South Sudan
Health Facility Survey
Second Round

MINISTRY OF HEALTH
LATH
2013
Objectives of the Health Facility Survey

1. Provide a **rapid assessment** of the quality of services in health facilities as of December 2013
   - Includes a state-by-state analysis

2. **Build the capacity** of the MOH to perform rapid assessments (specifically HFS)
Instrument

History

The current tool is the most advanced version of a tool developed by many organisations:

- Originally BASICS
- Harvard School of Public Health (1988)
- Then, CORE Group, World Bank, MEASURE Evaluation

- It benefits from other HFA tools such as the DHS-Service Provision Assessment
- Reviewed by the International Working Group on Health Facility Assessments (WHO)
The HFS uses child health as a proxy for other services

This assessment is a follow-up of 2011 R-HFS
Survey Design

- **Domains**
  1. Access to services
  2. Inputs (resources needed for the services)
  3. Processes
  4. Performance of health workers

- **Focal Programs:** Child Health (IMCI), ANC, Neonatal

- **Modules in the Instrument**
  - Observation (6 consultations)
  - Exit interview (6 caretakers)
  - Health facility checklist
  - Health worker interview
### Key Indicators: 26 in total

**Access**
- **Services offered (2)**

<table>
<thead>
<tr>
<th>Input</th>
<th>Process</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human resources</td>
<td>Training</td>
<td>Utilization rate (3)</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Supervision</td>
<td>Assessment of child (2)</td>
</tr>
<tr>
<td>Equipment / supplies and RDTs (5)</td>
<td>Information system</td>
<td>Appropriateness of treatment</td>
</tr>
<tr>
<td>Drugs (3)</td>
<td></td>
<td>Quality of counseling</td>
</tr>
</tbody>
</table>
Key Indicators have sub-components

- **Child equipment and supplies**
  - % of facilities with all of the following:
    - Working scale for children
    - Working timer or watch for measuring respiratory rate
    - Jug, cup and spoon for ORS
    - Working refrigerator for vaccines

- **Supportive supervision**
  - % of facilities where HW received supervision in the previous 6 months and the supervisor performed at least 1 of the following:
    - Checked records; Observed work; Provided feedback
    - Gave praise, provided updates, Discussed problems
    - Checked drug supply
## Adjustment of Indicators by HF

**Level: Essential Infrastructure**

<table>
<thead>
<tr>
<th>Component</th>
<th>PHCU</th>
<th>PHCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latrine</td>
<td>Working latrine for clients</td>
<td>Working latrine for clients</td>
</tr>
<tr>
<td></td>
<td>SAME</td>
<td>SAME</td>
</tr>
<tr>
<td>Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overnight beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample of Facilities

- **LQAS sample of PHCC to minimize cost and time**
  - State samples sizes selected to reduce errors (Alpha = 0.1 and Beta = 0.1)
  - Assumption of target of 80% with spread of 30 percentage points:
    - States performing at or above 80% will be misclassified as lower no more than 10% of the time (producer risk)
    - States falling at or below 50% will be misclassified as higher no more than 10% of the time (consumer risk)

- Calculate Decision Rules (DR) for each State by indicator
  - DR for 80% target
  - DR for National Mean

- 119 facilities (10-13 PHCC and PHC sampled per state)
Sample of Clinical Observations and Exit Interviews

- 6 observations per facility
- 701 observations total

Assumes that clinicians perform the task correctly at least 95%.
- DR = 5 of 6 observations are correctly performed
- Error: alpha = 0.1, beta = 0.1
# Sample Size by State

<table>
<thead>
<tr>
<th>State</th>
<th>PHCC</th>
<th>PHCU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Nile</td>
<td>13 / 42</td>
<td>13 / 120</td>
</tr>
<tr>
<td>Jonglei</td>
<td>11 / 29</td>
<td>9 / 199</td>
</tr>
<tr>
<td>Unity</td>
<td>11 / 25</td>
<td>11 / 76</td>
</tr>
<tr>
<td>Warrap</td>
<td>13 / 30</td>
<td>13 / 117</td>
</tr>
<tr>
<td>Western Bar el Ghazal</td>
<td>11 / 25</td>
<td>11 / 76</td>
</tr>
<tr>
<td>Northern Bar el Ghazal</td>
<td>10 / 17</td>
<td>10 / 107</td>
</tr>
<tr>
<td>Lakes</td>
<td>11 / 24</td>
<td>11 / 81</td>
</tr>
<tr>
<td>Western Equatoria</td>
<td>13 / 40</td>
<td>13 / 175</td>
</tr>
<tr>
<td>Central Equatoria</td>
<td>13 / 58</td>
<td>14 / 216</td>
</tr>
<tr>
<td>Eastern Equatoria</td>
<td>13 / 48</td>
<td>13 / 161</td>
</tr>
<tr>
<td><strong>TOTAL SAMPLE</strong></td>
<td><strong>119 / 338</strong></td>
<td><strong>118 / 1328</strong></td>
</tr>
</tbody>
</table>
### Actual Implementation Schedule

