CHRISTIAN HEALTH ASSOCIATION OF GHANA

ORGANISATIONAL PERFORMANCE ASSESSMENT TOOL

A GUIDE FOR PERIODIC SELF-ASSESSMENT OF HEALTH FACILITIES TO IMPROVE HEALTH SYSTEMS AND OUTCOMES

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
ART	Anti Retro-viral Treatment
BHS	Basic Health Services
CHAG	Christian Health Association of Ghana
CHCUs	Church Health Coordination Units
CQI	Continuous Quality Improvement
DHMIS	District Health Management Information System
DHMT	District Health Management Team
EPI	Expanded Program of Immunization
GHS	Ghana Health Service
GOG	Government of Ghana
HF	Health Facility
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
HRM	Human Resource Management
HSBs	Health System Blocks
HSS	Health Systems Strengthening
IGF	Internally Generated Funds
IPD	In-Patient Department
MOH	Ministry of Health
MOU	Memorandum of Understanding
M and E	Monitoring and Evaluation
NHIS	National Health Insurance Scheme
OHR	Operational Health Research
OPAT	Organisational Performance Assessment Tool
OPD	Out Patient Department
PHC	Primary Health Care
PMTCT	Prevention Mother to Child Transmission
RHMT	Regional Health Management Team
SDHMT	Sub-District Health Management Team
SOPs	Standard Operation Procedures
WHO	World Health Organization

GLOSSARY

Activities: The specific tasks needed to implement the strategies to meet the strategic objectives outlined in a strategic plan. Activities should be expressed in clear, detailed terms and in chronological order.

Critical Factor: An essential element of the performance of a particular internal system.

Data Source: Where information regarding an indicator comes from.

Evaluation: Assessment of the extent to which results are achieved.

Goal: Long-term results that an intervention is intended to achieve.

Health Management Information System: All different subsystems that provide the necessary routine information for managing health services.

Health System: The expertise, structure and organisations that make possible and contribute to the delivery of health services.

Health System Strengthening: Effecting continuous changes and improvements to processes, procedures, structures and functions of all components of the health system.

Indicator: A quantitative or qualitative measurable marker of performance over time.

Impact: Long-term change in the health status of a population, usually the combined result of several programs over time.

Input: The resources needed to achieve a desired result.

Leading: Mobilizing others to envision and realize a desired outcome in future.

Leading and Managing: Enabling self and others to set direction, face challenges and achieve results.

Learning Organisation: Organisation that nurtures a culture of continuous knowledge sharing at practice level across disciplines and departments.

Managing: Planning and executing the plan efficiently to produce intended results.

Measurable Result: Outcomes that will be produced when the strategies are implemented.

Mission: A clear and concise statement of an organisation, program, or team's reason for being; an affirmation that answers the question, 'Why do we exist?' A mission provides orientation, uniformity and meaning to the organisation's decision and activities at all levels. It is the core around which staff members focus their best efforts.

Monitoring: Regularly tracking interventions and performance indicators over time in order to measure progress towards results by collecting information on inputs, processes and outputs.

Multi-Sectoral: Including institutions from all segments, public, private, voluntary, faith based and communities.

Operational Planning: A plan with a short-term scope, usually one year. Its focus is on achieving objectives and executing activities in the near future. Operational planning is often referred to as an annual (work)-plan and must be aligned with the strategic plan.

Outcome: A medium term change in a beneficiary population as a result of an activity or set of activities.

Output: The immediate or direct product of an activity.

Performance Management: All processes to support, improve and sustain the efficient delivery of health services.

Performance Standards: Thresholds, requirements, expectations or deliverables that must be met.

Periodic Assessment: Regular collection and analysis of achievements against set targets, standards and timelines.

Processes: The activities carried out through an operational plan.

Proxy Indicator: An indirect measure that approximates or represents a target or result when direct information is not available.

Routine Data: Information about health service delivery collected on a regular basis through the health information system.

Subsystems: The smaller systems that are nested within a larger system and contribute to its effectiveness.

SMART Result: A specific, measurable, appropriate, realistic and time-bound outcome.

Strategy: A statement of what is to be done, that, when accomplished, will signify achievement of the organisation's strategic objectives.

System: A group of interacting, interrelated and interdependent components that form a complex and unified whole.

System Theory: A concept that understands a phenomenon as the result of various interlocked and mutually dependent relationships between various subsystems.

Vision: The image of a desired future state that a team, organisation, project, or program can move toward by taking action.

PREAMBLE

This guide is a tool for the periodic self-assessment of the performance of CHAG health facilities. The guide provides detailed instructions to assess and analyse health facilities' performance based on evidence and context. In addition, the guide provides guidelines to follow-up on the assessment in order to improve health service delivery.

The guide is prepared for managers of our health facilities. We hope it will help them to lead and manage their facilities to realise better access for individuals and communities to the best possible health care. We hope the guide will help improve responsiveness of our health facilities to the needs of clients, staff and others who have a stake in quality health care.

The concept of performance management and assessment using a health system approach is not new and several frameworks exist. However, the approach is mostly used at the level of the national health sector; application of the concept at the operational level of the health facility is still limited and rather innovative.

The guide is a resource for managers of our health facilities to help them become more aware and more disciplined about the necessity to regularly assess performance and to lead and manage organisational change for improved health systems, services and outcomes.

The guide is the result of a three-year development period during which the practical application of performance assessment using the health system approach was piloted in a selected number of CHAG health facilities. The guide is subject to a continuous process of evaluation and development and will therefore change over time.

I would like to thank everyone who contributed to the realisation of this guide, in particular DANIDA, who made the development of this guide possible.

I welcome comments and suggestions.

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SUMMARY

The purpose of this guide is to assist CHAG health facilities in periodically assessing their performance and to evaluate the outcomes of their health services. The guide is structured in four parts, each having various sections. The guide concludes with an annex containing specific data collection tools as well as report formats.

PART I   BACKGROUND

SECTION I   Provides an introduction to the concepts of 'Health Systems', 'Health System Strengthening'; and the 'Organisational Performance Assessment Tool'.

SECTION II   Provides an introduction to the role of management in leading and managing organizational change from a systems perspective.

SECTION III   Sets forth simple guidelines on how to prepare, plan and implement the assessment in the health facility.

PART II   ORGANISATIONAL CAPACITY ASSESSMENT

SECTION IV   Provides a detailed description of indicators and measurements to assess Health System Blocks.

PART III   ORGANISATIONAL OUTCOME ASSESSMENT

SECTION V   Provides a detailed description of indicators and measurements to assess the results and impact of the running of the health facility.

PART IV   IMPROVING ORGANISATIONAL CAPACITY AND OUTCOMES

SECTION VI   Provides an introduction to design interventions using a systems approach to improve capacity and outcomes of the health facility.

PART I: BACKGROUND

SECTION I: INTRODUCTION

1. The Health System

The World Health Organization (WHO) defines Health Systems as all the organisations, institutions and resources whose primary goal is to improve, maintain or restore the health of the population it serves. The health system includes everyone responsible for good health, from the family in a rural village to the surgeon in an urban hospital and the policy maker at the central Ministry of Health. It involves government as well as non-government agencies, community and civil society organisations as well as profit and not-for-profit healthcare providers. The Health System is a system composed of interacting, interrelated, and interdependent components that form a complex and unified whole. We can distinguish a total of nine Health Systems Blocks (HSBs) that make up the health system, each with specific and unique functions and outcomes (Table 1). [1]

Table 1: Health System Blocks: Functions and Outcomes

HSBs	Functions	Outcomes
Leadership and Governance	Stewardship, setting health system performance goals, developing strategic plans and managing operations and resources in line with regulatory frameworks.	Accountability, transparency, efficiency, effectiveness and synergy amongst the health system building blocks towards the achievement of health system performance goals.
Human Resources	Planning, managing and utilizing the numbers, quality and distribution of health staff.	Required health workforce to deliver quality health services is available, motivated, satisfied and functional.
Service Delivery	Provision of essential, accessible, affordable and integrated health services.	Availability, accessibility and affordability of health services that meet patient needs.
Financing	The mobilization, management and accountability of funds and resources.	Required inputs for services are available at the most competitive prices.
Technologies	Ensuring access to and appropriate utilization of medicines, vaccines, technologies and infrastructure.	Availability and use of scientifically sound and cost effective technologies.
Health Information	Monitoring and Evaluation, the use, analysis and dissemination of reliable and timely information.	Reliable and timely information for evidence-based decision making.
Community Participation and Ownership	Engaging communities and leadership in determining health activities and taking ownership for their own health.	Increased responsiveness to the health needs of the community and improved health seeking behavior of community members.
Partnership	Working with stakeholders in the context of mutual respect to fill in gaps within the health system and address them in a coordinated manner.	Improved collaboration and coordination among actors and increased efficiency and effectiveness in service delivery.
Research	Study and analyze system functioning.	Evidence-based, locally relevant system improvements.

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[1] The definition of the subsystems of the health system is based on the World Health Organisation (WHO, 2006) and a modification by African States in the Ouagadougou Declaration on PHC and Health Systems in Africa (2009).

System theory helps us to better understand the arrangements, interaction and interdependencies of the various sub-systems and how these are mutually responsible to realize the larger systems purpose. Systems theory provides a better scope to understand how poorly functioning sub-systems can affect other sub-systems and how they contribute to underperformance of the larger system. Understanding the fundamental characteristics of systems is crucial to appreciating how systems work and to understand the effects of certain interventions to improve systems or sub-systems (Table 2).

Table 2: Key Characteristics of Systems

Key Characteristic	Description
Self-organizing	Every system is designed for a particular purpose and system parts are organized in order to realise that purpose effectively and efficiently. The behavior of a system is determined by its internal structure and the dynamic interaction among its parts or sub-systems.
Continuous change	Systems continuously adjust, readjust and evolve in varying ways through interconnections of sub-systems.
Tightly linked	Sub-systems have a high degree of connectivity and change in one sub-system affects the other sub-systems.
Counter intuitive and non-linear	Reactions to interventions and change are often unpredictable, dis-proportional and not logical.
React slowly	Influence of interventions on systems is usually slow. Short-term effects are often different from long-term impacts.

2. Health Systems Strengthening

Health Systems Strengthening (HSS) refers to the continuous efforts to update, maintain and improve all Health System Blocks in a comprehensive manner, thereby improving the functioning and outcomes of the larger health system in terms of increased access to quality health services, improved responsiveness to the burden of disease and, ultimately, better health outcomes for the population. The nine HSBs must be understood in a dynamic architecture of interactions and synergies. It is the multiple relationships and interactions among the HSBs - how one affects and influences the others and, in turn, is affected by them - that constitutes the dynamic and ever-changing character of the health system. The HSS concept can be applied at the larger National health system level but, likewise, can be used to analyze and improve the functioning and outcome of a health facility.

It should be understood that each of the nine HSBs constitutes an array of other sub-systems in itself. For example, within the sub-system of service delivery there are sub-systems such as laboratory services, OPD services, in-patient services or outreach services, etc. It is critical that the central role of people is highlighted, not just at the center of the system as mediators and beneficiaries but as actors in driving and improving the system itself. This includes the participation of health workers, managers, community members and policy-makers influencing and improving each of the nine building blocks.

3. Performance Assessment

Performance assessment is the periodic collection and analysis of the results achieved against agreed targets, standards and timelines. The purpose of performance assessment is to provide meaningful and usable information for the management of the health facility to consider new strategies or new interventions to improve the functioning of the HSBs for the purpose of providing better services. Apart from being purposeful for management, performance measurement should generate useful information for other information users, such as the GHS, local authorities, MOH and CHAG. Performance measurement is usually based on agreed indicators and measures, qualitative and quantitative criteria to check whether proposed changes have occurred.

3.1 Performance Indicators

The HSS concept provides a practical framework to monitor and assess health facility performance in each of the HSBs as well as measuring its outcomes. For each of the HSBs, specific performance indicators are formulated (Table 3).

Table 3: Performance Indicators per Health System Blocks

HSBs	Performance Indicator	Description
Leadership and Governance	Regulatory Compliance	The extent to which the health facility operates within the law, sector policies, accreditation standards, ethics and criteria of transparency and financial accountability.
	Strategic Management	The degree to which short-term plans are guided by well-articulated vision, mission and long-term objectives.
	Management Capacity	The quality of the management to provide leadership by means of detailed operational plans and budgets.
Human Resources	Staff Coverage	The availability of sufficient numbers of qualified medical and non-medical personnel.
	Staff Motivation	The extent to which personnel are dedicated and willing to work to the best of their capacities.
	Staff Competence	The level of professional capacity and skills of personnel with respect to their position and responsibilities.
Service Delivery	Organisation of Care	The level, quality and accessibility of health services provided.
	Quality Assurance	The degree to which service provision is in line with recognised standards of clinical care and accreditation levels.
Finances	Financial Management	The degree of prudent financial management and budget execution and the ability to pay off short-term debt obligations.
Technology	Service Readiness	The extent to which amenities and equipment are available and functional.
Health Information	Data Management	The degree to which the health facility takes informed decisions and provides accurate and timely reports based on truthful and accurate information.
Community Participation	Community Engagement	The magnitude and quality of communications and contacts between the health facility and the communities it serves.
Partnership	Stakeholder Engagement	The extent and quality of communications and contacts between the health facility and health sector administration, local government and relevant agencies.
Research	Operational Research	The execution, quality and relevance of an operational research agenda.

3.2 Outcome Indicators

Outcome monitoring is an essential part of an integrated system of M and E that is oriented towards achieving organisational goals and objectives. Monitoring health facility outcomes is important in assessing trends in important outcome areas. It provides information for reporting to various stakeholders (e.g. management and staff, GHS, local leadership, general public, etc.) and forms a basis to decide on interventions to improve HSBs (Table 4).

Table 4: Health Facility Outcome Indicators

Outcome Indicator	Description
Clients' health status	Standing of clients' well-being.
Clients' responsiveness	The extent of clients satisfied with quality of services provided by the health facility.
Clients' financial risk protection	Share of clients covered by a valid health insurance for basic health care expenditure.
Service utilisation	The degree of utilisation of selected health services.
Service quality and safety	The extent to which health services are in line with recommended quality and safety standards.
Service efficiency	The extent to which the health facility operates within accepted efficiency standards.

3.3 The Organisational Performance Assessment Tool

The Organisational Performance Assessment Tool (OPAT) is a monitoring and evaluation tool based on the HSS approach. The objective of OPAT is to assist the health facility in periodically self-assessing its performance. The purpose is to improve management and performance of respective HSBs of the health facility in order to improve the provision and quality of health services resulting in better health outcomes for its clients (Figure 1).

