

Assessment Of RMNCH Functionality In Health Facilities in Osun State, Nigeria

**The Health Finance and Governance
Project**

August 2018

This work was funded with support from the U.S. Agency for International Development (USAID) as part of the Health Finance and Governance (HFG) project led by Abt Associates under USAID cooperative agreement AID-OAA-A-12-00080. The contents are the responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States Government.



USAID's HFG Project in Nigeria- Goal and Approach

HFG supports state actors to put in place necessary policy, legal and institutional frameworks at the state level to ensure that states **spend more** on health and **spend efficiently**

▶▶ HFG's approach is to gather and effectively use **evidence** for:

- ▶▶ Increasing domestic resource mobilization capacity for health
- ▶▶ Strengthening the governance of key health financing related institutions/processes
- ▶▶ Supporting the implementation of health care financing reforms

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Executive Summary

►► Purpose

- ❖ National Health Act (NHAct) was passed in 2014, which provides a Basic Health Care Provision Fund (BHCPF)
- ❖ Osun was selected as one of the BHCPF implementation pilot states
- ❖ Service availability and readiness assessment (SARA) conducted to determine the current state of service delivery readiness of Primary Healthcare centers (PHC) for provision of services in the (Basic Health Care Package Fund (BHCPF) pilot/start up



Executive Summary

►► Facility Characteristics, Geographical distribution

- ❖ Sampled at least one facility per ward- 358 total
- ❖ Primary health center is the major facility sampled in the LGAs accounting for 97% of all facilities sampled
- ❖ 100% of primary health facilities sampled are government owned
- ❖ 57% of primary health facilities located in the rural areas

Executive Summary

►► Health Facility Infrastructure

Overall, there are 49 percent of health facility need significant renovation, and medium proportion (33-69 percent) of health facilities have vital infrastructure such as a water source, on site toilet, and electricity present etc. However, the variation of proportions exists, some LGAs have extremely low proportion of vital infrastructure.

	All facility weighted average	Maximum	Minimum
Significant Renovation Need	49%	92%	11%
Perimeter fencing present	69%	100%	40%
Electricity present	51%	90%	9%
Water source present	33%	78%	8%
Availability of on-site toilets	50%	80%	9%
Stand-alone maternity ward present	37%	80%	7%
Well Maintained Delivery Room	41%	90%	7%

Executive Summary

►► Availability of RMNCH Services

Overall, high proportion (85-99 percent) of health facilities have provided RMNCH such as antenatal care, prenatal care and childhood routine immunization etc. However, the proportion of emergency obstetric care was low (21 percent) and the great variation of proportions exists, some LGAs have extremely low proportion of providing RMNCH services.

	All facility weighted average	Maximum	Minimum
Antenatal Care	95%	100%	70%
Prenatal Care	90%	100%	44%
Emergency Obstetric Care	21%	47%	9%
Routine Immunization	99%	100%	90%
Family Planning	85%	100%	47%
Basic delivery services	91%	100%	50%

Executive Summary

►► Human Resources for Primary Health Facilities

The results described below the gross inadequacy of health workers to provide skilled delivery services for a vast majority of the population. With very few facilities having staff armed with relevant training and translating those to practice, there is certainly a technical capacity gap in facilities.

	All facility weighted average	Maximum	Minimum
	5	17	2
Dentist	<1	3	1
Health Assitants	16	27	4
Medical Officers	<1	4	1
CHEW	18	40	6
Lab Technicians	1	9	1
Volunteer	3	26	1

Executive Summary

►► Availability of Equipment in Primary Health Facilities

In general, the storage of required medical commodities and equipment is low in the primary health facilities. As shown in the table below, there was only 25 percent of primary health facilities have at least 50 percent of WHO required equipment and the availability of all 6 WHO defined equipment declined into 3 percent.

	All facility weighted average	Maximum	Minimum
At least 50% of WHO required Equipment	25%	59%	0%
All 6 WHO-defined basic equipment	3%	18%	0%
Waste Disposal Equipment	93%	100%	42%



Executive Summary

▶▶ Administrative and Communication System

In general, the LGAs in Osun state have poor administrative capacity. The inadequacy of guideline and protocols, quality assurance procedures might affect the quality of services provided. In addition, over 80% of primary health facility experienced the delay of receiving fund from the government.

▶▶ Financial Management System

On average, only 2.5 percent of primary health facilities have accurate NHIS utilization and claims form that correspond and are accurate. And in general very few primary health facilities have financial management capacity in terms of human resources and financial system infrastructure. Although the data was limited, very few LGA was able to get alternative fund for their operational expenditure. It is noted the recorded primary health user fee dramatically varied among different LGAs.



Executive Summary

►► Service Referral

In general, there was only 37 percent of facilities with documented referral and follow up system, Iwo LGA had the highest availability (73 percent) of referral and follow up system, on the contract, the Irewole and Bori LGA had lowest availability (8 percent) of referral and follow up system.



Executive Summary

►► Limitations

- ❖ Due to Incomplete data found during analysis period resulting from missing sections in the data collection tablets, the results in this assessment do not include data on HMIS, Utilization and clinical outcomes and Community involvement.
- ❖ A Mop up exercise is planned by the BHCPF Secretariat to collect the missing data.



Background: National Health Act 2014 and the BHCPF

- ▶▶ The National Health Act (NHAct) was passed in 2014, which provides a Basic Health Care Provision Fund (BHCPF) that will derive from 1% CRF of the federation
- ▶▶ The BHCPF aims to support the effective delivery of Primary Healthcare services, provision of a Basic Minimum Package of Health Services (BMPHS) and Emergency Medical Treatment to all Nigerians
- ▶▶ Based on a set of criteria, Osun, Niger, and Abia were selected as Pilot states for the BHCPF.



BHCPF Implementation

GATEWAY OPERATIONS

- ▶▶ The fund shall be operated through 3 complementary programmes described as gateways. These gateways are:
 - ❖ The National Primary Health Care Development Agency (NPHCDA) gateway
 - ❖ The National Health Insurance Scheme (NHIS) gateway
 - ❖ The Emergency Medical Treatment (EMT) gateway



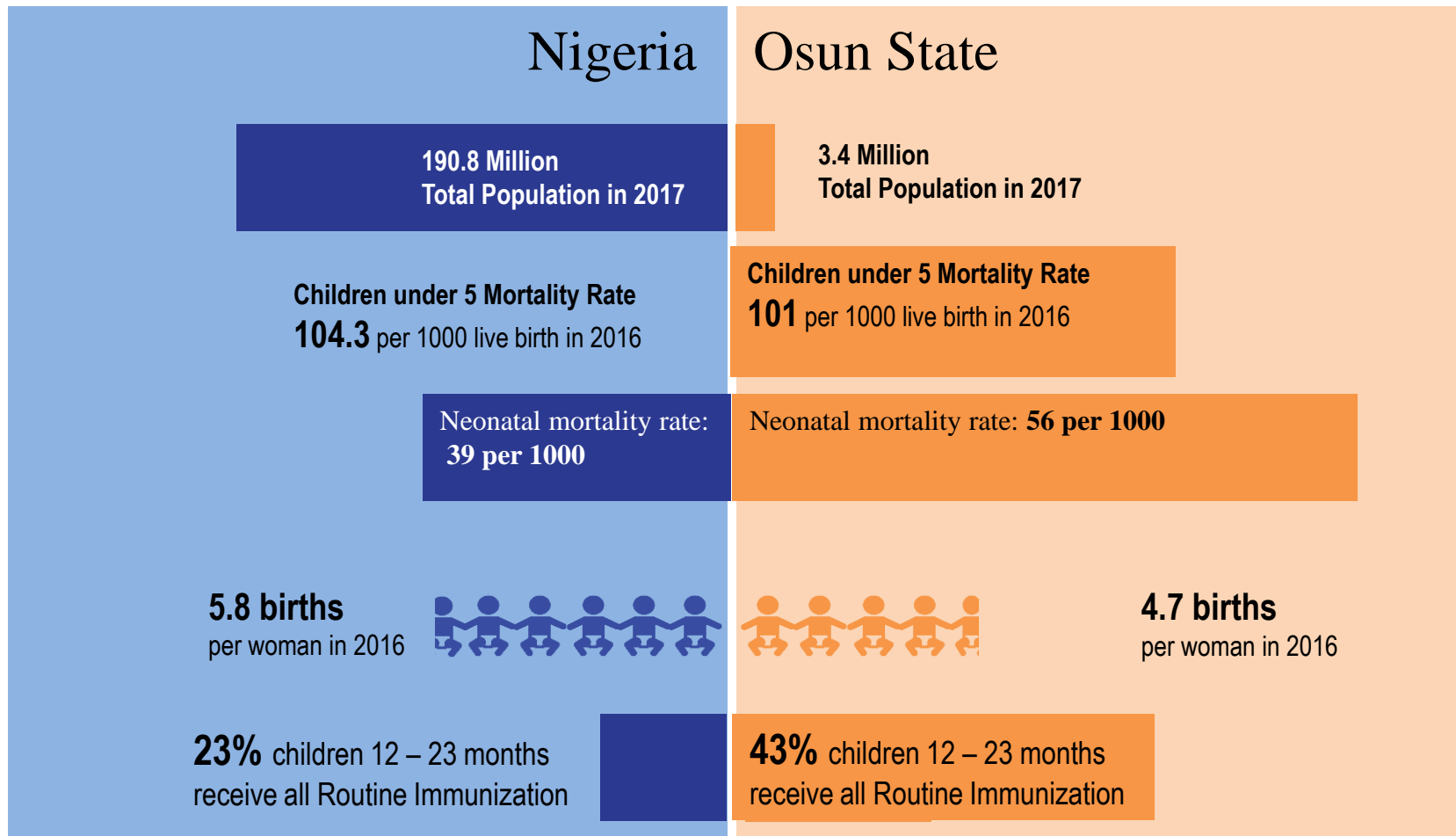
Implementation of the BHCPF

NPHCDA gateway:

- ▶▶ 45% of the BHCPF is earmarked for the financing of health inputs including infrastructure, human resources and commodity.
- ▶▶ This earmark recognizes the weak status of primary care delivery.

Health Statistics in Osun State

Osun maternal, neonatal, and child health statistics





Significant challenges In Osun State

- ▶▶ Inadequate capacity and gaps exist in required framework and structures for implementing health-financing reforms.
- ▶▶ Service delivery gaps also exists with consequent supply side gaps which could militate against the health financing reform efforts being made in the state.
- ▶▶ Institutional weaknesses in Osun State health system is evidenced by poor performance on PHCUOR score card report of NPHCDA (November 2015) and poor state of facilities infrastructure and in service delivery (facility survey conducted by the World Bank).