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time: 12-14 weeks from beginning until reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample selection, tool adaptation and field testing</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Training</td>
<td>5 days</td>
</tr>
<tr>
<td>Supervision</td>
<td>6 days</td>
</tr>
<tr>
<td>Data collection</td>
<td>4-6 weeks</td>
</tr>
<tr>
<td>Data entry and cleaning</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Analysis and report</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>
Implementation: Training and Data Collection

- **Teams from each State MOH**
  - 8 states X 3 people = 24 participants
  - 2 states X 4 people = 8 participants = total 32
- **Facilitators:** LATH 2 + MOH-RRHP 1
- **Field Supervisors:** MOH 3; LATH 3
- **Data collection 2 phases**
  - Eastern and Central Equatoria (together) 1 week
  - Remaining 8 states (3-6 weeks)
- **Data entry and cleaning done at MOH**
Implementation: Facilities
Substitutions: 23%

- **Highest**
  - 54% in Jonglei and reduced sample from 13 to 11
  - 55% in Unity

- **Lowest**
  - 8% in Central Equatoria
  - 9% in WBG
# Results Maternal Health: ANC

## Table 3: Facilities that offer all three IMCI services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Facilities with ANC at least 5d / wk</th>
<th>Valid sample size</th>
<th>National mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHCCs with ANC services ≥ 5 days / wk</td>
<td>81</td>
<td>119</td>
<td>68%</td>
</tr>
</tbody>
</table>

**State**

<table>
<thead>
<tr>
<th>State</th>
<th>Facilities “passing”</th>
<th>DR Target (80%)</th>
<th>DR for 68% national mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Nile</td>
<td>11</td>
<td>9*</td>
<td>8*</td>
</tr>
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<td>7</td>
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<tr>
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<td>8</td>
<td>7*</td>
<td>6*</td>
</tr>
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<td>8</td>
<td>7*</td>
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<td>W Equatoria</td>
<td>9</td>
<td>9*</td>
<td>8*</td>
</tr>
<tr>
<td>C Equatoria</td>
<td>10</td>
<td>9*</td>
<td>8*</td>
</tr>
<tr>
<td>E Equatoria</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
Inputs for Child Health
Essential Child Health Services
National Proportion
23% of PHCCs have all 3 services 5 days a week or more

- Child consults at least 5 days/week: 98%
- Immunization at least 5 days/week: 56%
- GMP at least 5 days/week: 29%
- All 3 services at least 5 days/week: 23%
Human Resources

MOH minimum for PHCC:

- Nurses (3 or more)
- Midwife (2 or more)
- MA or CO (2 or more)
- Pharmacy (2 or more)
- Laboratory (2 or more)
- CHW (2 or more)
Minimum Human Resources National Proportion

13% of PHCCs have ONE OR MORE of each of the following cadres

- Nurses: 76%
- Midwife: 44%
- MA or CO: 72%
- Pharm: 68%
- Lab: 59%
- CHW: 76%
Basic minimum infrastructure

Inpatient beds
Communication

Worker’s Mobile Phone

Radio

Fixed Line Phone
Transportation

Working Ambulance with Fuel Shared may be “Reported but Not Seen” if it can be called.
Electricity

Electricity NOW?

Working solar system

Working Generator with Fuel
Usable latrine for clients

Simple pit latrine  Ventilated pit latrine

LOCKED IS NOT USEABLE
Water for handwashing

Buckets or Jerry Cans

Piped water
Water source for handwashing: protected

Borehole
Water source for hand washing: not protected

Open dug well

Surface water
9% of PHCCs have all 8 items of essential infrastructure.