Figure 1: Organisational Performance Assessment - Main Elements
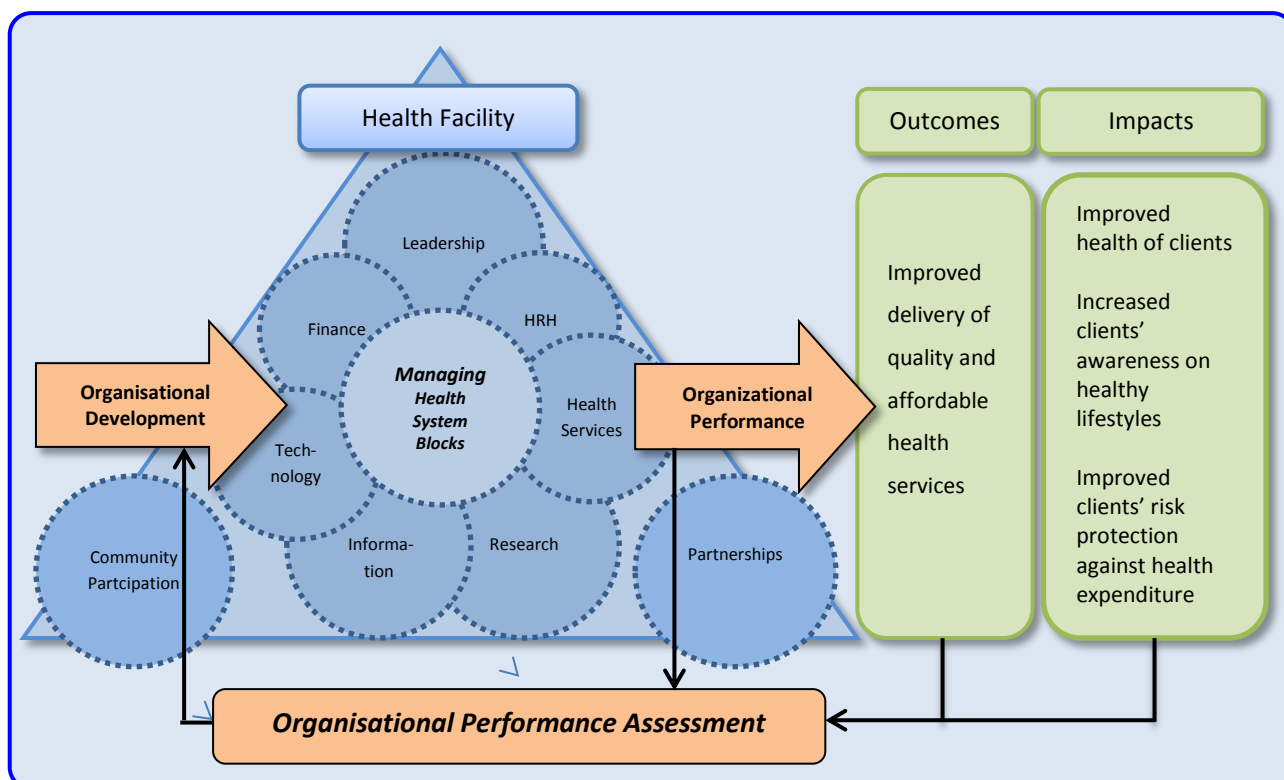
SECTION II: MANAGING SYSTEM IMPROVEMENTS

4. Introduction

OPAT is not an end in itself but rather, a means to be able to evaluate and improve the functioning of the health system for the purpose of improving health service delivery and outcomes. OPAT provides a framework to evaluate and reflect on important aspects in the functioning of the health facility. It enables a discussion on alternatives to improve the health facility and its respective HSBs in an all-inclusive manner.

4.1 Systems Thinking

By adopting a systems perspective, we are often better able to identify essential problems and root causes, to focus on details in relation to a wider context, to look beyond the obvious, and to address issues more fundamentally. Adopting a systems perspective to understand complex problem offers advantages compared to a more traditional approach (Table 5).

Table 5: Comparing System Perspective versus 'Old-Style' Approach: Key Differences

Systems Perspective	'Old-Style' Approach
'Context' as opposed to 'Detail'	
Appreciates details in relation to wider environment and setting	Overly focused on detail and largely neglecting contextual factors
'Cause-Effect' as opposed to 'Symptom'	
Recognizes critical and fundamental cause-effect relationships	Primarily concentrated on unconnected signs rather than root causes
'Multi-dimensional' as opposed to 'One-dimensional'	
Understands interaction and interdependencies of multiple factors	Complexity is essentially reduced to simplistic proportions
'Dynamic' as opposed to 'Static'	
Adopts a longer-time perspective	Fixated on static or isolated events
'Pro-active' as opposed to 'Re-active'	
Supports attitude for taking charge and managing change in a timely manner	An un-decisive, 'Laissez faire' attitude and approach

4.2 Learning Organisations

Applying a system perspective will largely depend on three important, interrelated skills and attitudes: Collaboration across disciplines and departments; Ongoing, iterative learning; and Transformational leadership. If implemented well, the health facility can be characterized a 'Learning Organisation'; an organisation that nurtures a culture of continuous knowledge sharing at practice level across disciplines and departments (Table 6).[2]

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[2] Adopted from Swanson, R.C., (Eds), *Rethinking health systems strengthening: key systems thinking tools and strategies for transformational change.* Oxford, Health Policy and Planning, 2012.

Table 6: Improving Health Systems: Required Skills and Attitudes

Skills and Attitudes	Description
Collaboration across disciplines and departments	Managers, medical and non-medical staff have to work together across departments and area of expertise.
Ongoing learning	Managers, medical and non-medical staff have to realise the changes in demands and local context and the need for continuous learning and professional skills development.
Leadership	Leadership is important to challenge conservative thinking and to promote change and innovation at all levels of the health facility.

Any approach to improve a health system will require that actors reach beyond their area of expertise or practice, and collaborate with colleagues with different experience, knowledge and from other departments and units. System-level change requires a recognition that the context is continuously changing. As such, actors need to continuously adapt, learn and apply new knowledge to current challenges. Recognition of the importance of learning from experience using a Continuous Quality Improvement approach (CQI) opens additional possibilities for OHR to understand subtleties of system design and dynamics in implementation.

Visionary leadership is needed to challenge prevailing 'old-style' approaches to tackle issues. Courageous leadership is required to sacrifice personal and organisational interests for systematic improvements and inter-organisational collaboration. To effect change, leadership should be distributed throughout the health facility over time; managers, medical and non-medical staff at all levels in the health facility van be transformational leaders by challenging basic assumptions and the 'old-style' of handling recurrent problems.

4.3   Preparing for Change

The OPAT team has played a major part in coordinating and facilitating the assessment. It is now up to the management of the health facility to follow up on the team's findings and to facilitate a structured and participatory process of formulation of interventions to address the relevant issues in the respective HSBs or outcome areas. This is likely to involve a continuous process of organisational change and development for which the staff need to be sensitised, prepared and motivated.

4.4   Leadership and Management Skills

Preparing staff for organisational change requires a mix of management and leadership skills. Managing and leading go together, each working toward a common goal but contributing in a complementary fashion. Managing is focused on making sure present operations are going well and efficiently to realize an intended result. Leading is aimed at mobilising others to envision and realize a better future. As a manager who leads, you enable yourself and others to set direction, face the challenges and achieve intended results. The more an organisation

recognizes the importance of the management and leadership skills of its staff, the better it will function (Table 7). [3]

Table 7: Framework: Leadership and Management Skills

Leadership Skills	Management Skills
Scanning: ✓ Identify client and stakeholder needs and priorities ✓ Recognize trends, opportunities and risks ✓ Look for best practices ✓ Identify staff capacity and constraints ✓ Know yourself, your staff, your organization ORGANISATIONAL OUTCOME: Managers have up-to-date, valid knowledge of their clients, and the organisation and its context; they know how their behavior affects others	**Planning:** ✓ Set short-term organizational goals and performance objectives ✓ Develop multiyear and annual plans ✓ Allocate adequate resources ✓ Anticipate and reduce risks ORGANISATIONAL OUTCOME: The organisation has defined results, assigned resources, and developed an operational plan
Focusing: ✓ Articulate organisation's mission and strategy ✓ Identify critical challenges ✓ Link goals with the overall organisational strategy ✓ Determine key priorities for action ✓ Create a common picture of desired results ORGANISATIONAL OUTCOME: The organisation work is directed by a well-defined mission and strategy, and priorities are clear	**Organising:** ✓ Develop a structure that provides accountability and delineate authority ✓ Ensure that all systems effectively support the plan ✓ Strengthen work processes to implement the plan ✓ Align staff capacities with planned activities ORGANISATIONAL OUTCOME: The organisation has functional structures, systems and processes for efficient operations; staff is aware of responsibilities & expectations
Aligning and Mobilizing: ✓ Ensure congruence of values, mission, strategy, structure, systems and daily actions ✓ Facilitate teamwork ✓ Unite key stakeholders around an inspiring vision ✓ Link goals with rewards and recognition ✓ Enlist stakeholders to commit resources ORGANISATIONAL OUTCOME: Stakeholders understand and support the organisation's goal and mobilise resources	**Implementing:** ✓ Integrate systems and coordinate work flow ✓ Balance competing demands ✓ Routinely use data for decision-making ✓ Coordinate activities with other programs and sectors ✓ Adjust plans and resources as circumstances change ORGANISATIONAL OUTCOME: Activities are carried out efficiently, effectively and responsively
Inspiring: ✓ Matching deeds to words ✓ Demonstrate honesty in interactions ✓ Show trust and confidence in staff, acknowledge their contribution ✓ Provide staff with challenges, feedback, support ✓ Be a model of creativity, innovation and learning ORGANISATIONAL OUTCOME: The organisation's climate is one of continuous learning, and staff show commitment, even when setbacks occur	**Monitoring and Evaluation:** ✓ Monitor and reflect on progress against plans ✓ Provide feedback ✓ Formulate and disseminate reports ✓ Identify needed changes ✓ Improve work processes, procedures and tools ORGANISATIONAL OUTCOME: The organisation continuously updates information about the status of achievements and result, and applies ongoing learning and knowledge

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[3] Adapted from: *Health Systems in Action: An e-Handbook for Leaders and Managers*. Cambridge, MA: Management Science for Health, 2010.

4.5   Leading Organisational Change

The challenge of leading organisational change is enormous. Many change efforts fail because they are not led and managed well. All successful change efforts require a person or group of people committed to leading the change process over time and working to overcome the obstacles along the way. The change team first needs to clarify its own commitment to the change and believe strongly that the change is needed to address the challenge the organization is facing. The change team will also need to communicate a compelling case for the proposed change. Typically, change should be initiated and carried out by the senior management of the health facility. The management team needs to explain how the changes can be implemented and how they can contribute to improved organisational performance and outcomes. The management is to initiate, lead and own the change process. Doing so requires knowing and incorporating some key, critical success factors in the change effort which largely determine whether it will be successful (Table 8). [4]

Table 8: Key factors in leading organisational change

Success Factors	Consequences of not taking this step
Communicate urgency by framing the challenge clearly	*Complacency* People will not be mobilized to change if they think everything is fine the way it is. They need to understand the challenge they are facing and how it affects their work and their organisation.
Build the core team	*Going it Alone* If there is not a group of "early adopters" who are committed to the change, it will falter in the face of opposition. Include key stakeholders and authority figures on the change team in order to get organisational buy-in.
Create a shared vision	*Lack of Commitment* If the vision is not created together with all of the stakeholders, there is no clear picture of and path toward a desired future, and energy and commitment will be dispersed. Be inclusive in creating the vision.
Include others in planning and implementation	*Lack of Involvement* If the vision is not communicated clearly and regularly and used as a guide for shared planning, it will not have an impact on organisational activities. Engage others in creating the implementation plan.
Overcome obstacles together	*Demoralisation* When obstacles remain in place, and little or no effort is made to remove them, people will not be able to sustain the energy to continue. Work together to identify the root causes of obstacles and overcome them.
Focus on results and create short-term wins	*Lack of Sustained Effort* When people do not see any positive results in the short term, it is hard to keep them engaged. Focus on results and how to achieve them.
Maintain support for facing ongoing challenges	*Shifts in Attention* While the first positive results may be encouraging, they are not a substitute for lasting change. The risk of declaring victory too soon is that people's attention shifts to something else, and the effort to keep the change moving is lost. Continue to frame the new challenges.
Make change stick in organisational systems and culture	*Changes that don't last* If the changes do not become part of the organisation's systems and culture, it is unlikely that the changes will last. Incorporate new values, behaviours, and processes into routine organisational systems.

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[4]   Adapted from "Leading Change: Why Transformation Efforts Fail" by John P. Kotter, Harvard Business Review, March–April 1995.

To be successful in implementing these success factors, managers need to create an environment that supports and encourages change. This means creating a work climate that rewards staff for trying new ways of doing things and acknowledges them for their efforts and commitment while also holding staff accountable for their work. Staff should be mobilised around a shared vision of equity and efficiency in service delivery.

SECTION III: PLANNING FOR ASSESSMENT

5   Introduction

To start the process of using OPAT for the periodic assessment, management is advised to conduct a meeting for the management team and departmental heads to introduce the concept and rationale of OPAT. It is advised that prior to the meeting, all participants receive a hard copy of the OPAT tool. During the meeting, the OPAT tool should be properly explained and all indicators and their measures should be introduced and discussed to achieve a common understanding.

After understanding the concept and indicators and their measures, management is well-placed to select and agree on a team of capable staff members to implement the assessment. The management may also decide on the frequency needed to assess the facilities performance (annually, bi-annually or quarterly). It is advised to use the first assessment to sensitise staff on OPAT and to test and instruct the implementation team.

5.1   Team Appointment

It is recommended that the health facility appoints a multi-disciplinary team with a maximum number of 6 persons comprising a mix of staff from management and administrative units as well as from wards and departments. It is the team's responsibility to implement the assessment and to oversee or execute the various surveys among staff and clients. The OPAT team should discuss and verify all assessment scores and mutually agree on fair and realistic scores on each of the indicators and measures. Individual members of the OPAT team should be assigned clear tasks with respect to implementing the assessment. The OPAT team should have a team leader who has overall responsibility for the assessment and communication with management. In addition, the OPAT team leader is responsible for communication between the health facility and the CHAG secretariat.

5.2   Implementation

Once the proper introduction of OPAT in the health facility and selection of the OPAT team is completed, the actual assessment can start. OPAT implementation is guided by the instructions provided in part II and III of this guide. These instructions are self-explanatory and should be clear enough to help you through the process. You will be guided, step-by-step, to collect information for a total of _47 indicators and measures_. Data for the assessment of these indicators and measures is available in the various departments, ward, administrative, statistical and medical records of the health facility as indicated. For assessing some of the indicators specific data collection tools are necessary, which are attached in the annex of this guide.

5.3   OPAT Implementation Plan

The OPAT team will need to prepare a proper plan to implement the assessment. This involves allocating a time slot of (at least) one week for all OPAT team members during which they should be relieved from their regular duties. Team members have to agree on a clear division of tasks; who will do what and when! It may be useful to share the assessment of various indicators among the team members, taking their respective expertise into

consideration. A tentative work plan is suggested for the assessment using the OPAT (Table 9).

Table 9: OPAT Implementation Plan

Day	OPAT implementation activities
1	OPAT team meets to prepare for assessment, to divide tasks, to prepare required copies of data collection tools, to prepare for logistics and prepare an overview of health facility staff which needs to participate.
2	Key staff of the health facility is informed that the assessment will be conducted and they are requested to be available and prepare the required documents. Some of the data can already be collected by key staff. It should be made clear what information should be collected and how and when. The random selection of respondents for the various surveys can already be prepared by the respective departments.
3	Various surveys are conducted. Information is collected from various departments by respective team members. Key staff of the health facility is engaged to provide evidence of performance.
4	Continuation of day 3 activities. Various surveys are conducted. Information is collected from various departments by respective team members. Key staff of health facility is engaged to provide evidence of performance. Data collection is completed.
5	All information is compiled and evidence filed. Scores are entered in software and checked.
6	Assessment scores and analysis is presented to management and senior staff. Agreement is reached on when to do the next assessment. Management takes up responsibility to plan for improving health systems.

Since the measurement of indicators involves the collection of various data from different departments and wards, senior staff needs to be properly informed about OPAT. Moreover, departments and responsible staff in charge need to receive proper instructions as to what to prepare. It may be useful to prepare simple guidelines and instructions and to call for a departmental staff meeting for this purpose. This meeting may also be useful to make sure that the relevant staff members are identified and selected to work with the OPAT team during the assessment. It is important to agree on clear timelines to prepare for the assessment by wards and departments. The OPAT team should make sure that copies of all required documents (e.g. data collection tools, questionnaires, etc.) are made in sufficient numbers for the departments and wards to work with.

5.4   Data Collection

The OPAT team has to ascertain that the data and information generated by the assessment is accurate. This can only be the case if the process of collecting data from various wards, departments and administrative records is correctly carried out. In case data collection is carried out by staff of the department concerned, the OPAT team should make sure that data is validated against its original sources and check that staff is supervised during this assignment.

