use and Dissemination, Client Flow, Health Promotion Services, Client Satisfaction, Social Accountability Assessment, Functional Hospital Advisory Boards, Planned Preventive Maintenance (PPM), Utilities, RMNCH-Services, Food Service were identified as best performance sub areas with score of 100%.

### Key strong points

- HRHIS is updated and in use
- Facility management team has good team work as every team member is capable of responding to different raised issues
- Revenue collection e.g. NHIF collection, 20% of the collected amount allocated for service providers
- Improvement of revenue collection at OPD using different colors.
- HIMS summary books updated
- Availability of hospital profile reports
- Performance of staff are assessed through OPRAS with agreed targets
- Client waiting time is monitored
- Functional emergency preparedness team and Functional triaging system
- Monitor client's satisfaction quarterly

- Availability of functional HAB
- Availability of trained personnel on PPM and PPM plans and reports
- Waste segregation equipment available as per IPC standards

### Key Weak points

- Improper implementation of orientation and induction to newly employed staff
- No individual performance rewards
- Unavailability of some firefighting facilities
- Over piling up of non-infectious waste at the incineration point
- Improper storage of cleaning equipment
- Has no an active system for tracking medical errors including adverse drug reaction
- Four equipment missing to support safe surgical intervention appropriate to the level in the theatre

### Key Suggestions

- RRHMT to make action plan to address identified gaps
- RHMT (Assessors) will prepare a Comprehensive report and submit it to MOI and RAS within 14 days
- RHMT to follow up on implementation of RRHMT EHPA Action plan.

### Pictures



Improper segregation of wastes at dumping site



Good practice of hand hygiene



Well-arranged medicine cupboard at a WD




Good arrangement of changing room at female medical WD

## Mpanda Regional Referral Hospital (Katavi region)

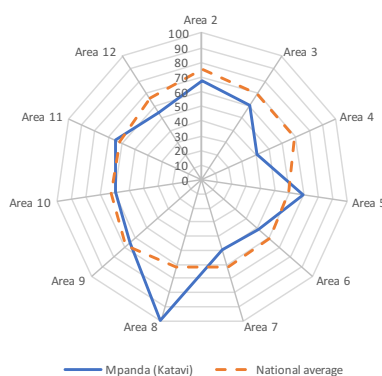
Facility code: 105336-2

### Basic information of the RRH

Bed capacity	160	
Number of staff	212 (Staff shortage by 56%) *minimum requirement	
Departments existing in the RRH	9 Dept., 19-Section	
Top 10 diseases	Diarrhea, UTI, URTI Malaria, Anemia Hypertension, Skin disease Pneumonia, Typhoid, Dysentery	

### Average score of the EHPA

Overall EHPA average=62.1



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
67.5	59.7	41.6	69.4	51.1	50	100	65.6	59.1	64.4	54.8

Medical records, Planned Preventive Maintenance (PPM), Fire Safety, RMNCH-Services, and Food Service were identified as weakest sub areas with the score of 33.3%. On the other hand, Social Accountability Assessment, Functional Hospital Advisory Boards, Utilities were identified as best performance sub areas with the score of 100%.

### Key strong points

- HMTs and Department have strong two-way communication
- Present of functional QIT teams and WIT
- Improvement in hospital revenue collection
- Presence of emergency and preparedness team
- Utilization of 67% of funds for procurement of medicines / health products
- No outstanding debts with MSD

### Key Weak points

- HRHIS is not updated regularly
- No promotion plan, succession plan, training needs assessment and training schedule
- 5 YR Hospital strategic plan not present
- HMIS registers were not available and not in use in service provision areas
- Patients medical records were not properly taken
- No triage system in place, and SOPs for handling emergencies were not present
- Clients are not satisfied (Long waiting time & Unavailability of medicines)

- Presence of functional HFGC, instead of HAB
- No staff trained on PPM, no engineering section/workshop, and no PPM implemented
- No IPC related guidelines
- Only 20 tracer medicines are available and not auditable

### Key Suggestions

- Prepare and display large scale organogram.
- Improve HR services by updating HRIS, preparing succession plan and training need assessment (TNA)
- Transparency in facility financial transactions.
- Improve medical records department.
- Ensure that OPRAS is in place and up to date.
- Update hospital sign boards and price list.
- Establish triage and emergency unit.
- Avail SOP and guidelines for handling emergencies.
- Order and avail all required emergency medicines and equipment
- Display client service charter in public areas.
- Establish PPM, plan and budget for renovation of buildings, automatic power backup and dental equipment.
- Improve hospital waste management.
- Plan and budget for establishment of ICU and CSSD.
- Establish system for tracking medical errors.
- Use recommended guidelines in service provision.

### Pictures



Improper handling of medical record



Waste segregation by color is confusing



Damaged sealing in the toilet




Zone tool is applied for parking a stretcher

# Mbeya Regional Referral Hospital (Mbeya region)

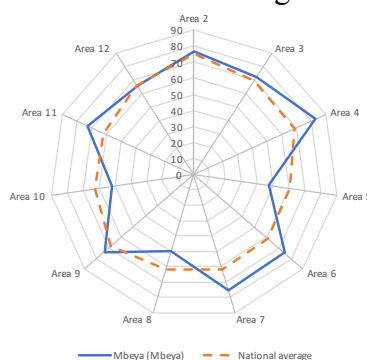
Facility code: 104602-8

## Basic information of the RRH

Bed capacity	170	
Number of staff	312 (Staff shortage by 35%) *minimum requirement	
Departments existing in the RRH	7 Dept., 24-Section	
Top 10 diseases	Pneumonia, Gastroenteritis/Diarrhea diseases UTI, Pelvic Inflammatory disease HIV related OI, Hypertension Upper Respiratory Tract Infection Malaria, Diabetes Mellitus, PUD	

## Average score of the EHPA

Overall EHPA average=67.6



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
76.9	72.22	83.33	47.04	74.44	75	50	73.61	51.85	73.15	65.48

Health Promotion Services, Functional Hospital Advisory Boards, Fire Safety, Food Service were identified as weakest sub areas with the score of 33.3%. On the other hand, Working Conditions, Client Satisfaction, and Medical records were identified as better performance sub areas with the score of more than 90%.

### Key strong points

- QIT team conducts meetings on regular schedule and minutes in place
- Technical and financial reports in place
- All HMIS registers are in place
- Triaging system in place
- Healthcare workers trained to handle health emergencies
- Emergency preparedness and response team is available and functional
- Client feedback and complaint handling mechanism are in place

### Key Weak points

- Unavailability of succession and promotion Plans
- No written feedback from RHMT on submitted quarterly technical and financial reports
- Approved budget activities implementation is less than 50% at departmental level
- Monthly financial report not discussed at departments/sections
- Some of registers are not completely, correctly and inconsistently filled
- Notice board has a mixture of information
- No list of services and medicines with prices at reception and payment counter



- Directional signs do not provide sufficient guidance for optimal flow of clients to service delivery points
- No functional HAB (Hospital Advisory Board)
- Patient privacy is not maintained at OPD and labor ward
- No full functioning CSSD
- Main pharmacy store is congested and disorganized
- Expired and unusable products are not handled according to guidelines
- Inadequate practice of 5S-KAIZEN approach in pharmacy and laboratory

### Key Suggestions

- Develop Quality Improvement Plan (QIP) to address identified gaps
- Strengthen hospital QIT and WIT functionality
- Maintain 5S in all service delivery points
- Report QIP implementation to RHMT on monthly basis
- Budget/include all gap that require funds in CHOP development (2018/2019)
- Conduct on job training to all hospital staff on IPC and waste management
- Fence waste disposal areas
- Plan and budget for repair and maintenance
- Request training on HRHIS
- Make follow up on call allowance from RAS office
- Make follow up on HAB establishment processes
- Strengthen 5S-KAIZEN approach in pharmacy main store and laboratory
- Allocate a budget for construction of a new OPD building with conducive waiting area and disability friendly facilities
- Steep slopes on walkways should be reduced

### Pictures



Improper storage of unnecessary equipment



Color coded waste bin strategy with IPC guideline



Documents and furniture dumped behind the building




Disorganized working desk and files on the shelf.