HFG support

- ▶▶ HFG provided the needed technical and implementation support to the FMOH and Osun state that will enable them to effectively implement the reforms utilizing the BHCPF for universal health coverage
- ▶▶ SARA Objective
 - ❖ To determine the current state of service delivery readiness of Primary Healthcare centers (PHC) for provision of services in the (Basic Health Care Package Fund (BHCPF) pilot/start up



SARA Methodology in Osun

- ▶▶ *SARA Tool* - Developed by a SARA committee using parameters from the World Bank's SDI, WHO SARA and an in-house Quality Scoring assessment tool
- ▶▶ Purposive sampling of facilities to ensure one PHC/ward. Osun state officials chose 358 primary health centers for each ward in the state.
- ▶▶ **358 facilities** were surveyed over a period of 3 weeks from **16th April 2018 to 7th May 2018**.
- ▶▶ The facilities assessed comprised of **346 Primary health centers, 7 primary health clinics and 5 Health post**



SARA Methodology in Osun

- ▶▶ Assessment was covered by 16 teams which included:
 - ❖ 2 data collectors per team,
 - ❖ 8 supervisors to supervise two team each, and
 - ❖ 5 monitors.
- ▶▶ An average of 3 facilities were covered per day per team



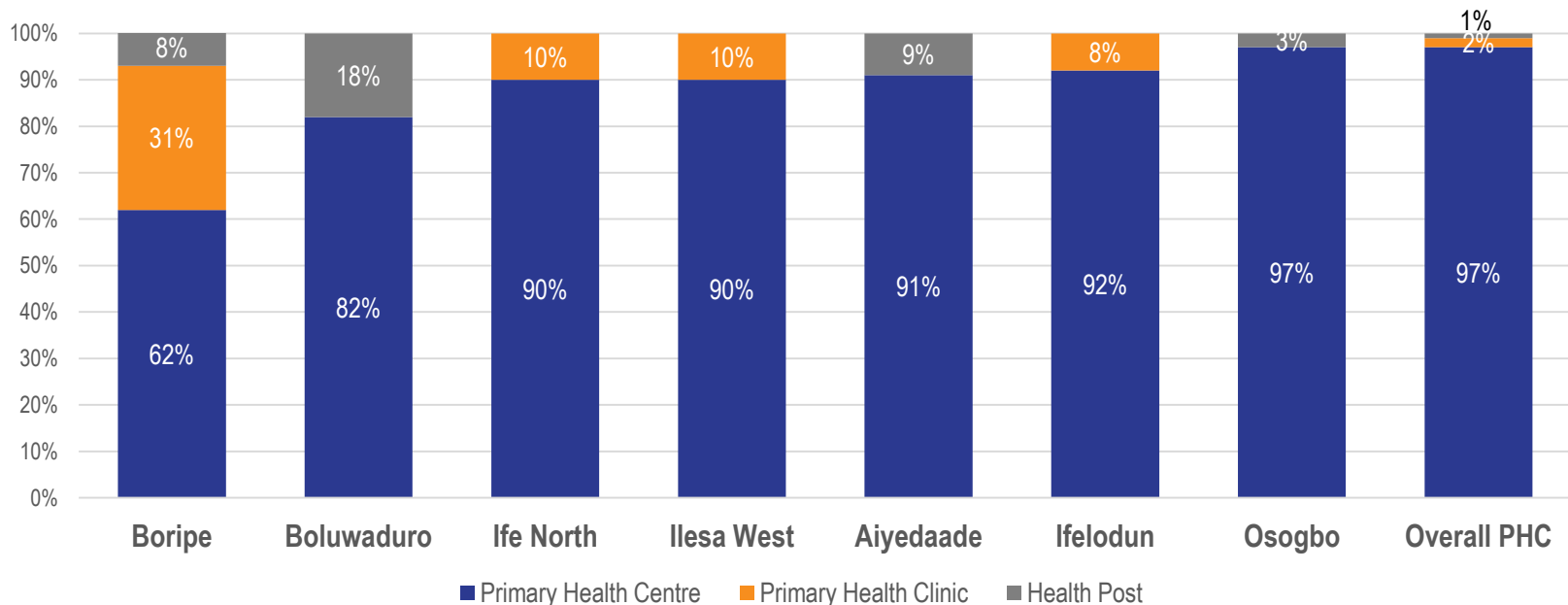
Facility Types

Type of facility	Number	Percent
Primary health center	346	97
Primary health clinic	7	2
Health post	5	1
Total	358	100

Facility Characteristics

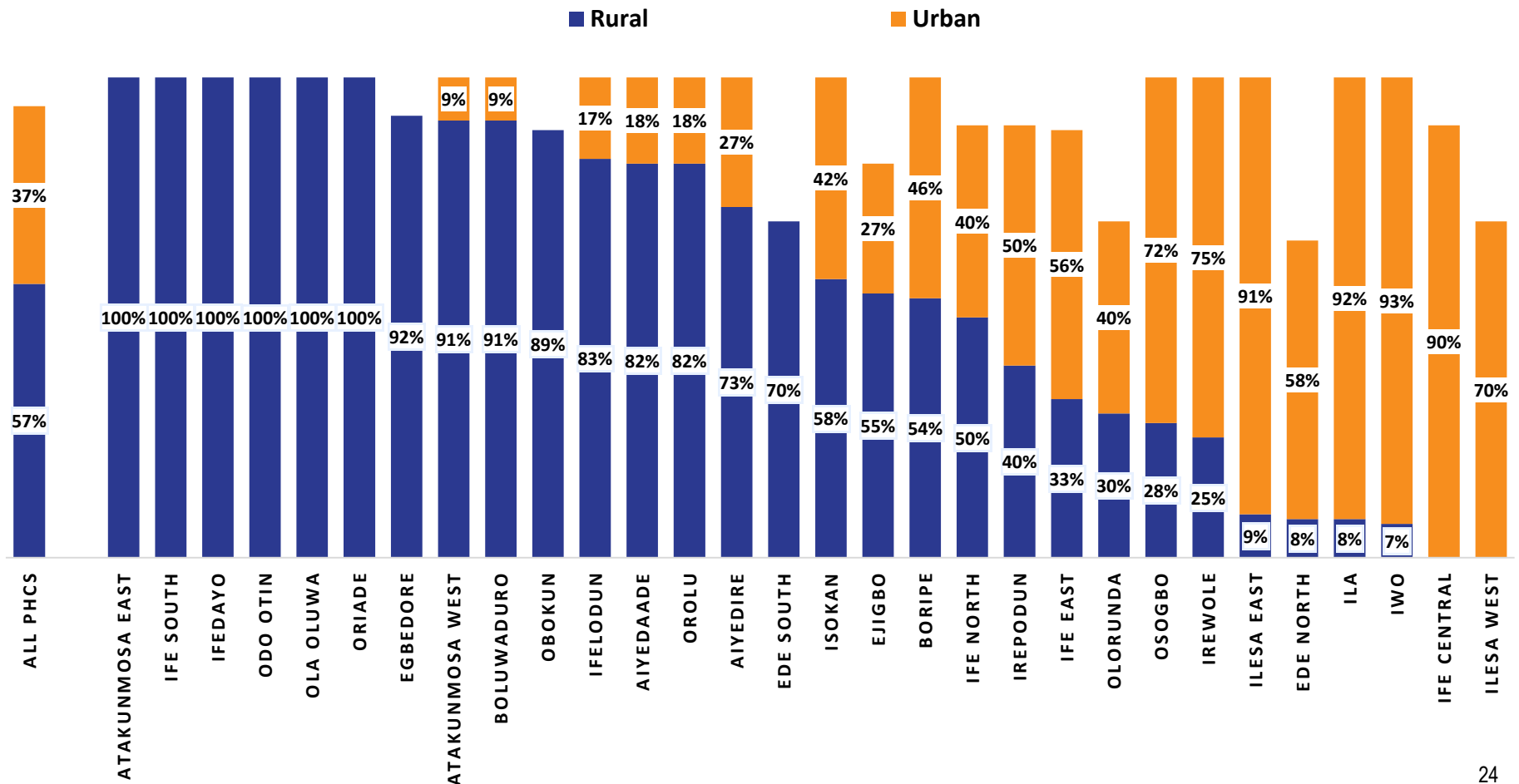
➤ Distribution of facilities by Type

- Primary health centre (PHC) is the major primary health facility (100%) in the most LGAs in Osun state. Overall, it accounts for 97% of overall primary health facilities across all the LGAs.
- Some LGAs have various primary health facilities composition as shown in below.



Geographical distribution

➤ Distribution of facilities by rural/urban and LGA



Geographical distribution

►► 358 facilities from 30 LGAs selected thus:

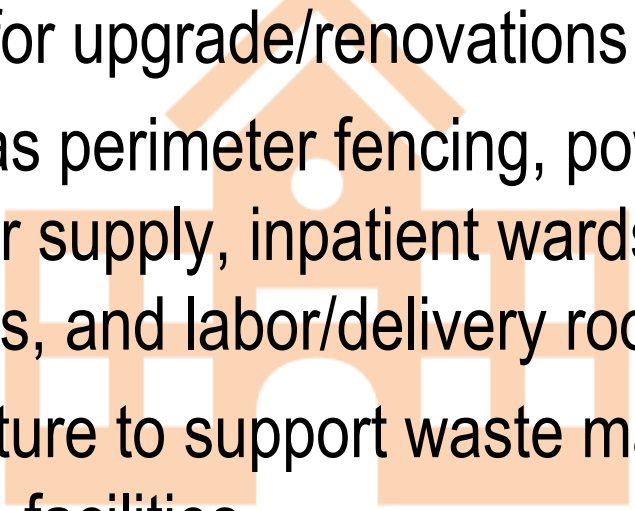
	LGA	No.
1	AIYEDAADE	11
2	AIYEDIRE	11
3	ATAKUNMOSA_EAST	10
4	ATAKUNMOSA_WEST	11
5	BOLUWADURO	11
6	BORIPÉ	13
7	EDE_NORTH	12
8	EDE_SOUTH	10
9	EGBEDORE	12
10	EJIGBO	11
11	IFE_CENTRAL	10
12	IFE_EAST	9
13	IFE_NORTH	10
14	IFE_SOUTH	11
15	IFEDAYO	10

	LGA	No.
16	IFELODUN	12
17	ILA	12
18	ILESA_EAST	11
19	ILESA_WEST	10
20	IREPODUN	10
21	IREWOLE	12
22	ISOKAN	12
23	IWO	15
24	OBOKUN	9
25	ODO_OTIN	15
26	OLA_OLUWA	11
27	OLORUNDA	10
28	ORIADE	14
29	OROLU	11
30	OSOGBO	32