Implementation of various surveys needs careful consideration and proper monitoring. The random selection of respondents needs to be carefully carried out to assure a true representative sampling. The purpose and questions of the various data collection tools (questionnaires) should be explained to the respondents. It is necessary to inform respondents

that confidentiality will be ensured. This is important to motivate respondents to participate and to prevent them from giving so called 'socially desirable' answers. [5] Respondents should be given sufficient time and privacy to answer and complete the survey.

After data collection, the OPAT team has to convene a meeting during which the actual scoring will take place. The score for each measure needs to be discussed and mutually agreed upon. It is important that the actual scoring is supported by available evidence as indicated for each measure. Supporting documents need to be filed.

5.5   Reporting

The OPAT team is responsible for reporting the results to the management of the health facility. It is recommended to make use of the OPAT software tool as this provides simple and consolidated graphs for all indicators and measures (Annex X, page 74). It is recommended to share results with unit heads and staff. Results of the assessment can also be shared with key stakeholders outside the health facility such as the SDHMT, DHMT and RHMT as this may provide a basis for cooperation and support. The findings of the assessment can also be shared in peer reviews with other CHAG and GHS health facilities. Annually, assessment scores need to be sent to the CHAG secretariat using the required reporting formats (Annex XI, page 74-77). All supporting documents and evidence should be kept at the health facility for validation purposes by management, CHCUs or the CHAG secretariat.

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[5]   'Social desirability' is the tendency to respond in socially acceptable manner rather than providing a 'true' answer.

PART II: ORGANISATIONAL CAPACITY ASSESSMENT

SECTION IV: MEASUREMENT HEALTH SYSTEM BLOCK PERFORMANCE

Introduction

Organisational capacity is the ability of a health facility to use its resources efficiently and effectively in the achievement of its objectives and mission. Organisational capacity is measured by assessing the quality, ability and functionality of all HSBs of the health facility. In the following paragraphs, specific indicators and their measurement for each HSB are introduced and explained. All indicators and their measurement are CHAG specific and may change over time subject to further development of this manual. Indicators represent as best as possible the key functionality of each HSB.[6] Measures provide the most realistic and meaningful manner to assess each indicator (Table 10).

Table 10: OPAT Indicators and Measures assessing Organisational Capacity

HSBs	Indicator	Measure
Leadership and Governance	Regulatory Compliance	Validity of Registration
		Audited Financial Report
		MOH/CHAG Memorandum of Understanding
		CHAG Guidelines
	Strategic Management	Use of Strategic Plan
	Management Capacity	Preparation of Annual Plan and Budget
		Implementation Rate of Annual Plan
Human Resources	Staff Coverage	Workforce Strength
	Staff Motivation	Staff Satisfaction
	Staff Competence	Staff Development
Service Delivery	Organisation of Care	Availability of Basic Health Services
		Accessibility of Basic Health Services
		Availability of Advanced Health Services
		Referral System and Practices
	Quality Assurance	Quality of Care
Finances	Financial Management	Financial Liquidity
		Financial Administration
		Budget Management
Technology	Service Readiness	Basic Utilities
		Basic Diagnostic Equipment
		Infection Control Equipment and Amenities
		Laboratory Tests and Equipment
		Essential Medicines
Health Information	Data Management	Timeliness of Reporting
		Data Integrity
		Information Usage
Community Part.	Community Engagement	Community Collaboration
Partnership	Stakeholder Engagement	Collaboration with Health Sector Administration
Research	Operational Research	Research Agenda

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[6] Indicators are indirect measures that approximate or represent a phenomenon in the absence of a direct measure (proxy-indicator).

6.   Leadership and Governance

Leadership and governance focuses on ensuring the processes of directing health system resources, performance and stakeholders in a transparent, accountable, equitable, and responsive manner to achieve desired outcomes and impact. Achieving the expectations involves strategic systems design, performance assessment, priority setting, inter-sector advocacy, regulation and consumer protection. Under Leadership and Governance the following three main indicators are assessed: Regulatory Compliance, Strategic Management and, Management Capacity.

6.1   Regulatory Compliance

Regulatory Compliance is an indicator that looks into the extent to which the health facility adheres to existing laws, regulations, good governance practices and agreements between CHAG and the MOH.   The following specific measures are examined: Validity of Registration, Availability of Audited Financial reports, Compliance to the MOH/CHAG Memorandum of Understanding and, Compliance to specific CHAG Guidelines.

6.1.1   *Validity of Registration*

Under the laws of Ghana, it is a requirement that a health facility is registered with the appropriate regulatory authorities. Several valid registrations may be required depending on the type of facility and the services rendered.[7] All required certificates of registration should be renewed at regular intervals (except when exempted) and should be displayed in a public place in the institution where all clients are able to view them. This measure assesses the extent to which the health facility complies with this regulation. You may select just one out of the six possible answer categories (0-5) that best matches the situation in the health facility. All conditions, mentioned in the answer category of your choice, must be satisfied (Table 11).

Table 11: Scoring Categories '*Validity of Registration*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No preparatory work done for registration or renewal of **all** required certificates	Data for registration or renewal of **all** required certificates compiled	Application for registration or renewal of **all** required certificates is completed	Application forms of **all** required certificates have been submitted to the Regulatory Body	Evidence of follow up with Regulatory Body of **all** required certificates is available (e.g. documents. email, letter)	Valid Certificates of Registration or Renewal of **all** required certificates are available at the facility and publicly displayed

6.1.2   *Audited Financial Report*

Accountability and transparency is of the key requirements of leadership and governance. This requires that accurate financial information and reports are made available and accessible in a timely and complete manner, and those entrusted with resources are answerable to stakeholders.   External financial auditing is a process used to objectively

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[7]   The following certificates of registration are relevant for all facilities: EPA, Fire Certificate, Health Facility Regulatory Agency Certificate, CHAG Membership Certificate, NHIA Accreditation Certificate.

evaluate assertions of economic actions and to communicate results to interested users. This measure describes the extent to which the health institution is capable of accounting for all financial transactions and whether finances are assessed by an external auditor, <u>annually</u>.[8] You may select just one out of the six possible answer categories (0-5) that best corresponds to the situation in the health facility. All conditions mentioned in the answer category of your choice, must be satisfied (Table 12).

Table 12: Scoring Categories '*Audited Financial Report*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No agreement with external auditor made or available	Agreement, notification and final audit plan available	Annual external audit carried out and draft report received	Management response to draft annual audit report available	Final annual audit report is available and copies are sent to all appropriate offices (Coordinating unit, MOH)	Recommendation from the annual audit report have been implemented

6.1.3 MOH/CHAG Memorandum of Understanding

The CHAG Network is formally recognized as a service delivery agency by the Ministry of Health (MOH). Consequently, all CHAG health facilities are expected to adhere to administrative regulations and procedures, agreed upon between CHAG and the MOH in a Memorandum of Understanding, 2006 (MOU). This measure describes the extent to which the health facility adheres to the administrative instructions and procedures of the MOU. You may select just one out of the six possible answer categories (0-5) that best corresponds to the situation in the health facility (Table 13). The score is based on the outcome of the specific checklist on compliance with the MOU (Annex I, page 55).

Table 13: Scoring Categories '*MOH/CHAG Memorandum of Understanding*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No copy of MOU is available in the health facility	Copy of MOU is available in health facility but there is less than 20% compliance	Compliance to MOU is from 20-50%	Compliance to MOU is from 51-75%	Compliance to MOU is from 76 – 95%	Over 95% compliance to MOU

6.1.4 CHAG Guidelines

To assist the health institution in complying with the administrative instructions of the MOU between CHAG and the MOH, CHAG has developed specific management guidelines. This measure describes the extent to which the health facility complies with specific CHAG Human Resource Management (HRM) guidelines. The score is based on the results of a specific questionnaire (Annex II, page 56). You may select just one out of the six possible answer categories (Table 14).

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[8] An external auditor is a certified and qualified audit agency from outside the health facility. The external auditor may be appointed by the health facility or by the Diocesan health committee.

Table 14: Scoring Categories '*Compliance to CHAG- HRM Guidelines*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
There are no copies of HRM guidelines present in the facility	Less than 20% compliance to HRM guideline	20 - 50% compliance with HRM guideline	51-75% compliance with HRM guideline	76-95% compliance with HRM guideline	Over 95% compliance with HRM guideline

6.2   Strategic Management

A key area of leadership and governance is to secure the position and relevance of the health facility beyond the immediate future and to give direction for its longer-term development. This should be done in relation to opportunities and constraints in the health sector and in the district and sub-district in which the facility operates. The following specific measure is looked into: the use of Strategic Plan.

6.2.1   Use of Strategic Plan

A strategic plan outlines the mission and vision of the health facility as well as being a broad plan outlining strategic objectives over a period of 3 to 5 years and includes the best approaches or strategies to achieve these objectives. This measure describes the extent to which the health facility has formulated and adopted a strategic plan to guide its operations and objectives in the medium-term future. The measure furthermore indicates to what extent the leadership is successful in communicating the thrust of the strategic plan to the health facility staff. Moreover, the measure gives an indication of the level of implementation of the strategic plan. You may select just one out of the six possible answer categories (0-5) that best corresponds the situation in the health facility. All conditions mentioned in the answer category of your choice must be satisfied (Table 15).

Table 15: Scoring Categories '*Use of Strategic Plan*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
There is no Strategic plan available	There is a Strategic Plan available covering the current year	There is a Strategic Plan available but it is not being used or implemented	Strategic plan is shared with the (S)DHMT, Local Authority, GHS and community leaders and all have copies of strategic plan	There is a clear 'translation' of the Strategic plan in the Annual plans of work	Implementation of strategic objectives of the Strategic plan are visible and evident (SMART)

6.3   Management Capacity

A third important indicator to assess competence of the leadership and governance practice of the health facility is the extent to which it is able to oversee and manage day-to-day operations based on well formulated and realistic short-term plans and budgets. The following specific measures are looked into: Use of annual plan and budget; and implementation of annual plan.

6.3.1   Preparation of Annual Plan and Budget

Under the MOU between CHAG and the MOH, health facilities are expected to formulate annual plans. Annual plans need to be submitted to the MOH for funding. An annual plan describes expected yearly results with a realistic budget and resources and a detailed

operational plan. Preferably, the annual plan is linked to the strategic objectives of the strategic plan. This measure describes the extent to which the health facility is able to formulate an annual plan and budget in a participatory manner and to what extent this plan is shared with management team members and ward and department heads. You may select just one out of the six possible answer categories (0-5) that best corresponds to the situation in the health facility. All conditions mentioned in the answer category of your choice must be fulfilled (Table 16).

Table 16: Scoring Categories *'Preparation of Annual Plan and Budget'*

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No multi-disciplinary team assigned for drafting annual plan and budget	A multi-disciplinary team is in place to draft annual plan and budget, but has not met and is not active	At least one planning meeting has been conducted to review strategic plan and draft annual plan and budget	A draft annual plan and budget is prepared and available and shared with core staff for inputs	The final draft of the annual plan and budget is submitted to the approving authority of the health facility	The approved annual plan and budget is disseminated to the management team and department heads, (S)DHMT, local Authorities, GHS

6.3.2 Implementation of Annual Plan

Leadership and governance is not only about providing direction but also about managing for results. After formulating annual plans and budgets, the plans have to be implemented and budgets have to be spent prudently in accordance with plans. The leadership of the health facility has to organize and manage staff to carry out the planned activities in an effective and efficient manner. This measurement describes the extent to which the health facility is capable of carrying out planned activities in a timely manner. The level of implementation of the annual plan is based on the assessment of available progress reports of the health facility. It is measured by the total of *completed* outputs (or activities) of the annual plan (*numerator*), divided by the total number of outputs (or activities) mentioned in the annual plan (*denominator*) multiplied by the factor 100. You may select just one out of the six possible answer categories (0-5) that corresponds to the situation in the health facility. The conditions mentioned in the answer category of your choice must be fulfilled (Table 17).

Table 17: Scoring Categories *'Implementation of Annual Plan'*

0 Very Poor / Unacceptable	1 Poor / Insufficient	2 Unsatisfactory	3 Satisfactory / Need for improvement	4 Good / Room for improvement	5 Very Good
There is no annual plan and there are no progress reports available	Less than 20% of annual plan activities is carried out	20 to 50% of all planned activities have been carried out	51 to 75% of all planned activities have been carried out	76 to 95% of all planned activities have been carried out	Over 95% of all planned activities have been carried out

7.   Human Resources

A proper mix and number of health staff is essential to be able to provide quality health services. This assessment looks into the following three groups of staff: Clinical staff; Paramedical staff; and support staff. For these three categories the following important indicators will be assessed: Staff Coverage; Staff Motivation; and Staff Competence.

7.1   Staff Coverage

Staff coverage looks into the adequacy of the numbers of staff available and whether the skill mix is appropriate to deliver the required health services. OPAT looks specifically into the strength of the available staffing workforce.

7.1.1   Workforce Strength

Workforce Strength is a measurement that describes the staff density, mix and quality in the health facility. Measurement is done by the use of the 'Workforce Strength and Availability Checklist' (Annex III, page 58). The checklist compares the presence of 48 different staff categories with agreed staffing norms for each level of care. The measure indicates whether the facility uses the workforce assessment to prepare a health facility Human Resource Plan. In addition, the measure indicates to what extent staffing norms are realized. You may select just one out of the six possible answer categories (0-5) that corresponds to the situation in the health facility. The conditions mentioned in the answer category of your choice must be fulfilled (Table 18).

Table 18: Scoring Categories '*Workforce Strength*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
There is no latest version or update of the staffing norms available at the facility	A yearly update of workforce assessment is done and available	Based on up to date workforce assessment the facility has prepared a Human Resource plan to meet staffing requirements	Staff levels are less than 50% compared to up to date staffing requirements	Staff levels are between 51-80% compared to up to date staffing requirements	Staff levels are over 80% compared to up to date staffing requirements

7.2   Staff Motivation

Staff motivation is important to maintain and improve quality health services and to establish good relations with clients. OPAT looks specifically into the extent of staff satisfaction.

7.2.1   Staff Satisfaction

Staff satisfaction is measured with respect to 5 important dimensions: Conditions of Service; Career development; Performance support; Work environment; and Work satisfaction. The measurement is based on a Staff Satisfaction Survey (Annex IV, page 60). This survey is done among a random sample of health facility staff.[9] It is important that survey questionnaires be treated confidentially. You have to score the answer category (0-5) that matches the *average score* of all participants in the survey (Table 19).

Table 19: Scoring Categories '*Staff Satisfaction*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No Staff Satisfaction Survey conducted	Staff Satisfaction Score is less than 20%	Staff Satisfaction Score is from 20 to 40%	Staff Satisfaction Score is from 41 to 60%	Staff Satisfaction Score is from 61 to 80%	Staff Satisfaction Score is above 80%

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[9]   A random sample is a sample that gives every staff member of the health facility an <u>equal chance</u> to be selected to participate in the survey. A minimum of 50 staff should take part in the survey. For larger health facilities with over 180 staff, a sample of 30% of all staff is sufficient to participate in the survey.

7.3   Staff Competence

Staff competency refers to the ability of personnel to perform to the level of professional capability required for their position and responsibility. OPAT looks specifically into the degree of staff development.

7.3.1   Staff Development

This measurement describes the extent to which key professional staff has undergone required continuous professional training and development. The score of this measure is based on the availability of a comprehensive staff development plan. It identifies the progress of implementation of the staff development plan. Apart from looking into existing documents reports and reviewing personnel files, additional staff interviews may be carried out to validate findings. You may select just one out of the six possible answer categories (0-5) that best matches the situation in the health facility. All conditions, mentioned in the answer category of your choice, must be satisfied (Table 20).