## Bukoba Regional Referral Hospital (Kagera region)

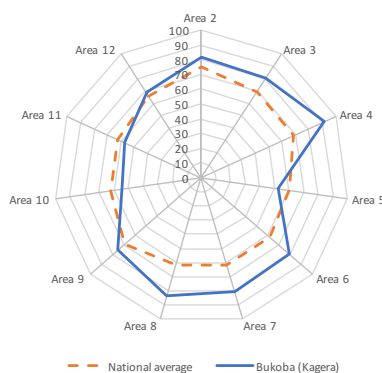
Facility code: 102162-5

### Basic information of the RRH

Bed capacity	302	
Number of staff	278 (Staff shortage by 42%) *minimum requirement	
Departments existing in the RRH	9 Dept., 21-Section	
Top 10 diseases	Hypertension, Diabetes Mellitus, UTIs, Epilepsy, Peptic Ulcers, Other Surgical Condition, Malaria Clinical, Psychoses, URI,	

### Average score of the EHPA

Overall EHPA average=73.2



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
82.1	80.56	91.67	52.96	78.89	80.56	83.33	74.48	54.3	57.04	68.78

Fire Safety, Inpatient Services were identified as weak performance sub areas with the score of less than 43%. On the other hand, Staff Performance Appraisal System, Client Service Charter, Functional Hospital Advisory Boards, Utilities, and Mortuary were identified as better performance areas with the score of more than 90%.

### Key strong points

- Revenues collection has improved by 91.6% NHIF and by 80% user fee in the month of July 2017
- HRHIS database is updated regularly
- Functional QIT and WITs and meeting schedule and minutes available
- QI activities included in the CHOP and 5-year strategic plan available and aligned with HSSPIV
- Financial account audit report available and no outstanding audit query
- New HAB members appointed but not oriented
- Interventions to address local concerns are included in CHOP
- Hand washing facilities are available and functional
- PEP and PPEs are available
- Functional stock management system and blood transfusion services

### Key Weak points

- No evidence of implemented QI activities
- Internal supportive supervision (ISS) not done

- Incompleteness of HMIS register books and data in register and tally sheets
- Clients waiting time not monitored
- Client not satisfied with services
- 5S is not practiced in most of departments
- Establish active system for tracking medical errors (e.g. improper patient management, improper prescription) including adverse drug reactions

## Key Suggestions

### RHMT

- Perform regular supportive supervision to Hospital
- Provide assistance during CHOP preparation
- Provide feedback to RRHMT

### RRHMT

- Prepare action plan for identified gaps
- Conduct ISS quarterly
- Strengthen QIT and WIT- and address IPC gaps identified
- Implement 5S-KAIZEN activities
- Reform laboratory management, standards and improve service provision
- Improve documentation in all areas
- Re-organize theatre rooms as per standards
- For gap that require funds should be included in development of CHOP
- Institute periodic safety maintenance of x-ray & Imaging services by TAEC

## Pictures



Disorganized nurse station



Using 5S to arrange commodities at a ward



Improper management of medical records




Clear direction boards to guide visitors

# Geita Regional Referral Hospital (Geita region)

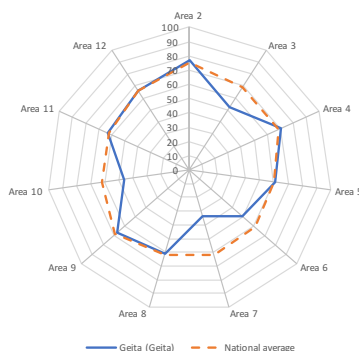
Facility code: 101192-3

## Basic information of the RRH

Bed capacity	300	
Number of staff	305 (Staff shortage by 37%) *minimum requirement	
Departments existing in the RRH	14 Dept., 22 Section	
Top 10 diseases	HIV/AIDS, Malaria, Anemia, URTI, UTI, Phenomena, Hypertension, Trauma, Abortion, Diabetes	

## Average score of the EHPA

Overall EHPA average=58.9



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
77.26	52.78	70.83	60.56	48.89	33.33	61.11	67.36	46.56	62.59	66.14

Information Use and Dissemination, Emergency Preparedness and Response Services, Client Service Charter, Client Satisfaction, Social Accountability Assessment, Fire Safety were identified as weakest performance areas with 33.3%. On the other hand, Mortuary, Working Conditions were identified as better performance areas with the score of more than 90%.

### Key strong points

- HMT has been formally appointed with Terms of Reference
- Presence of QIT with clear reporting structure
- Emergency department is in place coupled with Emergency preparedness team
- Existence of Functional HAB with meeting Schedule and current meeting minutes
- Hospital vehicles, equipment and plants are working and well maintained
- 5S activities applied in the main and sub-stores

### Key Weak points

- No QIT meeting minutes and therefore difficult to justify its functionality
- CHOP activities are not implemented according to plan and No reports on ISS
- No 5S KAIZEN only implemented in few areas
- Presence of MSD Debt (188 million TZS)
- No confidentiality on medical records
- Unavailability of signed individual job and task description for staff
- Notice boards are available but are disorganized

- No functional method for complaint handling mechanism and HAB is not active
- Items are not well arranged in consideration with efficient and effective work flow especially in labor ward
- PPEs are missing e.g. Goggles, heavy duty gloves, masks, caps in labor ward
- No system for tracking medical errors

### Key Suggestions

#### RHMT

- Conduct regular supportive supervision and close follow up to the hospital.
- Provide coaching, mentoring and capacity building and supervision to Labor ward and theatre staff
- Facilitate RRHMT to prepare POA to address the identified gaps
- Strengthening of QIT and WIT functionality
- For gap that require funds should be included in development of CHOP

#### RRHMT

- Prepare Action Plan on observed gaps
- Provide report to RHMT on implementation of Action Plan
- Document each and every official minute, plans and events
- Theatre building requires major renovation to meet standard of operating theatre

### Pictures



Disorganized cabinet under laboratory working bench



Well-arranged working desk with 5S approach



Color code waste bin strategy is applied but liner is not matching




Disorganized cabinet in OT

# Shinyanga Regional Referral Hospital (Shinyanga region)

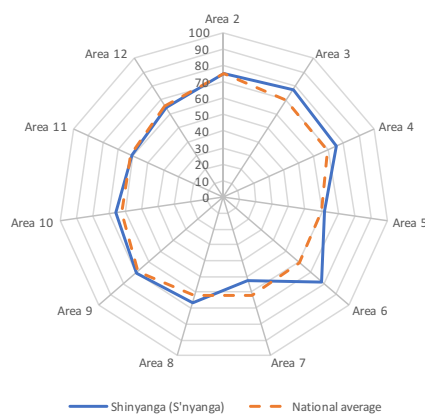
Facility code: 107423-6

## Basic information of the RRH

Bed capacity	304	
Number of staff	326 (Staff shortage by 32%) *minimum requirement	
Departments existing in the RRH	8 Dept., 26-Section	
Top 10 diseases	Malaria, Anemia, Diarrhea Severe, Pelvis Inflammatory Disease, Fractures, Pneumonia, Road traffic accidents, Abortion & Complications, Mild anemia, HIV, AIDS	

## Average score of the EHPA

Overall EHPA average=68.1



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
74.63	77.78	75	62.04	78.89	52.78	66.67	69.79	66.2	61.11	64.55

Fire Safety, Food Service and Client Service Charter were identified as weak performance sub areas with the score of less than 40%. On the other hand, Utilities, Laboratory Services were identified as better performance sub areas with score of 90%.