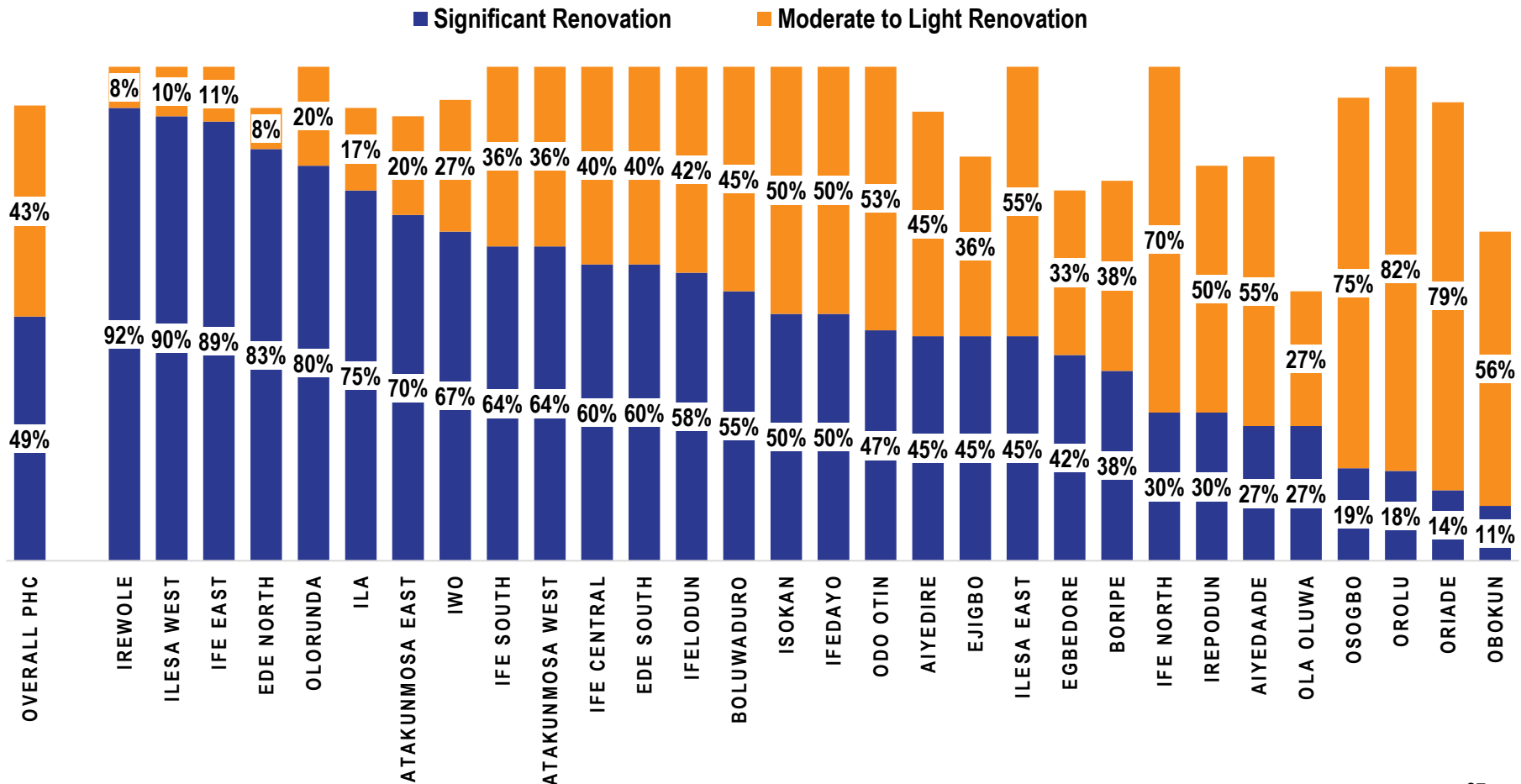
Health Facility Infrastructure

Facility infrastructure was assessed from the following aspects:

1. Overall need for upgrade/renovations
 2. Indices such as perimeter fencing, power supply, toilet facilities, water supply, inpatient wards, staff accommodations, and labor/delivery room conditions
 3. The infrastructure to support waste management in the primary health facilities
- 

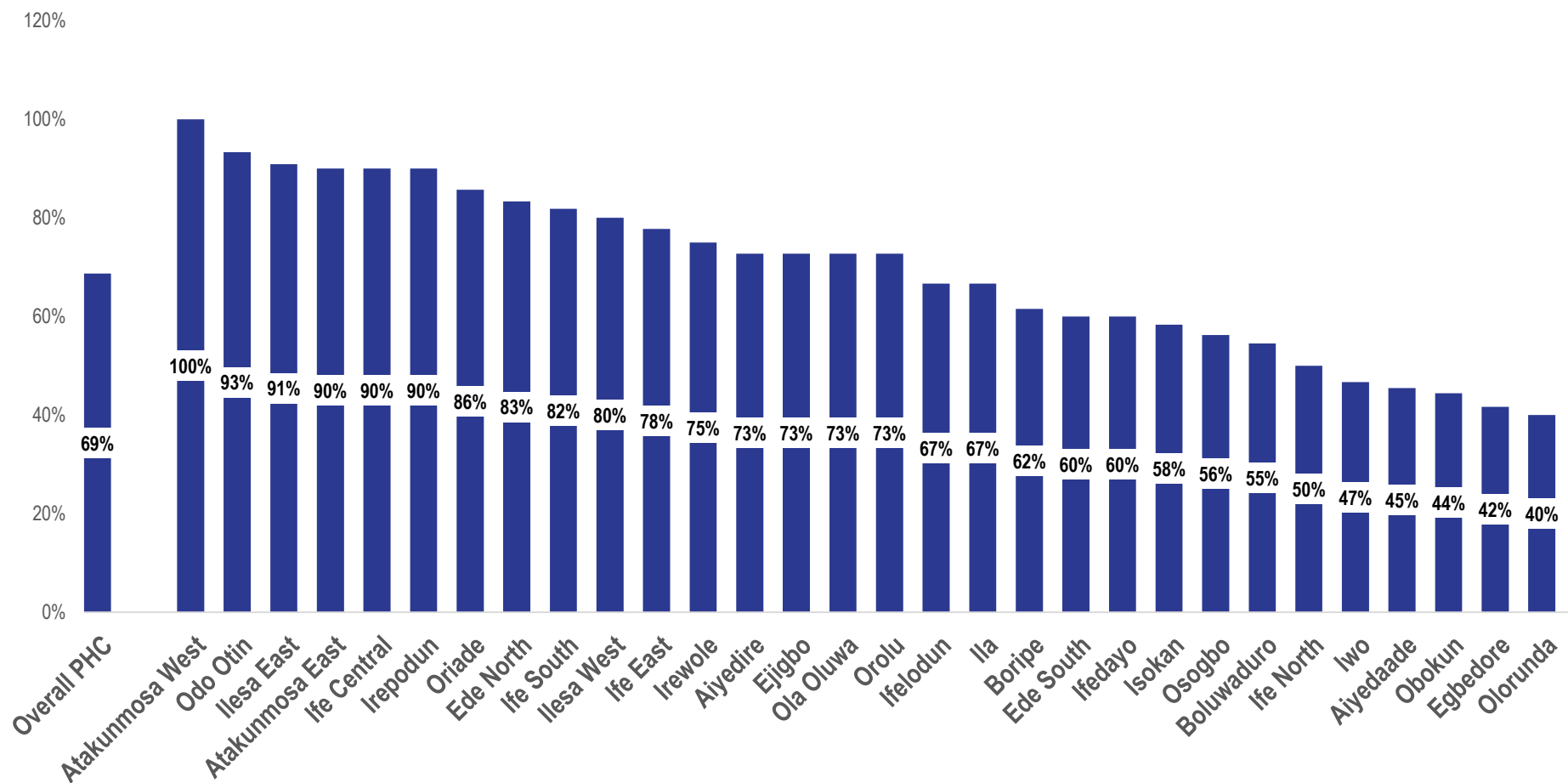
Infrastructure-Renovation Need

➤ Proportion of health facilities requiring various degrees of renovations (%)