- Overnight beds: 70%
- Working radio: 17%
- Mobile phone with network: 50%
- Working ambulance: 14%
- Electricity: 52%
- Generator or solar system: 52%
- Useable latrine for clients: 88%
- Water for hand washing: 96%
- Improved water source: 80%
Minimum equipment for child health services

- Clock or watch with second hand (phone OK)
- Equipment to make ORS
- In the facility

Child scale
Standing scale
Minimum equipment for child health services

- Vaccine carrier
- Ice lined refrigerator
- Cold box for long term storage
Child Health: Equipment and Supplies

National Proportion

6% of PHCCs have all 6 items

- Working child scale: 69%
- Working standing scale: 70%
- Timer: 29%
- Jug: 21%
- Cup and spoon: 17%
- Working refrigerator for vaccines: 67%
Child Health: Drugs
National Proportion
39% of PHCCs have all 5 drugs
Infection control

Autoclave

Pressure cooker type autoclave

Dry heat sterilizer
Infection control

Boiling instruments is not adequate
Infection control

Chlorine or iodine for sterilization
NOT WATERGUARD

Latex gloves
Infection control

5cc syringe
19 or 21 gauge needle in the package

Safety box for needle and scalpels

Soap
Adequate waste disposal
Inadequate waste disposal
Child Health: Infection Control

National Proportion

8% of PHCCs had all 9 elements
All nationally mandated vaccines + functioning fridge

Oral polio vaccine
Measles Vaccine
BCG Vaccine
DTP (diphtheria, tetanus, pertussis) Vaccine
TT (tetanus toxoid) Vaccine
Vaccines and fridge

National Proportion

50% of PHCCs had all 5 vaccines + working fridge (67% had working fridge, 6% had broken one)
Nationally Mandated Guidelines

IMCI Guidelines

note: wall chart is ok
Nationally Mandated Guidelines

MOH Prevention and Treatment Guidelines
Nationally Mandated Guidelines

National Proportion

23% of PHCCs had both IMCI and Treatment Guidelines
Processes for Child Health

5 indicators

- Record-keeping in sick child registers, reporting
  - Records complete
  - Records timely (registers and monthly report)
  - Evidence of data use
- Training in the previous year
- Supervision in the previous 6 months
- LLIN logistics management
  - Records, hand-count
- ACT logistics management
  - Records, hand-count
Sick Child Record Keeping
Under 5s
OPD daily register

Count 1 month
Age complete?

<table>
<thead>
<tr>
<th>S/N</th>
<th>Date of visit</th>
<th>Patient name</th>
<th>Sex</th>
<th>Age in months</th>
<th>Address or Village</th>
<th>Weight or MUAC in mm</th>
<th>Height in cm</th>
<th>Exclusive Breast Feeding (EBF)</th>
<th>Yes or No</th>
<th>Feeding Initiation (hrs since birth)</th>
<th>Complementary Feeding</th>
<th>Micro-Nutrients (Vit. A or Ferrous Sulphate)</th>
<th>Immunisation Status</th>
<th>Temperature in Celsius</th>
<th>Blood Pressure in mm Hg</th>
</tr>
</thead>
</table>

Diagnosis for every child?
Sick child record keeping

Every child has Treatment?
Sick-child record-keeping
National Proportion
50% have all 6 elements

- Birthdate complete: 81%
- Diagnosis complete: 76%
- Treatment complete: 81%
- Last entry < 3 months ago: 81%
- Last report < 3 months ago: 70%
- Wall chart: 25%
- Meeting to discuss data: 87%

Element of Sick Child Care Information
Training in the previous year:

National Proportion

81% had received any

<table>
<thead>
<tr>
<th>Service</th>
<th>National Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>46%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>42%</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>42%</td>
</tr>
<tr>
<td>Malaria</td>
<td>54%</td>
</tr>
<tr>
<td>ACT</td>
<td>52%</td>
</tr>
<tr>
<td>Bednet use</td>
<td>43%</td>
</tr>
<tr>
<td>IPT</td>
<td>39%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>38%</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>28%</td>
</tr>
<tr>
<td>IMCI</td>
<td>39%</td>
</tr>
<tr>
<td>Newborn</td>
<td>26%</td>
</tr>
<tr>
<td>Postnatal care</td>
<td>26%</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>29%</td>
</tr>
</tbody>
</table>
Supervision: previous 6 months
National Proportion
91% of facilities
Child Health: Logistics of ACTs

National Proportion

26% of PHCCs have all 5 elements

- Have stock card: 51%
- Received stock within last 6 months: 50%
- Agreement between balance and stock: 45%
- Artesunate and all stock valid: 89%
- Correct disposal of drugs: 65%
Child Health Performance

6 indicators

- Utilization rate of sick child services
- Utilization rate of preventive services (measles coverage)
- Use of malaria test to verify malaria diagnosis
- Sick Child Assessment (CONSISTENTLY does 5 tasks)
  - Observation of 6 consultations
- Sick Child Diagnosis vs. Treatment CONSISTENTLY
  - Observation of 6 consultations
- Did caretaker CONSISTENTLY understand the instructions?
  - Exit interview with 6 caretakers
Child Health Performance
Utilization
Assumes 50,000 people in catchment area