### Key strong points

- Availability of daily education sessions through clinical meetings
- Presence of QIT, schedule and minutes
- Improved hospital revenue collection systems
- ISS reports in place
- Functional referral system is in place
- HAB membership is up-to-dated, and HAB meeting schedules and minutes are available
- Most of departments have 80% of required equipment
- PEP services are available
- 

### Key Weak points

- HRHIS not updated regularly
- Training need assessment not in place
- Financial details not accessible for assessment
- QI internal quality assessment reports not in place
- Only 50% of activities implemented according to CHOP

- Only 50-80% of revenue collected as per target
- Notice boards not up-to-date regularly with removal instructions
- No annual PPM plan and implementation report
- Waste segregation not done properly
- 5S KAIZEN implemented partially
- No radiology TAEC safety report
- Very dirty environment observed inside the mortuary

### Key Suggestions

#### RHMT

- Close follow-up of implementation of identified gaps requiring immediate action
- Support in CHOP development to include identified gaps

#### RRHMT

- Prepare action plan for identified gaps
- Take action on the identified gaps that require immediate attention
- Plan and Budget for gaps that require fund
- Adhere to ISS schedule
- Allocate trained or conduct on job training for mortuary staff
- Provide implementation report to RHMT

### Pictures



Improper waste dumping



Improper waste segregation



Disorganized storage




Failed to apply 5S to organize the cabinet

## Maweni Regional Referral Hospital (Kigoma region)

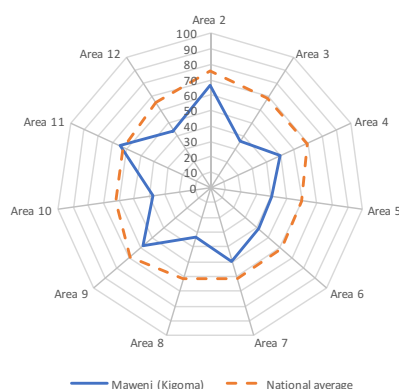
Facility code:108713-9

### Basic information of the RRH

Bed capacity	159	
Number of staff	223 (Staff shortage by 54%) *minimum requirement	
Departments existing in the RRH	8 Dept., 11-Sectiona	
Top 10 diseases	Malaria, Diabetes Mellitus, Upper RTI, Hypertension, UTI, Pneumonia, Diarrhea, Anemia, Peptic Ulcers, Neonatal Sepsis	

### Average score of the EHPA

Overall EHPA average=47.3



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
75.3	69.4	68.9	60	60.8	61.9	61.7	68.8	62.1	61.9	66.1

Information Use and Dissemination, Medical records, Health Promotion Services, Referral Mechanism, Client Service Charter, Social Accountability Assessment, Functional Hospital Advisory Boards, Planned Preventive Maintenance (PPM), Fire Safety, Inpatient Services, Pharmaceutical Services, Radiology and Imaging, Food Service were identified as weakest sub areas with the score of 33.3%. Working Conditions, Utilities, Outpatient and Inpatient Services were identified as better performance sub areas with the score of 83.3%

### Key strong points

- Presence of Extra duty and on call allowance budget in the CHOP
- General price lists of services displayed
- All 30 tracer medicines and health products available
- Dispensing records were properly completed and could be audited against prescribing records
- Both internal and external quality controls are done

### Key Weak points

- No HRHIS data analysis used in CHOP and no monthly update of HRHIS
- No orientation /induction plan
- Quarterly reports are not shared with HAB members
- External and Internal Auditing reports not available
- HMIS data analysis not conducted
- Minutes for monitoring implementation of CHOP activities not in place



- Inconsistence of HMIS data in OPD register, tally sheet and summary forms
- Patient medical records not complete
- Inadequate emergency drugs and supplies
- No HAB in place
- Staff was trained on PPM but no PPM plan in place
- Some items not well organized to allow efficient work flow
- PEP guideline, SOP and registers not available in all departments
- Sterilization area is not well arranged to minimize cross infection
- 5S KAIZEN in stock management not practiced
- Food handlers not screened for contagious diseases

### Key Suggestions

#### RHMT

- Assist RRHMT to include identified gaps in CHOP
- Closer follow up implementation of identified gaps
- Closer follow up of ethics and commitment in services provision
- Facilitate RRHMT to conduct SS to District Hospital
- Assist RRHMT to fast track process of HAB re-establishment

#### RRHMT

- Prepare action plan for identified gaps
- Make follow up of action plan
- Prepare and submit quarterly implementation report to RHMT
- Prepare and submit NHIF claims on time and give reports to RHMT
- Closer follow up of services provision

### Pictures



Disorganized medicine cabinet



Good arrangement of ARVs at CTC



Improper waste disposal




Well organized medical records

# Kitete Regional Referral Hospital (Tabora region)

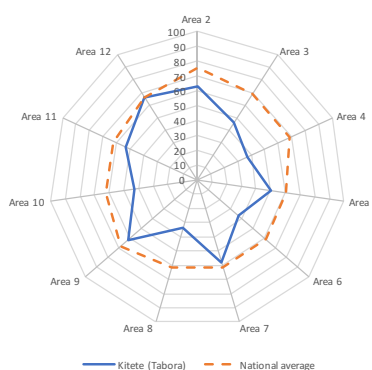
Facility code: 107703-1

## Basic information of the RRH

Bed capacity	212	
Number of staff	332 (Staff shortage by 31%) *minimum requirement	
Departments existing in the RRH	10 Dept., 22-Section	
Top 10 diseases	Malaria, Others, HTN Road Traffic (Accident), Injuries, Pneumonia, Anemia, ARI, Surgical Condition, PUD	

## Average score of the EHPA

Overall EHPA average=49.9



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
62.91	45.83	37.5	49.81	36.67	58.33	33.33	62.15	42.99	52.78	66.14

Information Use and Dissemination, Health Promotion Services, Referral Mechanism, Social Accountability Assessment, Functional Hospital Advisory Boards, Fire Safety, RMNCH-Services, Radiology and Imaging were identified as weakest sub areas with the score of 33.3%. On the other hand, Laboratory Services was identified as better performance sub areas with the score of 95.2%.

### Key song points

- Internal Supportive supervision (ISS) has been conducted to all departments
- Activities are implemented based on approved budget
- Patients files are properly arranged for easy retrieval at OPD

### Key Weak points

- HRHIS not updated regularly
- No succession and promotion plans
- No induction and orientation plans to newly employed staff
- No regular schedule for QIT meetings; Internal QI implementation reports is not available; No WIT meeting minutes, action and implementation plans
- RRHMT plans, Quarterly progress reports including Technical and Financial reports not shared with HAB
- Tally sheets and summary forms are not used
- No client waiting time monitoring
- Patients are not satisfied with service delivery
- HAB is not functional (No meetings in the past three quarter)

- Unavailability of PPM plans for hospital vehicles, equipment and machines

### Key Suggestions

#### RHMT

- Make a closer follow up on alarming high perinatal deaths documentation and audit for effective and immediate plan of action to address the situation
- Follow up implementation of action plan for identified gaps
- Conduct regular SS and document
- Check and strengthen the referral system
- Work closely with RRHMT on staff allocation within the facility
- Immediate: Assist with the shortage in labor ward

#### RRHMT

- Prepare action plan for the identified gaps
- Document the identified gaps and make close follow up on implementation of action plan.
- For gap that require funds should be included in development of CHOP
- Revise and consider appropriate rotation plan
- Revise and re-allocate medical attendants (special consideration for sterilization unit)
- Develop and implement mentorship and coaching
- Adhere the SOPs and manufacturer's instructions during installation and operation
- Purchase for back up machines especially for Laboratory machines and operating theatre
- Correlate number of staff with work load and re-distribute for effective and efficient service delivery e.g. 32 Medical Attendants are out of clinical services while, (12) Medical attendants and Two (2) Registered Nurses are working at Medical record

### Pictures



Disorganized OT prep room



Disorganized working desk and items



Broken equipment is dumped in the yard




Waste bin color coding applied but liner is not matching

## Manyara Regional Referral Hospital (Manyara region)

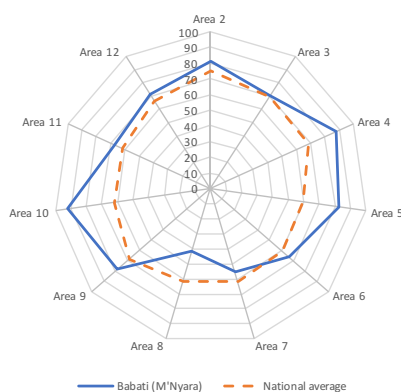
Facility code: 104279-5

### Basic information of the RRH

Bed capacity	75	
Number of staff	127 (Staff shortage by 74%) *minimum requirement	
Departments existing in the RRH	9 dept., 14-Section	
Top 10 diseases	UTI, Malaria, ARI, Skin Infections, Hypertension, Peptic Ulcer, Diabetes Mellitus, Typhoid, Intestinal worm, Pneumonia	

### Average score of the EHPA

Overall EHPA average=72.4



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
81.02	70.83	87.5	82.59	66.67	55.56	41.67	78.65	92.39	67.41	71.83

Information Use and Dissemination, Functional Hospital Advisory Boards, Radiology and Imaging, Food Service were identified as weakest sub areas with the score of 33.3%. On the other hand, Medical records, Client Flow, Equipment and Furniture, Fire Safety, Pharmaceutical Services, Laboratory Services and Mortuary were identified as better performance sub areas with the score of more than 90%