Table 20: Scoring Categories *'Staff Development'*

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
There is no comprehensive staff development needs assessment carried out	A comprehensive staff development needs assessment is carried out and a report is available	A comprehensive staff development plan is available	The staff development plan is implemented up to 50%	The staff development plan is implemented up to 75%	The staff development plan is implemented above 75%

8.   Health Service Delivery

Service delivery is defined as the way inputs are combined to allow the delivery of a series of interventions or health actions. The service delivery area is the most prominent within the health system and the core function of the health facility. The processes used to transform the inputs into interventions involve various dimensions such as running health services, managing cases and organising and assuring quality of care. Whereas all of these dimensions are important, the capacity assessment will be limited to assess the following indicators: Organisation of care; and Quality assurance.

8.1   Organisation of Care

Organisation of care looks into the extent to which the health facility provides basic and advanced services and the degree in which service provision is integrated. The following indicators are measured: Availability of Basic Health Services; Accessibility to Basic Health Services; Availability of Advanced Health Services; and Referral System and Practices.

8.1.1   Availability of Basic Health Services

This measurement looks into the availability of 8 Basic Health Services: ANC; Delivery services including normal delivery and basic emergency obstetric care; Newborn services; Post Natal care; Child care services for children under the age of 5 years; Malaria diagnosis and treatment; Diagnosis and treatment of diarrhea; and Diagnosis and treatment of URTIs. Scoring is done by use of the 'Health Service Availability Checklist' (Annex V - *Part A*, page 62). The score is the number of Basic Health services available (*numerator*) divided by the

total number of Basic Health services required (*denominator*), multiplied by a factor 100. You may select just one out of the six possible answer categories (0-5) that best corresponds to the situation in the health facility (Table 21).

Table 21: Scoring Categories '*Availability of Basic Health Services*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Less than 10%	Between 10-20%	From 21-40%	From 41-60%	From 61-80%	Over 80%

8.1.2 Accessibility to Basic Health Services

Actual accessibility and provision of Basic Health Services is another important indicator to measure quality in organization of the care. This measure looks at the degree to which Basic Health Services are accessible for the clients during the weekdays. You may select just one out of the six possible answer categories (0-5) that best matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be fulfilled (Table 22).

Table 22: Scoring Categories '*Accessibility to Basic Health Services*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
BH Services provided on average 1 day a week	BH Services provided on average 2 days a week	BH Services are provided on average 3 days a week	BH Services are provided on average 4 days a week	BH Services are provided on average 5 days a week	BH Services are provided 7 days a week

8.1.3 Accessibility to Advanced Health Services

This measure looks at the extent to which the health facility provides Advanced Health Services in line with what is expected of the accreditation level of the facility. Availability of a range of Advanced Health Services is assessed: Family Planning; PMTCT; HIV counseling and testing; ART and follow-up; HIV/AIDS care and support; TB; NCD Treatment; General surgery including Caesarean Sections; Blood Transfusion; Laboratory Services; and Storage of medicine, vaccine and contraceptive commodities.

Scoring is done by use of the checklist: 'Advanced Health Care Services' (Annex V - *Part B*, page 63). The measurement is the total number of advanced health services available (*numerator*) divided by the total number of expected services for the accreditation level of the health facility (*denominator*) multiplied by 100. You may select just one out of the six possible answer categories (0-5) that best corresponds to the situation in the health facility (Table 23).

Table 23: Scoring Categories '*Accessibility to Advanced Health Services*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Less than 10%	Between 10-20%	From 21-40%	From 41-60%	From 61-80%	Over 80%

8.1.4 Referral System and Practices

This measure provides information on the extent to which the health facility operates a functional referral system for a safe, timely and responsible transfer of clients to the next level of institutional care. The score is based on an investigation of 20 client files, randomly selected, of patients who have been referred to a next level of care in the period under review. The investigation looks into the degree of adherence to referral procedures and practices. Apart from reviewing client files, medical staff should be interviewed to certify appropriate referral practices. You may select just one out of the six possible answer categories (0-5) that best matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be completed (Table 24).

Table 24: Scoring Categories '*Referral System and Practices*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
There are <u>no</u> MOH referral guidelines in place	The MOH referral guideline is available and the facility has an updated contact list with telephone numbers of medical departments and key staff (MDs, medical specialists, etc.) of the referral health facility	Referral system includes protocols and guidelines to capture feedback information from referral hospital on treatment and follow-up of client	Management periodically reviews referral cases and regularly adjust and improve referral protocols in dialogue with internal staff and all relevant referral centres	Between 50-75% of referrals reviewed are in line with standard procedures and protocols	More than 75% of referrals reviewed are in line with standard procedures and protocols

8.2 Quality Assurance

Assuring and maintaining quality of care requires adherence to a set of performance standards that are regularly monitored and verified. Performance standards relate to international and national criteria of Quality of Care.

8.2.1 Quality of Care

This measure describes the extent of compliance to set performance procedures and the extent to which the management is committed to ensure that the health facility adheres to and maintains accepted quality standards in providing health care. You may select just one out of the six possible answer categories (0-5) that best matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be satisfied (Table 25).

Table 25: Scoring Categories '*Quality of Care*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Copies of National guidelines for Quality assurance are not available	Copies of National guidelines for quality assurance are available but no quality assurance team formed.	Copies of Maternal, Child and Clinical treatment guidelines are available at relevant Wards and in all consulting rooms and <u>used</u>	A quality assurance team is in place but not effectively in operation	A quality assurance team is in place and collects, analyses and recommends to improve quality of care	Management periodically reviews quality assurance guidelines and recommendations for improvements are implemented

9. Health Financing

Health financing relates to mobilisation, allocation and management of financial resources for the purpose of public health care. OPAT specifically looks into the management of financial resources.

9.1 Financial Management

OPAT looks into the capacity of health institutions to manage: Financial Sustainability; Administration of Finances; and Implementation and control of Budgets.

9.1.1 *Financial Liquidity*

This measure provides information about the ability of the health facility to pay off short-term debt obligations. It is measured by dividing current assets by current liabilities. A higher ratio indicates a larger margin of safety of the health facility to cover short-term debts. The calculation is done by dividing all current assets (cash at hand, bank balances, value of stocks, treasure bills, fixed deposits and receivables (e.g. health insurance claims) for a given period (*numerator*) by all outstanding debts for the same period (*denominator*) (Table 26).

Table 26: Definition and Measurement '*Financial Liquidity*'

Definition	Ability to pay off short-term debt obligations
Measurement	**Total cash, bank balances, stock, treasure bills, fixed deposits and receivables** **Total outstanding debts**

Data is obtained from the finance department of the health facility. Select the answer category (0-5) that matches the outcome of the calculation (Table 27).

Table 27: Scoring Categories '*Financial Liquidity*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Financial liquidity ratio less than 0.4	Financial liquidity ratio between 0.4 and 0.6	Financial liquidity ratio between 0.6 and 0.8	Financial liquidity ratio is 1.0	Financial liquidity ratio between 1.0 and 1.2	Financial liquidity ratio above 1.5

9.1.2 *Financial Administration*

This measurement looks into the degree to which health facilities operate proper financial administrative systems to track and account for expenditures. The score is measured by assessing the existing book keeping system and financial reporting practices and reports. You may select just one out of the six possible answer categories (0-5) that reflect the situation in the health facility. All conditions mentioned in the answer category of your choice must be (Table 28).

Table 28: Scoring Categories '*Financial Administration*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
There are <u>no</u> books of accounts available in the facility	Books of accounts are available but not in use or not up to date	Book of accounts are up to date	Monthly bank reconciliation statements are always prepared and available	Financial Statements are prepared monthly and submitted to management team	Monthly financial statements are reviewed by the management team and corrective actions are issued and implemented

9.1.3 Budget Management

This measurement indicates the degree to which a health institution is capable of managing its budget and accounting for expenditures. Scoring is done by verification of availability and use of an annual budget and the practice of conducting monthly expenditure reviews. You may select just one out of the six possible answer categories (0-5) that matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 29).

Table 29: Scoring Categories '*Budget Management*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No Annual budget prepared or available	Annual Budget is prepared, available and contains realistic budget lines and - amounts	Expenditure is <u>not</u> based on approved budget lines	Expenditure is based on approved budget lines of the annual budget	Monthly budget expenditure and variations are calculated and available	Management reviews monthly expenditure and budget variations and appropriate actions are taken

10. Health Technology

Health technology is about the availability, management and maintenance of all devices, medicines, vaccines, biological equipment, E-health applications, procedures and systems in support of health care delivery and services. Health technologies are essential in modern medicines and they should be efficient, effective, realistic and affordable. OPAT looks particularly into the service readiness of a selected number of amenities.

10.1 Service Readiness

Health technologies should be available and in good working condition. OPAT looks into the extent of service readiness of five important categories: Basic Utilities; Diagnostic Equipment; Infection control equipment and amenities; Laboratory tests and equipment; and Essential Medicines.

10.1.1 Basic Utilities

This measurement examines the availability and service readiness of general utilities of the health facility such as accessibility to water supply and potable water as well as to the availability of toilets and emergency transport for clients. The score is calculated using the Tracer Item Availability Survey (Annex VI, *Part A*, page 64). The score is calculated by dividing the total number of 'yes' answers (*numerator*) by the total number of questions (*denominator*), multiplied by a factor 100. You may select just one out of the six possible

answer categories (0-5) that matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 30).

Table 30: Scoring Categories '*Service Readiness of Basic Utilities*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Tracer Item Survey (*Part A*) score < 10%	Tracer Item Survey (*Part A*) Score from 10 to 20%	Tracer Item Survey (*Part A*) Score from 21 to 40%	Tracer Item Survey (*Part A*) Score from 41 to 60%	Tracer Item Survey (*Part A*) Score from 61 to 80%	Tracer Item Survey (*Part A*) Score over 80%

10.1.2 Basic Diagnostic Equipment

This measure looks into the availability and service readiness of basic diagnostic devices for medical investigations of clients at the consulting rooms of the OPD. The score is calculated using the Tracer Item Availability Survey (Annex VI, *Part B*, page 65). The score is calculated by dividing the total number of 'yes' answers (*numerator*) by the total number of questions (*denominator*), multiplied by a factor 100. You may select just one out of the six possible answer categories (0-5) that matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 31).

Table 31: Scoring Categories '*Service Readiness of Basic Diagnostic Equipment*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Tracer Item Survey (*Part B*) score < 10%	Tracer Item Survey (*Part B*) Score from 10 to 20%	Tracer Item Survey (*Part B*) Score from 21 to 40%	Tracer Item Survey (*Part B*) Score from 41 to 60%	Tracer Item Survey (*Part B)* Score from 61 to 80%	Tracer Item Survey (*Part B*) Score over 80%

10.1.3 Infection Control Equipment and Amenities

This measurement looks into the use and service readiness of basic infection control measures protecting staff and clients. The score is calculated using the Tracer Item Survey (Annex VI, *Part C*, page 66). The score is calculated by dividing the total number of 'yes' answers (*numerator*) by the total number of questions (*denominator*), multiplied by a factor 100. You may select just one out of the six possible answer categories (0-5) that matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 32).

Table 32: Scoring Categories '*Service Readiness of Infection Control Equipment and Amenities*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Tracer Item Survey (*Part C*) score < 10%	Tracer Item Survey (*Part C*) Score from 10 to 20%	Tracer Item Survey (*Part C*) Score from 21 to 40%	Tracer Item Survey (*Part C*) Score from 41 to 60%	Tracer Item Survey (*Part C*) Score from 61 to 80%	Tracer Item Survey (*Part C*) Score over 80%

10.1.4 Laboratory Tests and Equipment

This measure looks into service readiness of basic laboratory tests. The score is calculated using the Tracer Item Survey (Annex VI, *Part D*, page 67). The score is calculated by dividing the total number of 'yes' answers (*numerator*) by the total number of questions (*denominator*), multiplied by a factor 100. You may select just one out of the six possible

answer categories (0-5) that matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 33).

Table 33: Scoring Categories '*Service Readiness of Laboratory Tests and Equipment*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Tracer Item Survey (*Part D*) score < 10%	Tracer Item Survey (*Part D*) Score from 10 to 20%	Tracer Item Survey (*Part D*) Score from 21 to 40%	Tracer Item Survey (*Part D*) Score from 41 to 60%	Tracer Item Survey (*Part D*) Score from 61 to 80%	Tracer Item Survey (*Part D*) Score over 80%

10.1.5 Essential Medicines

This measurement examines the availability of essential medicines. The score is calculated using the Tracer Item Survey (Annex VI, *Part E*, page 68). The score is calculated by dividing the total number of 'yes' answers (*numerator*) by the total number of questions (*denominator*), multiplied by a factor 100. You may select just one out of the six possible answer categories (0-5) that matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 34).

Table 34: Scoring Categories '*Availability of Essential Medicines*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Tracer Item Survey (*Part E*) score < 10%	Tracer Item Survey (*Part E*) Score from 10 to 20%	Tracer Item Survey (*Part E*) Score from 21 to 40%	Tracer Item Survey (*Part E*) Score from 41 to 60%	Tracer Item Survey (*Part E*) Score from 61 to 80%	Tracer Item Survey (*Part E*) Score over 80%

11. Health Information

Health information relates to all systems, procedures and formats necessary to generate required information for the purpose of managing, monitoring and improving health service delivery. Health information should be reliable and timely to assist health managers in adequate decision making. OPAT looks particularly into key aspects of Data Management.

11.1 Data Management

OPAT looks into the capacity of the health facility to submit health information in a timely manner, to certify data quality and the degree to which the facility is using information for decision making. The following measures are looked into: Timeliness of Reporting; Data Integrity; and Information Use.

11.1.1 Timeliness of Reporting

The health facility is required to submit a monthly morbidity and mortality report to the GHS within two weeks after closure of the month (DHIMS). In addition, the health facility has to submit half-yearly reports to CHAG, also within two weeks after closure of the (half) year. The score is a measurement of the extent to the health facility submits DHIMS and GHS reports within the required timeframe. You may select just one out of the six possible answer categories (0-5) that matches the situation in the health facility (Table 35).

Table 35: Scoring Categories '*Timeliness of Reporting*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No DHMIS or CHAG health reports submitted	On average, monthly DHMIS reports are submitted to GHS later than 3 weeks after closure of reporting period	On average, monthly DHMIS report are submitted between 2 to 3 weeks after closure of reporting period	All monthly DHMIS report are submitted within 2 weeks after closure of reporting period but submission of half yearly CHAG report is delayed with more than 1 month after closure of reporting period	All monthly DHMIS report are submitted within 2 weeks after closure of reporting period but submission of half-yearly CHAG report is delayed between 2 and 4 weeks after closure of reporting period	All monthly DHMIS reports as well as the CHAG half-yearly report have been submitted in time within 2 weeks after closure of reporting periods

11.1.2 Data Integrity

Data integrity refers to the degree to which health information is reliable and accurate. Among others factors, this is a result of the quality and capacity of the information system used in the health facility including the collection, storage, analysis, usage and reporting of data. The score is measured through assessment of the information management system particularly looking into availability and compliance to Standard Operation Procedures (SOP). You may select just one out of the six possible answer categories (0-5) that matches the situation in the health facility. All conditions must be met (Table 36).

Table 36: Scoring Categories '*Data Integrity*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No Standard Operation Procedures for data management in place	SOP for data management in place but limited adherence to protocols and guidelines	Trained staff and equipment for data management in place and operational	Standard data quality checks are daily done at all service delivery points and departments (wards, OPD, lab, etc.) by specialised staff from statistical department	Data validation team is in place and reviews consolidated data set at a monthly interval	Management reviews consolidated data set at a monthly interval and takes appropriate action to improve data management

11.1.3 Information Usage

This measure provides the degree to which the management regularly consults a set of key (outcome) indicators as part of management meetings. You may select just one out of the six possible answer categories (0-5) that best matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 37).