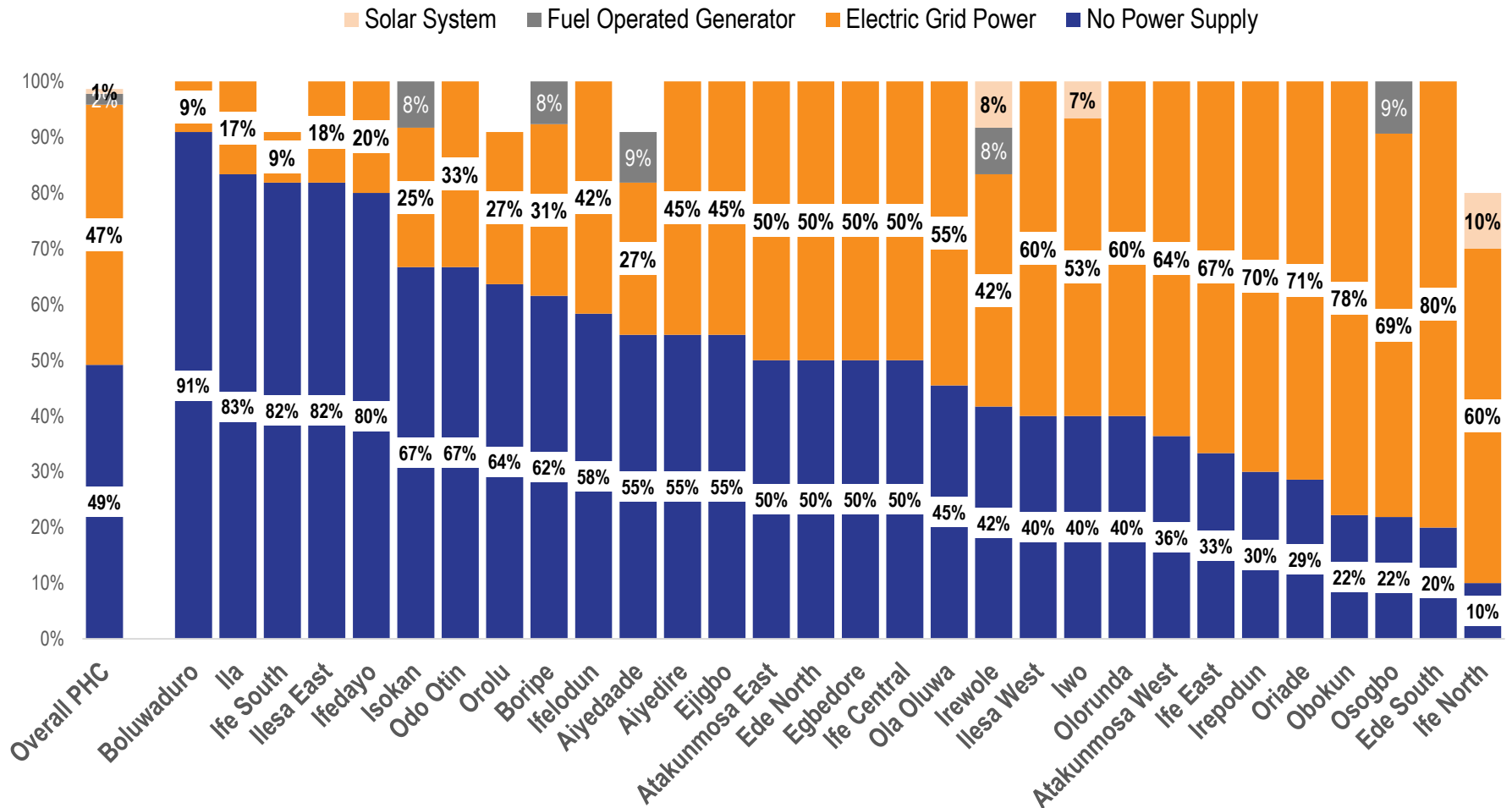
Infrastructure-Perimeter Fencing

➤ Proportion of health facilities with no Perimeter Fencing (%)



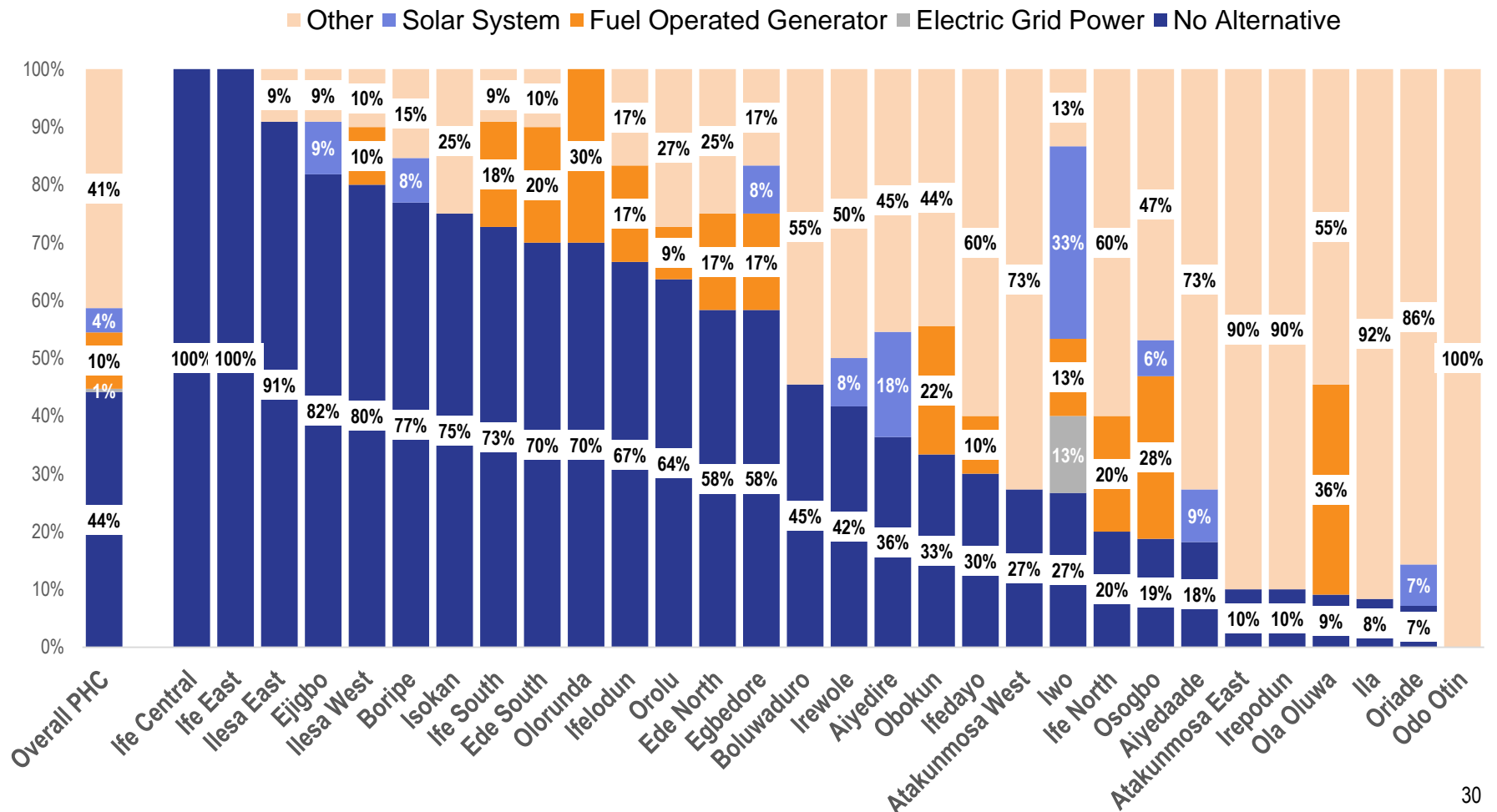
Infrastructure-Electricity

➤ Proportion of Electricity source (%)



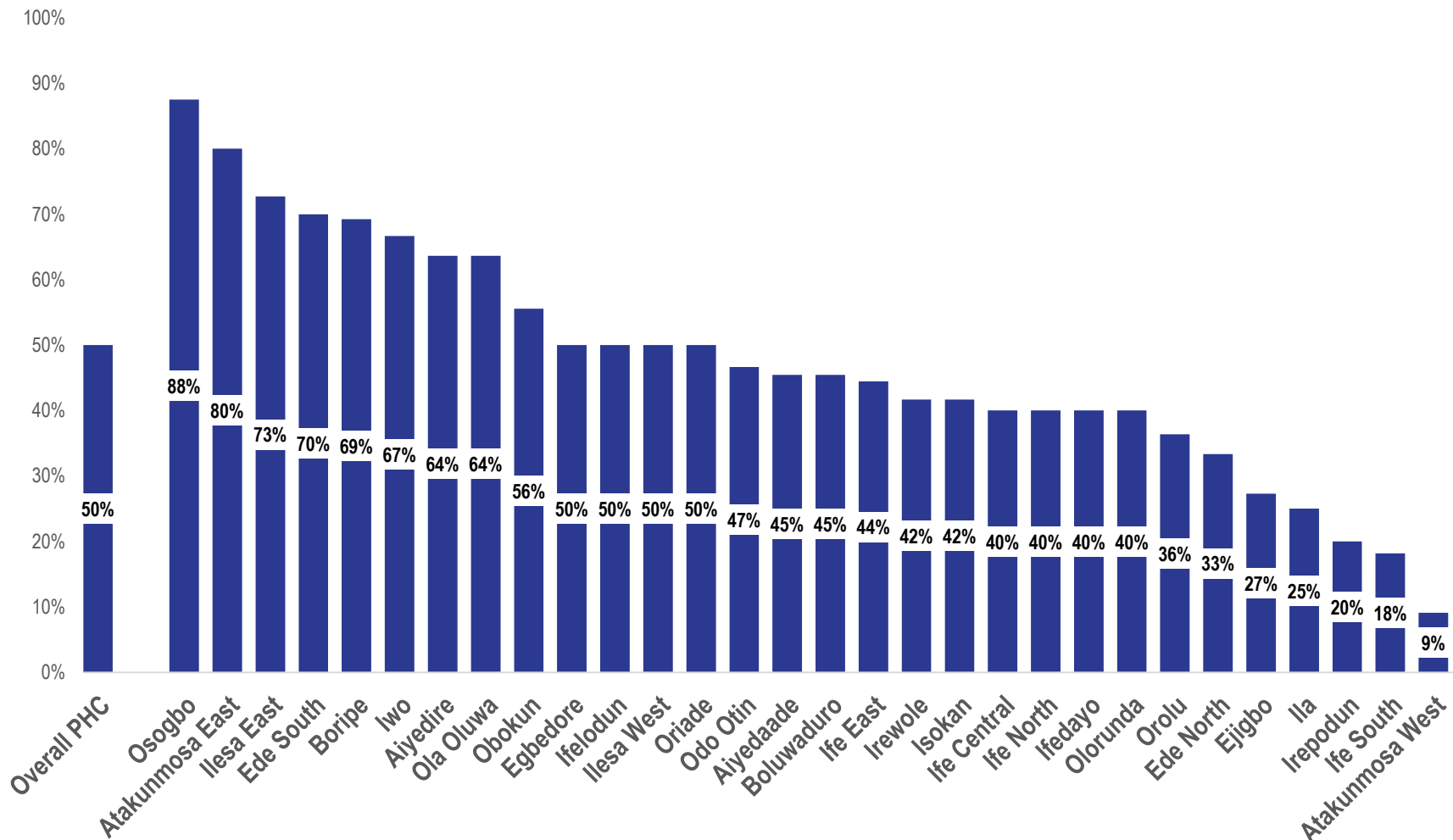
Infrastructure-Electricity

➤ Proportion of health facilities with alternative electricity source (%)



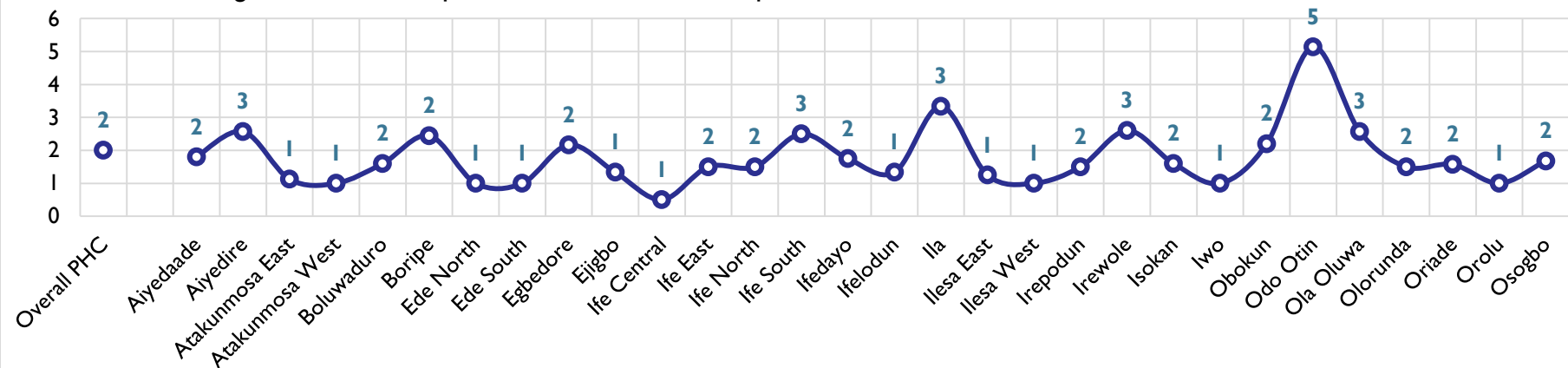
Infrastructure - Toilet

➤ Proportion of health facility with functioning toilet (%)