### Key strong points

- HRHIS is updated, analyzed and shared regularly
- Training needs assessment done and report available
- Succession and promotion plans available
- QIT established and functional
- 5-year strategic plan available and in line with HSSP IV
- Quarterly financial and technical report available and shared with RHMT
- CHOP is available for the past year
- Activities for QI are incorporated in CHOP
- More than 80% of targeted revenue collection from previous FY achieved
- ISS implementation and feedback available in 3 departments
- Quarterly financial and technical report available but not submitted to HAB
- Medical records properly completed
- Medicines and equipment for emergencies available and accessible for use
- All 30 tracer medicines available

- Expired or unusable stock handled as per guidelines and regulations

### Key Weak points

- HMIS registers and related tools are inconsistent
- Clients waiting time not monitored
- Incomplete Triaging System
- Team for emergency preparedness available but not functional
- Community not involved as there is no HAB in place
- No annual PPM plan and report
- No CSSD
- Missing vital signs and nursing care plan
- Not all equipment to support safe surgical intervention available
- Laboratory not accredited through SLMTA

### Key Suggestions

#### RHMT

- Prepare follow up action plan
- Do regular SS on identified gaps
- Oversee that identified gaps are addressed in the next CHOP
- Orient RRHMT on EHPA checklist

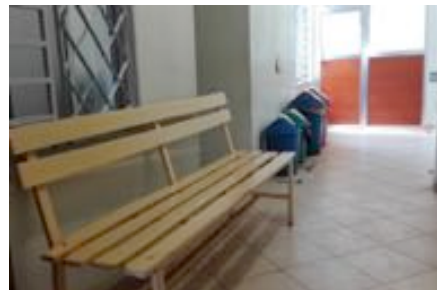
#### RRHMT

- Prepare action plan for rectification of observed gaps (immediate & long term)
- Include EHPA identified gaps in next CHOP
- Orient hospital staffs on EHPA checklist
- Strengthen regular ISS

### Pictures



Well-arranged pharmacy store



Clean and tidy waiting area at a clinic



Proper parking of wheelchair with zone and symbol




Following PC guideline for disinfection

## Bariadi Regional Referral Hospital (Simiyu region)

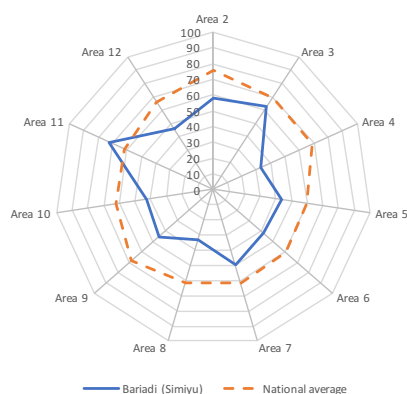
Facility code: 100327-6

### Basic information of the RRH

Bed capacity	300	
Number of staff	213(Staff shortage by 56%) *minimum requirement	
Departments existing in the RRH	5 Dept., 22 sections	
Top 10 diseases	Malaria, Eye diseases UTI, Pneumonia, Dental problems, Diarrhea Severe, Typhoid Fever, Cardio Vascular Diseases, URTI, HIV, AIDS	

### Average score of the EHPA

Overall EHPA average=48.1



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
58.24	62.5	33.33	43.89	42.22	50	33.33	45.83	42.33	72.04	45.57

Staff Performance Appraisal System, Health Promotion Services, Emergency Preparedness and Response Services, Client Service Charter, Social Accountability, Functional Hospital Advisory Boards, Planned Preventive Maintenance (PPM), Equipment and Furniture, Infection Prevention Control, Fire Safety, Radiology and Imaging, Food Service were identified as weakest sub areas with the score of 33.3%. On the other hand, Medical record was identified as better performance sub area with 83.3%.

### Key strong points

- HMT has conducted clients exit interview to assess their satisfaction with quality of service provided
- Inadequate medicines and equipment for emergencies, and the available ones are not easily accessible
- The hospital has documented staff Retention program
- Availability of antiseptics and disinfectants

### Key Weak points

- HRHIS data base is not used for planning and management of HRH
- HMT does not conduct Internal Supportive Supervision
- HMT does not set revenue collection targets and prepare monthly financial reports
- HMT does not have documented plans for proper HRH management i.e. training Needs Assessment, Promotion plan and succession plan

- WITs are not functional in all visited areas except dispensing room at OPD
- HMIS tools are not correctly filled (tally sheets do not correspond to registers at OPD)
- Inadequate medicines and equipment for emergencies, and the available ones are not easily accessible
- Hospital does not have RRHAB
- Staff not trained on PPM, No PPM plan and implementation report
- More than 20% of essential equipment is not available in the Major OT
- 5S/KAIZEN is not practiced and no reports availed at Pharmacy main store

### Key Suggestions

- Clients at OPD should be checked for vital signs and weight before entering clinician rooms.
- Improve patient flow pattern and triage at OPD.
- Allocate special room and clinician for elderly.
- Improve Blood Bank services including temperature monitoring chart and labeling.
- reconstruct. Hospital canteen
- RRHMT should make use of available HRHIS data base for planning and management of HRH
- Implement 5S-KAIZEN e in all units and departments
- RRHMT should conduct internal supportive supervision on quarterly bases
- RRHMT should set targets for revenue collection and prepare monthly financial reports
- RRHMT should disseminate available client service charter to all Hospital staffs

### Pictures



Good practice of 5S-KAIZEN at dispensing area



Unwanted items piled in a room



Delivery beds, no privacy




Disorganized OT changing room

# Vwawa Regional Referral Hospital (Songwe region)

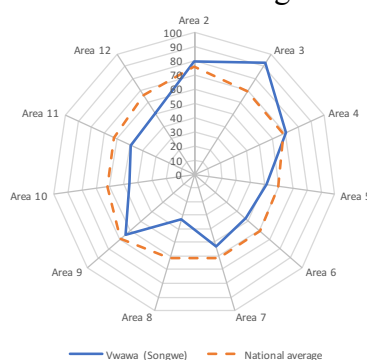
Facility code: 108289-0

## Basic information of the RRH

Bed capacity	150	
Number of staff	274 (Staff shortage by 43%) *minimum requirement	
Departments existing in the RRH	8 Dept., 16 section	
Top 10 diseases	URI, Skin Infection, Pneumonia, Diarrhea, Eye disease, Infectious GIT Diseases, Other Non-Infectious, Anemia, Malnutrition, UTI, Typhoid	

## Average score of the EHPA

Overall EHPA average=58.1



Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
79.5	93	70.8	50.9	47.7	52.7	33.3	64.5	46.5	49	51.1

Emergency Preparedness and Response Services, Social Accountability Assessment, Functional Hospital Advisory Boards, Fire Safety, Radiology and Imaging, Food Service were identified as weakest sub areas with the score 33.3%. On the other hand, Information Use and Dissemination, Medical records were identified as best performance sub-areas with the score of 100%.

### Key strong points

- Health management team is functional
- Availability of 5-year strategic plan
- Documents required for CHOP preparation are in place
- Revenue collection efforts are in place (9/11)
- Quarterly financial and technical report prepared and shared with RHMT
- HRHIS analysis is done and in use
- Medical recording system is functional

### Key Weak points

- No training need assessment, succession plan, induction plan
- QIT is established but not functional
- Means to reduce wastage of resources
- Optimal client flow and self-discipline instructions is not improved
- Client waiting time is not monitored
- No triage system and no trained staff for handling emergency
- Clients handling not satisfactory
- No documented client's complaints, action taken and feedback
- No HAB (Hospital Advisory Board)
- No engineering workshop/section and no PPM plan and report



- IPC guideline is not in place
- NO CSSD
- 5S-KAIZEN is not practiced in clinical support areas
- No TAEC report from 2012

### Key Suggestions

- Review the client flow at reception to avoid overcrowding
- Transform health facility governing committee to HAB
- Establish emergency department
- Strengthen QIT and WIT functionality
- Supervise the implementation of IPC and ISS
- Avail and make use of standard treatment guidelines
- Practice nursing care plan
- Establish medical error audit
- Document and display client and service charter
- Document client complaints, action taken and provide feedback to the community
- Establish triage system
- Establish and maintain surgical procedure protocols for prevention of sepsis
- Make plans to address identified gaps
- For gap that require funds should be included in development of CHOP

### Pictures



Improve medical waste disposal



Color code waste bin strategy for segregation of wastes



Clean and well-arranged lines at Landry



Disorganized shelf at pharmacy store

## Conclusion

The External Hospital Performance Assessment baseline report has unveiled the prevailing situations of the Regional Referral Hospitals in the country. From the report, there are situation that need to be addressed to improve the quality of services, but also achievements and good practices that must be endured to maintain quality of services being delivered by the Regional Referral Hospitals. In view of this, the results and the findings from this baseline survey should further be analyzed and utilized by all Regional Referral Hospital Management Teams as an opportunity to reflect their performance in each section, unit, and department.