- **Sick child consultation in one month \( \geq 833 \)?**
  - 4% of facilities
  - Median consults about 200 per month (10 per day)

- **Measles immunization 0-11m \( \geq 50\% \) coverage (83 doses)?**
  - 15% of facilities
  - Median doses about 20 per month
Observation of 6 consultations of children under 5 with:

- Cough or difficult breathing
- Diarrhea
- Fever
Child Health Performance Assessment of Sick Child
5 essential tasks (IMCI)

Consistently 5/6 times

- **3 Danger Signs**
  - Asks about ability to feed or breastfeed?
  - Asks if vomits everything?
  - Asks about convulsions?

- **Assessment tasks**
  - Assesses nutritional status with a graph?
  - Assesses immunization status?

- **NO FACILITIES PASSED**
Child Health Performance
Proper Treatment for Diagnosis
Consistently 5/6 times

- Malaria → ACT
- Diarrhea → ORS
- Pneumonia → amoxicillin
- Dysentery → ciprofloxacin + ORS
Child Health: Proper Treatment

62% of diagnoses were properly managed

But only 21% did so CONSISTENTLY

Malaria diagnoses properly managed: 67%

Pneumonia diagnoses properly managed: 56%

Diarrhea diagnoses properly managed: 72%

Dysentery diagnoses properly managed: 12%

All diagnoses properly managed: 62%
Child Health: Health Worker Performance

- Assessment of child (5 IMCI tasks performed)
  - 0% of PHCCs

- Treatment agrees with diagnosis (at least 5 of 6 observations)
  - 21% of facilities

- Uses malaria test to confirm diagnosis (at least 1 of 6 observations)
  - 50% of facilities (NOTE FLOW PATTERN)
  - 57% of facilities had RDTs

- Caretaker understands how to give medicine (at least 5 of 6 observations)
  - 47% of facilities
Summary: Child Health

- Access
- Inputs
- Process
- Performance

<table>
<thead>
<tr>
<th>Service</th>
<th>Access</th>
<th>Inputs</th>
<th>Process</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td>23%</td>
<td>13%</td>
<td>50%</td>
<td>23%</td>
</tr>
<tr>
<td>Min. HR</td>
<td>9%</td>
<td>6%</td>
<td>50%</td>
<td>8%</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>6%</td>
<td>8%</td>
<td>50%</td>
<td>13%</td>
</tr>
<tr>
<td>Equipment</td>
<td>9%</td>
<td>6%</td>
<td>50%</td>
<td>9%</td>
</tr>
<tr>
<td>Drugs</td>
<td>6%</td>
<td>8%</td>
<td>50%</td>
<td>6%</td>
</tr>
<tr>
<td>Vaccines</td>
<td>39%</td>
<td>10%</td>
<td>50%</td>
<td>4%</td>
</tr>
<tr>
<td>Guidelines</td>
<td>23%</td>
<td>10%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Infection control</td>
<td>23%</td>
<td>10%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>RDTs</td>
<td>8%</td>
<td>4%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Records</td>
<td>57%</td>
<td>20%</td>
<td>50%</td>
<td>5%</td>
</tr>
<tr>
<td>Training</td>
<td>92%</td>
<td>60%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Supervision</td>
<td>81%</td>
<td>47%</td>
<td>50%</td>
<td>4%</td>
</tr>
<tr>
<td>Logistics ACT</td>
<td>26%</td>
<td>13%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Logistics LIINs</td>
<td>6%</td>
<td>4%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Utilization</td>
<td>4%</td>
<td>0%</td>
<td>50%</td>
<td>0%</td>
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<tr>
<td>Assessment</td>
<td>0%</td>
<td>0%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Malaria test</td>
<td>0%</td>
<td>0%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Treatment</td>
<td>22%</td>
<td>10%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>Counseling</td>
<td>47%</td>
<td>20%</td>
<td>50%</td>
<td>5%</td>
</tr>
</tbody>
</table>
ANC indicators (5)

- **Access**
  - Service delivery
- **Inputs**
  - Essential equipment and laboratory
  - Essential drugs
- **Processes**
  - Record-keeping
- **Performance**
  - Utilization
ANC Access to Services

National Proportion

- 68% offered ANC 5 days per week or more
- 89% offered ANC services at least once a week

ANC Utilization of Services (2 visits)

National Proportion

- 4% provided ≥467 consultations per month
- Median about 40 per month
ANC equipment and laboratory