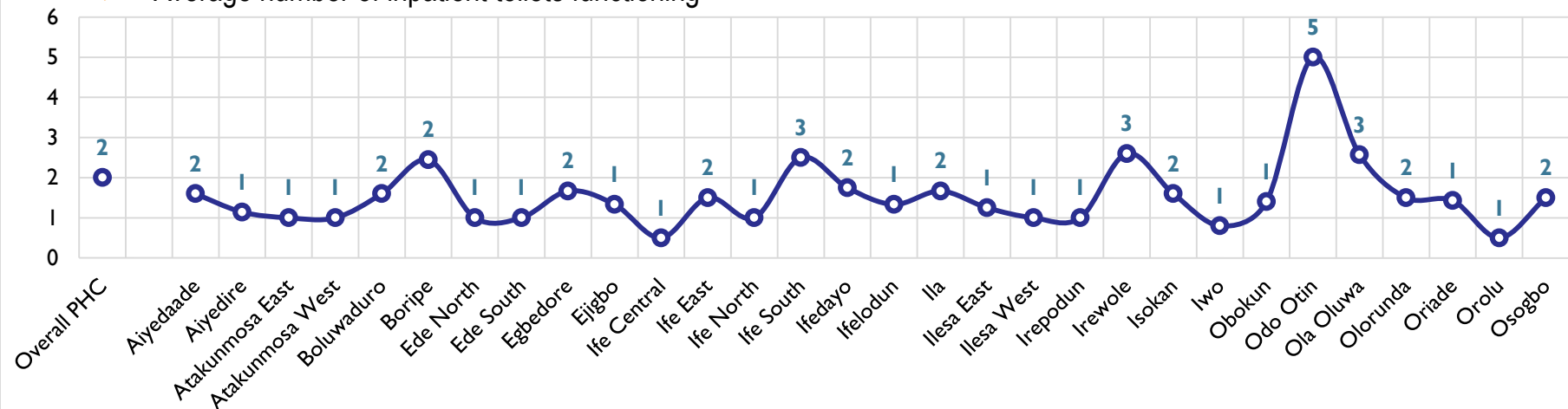


Infrastructure - Toilet

➤ Average number of inpatient toilets available per PHC

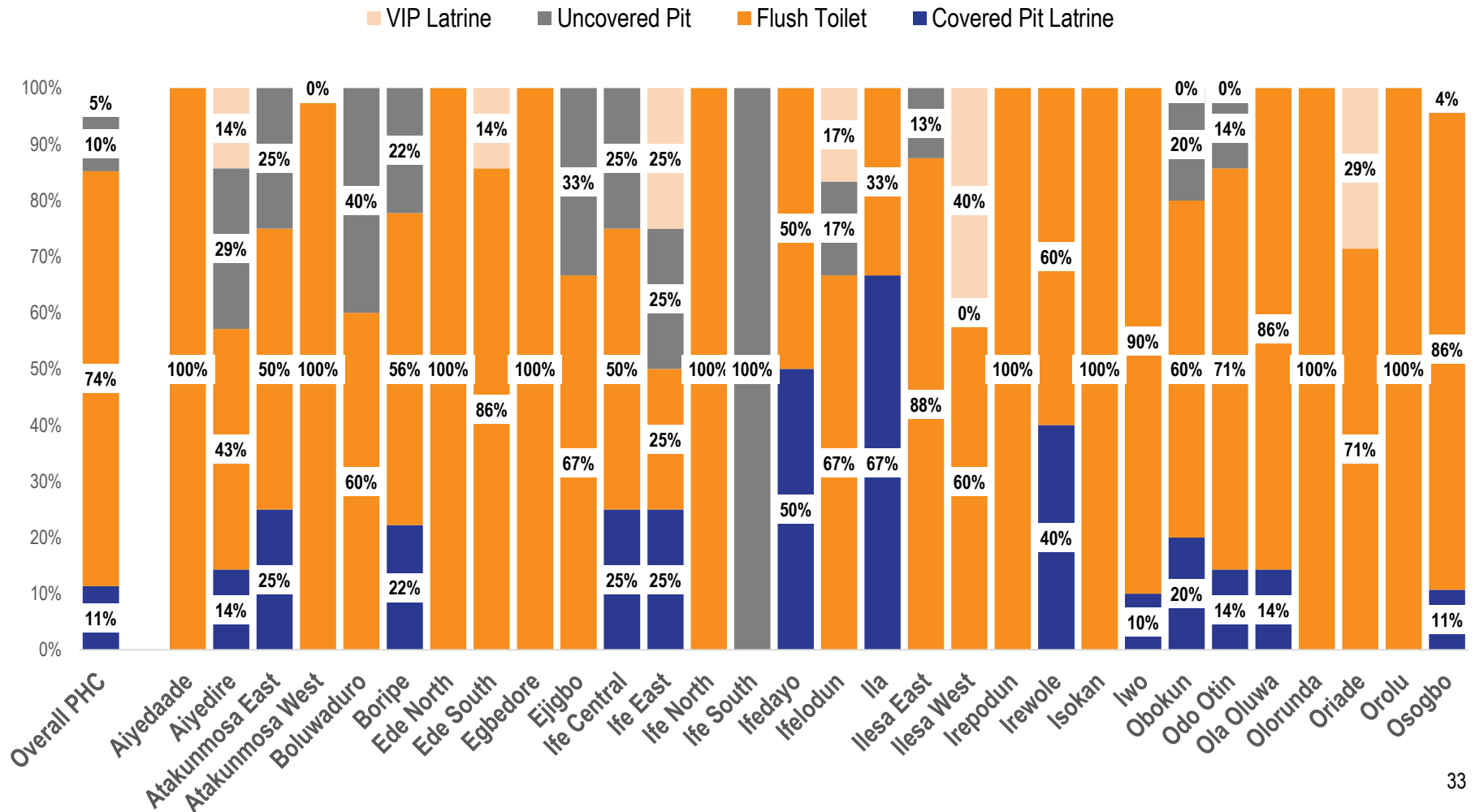


➤ Average number of inpatient toilets functioning



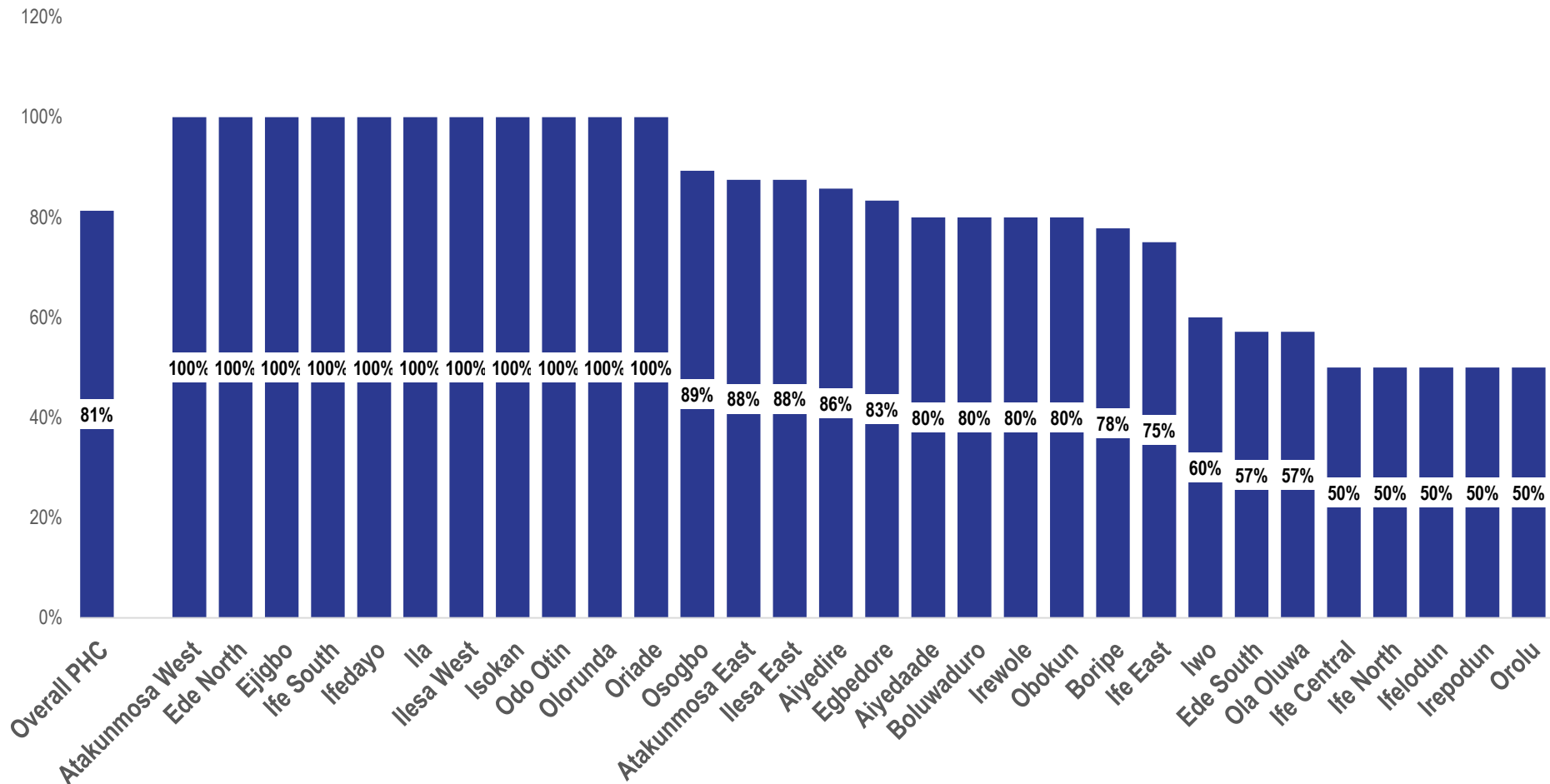
Infrastructure - Toilet

➤ Proportion of health facilities with various Types of Toilet (%)