Table 37: Scoring Categories '*Information Usage*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
No data review and analysis carried out	Data review and analysis is not done at monthly basis but infrequent and irregular	Monthly review and analysis of all health Outcome indicators carried out but no follow up done	Monthly review of key Outcome indicators discussed by management but no evidence of follow-up	Monthly review of key Outcome indicators discussed by management with evidence of systematic follow-up	Regular review of all Organisational performance indicators carried out with evidence of systematic follow-up

12. Community Ownership and Participation

Community ownership and participation refers to mechanisms, systems and processes that allow communities to influence policies, planning, operation, use and benefits of health services. It relates to the extent to which health facilities engage with communities to make health services more fitting and more relevant for the local context and its specific disease burden. Community participation aims at improving the acceptability of health services by the community and strengthening behaviors that promote and preserve health. Health facilities engage with communities through formal and informal leadership structures and by partnering with local groups, initiatives and plans. Community ownership and participation in health service delivery assumes appreciation and knowledge of prevailing local traditions and beliefs that may influence health seeking behavior. OPAT is particularly looking into the extent to which the health facility enables and facilitates community engagement in planning outreach services.

12.1 Community Engagement

By engaging with the community, the health facility can improve community involvement and responsiveness in health care thereby improving its services. OPAT specifically looks into the aspect of community collaboration.

12.1.1 Community Collaboration

This measure looks at the extent to which the health facility engages with the communities in its catchment area. It is measured with the checklist 'Community Engagement' (Annex VII, page 69). The following important dimensions are looked into: Relations with Community Leadership; Collaboration with community groups; Participation in community plans and activities; Utilization of community resources; and Sensitivity to local traditions, culture and beliefs. The score is calculated by dividing the total number of 'yes' answers (*numerator*) by the total number of questions of the survey (*denominator*), multiplied by a factor 100. Verification is based on inspection of available information, documents and records and by random verification with communities in the catchment area. You may select just one out of the six possible answer categories (0-5) that best matches the situation in the health facility. All conditions in the answer category of your choice must be met (Table 38).

Table 38: Scoring Categories '*Community Collaboration*'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Community engagement Survey score < 10%	Community engagement Survey Score between 10-20%	Community engagement Survey Score from 21 to 40%	Community engagement Survey Score from 41 to 60%	Community engagement Survey Score from 61 to 80%	Community engagement Survey Score from 81 to 100%

13. Partnership

Partnerships in health are based on the mutual dependency of different partners in achieving a common goal. Each partner is expected to make financial, technical or material contributions in a coordinated manner aimed at strengthening service delivery. The need for partnerships in the health sector is recognized in various health sector policy documents. Effective partnerships are based on commitment, communication, cooperation and coordination. The

idea of collaborating within and across sectors rather than working alone offers advantages such as: Improved access and delivery of services; Access to complementary resources; Improved focus and coordination; and improved capacity, innovation and expertise. OPAT evaluates the degree of collaboration between the health facility and key stakeholders.

13.1 Key Stakeholder Engagement

Key stakeholders of the health facility can vary but most notably involve the district assembly, political leadership, donor agencies, NHIS and the Health Sector Administrative Offices. OPAT looks into the frequency and quality of collaboration between the health facility and the Health Sector Administration at the local level.

13.1.1 Collaboration with Health Sector Administration

This measure provides information on the extent and quality of collaboration between the health facility with the appropriate level of the health sector administration; the SDHMT, DHMT or RHMT, respectively. It is important to coordinate plans in order to improve health service provision, facilitate technical support, build capacity and monitor performance. You may select just one possible answer categories that best matches the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 39).

Table 39: Scoring Categories 'Collaboration with Health Sector Administration'

- 0 - Very Poor / Unacceptable	- 1 - Poor / Insufficient	- 2 - Unsatisfactory	- 3 - Satisfactory / Need for improvement	- 4 - Good / Room for improvement	- 5 - Very Good
Health facility operates in isolation with no functional collaboration with Sector Administration [10]	Collaboration with Sector Administration is ad-hoc and not systematic ('as-and-when')	Health facility regularly attends Health sector coordinating meetings of Sector Administration	Health facility participates in periodic performance reviews together with Health Administration	Health facility is a core member of periodic planning and evaluation meetings with the Sector Administration and participates actively	In addition to 4, the health facility collaborate in various partnerships with Sector Administration agreed upon in specific MOUs

14. Health Research

Health research is aimed at addressing knowledge gaps in order to improve health systems and health service delivery. It involves five broad phases: Problem identification; Problem analysis; Formulate alternatives; Improve practices and procedures; and M and E. OPAT particularly looks into Operational Health Research (OHR).

14.1 Operational Health Research

OHR addresses common problems in the implementation of health services in the health facility. The purpose of OHR is to promote appropriate and contextualized solutions to improve health service provision. OHR can be applied to analyse and improve important key areas in all nine HSBs.

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[10]   Select the health sector administrative level that is most relevant for your health facility (SDHMT, DHMT or RHMT).

14.1.1 Research Agenda

This measure looks at the extent to which the health facility has a clearly defined OHR agenda and is able to implement and follow up on this agenda in a systematic and structured manner. [11] You may select just one out of the six possible answer categories (0-5) that best match the situation in the health facility. All conditions mentioned in the answer category of your choice must be met (Table 40).

Table 40: Scoring Categories '*Research Agenda*'

- 0 - **Very Poor / Unacceptable**	- 1 - **Poor / Insufficient**	- 2 - **Unsatisfactory**	- 3 - **Satisfactory / Need for improvement**	- 4 - **Good / Room for improvement**	- 5 - **Very Good**
There is no operational research carried out	There is <u>no</u> research agenda available but some limited operational research is carried out ad-hoc	There is a Research agenda with a minimum of 5 research topics but the agenda is not implemented	There is a Research agenda and budget of at least 5 research topics and 2 of the researches are being implemented or have been carried out	At least 4 research topics are being investigated with clear evidence of improvement in service delivery	5 or more research topics are being investigated and there is clear evidence of improvement in service delivery or the management of facility

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[11]   A research agenda is a document describing a <u>minimum of 5 research topics</u> relevant for the health facility to implement over time in order to overcome or improve critical issues in the facility management or in service delivery at OPDs, wards or outreach.

PART III: ORGANISATIONAL OUTCOME ASSESSMENT

SECTION V: ASSESSING RESULTS AND IMPACTS

Introduction

Organisational outcomes are the effects of organisational capacity and performance. They are assessed using indicators relating to: Client's health status; Client's health seeking behaviour; Client's financial risk protection; Service utilisation; and Service quality and Efficiency. Most indicators and their measurements are internationally accepted (WHO) and used by the GHS (Table 41).

Table 41: OPAT Indicators and Measures to assess Outcomes

Indicator	Measure	Status
Client's Health Status	Under-five Mortality	WHO/GHS
	Neo-natal Mortality	WHO/GHS
	Maternal Mortality	WHO/GHS
	Malaria Mortality	WHO/GHS
	Malaria Incidence	WHO/GHS
	HIV Prevalence	WHO/GHS
Client's Responsiveness	Client Satisfaction	GHS
Client's Financial Risk Protection	Health Insurance Coverage	GHS
Service Utilisation	Out-Patient Ratio	WHO/GHS
	In-Patient Ratio	WHO/GHS
	Immunization Ratio	WHO/GHS
	Antenatal visits per client	WHO/GHS
	Referral Ratio	GHS
Service Quality and Safety	Fresh Still Births	GHS
	Compliance with Treatment Protocols	GHS
	Post-Surgical Wound Infection	GHS
Service Efficiency	Client-Cost Ratio	GHS
	Bed Occupancy Ratio	WHO/GHS

Although all indicators are well known, for purposes of completeness of this manual and in order to avoid misunderstanding, all indicators and their measurements are explained in the next paragraphs. Indicators and their measurement may change over time subject to further development of this manual.

15.   Clients Health Status

Health Outcomes are the measurable effects and impact of service delivery on the health status of the population. OPAT looks into the following specific measures: Under-Five Mortality; Neo-Natal Mortality; Maternal Mortality; Malaria Mortality; Malaria Incidence; and HIV Prevalence.

15.1   Under-Five Mortality

This measurement is an indication of child survival. It measures the proportion of institutional deaths in children under-five years of age for a given period. It is measured by

dividing the total number of deaths of children aged under five-years that occurred in the health facility for a given period (*numerator*) by all live births in the health facility for the same period (*denominator*), multiplied by a factor of 1,000 (Table 42).

Table 42: Definition and Measurement of '*Under-Five Mortality*'

Definition	Proportion of deaths of children under-5 years of age in the health facility
Measurement	$$\frac{\text{Total no. of institutional deaths of children under-5 years of age}}{\text{Total no. of institutional live births}} \times 1{,}000$$

Data should be obtained from the most relevant sources of information in the health facility such as ward registers, OPD records, DHIMS reports, etc. Data should be consolidated for the period under review and verified with other possible registries used in the facility.

15.2 Neo-Natal Mortality

This measures the number of children who die in the health facility within the first four weeks of life. It is a component of under-five years of age mortality rate. The measurement is calculated by dividing the total number of children aged less than 28 days that died in the health facility for a given period (*numerator*) by the total number of live births in the health facility for the same period (*denominator*), multiplied by a factor of 1,000 (Table 43).

Table 43: Definition and Measurement of '*Neo-Natal Mortality*'

Definition	Proportion of deaths of children less than 28-days of age in the health facility
Measurement	$$\frac{\text{Total no. of institutional deaths of children under 28 days of age}}{\text{Total no. of institutional live births}} \times 1{,}000$$

Data should be obtained from the most relevant sources of information in the health facility such as ward registers, OPD records, maternity and delivery registries, DHIMS reports, CHAG minimum data set reports, etc. Data should be consolidated for the period under review and verified with other possible registries used in the facility.

15.3 Maternal Mortality

This measure provides information on the occurrence of deaths in women due to maternal causes. Maternal death is defined as death in women while pregnant or within 42 days of termination of pregnancy, irrespective of the duration of the pregnancy, *from any cause related to or aggravated by the pregnancy or its management*.[12] The measure is the total number of maternal deaths in the health facility for a given period (*numerator*) divided by the total number of live births in the health facility for the same period (*denominator*), multiplied by a factor of 100,000 (Table 44).

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[12] Non-obstetric causes resulting in death of pregnant women is not considered as a maternal death!

Table 44: Definition and Measurement of '*Maternal Mortality*'

Definition	Proportion of deaths of women during pregnancy or within 42 days after giving birth due to obstetric causes in the health facility
Measurement	$$\frac{\text{Total no. of institutional maternal deaths}}{\text{Total no. of institutional live births}} \times 100{,}000$$

Data should be obtained from the most relevant sources of information in the health facility such as ward registers, OPD records, maternity and delivery registries, DHIMS reports, CHAG minimum data set reports, etc. Data should be consolidated for the period under review and verified with other possible registries used in the facility.

15.4 Malaria Mortality

This measure provides the information on the proportion of clients who die of malaria infection. It is measured by dividing the total number of malaria deaths in the health facility for a given period (*numerator*) by the total client base of the health facility for the same period (*denominator*), multiplied by a factor of 100,000 (Table 45).[13]

Table 45: Definition and Measurement of '*Malaria Mortality*'

Definition	Proportion of malaria deaths in the health facility
Measurement	$$\frac{\text{Total no. of institutional malaria deaths}}{\text{Total client base}} \times 100{,}000$$

Data should be collected from the most relevant sources of information in the health facility such as ward registers, OPD records, DHIMS reports, CHAG minimum data set reports, etc. Data should be consolidated for the period under review and verified with other possible registries used in the facility (e.g. morgue registry).

15.5 Malaria Incidence

This measure provides information on the proportion of _new_ malaria cases reported at the health facility. It is measured by dividing the total number of *new* malaria cases (_confirmed positive by laboratory!_) in the health facility for a given period (*numerator*) by total client base of the health facility for the same period (*denominator*), multiplied by a factor of 1,000 (Table 46).

Table 46: Definition and Measurement of '*Malaria Incidence*'

Definition	Proportion of _new_ malaria cases in the health facility
Measurement	$$\frac{\text{Total no. of new malaria cases confirmed by laboratory test}}{\text{Total client base}} \times 1{,}000$$

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[13] Total Client Base is defined as the total (estimated) population in the catchment area of the health facility.

Required data should be collected by the OPAT team from the most relevant sources of information in the health facility such as ward registers, OPD records, laboratory records, etc. Data should be consolidated for the period under review and verified with other possible registries used in the facility (e.g. morgue registry).

15.6   HIV Prevalence

This measure gives information on the proportion of clients between 15-49 years of age who are tested positive for HIV. It is measured by dividing the total number of clients aged 15-49 years of age whose blood samples are tested positive for HIV for a given period (*numerator*) by total clients aged 15-49 years of age who were tested for HIV in the same period (*denominator*), multiplied by a factor of 100 (Table 47).

Table 47: Definition and Measurement of '*HIV Prevalence*'

Definition	Proportion of clients aged 15-49 years which are HIV positive
Measurement	$$\frac{\text{Total no. of clients aged 15-49 years tested positive for HIV}}{\text{Total no. of clients aged 15-49 years tested for HIV}} \times 100$$

Data should be obtained from the most relevant sources of information in the health facility such as laboratory records, HIV/AIDS clinic, etc. Data should be consolidated for the period under review and verified with other relevant registries used in the facility.

16.   Clients Responsiveness

Responsiveness and openness of clients to services provided by the health facility is another main indicator looked into. Responsiveness is not just a result of availability of health services but, as well, depends on many other factors such as the degree to which a health facility appreciates and is able to organise services to specific client demands. OPAT looks into the degree of Client Satisfaction.

16.1   Client Satisfaction

This measure provides information as to what extent clients appreciate the services provided by the health facility and the professional approach and attitude of the staff. The following dimensions are looked into: Staff Professionalism and Respect; Quality of Communication with Staff; Health Facility Environment and Cleanliness; Quality services OPD; and Quality of in-patient services. The measurement is based on the survey: 'Client Satisfaction' (Annex VIII, page 71). The survey is conducted among 30 *in-patients*, randomly selected. In case the health facility does not have sufficient bed capacity, 30 OPD clients are randomly selected to participate in the survey. The *individual* respondent score is calculated by dividing the total number of 'Yes' answers (*numerator*) by 20 (*denominator*), multiplied by a factor 100. The average respondent score is calculated by dividing the aggregate of all individual respondent scores (*numerator*) by the number of respondents participating in the survey (*denominator*) (Table 48).

Table 48: Definition and Measurement of '*Client Satisfaction*'

Definition	Average client satisfaction
Measurement	**Aggregate of all individual respondent scores in survey** **Total numbers of survey respondents**

17.   Clients Financial Risk Protection

Protection of clients, particularly the poor, against financial risks related to health expenditure is important as lack of financial resources is a barrier to seeking health care and often a cause for further impoverishment. OPAT looks therefore into the proportion of clients having a valid Health Insurance cover.

17.1   Health Insurance Coverage

This measurement provides information about the proportion of clients with valid health insurance with the National Health Insurance Scheme (NHIS) or other health insurance. It is measured by dividing the total number of clients with a valid insurance card in a given period (*numerator*) by the total number of clients having attended the health facility in the same period (*denominator*) (Table 49).

Table 49: Definition and Measurement of '*Health Insurance Coverage*'

Definition	Proportion of clients subscribed to a health insurance
Measurement	**Total no. of clients with an active health insurance card** **Total no. of clients attending the health facility**

Data should be obtained the most relevant sources of information in the health facility such as administrative and accounts office, OPD Registry etc.