Blood pressure cuff and stethoscope

PMTCT counselor

Determine HIV test kit
ANC equipment and laboratory

Hemoglobin test materials

Urine protein sticks

Syphilis kit

Urine protein sticks

Determine HIV test kit
ANC equipment

National Proportion
3% of PHCCs have all 6 items

- Functioning BP machine: 63%
- Tetanus toxoid vaccine: 69%
- Hemoglobin test: 24%
- Syphilis test: 32%
- Albumin test: 39%
- HIV test: 18%
ANC drugs

National Proportion

60% of PHCCs have all 3 drugs

- Iron: 80%
- Folic acid: 80%
- SP/Fansidar: 78%
ANC performance: record-keeping

National Proportion

37% of PHCCs had all 5 elements
Neonatal indicators (2)

- **Inputs**
  - Essential equipment and supplies
  - Essential drugs
Neonatal equipment

- Infant scale
- Tetracycline eye ointment
- Mask and bag for resuscitation
- Mask and tube for resuscitation
Neonatal equipment

National Proportion

34% of PHCCs have all 3 items

- Resuscitation mask: 45%
- Scale (infant or child, working): 57%
- Tetracycline ophthalmic ointment: 66%
Neonatal drugs

National Proportion

33% of PHCCs have all 3 drugs

Ampicillin injectable: 57%
Gentamicin injectable: 66%
Ceftriaxone injectable: 39%
State by State Comparisons

For each indicator:

- +1 point for equaling or exceeding the national mean
- +1 additional point of meets or exceeds 80% target
- Sum the points for all indicators for each state
## Results Maternal Health: ANC

<table>
<thead>
<tr>
<th>Indicator</th>
<th>ANC at least 5d / wk</th>
<th>sample size</th>
<th>National mean</th>
<th>Points</th>
</tr>
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<tbody>
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### State

<table>
<thead>
<tr>
<th>State</th>
<th>Facilities “passing”</th>
<th>DR Target (80%)</th>
<th>DR 68% national mean</th>
<th></th>
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<td>Upper Nile</td>
<td>11</td>
<td>9*</td>
<td>8*</td>
<td>2</td>
</tr>
<tr>
<td>Jonglei</td>
<td>7</td>
<td>8</td>
<td>7*</td>
<td>1</td>
</tr>
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<td>NB el Ghazal</td>
<td>6</td>
<td>8</td>
<td>7</td>
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</tr>
<tr>
<td>WB el Ghazal</td>
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<td>7*</td>
<td>6*</td>
<td>2</td>
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<tr>
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<td>8</td>
<td>7*</td>
<td>1</td>
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<tr>
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<td>9*</td>
<td>8*</td>
<td>2</td>
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<td>C Equatoria</td>
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</tbody>
</table>
Summary: Child Health
Summary: By States

-1 point for each indicator where % of facilities is less than the national mean

+2 points for each indicator where % of facilities > 80% national target
Comparison of PHCC and PHCU for comparable Child Health Indicators
## Conclusions: Results

### Best performance areas:
- Training and supervision
- Record-keeping
- Vaccines
- Malaria testing
- Patient counseling (with room for improvement)

### Weakest performance areas:
- Infrastructure
- Infection control
- Human resources
- HW assessment of patients
- Utilization

### Best-performing states:
- Upper Nile
- Jonglei
- Warrap
- Central Equatoria

### Weakest states:
- WBG
- Unity
Recommendations for short term

1. **Utilize the fact that health facilities are being visited regularly to improve services** (drugs, supervision and training show this)

2. **Inexpensive items could improve performance** (cup/spoon, scales, blood pressure cuffs, fences to protect disposal areas, laboratory supplies)

3. **Accelerate development of guidelines**

4. **In facilities that offer some services only some days, increase services to every day** (growth monitoring, immunization)
Other Recommendations

1. Select a small number of indicators to improve as a priority

2. Develop systems to use rapid HFA and LQAS data for making decisions
   - To make tactical and strategic changes

3. Use Continuing Quality Improvement (CQI) approaches to manage improvements
There is evidence that the current programmes are working:

- Upper Nile and Jonglei in comparison to other states score higher
  - Have greatly improved from 2011
- Record-keeping, reporting, logistics have improved (leading indicators)

- USE THE QSC AND MONTHLY COUNTY-STATE MEETINGS TO IMPROVE PERFORMANCE
Conclusions: Methodology

- Rapid surveys can produce useful data as quickly at relatively low cost
- About $30,000 per state w/o cost of external support (LATH)
- About 6 weeks for training and data collection + 2 weeks for analysis
- Results are valid and similar to the 2011 R-HFA
Ranking of Priorities