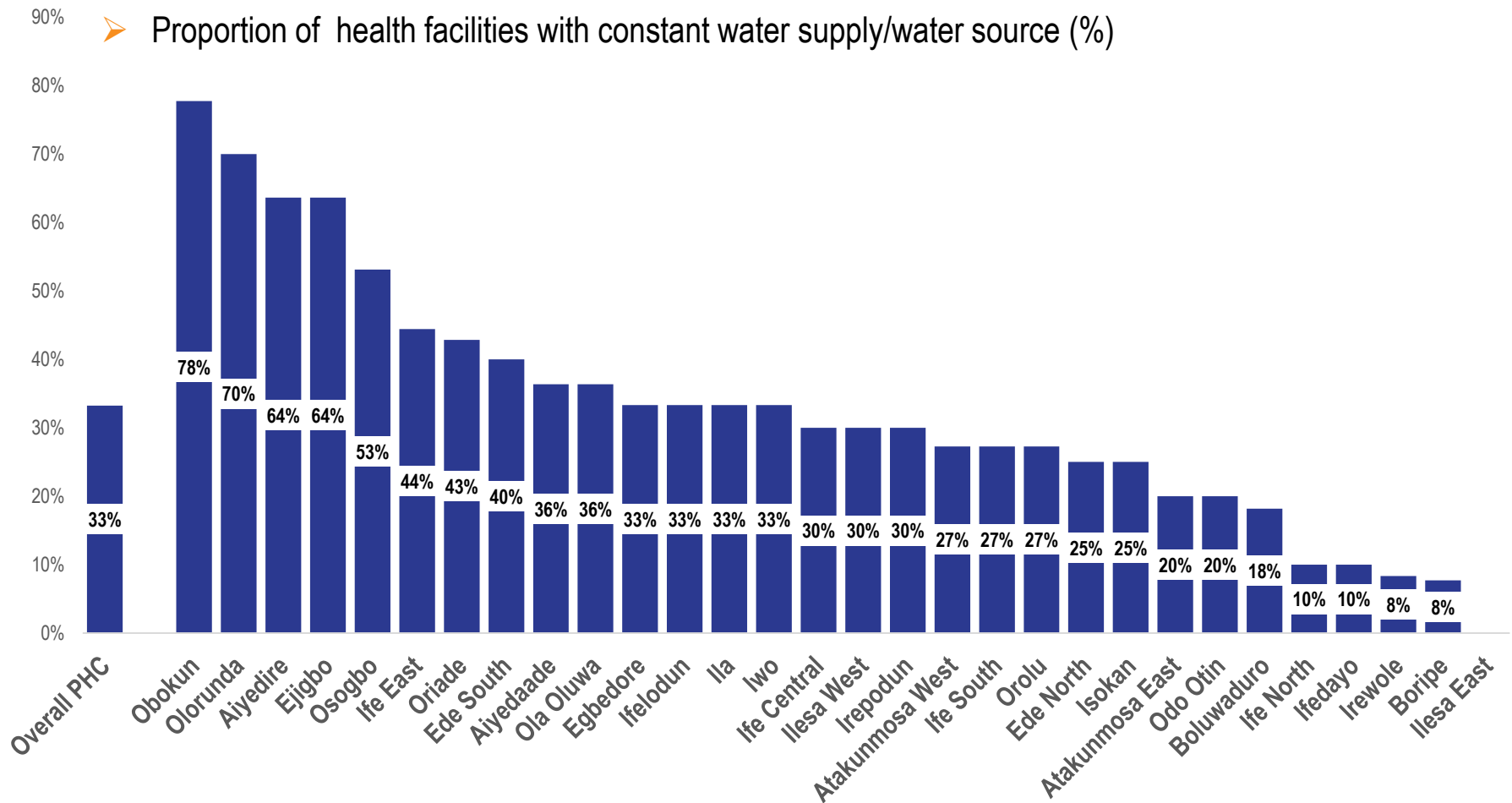


Infrastructure - Toilet

➤ Proportion of health facilities with same toilet for outpatients and inpatients (%)

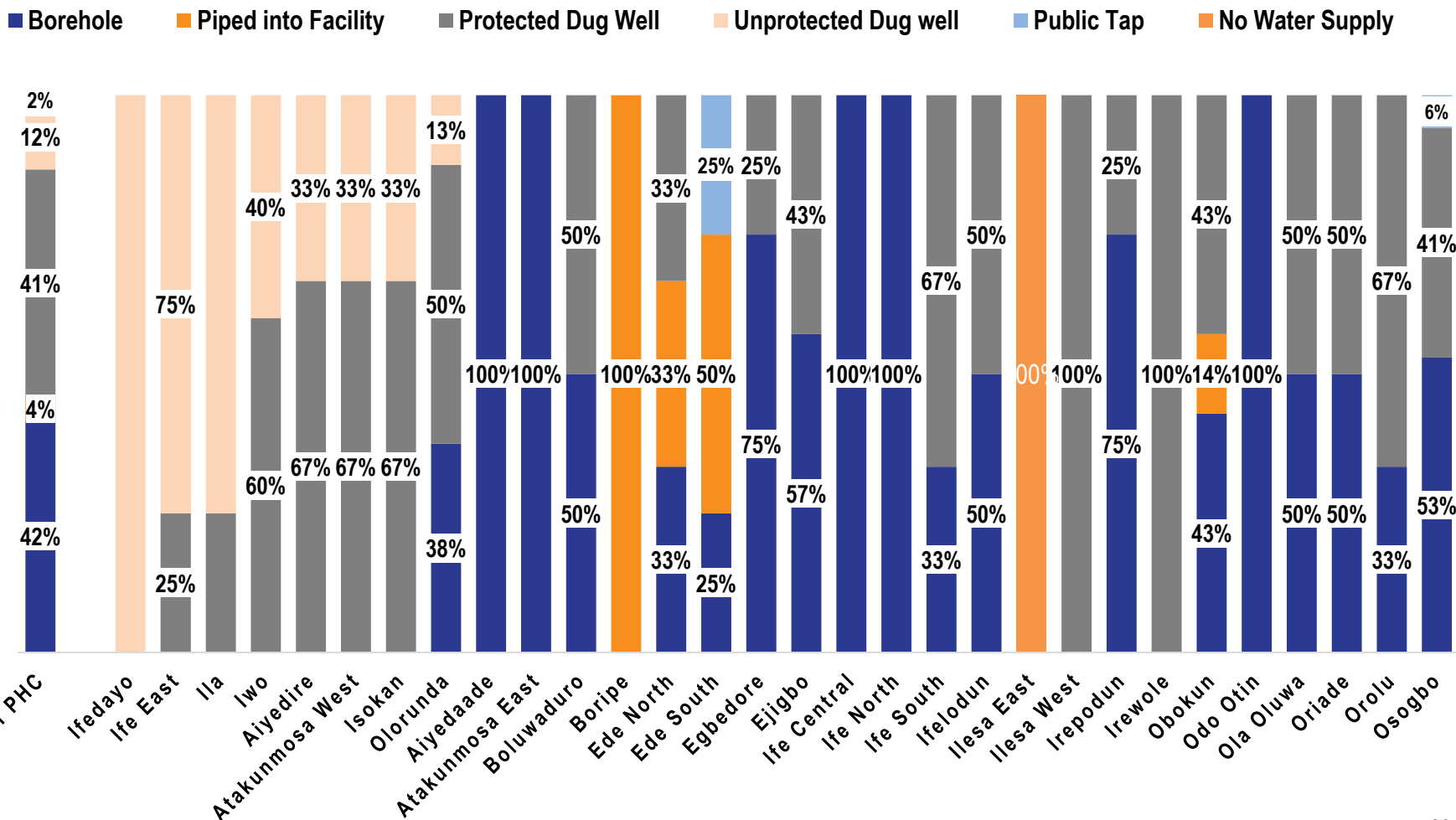


Infrastructure-Water Supply



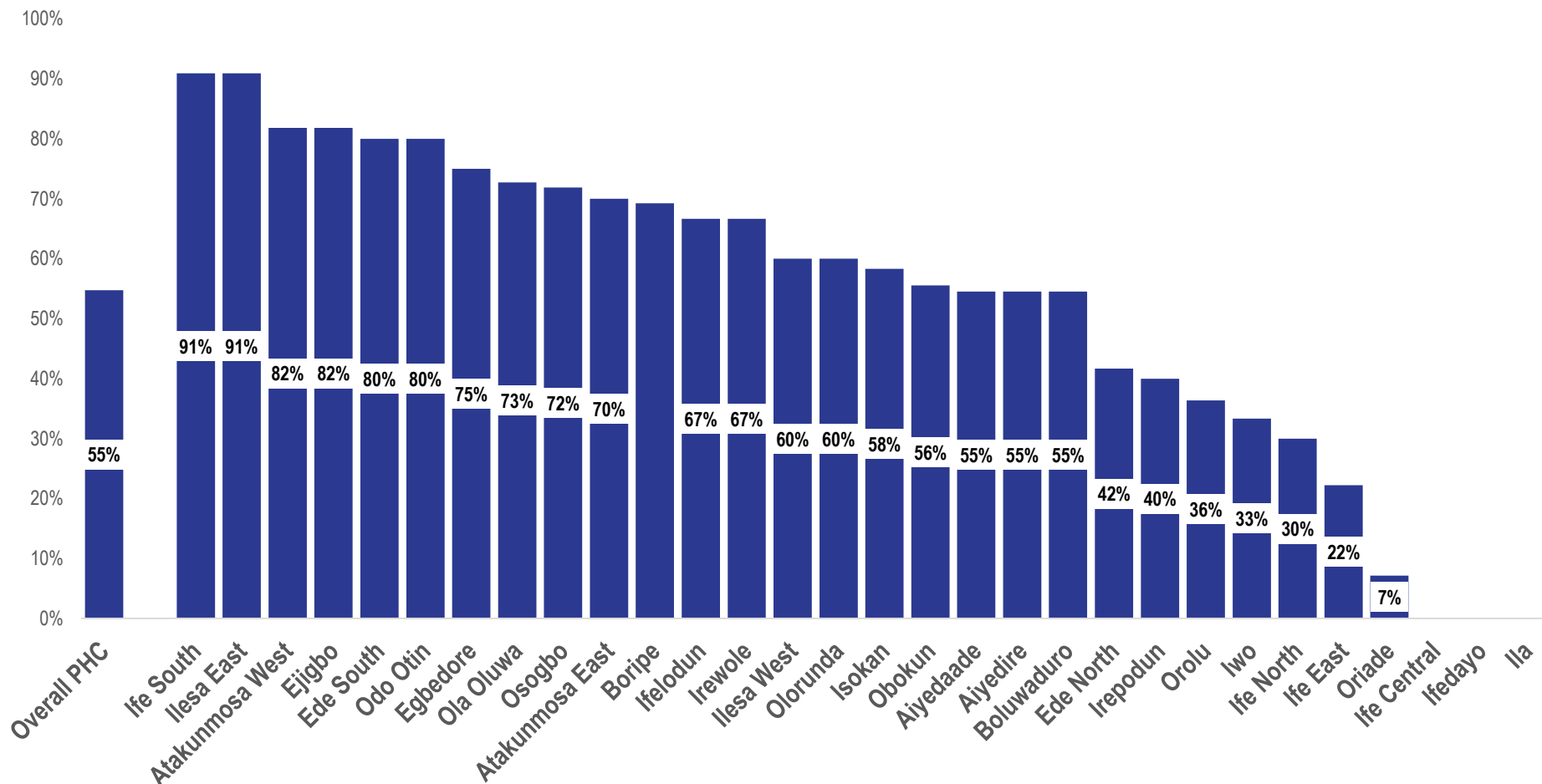
Infrastructure – Water Supply

➤ Proportion of Main sources of Water Among health facilities (%)