We underscore, the data and information congregated from the External Hospital Performance Assessment Baseline will be coalesced with the data, collected from Internal Supportive Supervision reports to provide priority interventions for the Regional Referral Hospital in the coming Comprehensive Hospital Operation Plan. This should be done every year.

Obviously, after the introduction of New Guideline for development of Comprehensive Hospital Operation Plan, the way of managing the Regional Referral Hospitals has been shifting from demand-based to evidence-based. Regional Referral Hospital Management Teams should, therefore, crucially utilize the data and information from the Internal Supportive Supervision and External Hospital Performance Assessment to arrive at evidence based Comprehensive Hospital Operation Plan. Good practice of evidence-based management of the hospital is to manage the work and resources at departmental level.

We believe that the information shared in this report can also be utilized by any other relevant authority to properly support and to improve service delivery at the regional referral hospitals. Indeed, environment surrounding the Regional Referral Hospital is changing frequently and it is important to periodically grasp the situation of hospital management. Therefore, we strongly recommend, that External Hospital Performance Assessment be conducted by Regional Health Management Team or relevant authorities at least once a year.

## Annex 1: Correlation coefficient between areas

	Total	Hospital Management	Use of Hospital Data for Planning and Service Improvement	Staff Performance Assessment	Organization of Service	Handling Emergency and Referral	Client Focus	Social Accountability	Hospital Infrastructure	IPC, Safety Measures and Risk Management	Clinical Services	Clinical Support Services
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8	Area 9	Area 10	Area 11	Area 12
Total	1											
Hospital Management	0.793	1										
Use of Hospital Data for Planning and Service Improvement	0.601	0.545	1									
Staff Performance Assessment	0.718	0.694	0.575	1								
Organization of Service	0.674	0.553	0.339	0.495	1							
Handling Emergency and Referral	0.838	0.657	0.568	0.706	0.420	1						
Client Focus	0.595	0.470	0.342	0.373	0.367	0.481	1					
Social Accountability	0.510	0.370	0.134	0.097	0.213	0.267	0.318	1				
Hospital Infrastructure	0.738	0.585	0.505	0.589	0.536	0.675	0.354	0.287	1			
IPC, Safety Measures and Risk Management	0.734	0.534	0.451	0.691	0.662	0.631	0.238	0.163	0.652	1		
Clinical Services	0.415	0.375	0.107	0.248	0.243	0.430	0.315	0.251	0.138	0.279	1	
Clinical Support Services	0.778	0.532	0.315	0.408	0.468	0.535	0.459	0.523	0.633	0.609	0.237	1

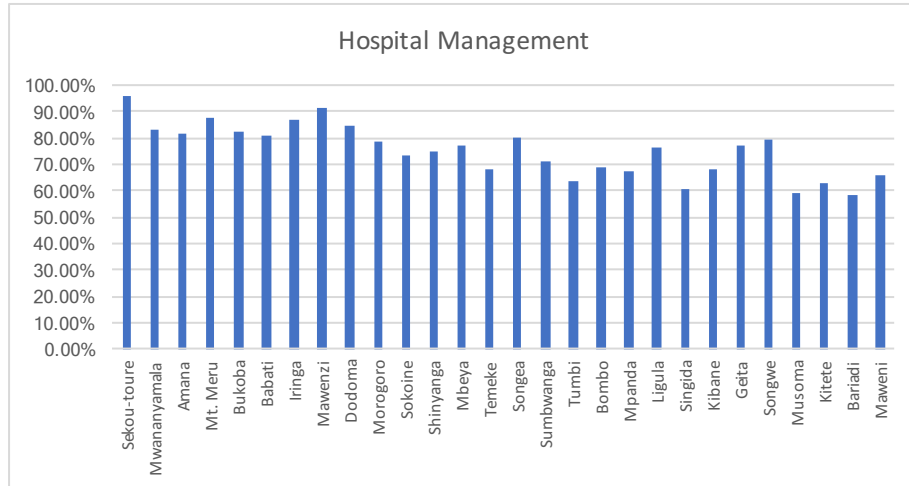
+ .70 or higher: Very strong positive relationship, +.40 to +.69: Strong positive relationship, +.30 to +.39: Moderate positive relationship, +.20 to +.29: weak positive relationship  
 +.01 to +.19: No or negligible relationship, 0: No relationship [zero order correlation (<http://www.statisticshowto.com/probability-and-statistics/correlation-coefficient-formula/>)]

## Annex 2: Staff availability

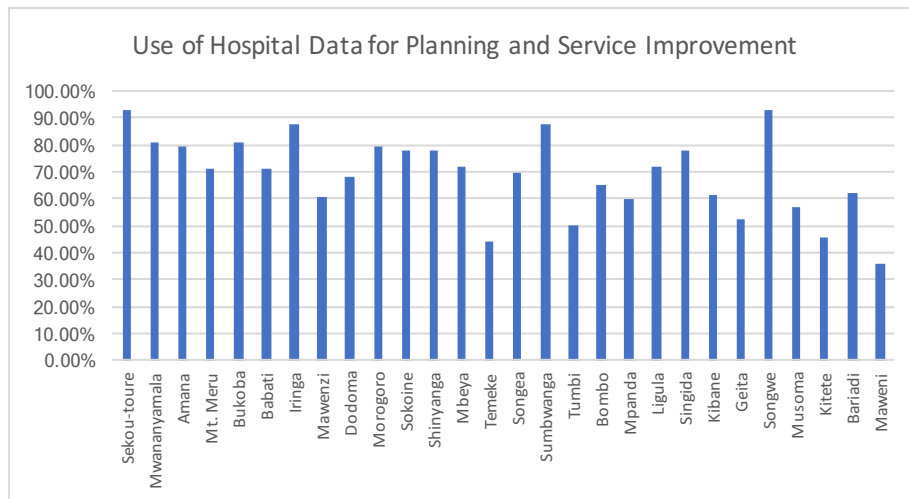
Name of the Hospital	Staff available	minimum requirement	percentage	Maximum requirement	percentage
ARUSHA	512	481	106%	681	75%
Amana	393	481	82%	681	58%
Temeke	408	481	85%	681	60%
Mwanyamala	515	481	107%	681	76%
Dodoma	484	481	101%	681	71%
Geita	305	481	63%	681	45%
Iringa	402	481	84%	681	59%
Kagera	278	481	58%	681	41%
Katavi	212	481	44%	681	31%
Kigoma	223	481	46%	681	33%
Kilimanjaro	442	481	92%	681	65%
Lindi	232	481	48%	681	34%
Manyara	127	481	26%	681	19%
Mara	329	481	68%	681	48%
Mbeya	312	481	65%	681	46%
Morogoro	560	481	53%	681	82%
Mtwara	254	481	53%	681	37%
Mwanza	375	481	78%	681	55%
Njombe	204	481	42%	681	30%
Pwani	405	481	84%	681	59%
Rukwa	308	481	64%	681	45%
Ruvuma	518	481	108%	681	76%
Shinyanga	326	481	68%	681	48%
Simiyu	213	481	44%	681	31%
Songwe	274	481	57%	681	40%
Singida	336	481	70%	681	49%
Tabora	332	481	69%	681	49%
Tanga	397	481	83%	681	58%