18.   Clients Service Utilization

This indicator provides information on the proportion of the population in the catchment area of the health facility making use of various services provided. The following specific indicators are looked into: Out-Patient Ratio; In-Patient Ratio; Immunization Ratio; Ante-Natal visits per client; and Referral Ratio.

18.1   Out-Patient Ratio

This measure reflects the proportion of the population in the catchment area of the health facility seeking health services at the OPD. The measure is the total number of OPD visits in the health facility (*excluding clients for immunization and ante-natal care*) in a given period (*numerator*) divided by the population size of the catchment area of the health facility (*denominator*), multiplied by a factor 10,000 (Table 50).

Table 50: Definition and Measurement of '*Out-Patient Ratio*'

Definition	Proportion OPD consultations in total catchment population
Measurement	**Total no. of visits at the OPD, excluding immunization and antenatal care** $\times 10{,}000$ **Total client base**

Data should be obtained from the most relevant source of information such OPD Registries, administrative and accounts office, etc.

18.2   In-Patient Ratio

This measurement reflects the proportion of the population admitted to the health facility. It is measured by dividing the total number of in-patients <u>discharged</u> from the health facility in a given period (*excluding those clients having been admitted for a delivery*) (*numerator*) by the total client base of the health facility (*denominator*), multiplied by a factor of 10,000 (Table 51).

Table 51: Definition and Calculation of '*In-Patient Ratio*'

Definition	Proportion of admission to total catchment population
Measurement	$$\frac{\text{Total no. of discharged in-patients (excluding deliveries)}}{\text{Total client base}} \times 10,000$$

Data is obtained from the most relevant sources of information in the health facility such ward and discharge registers, administrative and accounts office, etc.

18.3   Immunization Ratio

This measurement provides information on the vaccination coverage in the catchment area of the health facility against 11 preventable diseases.[14] It is measured by dividing the total number of children under one-year of age having completed all the required doses for 11 preventable childhood diseases in the health facility in a given period (*numerator*) by the total number of children under one-year of age in the catchment area of the health facility for the same period (*denominator*), multiplied by a factor 100 (Table 52).

Table 52: Definition and Calculation of '*Immunization Ratio*'

Definition	Proportion of fully immunized children under 1-year of age
Measurement	$$\frac{\text{Total no. of fully immunized children under 1-year of age}}{\text{Total no. of children under 1-year of age in the catchment area}} \times 100$$

Data is obtained from the most relevant sources of information in the health facility such as the EPI register, Child welfare clinic registries, outreach EPI clinic registries, etc.

18.4   Antenatal Visits per Client

This measurement provides information on the average number of antenatal visits of pregnant women registered with the health facility. The recommended antenatal visits per client is four visits. This indicator is measured by dividing the total number of antenatal visits in the health facility in a given period (*numerator*) by the total number of pregnant women registered for antenatal care in the health facility in the same period (*denominator*) (Table 53).

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[14]   The National Expanded Program of Immunization (EPI) provides immunization against the following 11 preventable diseases: Tuberculosis, Poliomyelitis, Diphtheria, Neonatal Tetanus, Whooping Cough, Hepatitis-B, Haemophilus Influenza (B), Measles, Yellow fever, Pneumococcal, Rote Virus.

Table 53: Definition and Measurement of *'Antenatal Visit per Client'*

Definition	Average number of antenatal care visits per registered client
Measurement	**Total no. of ANC visits** / **Total no. of registered ANC clients**

Data is obtained from the most relevant sources in the health facility such antenatal registries, OPD, etc.

18.5 Referral Ratio

This measurement provides information on the proportion of clients referred to a next, advanced level of institutional care. It is measured by the dividing the total number of referred clients for a given period (*numerator*) by the total number of *in-patients discharged* and *out-patients seen* at the health facility in the same period (*denominator*), multiplied by the factor 1,000 (Table 54).

Table 54: Definition and Calculation of *'Referral Ratio'*

Definition	Proportion of referred clients
Measurement	**Total no. of clients referred** / **Total no. of in-patients discharged and OPD clients seen** x 1,000

Data is collected from the most relevant sources in the health facility such OPD, ward, department and referral registries, etc.

19. Service Quality and Safety

The extent of quality and safety of health services is measured in OPAT by three indicators: Fresh Still Births; Compliance with Treatment Protocols; and Post-Surgical Wound Infection.

19.1 Fresh Still Births

This measurement provides information on the quality of obstetric care services of the health facility. It is measured by dividing the total number of fresh intra-uterine deaths in the health facility during labour or delivery in a given period (*numerator*) by the total number of live births in the health facility for the same period (*denominator*), multiplied by a factor of 1,000 (Table 55).[15]

Table 55: Definition and Calculation of *'Fresh Still Births'*

Definition	Proportion of *fresh* intra-uterine deaths during labour or delivery
Measurement	**Total no. of *fresh* intra-uterine deaths during labour or delivery** / **Total number of Live Births** x 1,000

Data is obtained from the most relevant sources in the health facility such as the registry of the maternity ward, etc.

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[15] Macerated intra-uterine deaths should not be counted in the calculation!

19.2 Compliance with Treatment Protocols

This measurement provides information on the proportion of clients treated in compliance with national treatment protocols. Information is collected by a review of 30 patient records, randomly selected. Each patient record is assessed using the checklist: 'Compliance Treatment Protocols' (Annex IX, page 72). It is measured by dividing the total number of patient records reviewed indicating adherence to national treatment guidelines in a given period (*numerator*) by the total number of patient records reviewed for the same period (*denominator*), multiplied by a factor of 100 (Table 56).

Table 56: Definition and Measurement of '*Compliance Treatment Protocols*'

Definition	Proportion of Clients treated in compliance with National treatment protocols
Measurement	$\dfrac{\text{Total no. of client records showing compliance to treatment protocols}}{\text{Total no. of client records investigated}} \times 100$

19.3 Post-Surgical Wound Infection

Post-surgical wound infections are usually associated with poor quality of care. This measure is assessed through a review of 30 patient records, randomly selected, of clients having undergone a surgical procedure (minor, major, elective or emergency). The indicator is measured by dividing the total number of surgical records reviewed indicating a post-operative wound infection in a given period (*numerator*) by the total number of surgical patient records reviewed for the same period (*denominator*), multiplied by a factor 100 (Table 57).[16]

Table 57: Definition and Measurement of '*Post-Surgical Wound Infection*'

Definition	Proportion of post-operative wound infections
Measurement	$\dfrac{\text{Total no. of client records indicating post-operative wound infections}}{\text{Total no. of client records investigated}} \times 100$

Data is obtained from the most relevant sources in the health facility such as the medical record department, etc.

20. Service Efficiency

Efficiency of health services provides a measure as to what extent the health facility is able to provide quality health services with a minimum of financial resources. OPAT looks into Client-Cost Ratio and Bed Occupancy Ratio.

20.1 Client-Cost Ratio

This measurement provides information on the cost-efficiency to provide health services and gives the average expenditure per client served. It is measured by dividing the total spending

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[16] A post-surgical wound infection has one or more of the following symptoms: (1) change in skin colour (red, swollen, tender); (2) discharge of pus; (3) wound 'gape'; (4) odour (offensive).

of the health facility in a given period (*numerator*) by the total number of In-Patient days plus 1/3 of the total number of Out-Patients for the same period (*denominator*) (Table 58).[17]

Table 58: Definition and Calculation of *'Client-Cost Ratio'*

Definition	Average financial expenditure per client
Measurement	$$\frac{\text{Total expenditure}}{\text{(Total no. of In-Patient days)} + \text{(1/3 of total no. of Out-Patients)}}$$

Data is collected from the most relevant sources in the health facility such as financial records and administration, OPD reports, ward registries, etc.

20.2   Bed Occupancy

The bed occupancy rate is the percentage of occupied beds and provides information on the efficient use of the bed capacity of a health facility. It is measured by dividing the total number of available beds occupied on a day-basis over a given period (*numerator*) by the total number of available beds in the health facility in the same period (*denominator*), multiplied by a factor 100 (Table 59).

Table 59: Definition and Calculation of '*Bed Occupancy Ratio'*

Definition	The percentage of available health facility beds occupied
Measurement	$$\frac{\text{Total no. of available beds occupied on a day basis}}{\text{Total available bed capacity}} \times 100$$

Data is obtained from the ward registries and administrative office.

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[17]   For the purpose of this calculation it is assumed that the cost for 1 In-Patient Day equals the cost of 3 Out-Patients.

PART IV: IMPROVING ORGANISATIONAL CAPACITY AND OUTCOMES
SECTION VI: IMPROVING HEALTH SYSTEMS

Introduction

This section provides an introduction to the general principles for developing practical interventions to improve HSBs and the functioning of the health facility. More elaborate and detailed manuals are recommended in last paragraph of this chapter (22.7).

21.   Problem Analysis

As explained above (Part I), the HSS approach will help you to better grasp the interaction and interdependencies of the various HSBs and how these are mutually responsible for the performance and the results of the health facility. A systems perspective facilitates a more rational approach to examine critical problems and the development of practical interventions to improve functioning of the health facility.

Most likely, the assessment has resulted in a number of outcomes that point at certain challenges and problems which need to be properly scrutinized. The problem analysis is focused on identifying the nature and extent of the underlying problems and causes of the assessment results. The problem analysis adopts a systems approach. It examines problems and causes underlying the findings of the assessment, both performance and outcome assessment, thoroughly and comprehensively in the context of all nine HSBs and their interconnectedness. A problem is almost never an isolated phenomenon. Rather, it often exists as a result of another problem. The purpose of a problem analysis is to identify the most critical factors contributing to an observed problem which need to be addressed to mitigate or resolve the problem. A problem analysis is focused at two important aspects: a clear description of the problem and the identification of the underlying problems and their cause-effect relationships.

21.1   Problem Description

A problem analysis is typically carried out with all stakeholders concerned. Apart from staff and management of the health facility, this may also involve community representatives, if applicable. Stakeholders should be knowledgeable of the various HSBs relevant for the problem identified. A good approach for a problem analysis is a collective brainstorming session by the stakeholders concerned. A first step is to focus on a clear description of the observed and underlying problems (Table 60).

Table 60: Problem Description: Focus and Supporting Questions

Problem description	Focus	Supporting Questions
	Describes problems as clearly as possible	What is the nature of the problem?
		What is the extent of the problem?
		Who is affected by the problem?
		Where and when does the problem occur?
		How does the problem affect the performance or output of facility?

21.2 Problem Cause-Effect Analysis

Next to clearly defining the problems underlying the findings of the assessment, it is important to select and focus on the most critical ones; problems that are the source, origin or cause of the other problems seen. This can be done with a 'cause-effect' analysis and should be done for each HSB (Table 61).

Table 61: Cause – Effect Analysis: Supporting Questions

Problem Cause-effect analysis	Focus	Supporting Questions
	Consider all possible underlying problems and prioritise <u>per</u> HSBs	What other problem(s) is (are) underlying the observed problem?
		What underlying causes relate to the observed problem?
		What is not working well in each HSB and why?
		What is not working well between the various HSBs?
		What HSB is largely responsible for the stated problem?
		What HSB, when fixed, will bring the facility closer to a solution?

22. Intervention Design and Implementation

Defining intervention objectives is based on the problem analysis in which critical problems per HSB are identified and agreed upon. Objectives are clear and unambiguous statements about what you will accomplish in the future. After formulating objectives, a priority ranking needs to be established based on relevant contextual considerations.

22.1 Definition of Objectives

Objectives are clear statements about what the health facility would like to achieve in the near or medium term future. In order to avoid unlikely aspirations and have a firm basis for M and E, objectives should be statements that are specific, measurable, attainable, realistic and time-bound (SMART) (Table 62).

Table 62: Objectives Formulation: Key Characteristics

Criteria	Explanation
Specific	The objective should be clear, explicit and unambiguous
Measurable	The realisation of the objective should be verifiable
Attainable	The objective should be reasonably achievable
Realistic	The objective should be genuinely convincing and representative
Time-bound	The objective is realistically achievable in a defined time-period

22.2 Prioritization of Objectives

It is important that objectives are prioritised in order of their significance and in sequence of their level of contribution to improve the functioning of selected HSBs or specific health facility outcomes. Some objectives may not be very realistic or too ambitious for the time available. It is recommended to agree on a set of selection criteria to assist prioritising objectives. Selection criteria should be relevant for the health facility, its specific context and the problems and relevant objectives under consideration (Table 63).

Table 63: Objectives: Selection Criteria for Prioritization

Selection Criteria	Explanation
Contribution	What is the comparative influence of the objective to the overall goal?
Urgency	How critical and pressing is the objective with respect to the nature and extent of the observed problem?
Priority	To what extent is the objective directly or indirectly beneficial to clients?
Fit with policy	To what extent does the objective match or contradict health sector policies?
Required expertise	Are the professional expertise, skills and experience available to achieve the objective and to implement related activities?
Available budget	Are the required funds and resources sufficiently available?
Sustainability	Does the objective contribute to a justifiable solution which can be sustained in the future?
Likelihood of success	What is the probability that objective will be achieved also in view of related assumptions and context?
Side effects	What positive or negative side-effects may result from achieving the objective and are these acceptable?
Fit with values	Is the objective in line with values, professional ethics and organisational mission and vision?

It is important that all stakeholders are involved in the process of objective setting and prioritisation. This enables the stakeholders to have a good understanding of the issues and to get them committed to collaborate effectively during the change process.

22.3   Selection of Strategies

After agreeing on a set of objectives, it is important to consider the most realistic and viable implementation approach or *strategy*. Selecting a strategy is contingent on an assessment using a set of agreed criteria most appropriate for the problems to be addressed in context of the health facility (Table 64).

Table 64: Intervention Strategies: Selection Criteria

Selection criteria	Explanation
Efficiency	To what degree does the strategy contribute to a well-organised realisation of objectives also taking value-for-money aspects into consideration?
Effectiveness	What is the relative strength of the strategy in contributing to the intended outcome?
Consistency	Is the strategy in line with the vision, mission and values of the health facility?
Feasibility	To what extent is the strategy practical and achievable?
Adaptability	To what degree is the strategy flexible in relation to a changing context?

22.4   Program Planning

When objectives and strategies are agreed upon, a detailed operational plan needs to be formulated. The operational plan provides a detailed outline of all activities and resources needed to realise objectives. A similar set of criteria may be used to prioritise activities as described for objectives and strategies in tables 63 and 64, respectively. The operational plan includes an allocation of required resources and inputs such as staff, finances, time, etc.

22.5   Monitoring and Evaluation

An important instrument in tracking progress and results of the operational plan is the Monitoring and Evaluation Plan (M and E plan). The M and E plan describes specific indicators and measures to assess: Use of inputs; Progress of activities (processes);

Realization of outputs; Extent of changes over time (outcomes); and Effects on the health status of clients (impact). Using a comprehensive M and E plan ensures that comparable data is collected at regular intervals. Without an M and E plan, there is no basis to objectively assess progress and the effects of an intervention (Figure 2).

Figure 2: Monitoring and Evaluation: Assessing Processes, Outcomes and Impact

Inputs	Processes	Outputs	Outcomes	Impact
e.g. Funds for Training	e.g. Training Workshops	e.g. No of Midwifes Trained	e.g. Improved Maternal Services	e.g. Reduced Maternal Deaths
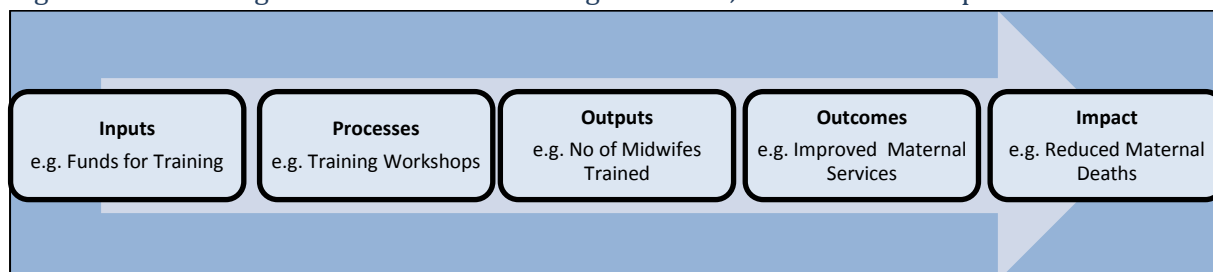
Monitoring of *processes* is largely an accountability measure ensuring that activities are conducted on time and with sufficient resources. It is usually carried out through routine weekly, quarterly and semi-annual reporting of units, wards or project groups. Monitoring *outputs* is done continuously to assess the direct results of activities. Monitoring *outcomes* is focussed on assessing change in providers or clients as a result of activities and realising outputs. Finally, M and E measures the effects of interventions at the population level such as improved health (*impact*).