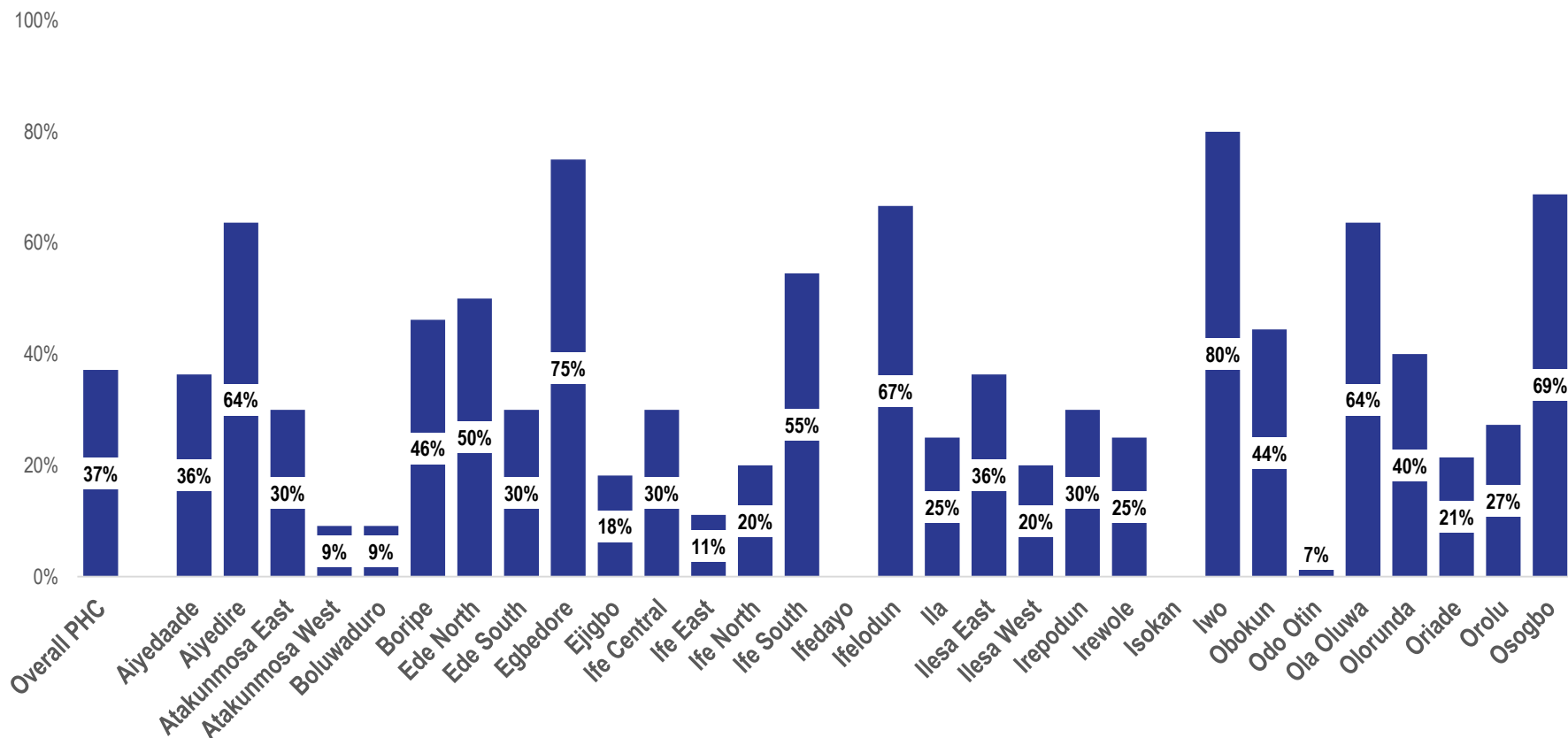
Infrastructure – Inpatient Ward

➤ Proportion of health facilities with inpatient ward (%)



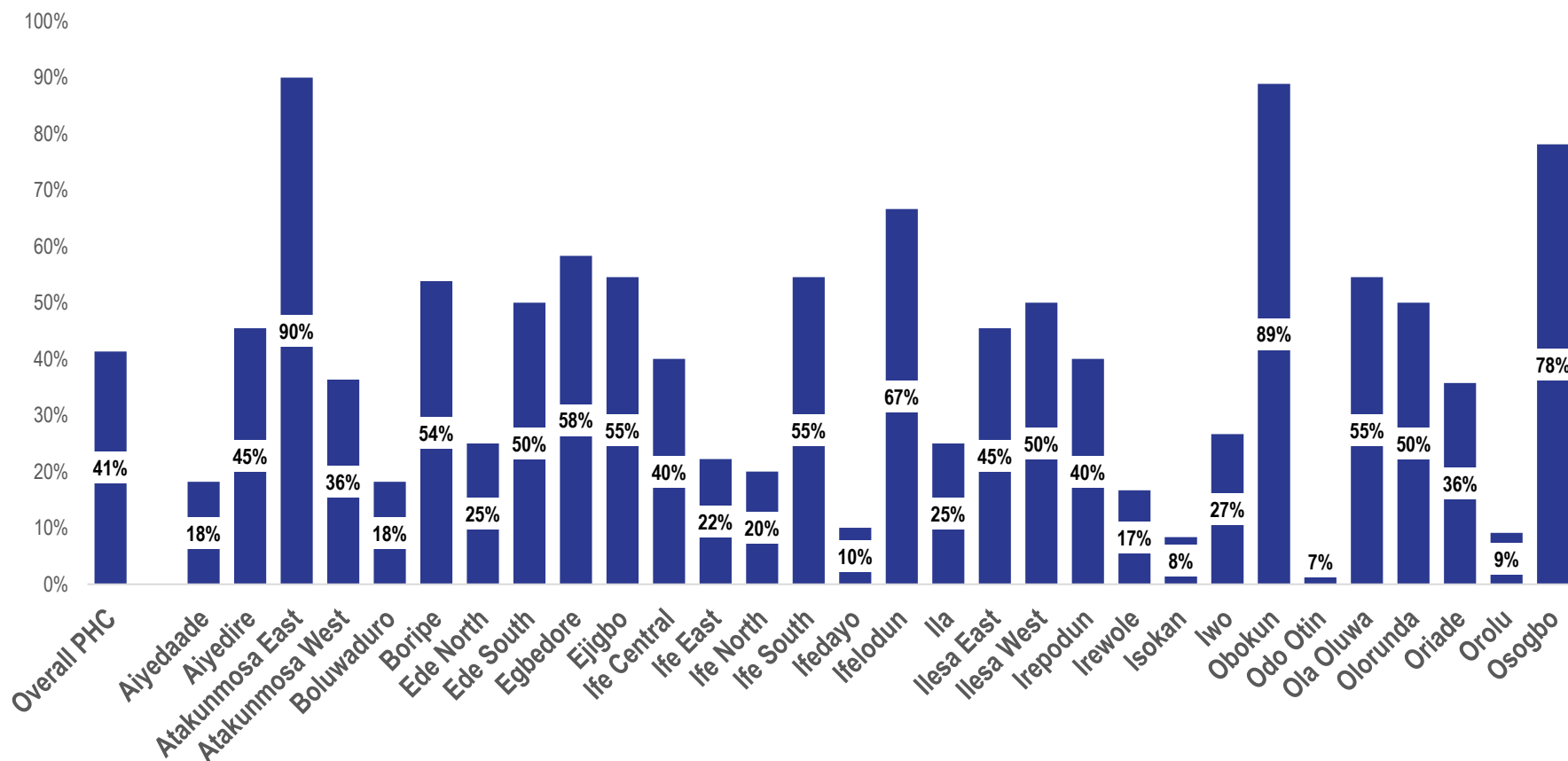
Infrastructure- Maternity Waiting Room

➤ Proportion of health facilities with Maternity Waiting Room (%)