## Annex 3: Average of areas per RRH

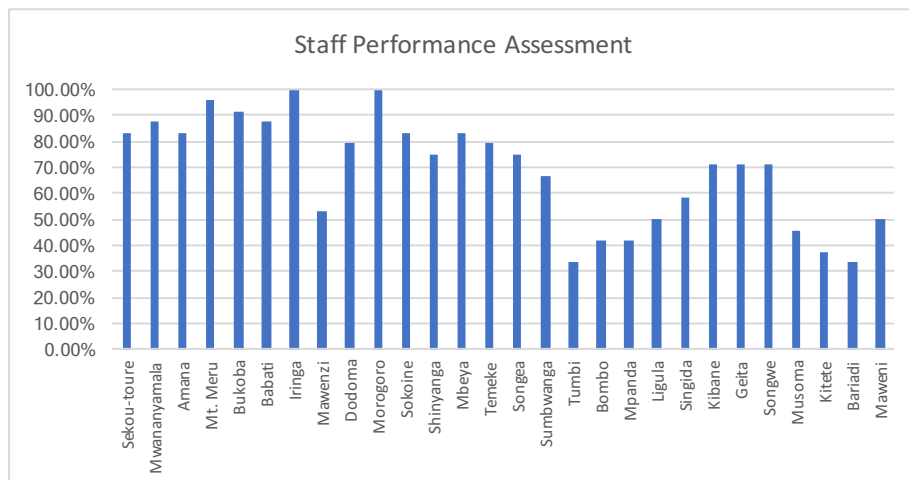
### Area 2



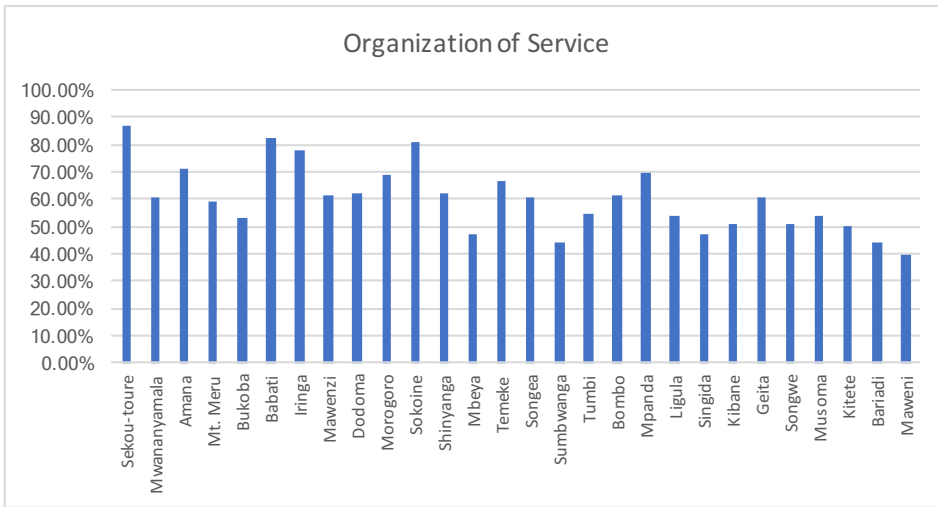
### Area 3



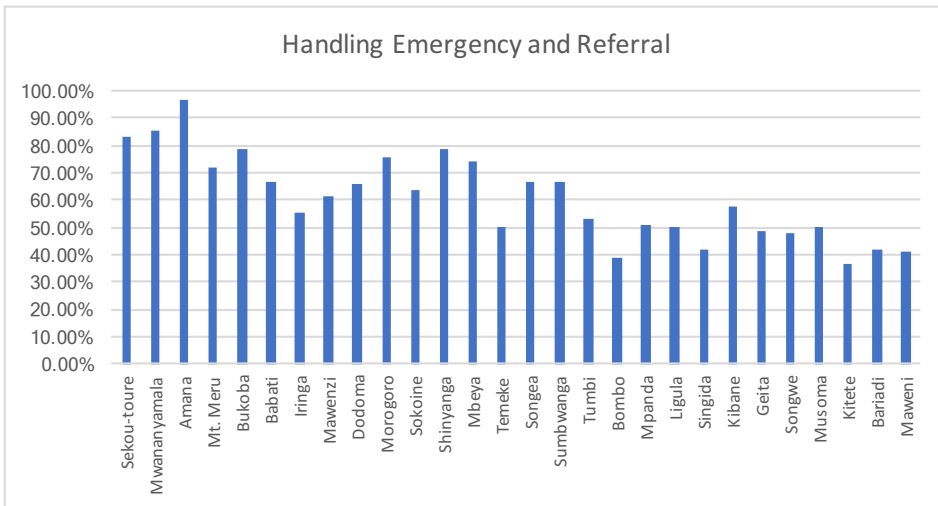
### Area 4



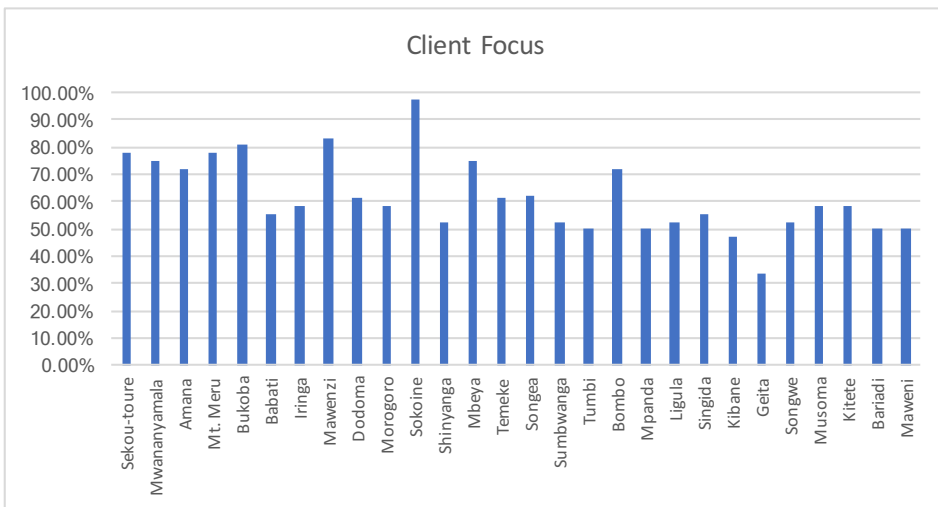
**Area 5**



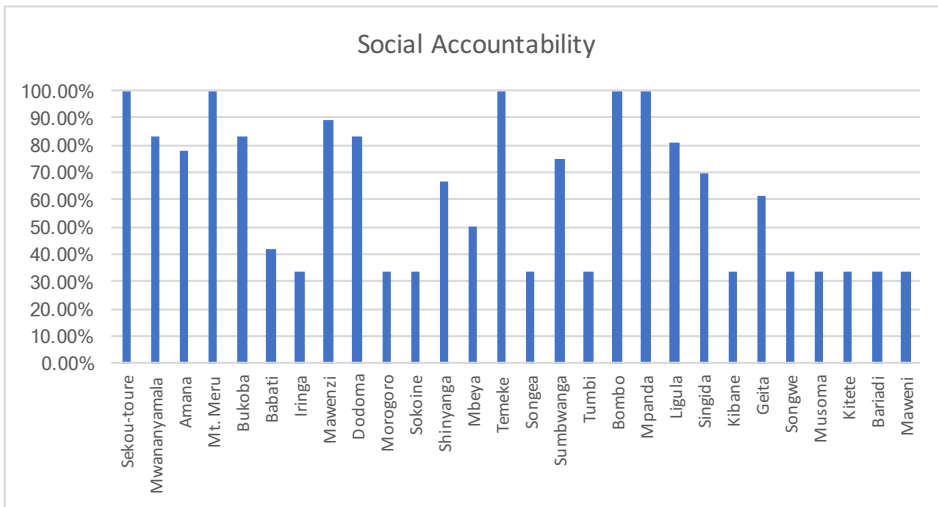
**Area 6**



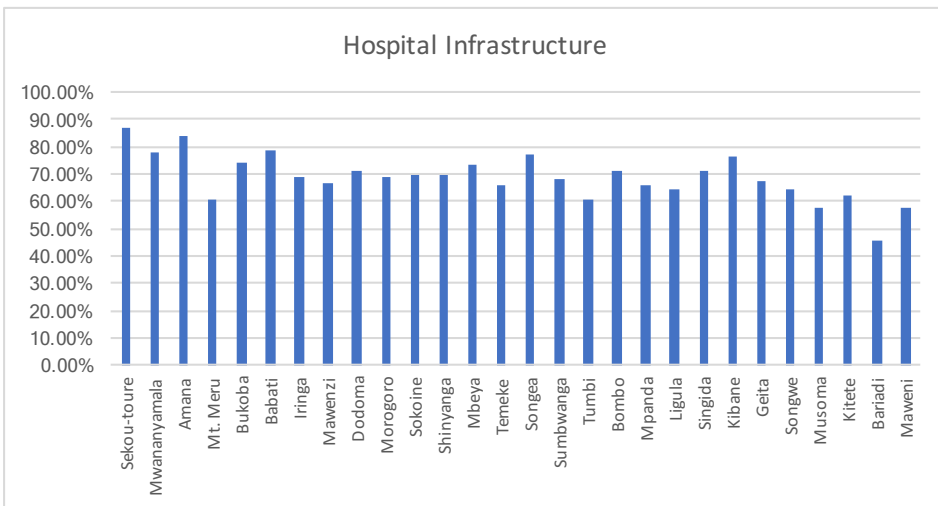
**Area 7**



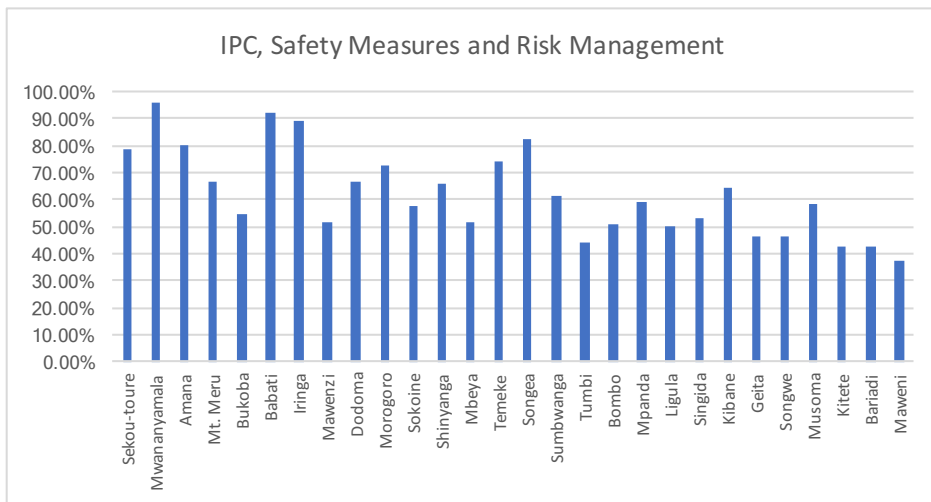
**Area 8**



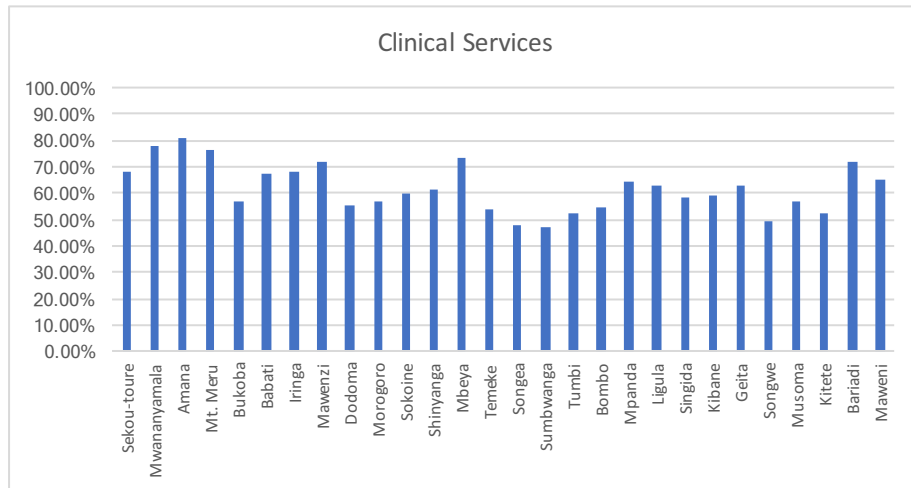
**Area 9**



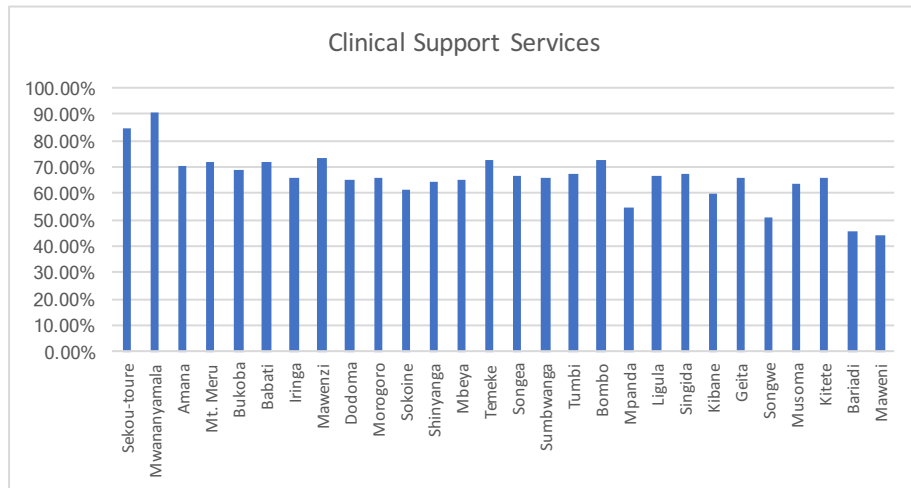
**Area 10**



**Area 11**



**Area 12**





## Annex 4: Results of EHPA by sub areas

Unit (%)

Area	Sub-Area	Mawenzi	Ligula	Sokoine	Songea	Kibane	Iringa	Morogoro	Mwanyanamala	Amana	Temeke	Mpanda	Sumbwanga	Songwe	Mbeya	Musoma	Bariadi	Sekou-toure	Kitete	Maweni	Geita	Bukoba	Shinyanga	Dodoma	Tumbi	Mt. Meru	Babati	Bombo	Singida	Average
2	Hospital Management	81.8	73.3	70.0	76.4	57.3	72.2	79.1	91.4	73.4	66.8	60.1	63.5	77.4	64.7	59.4	49.6	89.8	54.8	52.2	61.5	76.6	73.8	68.7	65.5	87.5	76.6	66.7	54.0	69.4
	Facility Autonomy and Fiscal Decentralization	93.0	65.0	83.9	73.1	72.3	89.3	82.3	85.6	80.6	71.9	75.9	84.2	86.1	66.0	42.0	58.4	97.2	67.3	63.2	78.6	86.4	66.8	85.3	51.6	84.2	83.1	57.8	60.6	74.7
	Working Conditions	100.	91.7	66.7	91.7	75.0	100.	75.0	75.0	91.7	66.7	66.7	66.7	75.0	100.	75.0	66.7	100.	66.7	83.3	91.7	83.3	83.3	100.	75.0	91.7	83.3	83.3	66.7	81.8
3	Function of HMIS	60.0	66.7	91.7	91.7	83.3	87.5	87.5	91.7	87.5	41.7	95.8	87.5	79.2	41.7	37.5	54.2	87.5	37.5	41.7	58.3	75.0	83.3	37.5	41.7	87.5	87.5	45.8	83.3	69.7
	Information Use and Dissemination	33.3	66.7	50.0	33.3	50.0	83.3	83.3	66.7	50.0	50.0	50.0	100.	100.	83.3	50.0	50.0	100.	33.3	33.3	33.3	83.3	83.3	83.3	33.3	33.3	33.3	66.7	66.7	60.1
	Medical records	88.9	83.3	91.7	83.3	50.0	91.7	66.7	100.	100.	41.7	33.3	75.0	100.	91.7	83.3	83.3	91.7	66.7	33.3	66.7	83.3	66.7	83.3	75.0	91.7	91.7	83.3	83.3	77.9