22.6   Quality Improvement Cycle

Improving performance and outcome of the health facility requires a continuous and cyclical process of problem analysis, prioritization, implementation and review (Figure 3).

Figure 3: Continuous Quality Improvement Cycle

Continuous Quality Improvement Cycle

Information & Root Cause Analysis

Prioritization & Planning

Actual Practice

Best Practice

Monitoring & Evaluation

Implementation
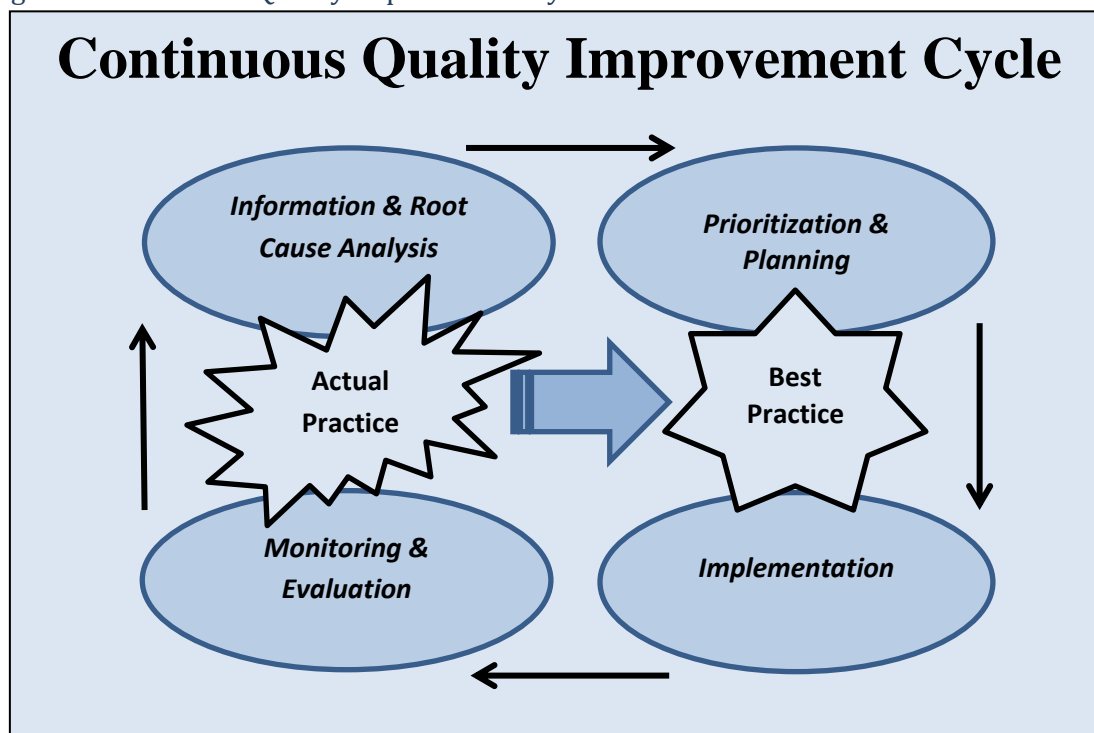
22.7 Summary

In summary, the manual recommends the following sequential steps to improve health facility performance and outcomes (Table 65).

Table 65: Facilitating HSS Intervention: Summary Steps

Summery Steps	Reference
Prepare, manage and lead change	✓ Part I: Section I and Section II
Implement periodic assessment	✓ Part I: Section III ✓ Part II: Section IV ✓ Part III: Section V
Analyse results of assessment	✓ Part IV: Section V o Problem analysis per HSB

Design HSS intervention	✓ Refer to Part IV, Section VI:
	  o Objective priorities per HSB
	  o Strategy formulation
	  o Operational planning
	  o M and E planning

Implementation HSS intervention	✓ Refer to Part IV, Section VI::
	  o Implement
	  o M and E (Periodic Assessment)
	  o Report

Continuously review and improve	✓ Refer to Part IV, Section VI:
	  o Review
	  o Adapt
	  o Improve

22.8 Recommended Reading

For more detailed information on implementing HSS-based interventions, the use of the following CHAG manual is recommended:

> Christian Health Association of Ghana, *Improving Health Facility Performance: A Guide to Apply the Health Systems Strengthening Approach*, CHAG, March, 2014.

In addition, the use of the following manual of Management Science for Health is recommended:

> Management Sciences for Health, *Health Systems in Action; An e-Handbook for Leaders and Managers.* Cambridge, MA: Management Science for Health, 2010.
>
> Available on line:
> *http://www.msh.org/resource-center/health-systems-in-action.cfm*

The manual is a very rich source, with many practical tools for the health facility to address recurrent problems in all HSBs. The manual also provides many *web-links* with additional tools and information.

ANNEX

I.   Checklist: Compliance with MOU between CHAG and MOH

This is a checklist to assess compliance of the health facility to administrative instructions and regulatory compliance agreed upon in the MOU between CHAG and the MOH. The checklist should be completed by the management of the health facility. Answer the following 16 questions as honestly as possible. Tick the answer that best matches the current situation in the health facility. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated. Evidence for a 'Yes'-score should be available!

	Compliance with MOU Administrative Requirements	YES	NOT SURE	NO
1	The Health Facility is registered as a non-profit organisation and the registration certificate is valid and available.			
2	Up-to-date MOH 'Safe Motherhood' guidelines are available in OPD and appropriate wards.			
3	Up-to-date MOH 'Standard Treatment' guidelines are available in each investigation room of the OPD.			
4	MOH 'EPI' guidelines are available in the OPD and appropriate wards.			
5	MOH 'Essential Medicine list' is available in the Consulting Rooms.			
6	The health facility has a copy of the MOH 'Infection Control' protocol.			
7	The health facility has a copy of the MOH 'Accounting, treasury and Financial' regulation.			
8	The health facility routinely participates in MOH or GHS meetings, conferences or workshops.			
9	The health facility submits annual plans and budgets to the MOH/GHS through the CHAG secretariat.			
10	The health facility submits annual audited accounts to MOH.			
11	The health facility submits routinely DHIMS-II reports to MOH/GHS.			
12	The health facility submits routine financial returns to MOH/GHS through CHAG secretariat.			
13	The health facility submits mandatory reports on communicable diseases to the MOH/GHS.			
14	The health facility submits the annual report to the MOH/GHS.			
15	The health facility follows procurement based on the Public procurement Act.			
16	The health facility uses and reports the IGF in line with MOH Accounting, Treasury and Financial regulations.			
17	The Health Facility submits the CHAG minimum data set in time.			

Calculation:

$$\frac{\underline{Total\ 'Yes'\ Score}}{17} x\ 100$$

Score:

II. Checklist: Compliance with CHAG - HRM Guidelines

The purpose of this checklist is to assess the level of compliance with HRM guidelines issued by CHAG. The following dimensions are assessed: Workforce planning; Workforce data; Recruitment and development; Retention; Work environment; Workplace safety; Employee satisfaction; Career development; and Performance Management. This checklist should be answered by a senior HR manager of the health facility. Tick the answer that best matches the current situation in the health facility. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated. Evidence for a 'Yes'-score should be available!

Workforce Planning		YES	NOT SURE	NO
1	Projections for Staff requirements are made periodically.			
2	Workforce data and information is used for HR planning.			
3	HR planning relates to longer-term future plans.			
	Sub-total:			
Workforce Data				
4	Key staffing information is available and current.			
5	HR and personnel records are kept and updated.			
6	HR reports are regularly prepared and shared with management.			
	Sub-total:			
Recruitment and Deployment				
7	Our current staff establishment is approved.			
8	The vacancy-recruitment period takes less than 4 months.			
9	First salary payment of newly recruited staff is within 4 months.			
10	An orientation program exists for all newly recruited staff.			
	Sub-total:			
Retention				
11	The attrition rate of nurses is at acceptable level.			
12	We have retention strategies and these are regularly reviewed.			
13	Most staff express intention and willingness to stay.			
	Sub-total:			
Work Environment				
14	Physical working environment for staff is generally good.			
15	In general, staff has necessary equipment and resources.			
	Sub-total:			
Workplace Safety				
16	The Health Facility complies with workplace safety procedures.			
17	Staff are provided with safety equipment and training.			
18	There are clear procedures in place for reporting accidents and hazards.			
	Sub-total:			

Employee Satisfaction		YES	NOT SURE	NO
19	Staff is given regular opportunities to express their views.			
20	Procedures are in place to handle staff grievances.			
21	Employee satisfaction surveys and staff exit interviews are carried out.			
	Sub-total:			
Career Development				
22	There is optimal utilisation and development of staff skills.			
23	Staff training addresses current and future needs.			
24	Career ladders and succession plans exist and are in use.			
	Sub-total:			
Performance Management				
25	Clear job descriptions, standards and performance are available.			
26	Supportive supervision is practices.			
27	Periodic performance evaluations are carried out.			
28	Reward and remedial systems are in place and functioning.			
29	Staff shift programs and rosters are well managed.			
30	Alternative employment methods are applied (e.g. locums, sub-contracts).			
	Sub-total:			
	Calculation:	$\dfrac{\textit{Total 'Yes' Score}}{\textit{30}} \times 100$		
	Score:			

III. Checklist: Workforce Strength and Availability

Indicate for all categories of staff (1/48) the following: (1) Required staff numbers according to facility type and; (2) Current Staff positions at Post (full time and part time). Based on this information calculate the current Staffing Gap (='Staff Requirement' minus 'Staff at Post').[18]

Staff Category		Staff Requirement	At Post		Staff Gap
			Full Time	Part Time	
1	Accountant				
2	Administrative Manager				
3	Auditor				
4	Biomedical Scientist				
5	Biostatistics Assistant				
6	Biostatistics Officer				
7	Catering Officer				
8	Clinical Engineering Manager				
9	Clinical Psychologist				
10	Community Health Nurse				
11	Dental Clinic Assistant				
12	Dental Technician				
13	Dietician				
14	Emergency Medical Technician				
15	Enrolled Nurse				
16	Field Technician				
17	General Nurse				
18	Health Assistant				
19	Health Planner				
20	Health Research Officer				
21	Health Service Administrator				
22	Health Tutor				
23	House Officer				
24	Human Resource Manager				
25	Librarian				
26	Medical Assistant				
27	Medical Officer				
28	Midwife				
29	Nutrition Officer				
30	Occupational Therapist				
31	Optician				
32	Optometrist				
33	Orthothist				
34	Pharmacist				

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[18] For the required number of staff positions per health facility type refer to the document 'Update of Staffing Norms' (Latest version, mid-2013; available at CHAG).

Staff Category	Staff Requirement	At Post		Staff Gap
		Full Time	Part Time	
35 Pharmacy Technician				
36 Physician Assistant				
37 Physiotherapist				
38 Physiotherapist Assistant				
39 Radiographer				
40 Records Officer				
41 Medical Specialist: Paediatrician				
42 Medical Specialist: Gynaecologist				
43 Medical Specialist: Surgeon				
44 Medical Specialist: Internal				
45 Medical Specialist: Family Medicine				
46 Medical Specialist: Dentist				
47 Medical Specialist: Psychiatrist				
48 Medical Specialist: Orthopaedic				
49 Medical Specialist: Anaesthetist				
50 Medical Specialist: Ophthalmologist				
51 Statistician				
52 Technical Officer, Biostatistics				
53 Technical Officer, Disease Control				
54 Technical Officer, Laboratory				
55 Technical Officer, Nutrition				
56 Technical Officer, X-Ray				
57 Other Support Staff				

IV. Staff Satisfaction Survey

The purpose of the Staff Satisfaction Survey is to assess the level of appreciation among Staff with respect to the following five dimensions: Conditions of service; Career development; Performance support; Work environment; and Work satisfaction. Answer the following 20 questions as honestly as possible. Tick the answer that best matches your opinion. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated. Evidence for a 'Yes'-score should be available!

Confidentiality Will Be Ensured

Condition of Service		YES	NOT SURE	NO
1	My basic salary (net pay) is reasonable.			
2	The benefit package of my contract of employment is good (e.g. holidays, sick leave,).			
3	My employer's welfare package is good (e.g. funeral support, staff loans, etc.).			
4	My job is secure.			
	Sub-total:			
Career Development				
5	My employer has supported me with a sponsorship for further training.			
6	I have a good chance to be promoted.			
7	I have enjoyed a study leave.			
8	My job offers sufficient opportunities to grow professionally.			
	Sub-total:			
Performance Support				
9	I know what is expected of me in my job.			
10	I am happy how my performance is being assessed.			
11	I receive systematic feedback on my job performance.			
12	Feedback on my job performance is useful.			
	Sub-total:			
Work Environment				
13	Materials, tools and equipment are sufficiently available to do my job well.			
14	Managers treat me with respect and I am never harassed (e.g. sexually, bullying, etc.).			
15	It is not difficult to get information and guidelines regarding my work.			
16	My workplace is safe and doesn't impose a serious health threat to me.			
	Sub-total:			

	Work Satisfaction			
17	Professionally I have a fulfilling job.			
18	My job helps me to achieve my personal ambitions.			
19	I am challenged to perform to the best of my capacities.			
20	My work is meaningful to me.			
	Sub-total:			
	Calculation:	$\dfrac{\text{Total 'Yes' Score}}{20} \times 100$		
	Score:			

V.   Checklist: Health Service Availability

PART A: Availability of Basic Health Services

This checklist relates to the availability of Basic Health Services in the facility. The checklist should be answered by the senior management of the health facility. Answer all questions as honestly as possible. Tick the answer that best matches the current situation. You may select just 1 out of the 3 answer categories. Calculate your overall score at bottom of table as indicated. Evidence for a 'Yes'-score should be available!

Are the following Basic Health Services <u>available?</u>		YES	NO
1	Antenatal Care Services.		
2	Delivery Services including normal delivery and basic obstetric care.		
3	Basic new-born care services.		
4	Post Natal services.		
5	Child care services for children under-five years of age (growth monitoring, nutrition and immunization).		
6	Diagnosis and treatment of Malaria.		
7	Diagnosis and treatment of Diarrhoea.		
8	Diagnosis and treatment of Upper Respiratory Tract Infections.		

Calculation: $\dfrac{\textit{Total 'Yes' Score}}{8}\textit{x100}$

Score:

Health Service Availability

PART B: Advanced Health Services

This checklist relates to the availability of Advanced Health Care services in the facility. The checklist should be answered by the senior management of the health facility. Answer all questions as honestly as possible. Tick the answer that best matches the current situation. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated. Evidence for a 'Yes'-score should be available!

Are the following Advanced Health Services <u>available</u>?	YES	NO
1	Family Planning Services.		
2	Services for the prevention of mother-to-child transmission of HIV.		
3	HIV counselling and testing services.		
4	HIV/AIDS antiretroviral prescription, treatment and follow-up services.		
5	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care.		
6	Diagnosis, treatment and follow-up of tuberculosis.		
7	Diagnosis and management of non-communicable diseases (diabetes, cardiovascular diseases, chronic respiratory diseases).		
8	Any surgical services including caesarean section.		
9	Blood transfusion services.		
10	Laboratory diagnostics, including any rapid diagnostic testing.		
11	Storage of medicine, vaccines or contraceptive commodities.		
12	Eye Care.		
13	Physiotherapy.		