4	Staff Performance Appraisal System	53.3	50.0	83.3	75.0	70.8	100.	100.	87.5	83.3	79.2	41.7	66.7	70.8	83.3	45.8	33.3	83.3	37.5	50.0	70.8	91.7	75.0	79.2	33.3	95.8	87.5	41.7	58.3	68.9
5	Service Provider Charter	66.7	73.3	75.0	70.0	51.7	71.7	56.7	96.7	63.3	60.0	58.3	55.0	58.3	46.7	51.7	48.3	60.0	55.0	41.7	65.0	70.0	75.0	53.3	46.7	61.7	86.7	68.3	41.7	61.7
	Client Flow	66.7	55.6	100.	61.1	66.7	61.1	66.7	61.1	50.0	55.6	83.3	44.4	44.4	61.1	61.1	50.0	100.	61.1	44.4	50.0	55.6	61.1	50.0	50.0	50.0	94.4	66.7	50.0	61.5
	Health Promotion Services	50.0	33.3	66.7	50.0	33.3	100.	83.3	50.0	100.	83.3	66.7	33.3	50.0	33.3	50.0	33.3	100.	33.3	33.3	66.7	33.3	50.0	83.3	66.7	66.7	66.7	50.0	50.0	57.7
6	Appropriate Handling Emergency Cases	55.6	36.7	76.7	46.7	43.3	53.3	73.3	80.0	90.0	43.3	46.7	46.7	43.3	66.7	43.3	43.3	90.0	36.7	36.7	46.7	73.3	80.0	63.3	50.0	83.3	66.7	50.0	36.7	57.2
	Referral Mechanism	66.7	33.3	66.7	100.	83.3	66.7	66.7	100.	100.	66.7	66.7	100.	66.7	83.3	66.7	50.0	66.7	33.3	33.3	66.7	83.3	83.3	66.7	50.0	66.7	66.7	33.3	50.0	67.3
	Emergency Preparedness and Response Services	NA	80.0	46.7	53.3	46.7	46.7	86.7	100.	100.	40.0	40.0	53.3	33.3	73.3	40.0	33.3	93.3	40.0	53.3	33.3	80.0	73.3	66.7	60.0	66.7	66.7	33.3	40.0	58.5
7	Client Service Charter	66.7	38.9	94.4	58.3	61.1	50.0	50.0	55.6	77.8	55.6	50.0	38.9	38.9	50.0	50.0	33.3	55.6	50.0	33.3	33.3	94.4	38.9	55.6	33.3	55.6	44.4	77.8	44.4	53.1
	Client Satisfaction	100.	66.7	100.	66.7	33.3	66.7	66.7	100.	66.7	66.7	NA	66.7	66.7	100.	66.7	66.7	100.	66.7	66.7	33.3	66.7	66.7	66.7	66.7	100.	66.7	66.7	66.7	71.6
8	Social Accountability Assessment	100.	100.	33.3	33.3	33.3	33.3	33.3	100.	100.	100.	100.	83.3	33.3	66.7	33.3	33.3	100.	33.3	33.3	33.3	66.7	66.7	100.	33.3	100.	50.0	100.	83.3	64.9