Calculation: $\dfrac{\textit{Total 'Yes' Score}}{13} x100$

Score:

VI.   Tracer Item Availability Survey

This survey concerns the availability of tracer items at the health facility for the following five categories: Basic Utilities; Basic Medical Equipment; Infection control equipment and amenities; Basic laboratory tests and equipment; and Essential medicines.

PART A: Availability of Basic Utilities

This checklist relates to the availability of Advanced Health Care services in the facility. The checklist should be answered by the senior management of the health facility. Answer all questions as honestly as possible. Tick the answer that best matches the current situation. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated. Evidence for a 'Yes'-score should be available!

	Basic Utilities	Available and in proper operation?	
		YES	NO
1	**Power Supply**: Health facility is connected to the national power grid or has a functional generator with sufficient fuel supply.		
2	**Potable Water Source**: facility has a safe water source (piped water, standpipe, borehole, protected well or spring, rain water, tanker truck or surface water).		
3	**Private Investigation Room**: Investigation room or screened area in the OPD providing sufficient privacy for patient-doctor investigation and conversation.		
4	**Waiting area**: A waiting area for clients, sufficiently equipped with benches or chairs and large enough to accommodate clients with protection from the sun and rain.		
5	**Toilet facilities**: Sufficient number of clean and proper functioning toilets or latrines for staff and clients.		
6	**Communication Equipment**: Proper functioning telephone landline, cellular phones or radio communication system.		
7	**IT equipment and facilities**: Functioning computer(s) and access to internet and email.		
8	**Emergency Transport**: Emergency transportation for clients available.		

Calculation: $$\underline{\textit{Total 'Yes' Score}}_{x\ 100}$$
$$\textit{8}$$

Score:

Tracer Item Availability Survey

PART B: Availability of Basic Diagnostic Equipment

This checklist relates to the availability of Basic Diagnostic Equipment at the (OPD) consulting rooms of the facility. The checklist should be answered by the senior management of the health facility. Answer all questions as honestly as possible. Tick the answer that best matches the current situation. You may select just 1 out of the 3 answer categories. Answers this checklist for all (OPD) consulting rooms and average the overall score at the bottom of the table as indicated.

	Basic Diagnostic Equipment in (OPD) consulting room?	**Available and in proper condition?**	
		YES	**NO**
1	**Adult Weighing Scale**.		
2	**Child Weighing Scale**: with a minimum weight gradation of 250 grams.		
3	**Infant Weighing Scale**: with a minimum weight gradation of 100 grams.		
4	**Height Meter**.		
5	**Thermometer**.		
6	**Stethoscope**.		
7	**Blood Pressure Apparatus**: Digital BP Machine or manual sphygmomanometer with stethoscope.		
8	**Spot Light Source:** for patient examination.		

Calculation: $\dfrac{\textit{Total 'Yes' Score}}{8} \times 100$

Score:

Tracer Item Availability Survey

PART C: Availability of Infection Control Equipment and Amenities

This checklist relates to the availability of Infection Control Equipment and Amenities. The checklist should be answered by the senior management of the health facility. Answer all questions as honestly as possible. Tick the answer that best matches the current situation. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated. Evidence for a 'Yes'-score should be available!

	Infection Control Equipment and Amenities	**Available and in proper operation or quantities?**	
		YES	**NO**
1	**Sterilization Equipment**: availability of either a dry heat sterilizer or an autoclave.		
2	**Storage of Sharps**: container should be puncture resistant, rigid, leak resistant and hold sharps safely during collection, disposal, and destruction and marked with bio-hazard warning. Storage of sharps should be available is all treatment rooms, wards and departments.		
3	**Storage of infectious waste:** Waste receptacle (pedal bin) with lid and plastic bin liner in all OPD rooms, treatment rooms, wards and departments.		
4	**Safe final disposal of sharps and infectious waste:** this includes incineration, open burning in protected area, dump without burning in protected area or removal off site with protected storage.		
5	**Disinfectant**: Chlorine based or other specific environmental disinfection available in all OPD consulting rooms, wards and departments.		
6	**Disposable syringes**: Single use, standard disposable or auto-disable syringes.		
7	**Hand washing soap or alcohol based hand rub**.		
8	**Latex gloves**.		
9	**Face Masks**.		

Calculation:

$$\underline{\textit{Total 'Yes' Score}} \times 100$$
$$9$$

Score:

Tracer Item Availability Survey

PART D: Availability of Laboratory Tests and Equipment

This checklist relates to the availability of Laboratory Tests and Equipment. The checklist should be answered by the laboratory technician on behalf of the senior management of the health facility. Answer all questions as honestly as possible. Tick the answer that best matches the current situation. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated. Evidence for a 'Yes'-score should be available!

Laboratory Tests and Equipment	Available in required quantity?	
	YES	NO
1 Blood Count: able to conduct full blood count on site: haemoglobin, WBC, platelet, haematocrit.		
2 Blood Glucose.		
3 Malaria Test: Rapid Diagnostic test (RDT) kit or smear with micro-scope, slides and stain.		
4 Urine dipstick-protein (with valid expiration date).		
5 Urine dipstick-glucose (with valid expiration date).		
6 HIV diagnostic capacity: Rapid diagnostic test (RDT) kit.		
7 General Microscopy: microscope slides, slide covers and stains.		
8 Urine test for pregnancy: Rapid diagnostic tests (RDT) kit.		

Calculation: $\underline{Total \ 'Yes' \ Score} \times 100$
$$8$$

Score:

Tracer Item Availability Survey

PART E: Availability of Essential Medicine

This checklist relates to the availability of Essential Medicine <u>at the time of assessment</u>! Essential medicines should be <u>in stock, in the required quantity and still be valid</u>! The checklist should be answered by the senior management of the health facility. Answer all questions as honestly as possible. Tick the answer that best matches the current situation. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated.

Essential Medicines		In stock, and in the required quantity and valid?	
		YES	**NO**
1	Iron Tablets.		
2	Folic Acid tablets.		
3	Sulphamethoxazole Pyrimethamine (SP) tablets.		
4	Oxytocin injectable or misoprostol.		
5	Normal Saline.		
6	Dextrose 5% in normal saline / Ringer's lactate.		
7	Oxygen.		
8	Arthemesinan Based Combination tablet or injectable.		
9	ORS.		
10	Amoxycillin or amoxicillin combination caps or suspension.		
11	Paracetamol tabs or suspension.		
12	Ampicillin, Gentamicin or Benzyl Penicillin injectable.		
13	Diazepam injectable.		
14	Adrenaline injectable.		
15	Aminophylline injectable.		
16	Hydrocortisone injectable.		
17	Magnesium Sulphate injectable.		

Calculation: $\underline{Total\ \ `Yes'\ Score}_{\ x\ 100}$
$$17$$

Score:

VII. Checklist: Community Engagement

The purpose of the community engagement checklist is to assess the level of engagement and collaboration of the health facility with the communities in its catchment area. The following dimensions are assessed: Relations with community leadership; Collaboration with community groups and organisations; Participation in community plans; Utilisation of community resources; and Sensitivity to local tradition, culture and beliefs. The checklist should be answered by the senior management of the health facility. Answer all questions as honestly as possible. Tick the answer that best matches the current situation. You may select just 1 out of the 3 answer categories. Calculate your overall score at the bottom of the table as indicated. Evidence for a 'Yes'-score should be available!

		YES	NOT SURE	NO
Relations with Community Leadership				
1	In the period under review we had at least one meeting with chiefs, imams, assembly members and pastors.			
2	The community leadership is well aware of our services and plans.			
3	Community leadership is actively mobilizing the community on health issues.			
4	Community leadership is represented on our facility governing board.			
	Sub-total:			
Collaboration with Community Groups and Organisations				
5	In the period under review we have collaborated with NGOs to hold community durbars for health promotion.			
6	In the period under review we have worked together with community groups to have a better reach of services.			
7	In the period under review we have supported community volunteers for health promotion and prevention (IEC).			
8	In the period under review we have regularly broadcasted health messages over the radio.			
	Sub-total:			
Participation in Community Health Plans and Activities				
9	The facility has identified key groups at risk in its catchment area (e.g. brucellosis, etc.).			
10	In the period under review we have involved communities in planning of outreach services.			
11	In the period under review we have run regular and well planned outreach services in the community.			
12	Health interventions are tailored to demands of the community.			
	Sub-total:			

Utilisation of Community Resources	YES	NOT SURE	NO
13 It is common that the community provides infrastructure (space, furniture, etc.) for outreach services.			
14 It is common that community members contribute in kind to facilitate outreach services.			
15 It is common that community volunteers participate actively in outreach services.			
16 TBAs received a training in the period under review.			
Sub-total:			
Sensitivity to Local Traditions, Culture and Beliefs			
17 Maternal health services are sensitive to local culture, beliefs and superstition.			
18 In the period under review, staff is trained to be mindful of client perceptions, beliefs and concerns.			
19 In the period under review and as a standard protocol, clients are invited to participate in a 'Client-exit' survey.			
20 In the period under review we have conducted community interviews on services provision with respect to local traditions and beliefs.			
Sub-total:			
Calculation:	$\dfrac{\textit{Total 'Yes' Score}}{20} \times 100$		
Score:			

VIII. Client Satisfaction Survey

The purpose of the survey is to assess the level of client satisfaction with respect to the following dimensions: Staff Professionalism and Respect; Quality of Communication with Staff; Health Facility Environment and Cleanliness; Quality of OPD; Quality of in-patient services. Answer all questions as honestly as possible. Tick the answer that best matches your opinion. You may select just 1 out of the 3 answer categories. It may be necessary to *translate* this questionnaire in the local language! In some cases it may be advised to *interview* clients!

		YES	NOT SURE	NO
Staff Professionalism and Respect				
1	I am treated with respect by the staff of the health facility.			
2	My complaints are taken seriously.			
3	My privacy was respected during consultation and treatment.			
4	My relatives are treated in a friendly manner and with respect.			
	Sub-total:			
Quality of Communication with Staff				
5	I was well informed about my illness and treatment.			
6	I was advised well concerning my medical condition.			
7	I was encouraged to ask questions for clarification.			
8	I received proper and clear answers to all my questions.			
	Sub-total:			
Environment and Cleanliness				
9	The surroundings of the health facility are clean and well ordered.			
10	Staff is friendly and helpful.			
11	OPD and Departments have clean and spacious waiting areas.			
12	There are enough opportunities to buy refreshments.			
	Sub-total:			
Quality Services at OPD				
13	The OPD is well organised and waiting time is acceptable.			
14	Total time for OPD treatment (entry /exit) is less than 3 hours.			
15	Registration procedure at OPD is smooth.			
16	I was able to consult a Medical Doctor of my choice.			
	Sub-total:			
Quality In-Patient Services				
17	I am happy with the doctors and nurses on the ward.			
18	I was visited once every day by a MD during my stay at the ward.			
19	Wards are clean and well organised.			
20	Visiting hours are well scheduled and sufficient.			
	Sub-total:			
	Calculation:	$$\frac{\textit{Total 'Yes' Score}}{20} \times 100$$		
	Score:			

IX.   Checklist: Compliance with Treatment Protocols

This check-list is used for 30 randomly selected patient files to ascertain the extent that clients are treated according to national standard treatment protocols and guidelines. Kindly fill out the checklist as completely as possible and determine for each client whether the treatment is in accordance with the treatment guidelines. You may only tick the answer 'YES' if the prescriptive medicine and treatment matches the diagnosis and is in line with the appropriate national treatment guideline!

No	Client Folder Number	Diagnosis	Treatment	Compliant to Protocol?	
				Yes	No
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

Calculation: $\dfrac{Total\ 'Yes'\ Score}{30} x\ 100$

Score:

X.   Introduction OPAT Software

To assist the health facility in presenting and analysing OPAT scores in an easy and uniform manner, a user-friendly software is available. The software provides a simple data entry format. It automatically generates simple graphs for easy interpretations of scores. Graphs show scores on individual measures as well as consolidated scores for groups of indicators and HSBs respectively. Lastly, the software provides graphs for the aggregated (semi-) annual performance scores for all nine HSBs. The software comes with a simple instruction guide.

X.   Introduction OPAT Software

XI   Reporting Format

Results of the assessment should be reported using three tables as follows: General information report (page 75); Organisational capacity report (page 76); and Outcomes report (page 77). All reports should be submitted within one month after closure of the reporting period to:

> CHAG Secretariat, 21 Jubilee Wells Street, Labone, PO Box 7316, Accra-North.
>
> (Email: chag@chag.org.gh)

Part A: OPAT Report: General Information

Provide the following general information (Table 66).
Countercheck the information before submitting to CHAG Secretariat.

Table 66: OPAT Report: General Information

Name of the Health Facility:	
Denomination:	
Type of Health Facility:	
Region:	
District:	
Sub-District:	
Municipality:	
Bed Capacity:	
Catchment Population:	
OPAT Team leader (Name):	
Phone No OPAT team Leader:	
E-Mail Address:	
Date of OPAT Assessment:	
Period of OPAT Assessment:	
Date of submission to CHAG:	

Any additional information to understand OPAT assessment or to comment:

Part B: OPAT Report: Organisational Capacity

Provide all scores of the OPAT Organisational Capacity (Table 67).
Countercheck the information before submitting to CHAG Secretariat.

Table 67: OPAT Report: Organisational Capacity

HSBs	Indicator	Measure	Score
Leadership and Governance	**Regulatory Compliance**	Validity of Registration	
		Audited Financial Report	
		MOH/CHAG MOU	
		CHAG guidelines	
	Strategic Management	Use of Strategic Plan	
	Management Capacity	Preparation Annual Plan and Budget	
		Implementation Rate Annual Plan	
Human Resources	**Staff Coverage**	Workforce Strength	
	Staff Motivation	Staff Satisfaction	
	Staff Competence	Staff Development	
Service Delivery	**Organisation of Care**	Availability of Basic Health Services	
		Accessibility Basic Health Services	
		Availability Advanced Health Services	
		Referral System and Practices	
	Quality Assurance	Quality of Care	
Finances	**Financial Management**	Financial Liquidity	
		Financial Administration	
		Budget Management	
Technology	**Service Readiness**	Basic Utilities	
		Basic Diagnostic Equipment	
		Infection Control Equipment &	
		Laboratory Tests and Equipment	
		Essential Medicines	
Health Information	**Data Management**	Timeliness Reporting	
		Data Integrity	
		Information Usage	
Community P	**Community Engagement**	Community Collaboration	
Partnerships	**Stakeholder Engagement**	Collaboration Health Sector	
Research	**Operational Research**	Research Agenda	

Part C: OPAT Report: Organisational Outcomes

Provide all scores of OPAT Organisational Outcomes (Table 68).
Countercheck the information before submitting to CHAG Secretariat.

Table 68: OPAT Report: Outcomes

Indicator	Measure	Score
Health Status	Under five Mortality	
	Neonatal Mortality	
	Maternal Mortality	
	Malaria Mortality	
	Malaria Incidence	
	HIV Prevalence	
Clients' Responsiveness	Client Satisfaction	
Clients' Financial Risk Protection	Health Insurance Coverage	
Clients' Service Utilisation	Out-Patient Ratio	
	In-Patient Ratio	
	Immunization Ratio	
	Antenatal visits per client	
	Referral Ratio	
Service Quality and Safety	Fresh Still Births	
	Compliance with Treatment Protocols	
	Post-Surgical Wound Infection	
Service Efficiency	Client-Cost Ratio	
	Bed Occupancy Ratio	

Part C: OPAT Report: Organisational Outcomes

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