Area	Sub-Area	Mawenzi	Ligula	Sokoine	Songea	Kibane	Iringa	Morogoro	Mwanyanamala	Amana	Teemeke	Mpanda	Sumbwanga	Songwe	Mbeya	Musoma	Bariadi	Sekou-toure	Kitete	Maweni	Geita	Bukoba	Shinyanga	Dodoma	Tumbi	Mt. Meru	Babati	Bombo	Singida	Average
	Functional Hospital Advisory Boards	77.8	61.1	33.3	33.3	33.3	33.3	33.3	66.7	55.6	100.	100.	66.7	33.3	33.3	33.3	33.3	100.	33.3	33.3	88.9	100.	66.7	66.7	33.3	100.	33.3	100.	55.6	<b>58.5</b>
9	Planned Preventive Maintenance (PPM)	33.3	41.7	58.3	58.3	75.0	41.7	41.7	50.0	66.7	50.0	33.3	50.0	58.3	75.0	33.3	33.3	100.	50.0	33.3	66.7	58.3	41.7	66.7	50.0	58.3	41.7	66.7	50.0	<b>53.0</b>
	Buildings	66.7	81.3	69.4	84.0	65.3	68.1	84.0	79.2	86.8	81.3	62.5	56.9	50.0	69.4	63.2	50.0	79.9	65.3	48.6	52.8	72.9	70.8	68.8	58.3	83.3	89.6	66.7	66.7	<b>69.3</b>
	Utilities	100.	66.7	83.3	100.	83.3	100.	83.3	100.	100.	83.3	100.	100.	83.3	83.3	100.	66.7	100.	83.3	83.3	83.3	100.	100.	83.3	66.7	33.3	83.3	83.3	100.	<b>86.9</b>
	Equipment and Furniture	66.7	66.7	66.7	66.7	83.3	66.7	66.7	83.3	83.3	50.0	66.7	66.7	66.7	66.7	33.3	33.3	66.7	50.0	66.7	66.7	66.7	66.7	66.7	66.7	66.7	100.	66.7	66.7	<b>66.1</b>
10	Healthcare Waste Disposal	50.0	64.3	52.8	95.2	82.9	86.1	67.1	60.3	81.3	85.7	66.3	61.1	53.6	69.4	75.0	60.3	97.6	54.0	42.9	59.1	72.6	77.8	72.6	58.3	88.5	89.7	77.4	73.8	<b>70.6</b>
	Infection Prevention Control	53.8	52.8	87.5	86.1	77.8	80.6	83.3	94.4	91.7	69.4	77.8	55.6	52.8	52.8	66.7	33.3	70.8	41.7	36.1	47.2	56.9	87.5	59.7	40.3	79.2	87.5	43.1	52.8	<b>65.0</b>
	Fire Safety	NA	33.3	33.3	66.7	33.3	100.	66.7	100.	66.7	66.7	33.3	66.7	33.3	33.3	33.3	33.3	66.7	33.3	33.3	33.3	33.3	33.3	66.7	33.3	33.3	100.	33.3	33.3	<b>49.4</b>
11	Outpatient and Inpatient Services	71.8	100.	50.0	50.0	66.7	50.0	66.7	100.	83.3	33.3	83.3	50.0	50.0	83.3	50.0	83.3	50.0	83.3	83.3	66.7	50.0	50.0	83.3	50.0	66.7	83.3	50.0	50.0	<b>65.7</b>
	RMNCH-Services	NA	44.4	77.8	44.4	66.7	100.	44.4	66.7	100.	77.8	33.3	44.4	55.6	77.8	66.7	77.8	100.	33.3	77.8	77.8	77.8	66.7	33.3	66.7	100.	55.6	55.6	66.7	<b>66.3</b>
	Inpatient Services	NA	45.0	51.7	48.3	43.3	55.0	60.0	66.7	58.3	50.0	76.7	46.7	41.7	58.3	55.0	55.0	55.0	41.7	33.3	43.3	43.3	66.7	50.0	41.7	63.3	63.3	58.3	58.3	<b>53.0</b>
12	Pharmaceutical Services	71.8	69.4	57.5	48.4	79.4	75.8	51.2	95.2	74.6	71.0	66.7	66.3	38.1	75.8	70.6	45.2	87.3	73.8	33.3	67.1	59.1	74.6	66.7	63.5	89.3	90.5	59.1	74.2	<b>67.7</b>
	Laboratory Services	94.4	95.2	71.4	95.2	90.5	85.7	90.5	100.	100.	100.	57.1	100.	71.4	81.0	77.8	47.6	90.5	95.2	66.7	71.4	61.9	90.5	81.0	76.2	90.5	90.5	95.2	90.5	<b>84.2</b>
	Operation Theatre	83.3	50.0	83.3	66.7	33.3	75.0	66.7	100.	83.3	83.3	50.0	58.3	41.7	58.3	75.0	58.3	91.7	58.3	41.7	41.7	75.0	83.3	75.0	75.0	100.	83.3	75.0	75.0	<b>69.3</b>
	Radiology and Imaging	33.3	33.3	33.3	50.0	66.7	50.0	66.7	50.0	33.3	50.0	66.7	33.3	33.3	66.7	33.3	33.3	50.0	33.3	33.3	50.0	50.0	50.0	50.0	33.3	33.3	33.3	66.7	66.7	<b>45.8</b>
	Mortuary	77.8	77.8	88.9	100.	55.6	77.8	88.9	100.	100.	66.7	55.6	88.9	88.9	77.8	66.7	55.6	88.9	77.8	55.6	100.	100.	55.6	66.7	88.9	66.7	100.	88.9	66.7	<b>79.4</b>
	Food Service	77.8	75.0	33.3	41.7	33.3	33.3	33.3	33.3	33.3	33.3	66.7	33.3	50.0	33.3	58.3	33.3	100.	58.3	33.3	66.7	66.7	33.3	50.0	66.7	50.0	33.3	50.0	33.3	<b>48.0</b>