Infrastructure- Maternity Well Maintained Delivery Room

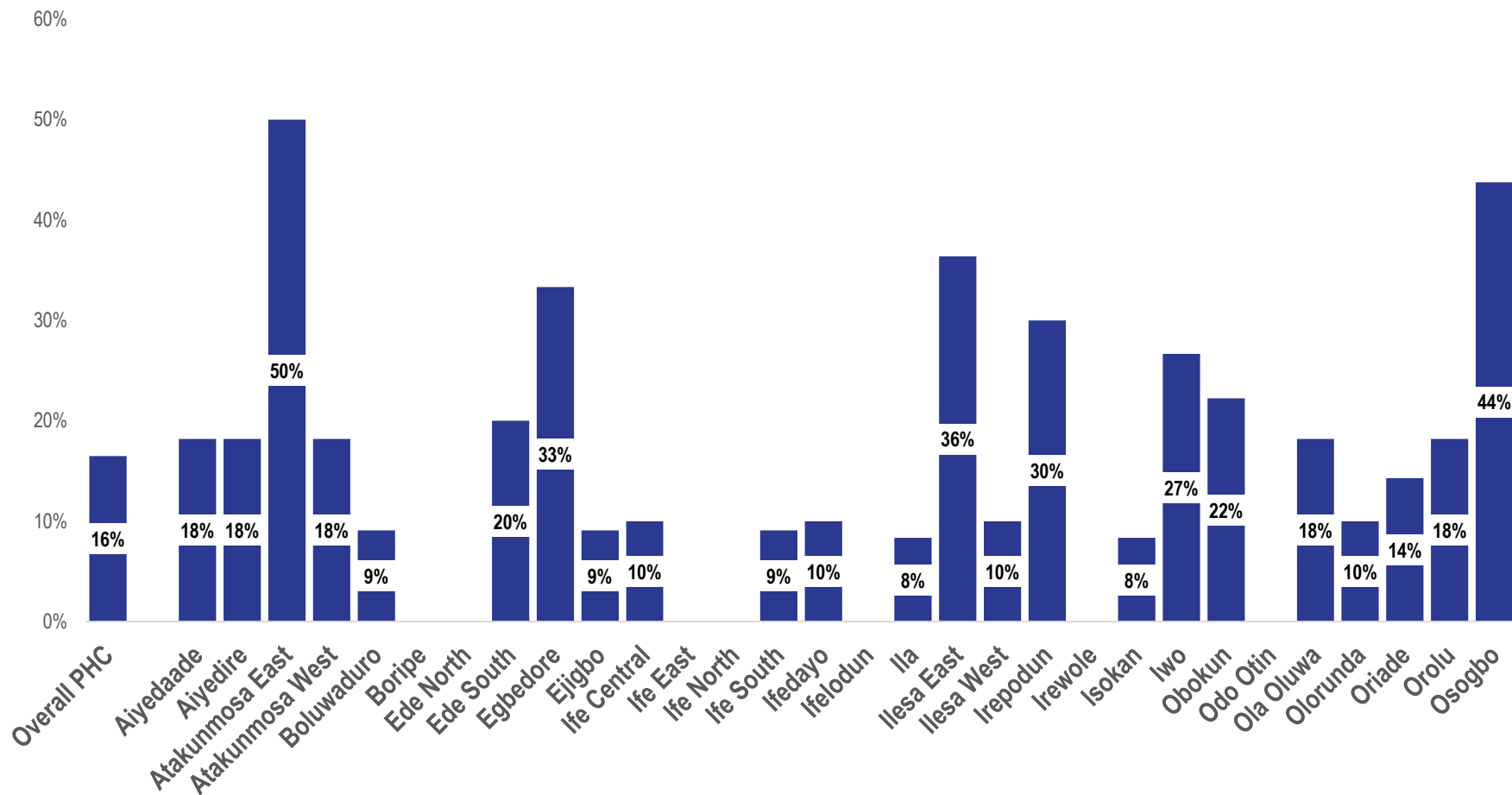
➤ Proportion of health facilities with Maternity Well Maintained Delivery Room(%)



Delivery Room is well maintained when it is clean, delivery couch is in good condition, water is accessible and it is well lit

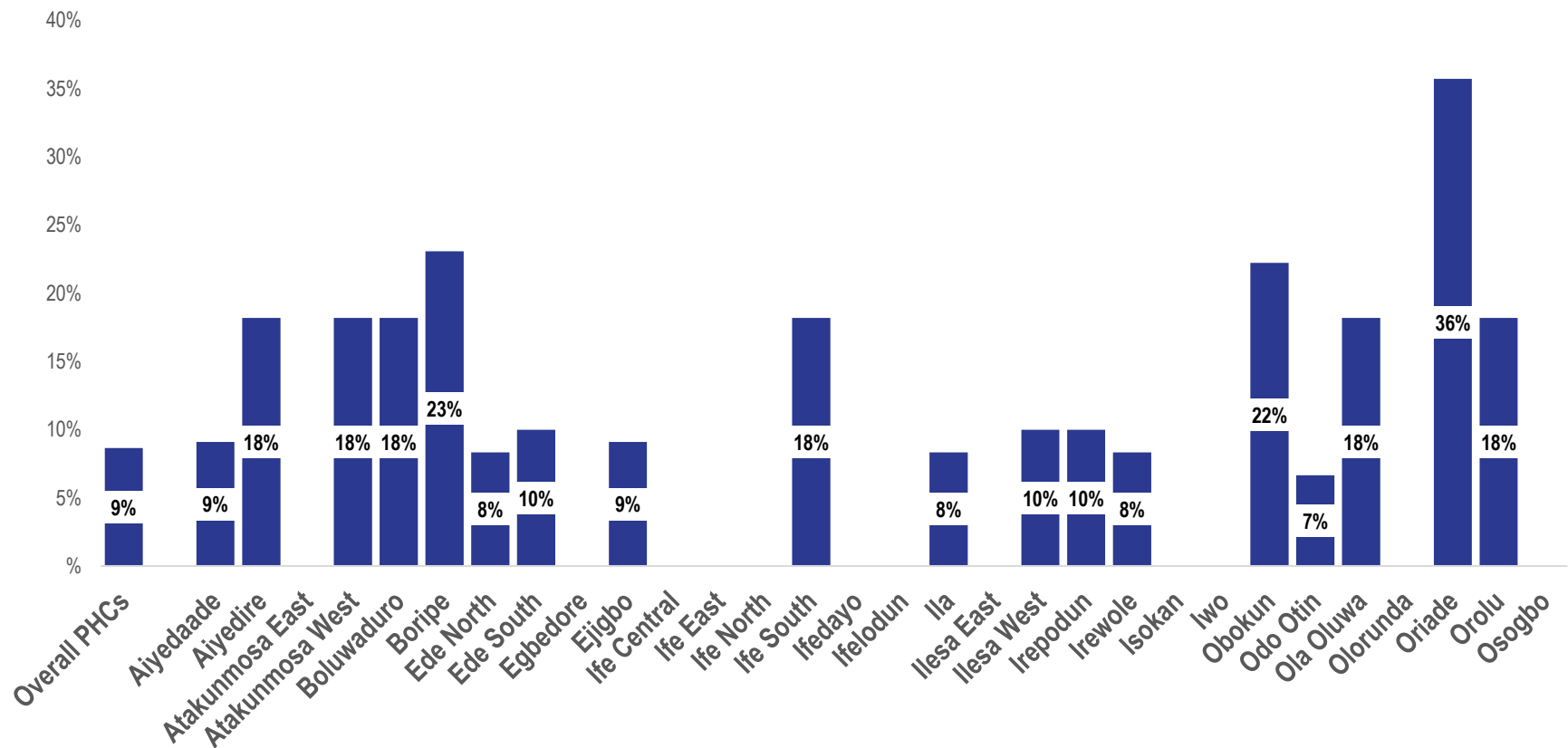
Infrastructure – Call Room

➤ Proportion of health facilities with with Call Room (%)



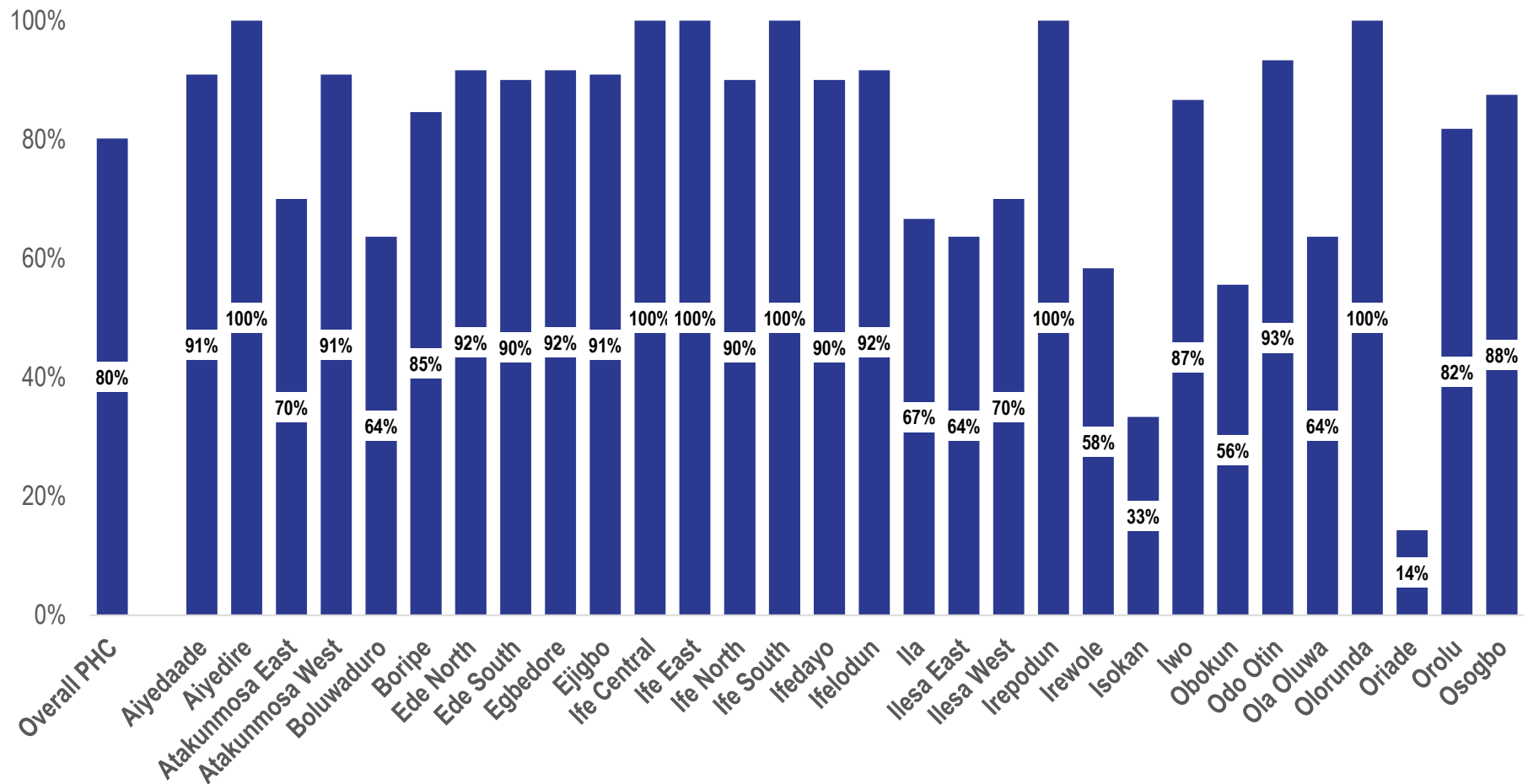
Infrastructure-Staff accommodation

➤ Proportion of health facilities with with staff accommodation(%)



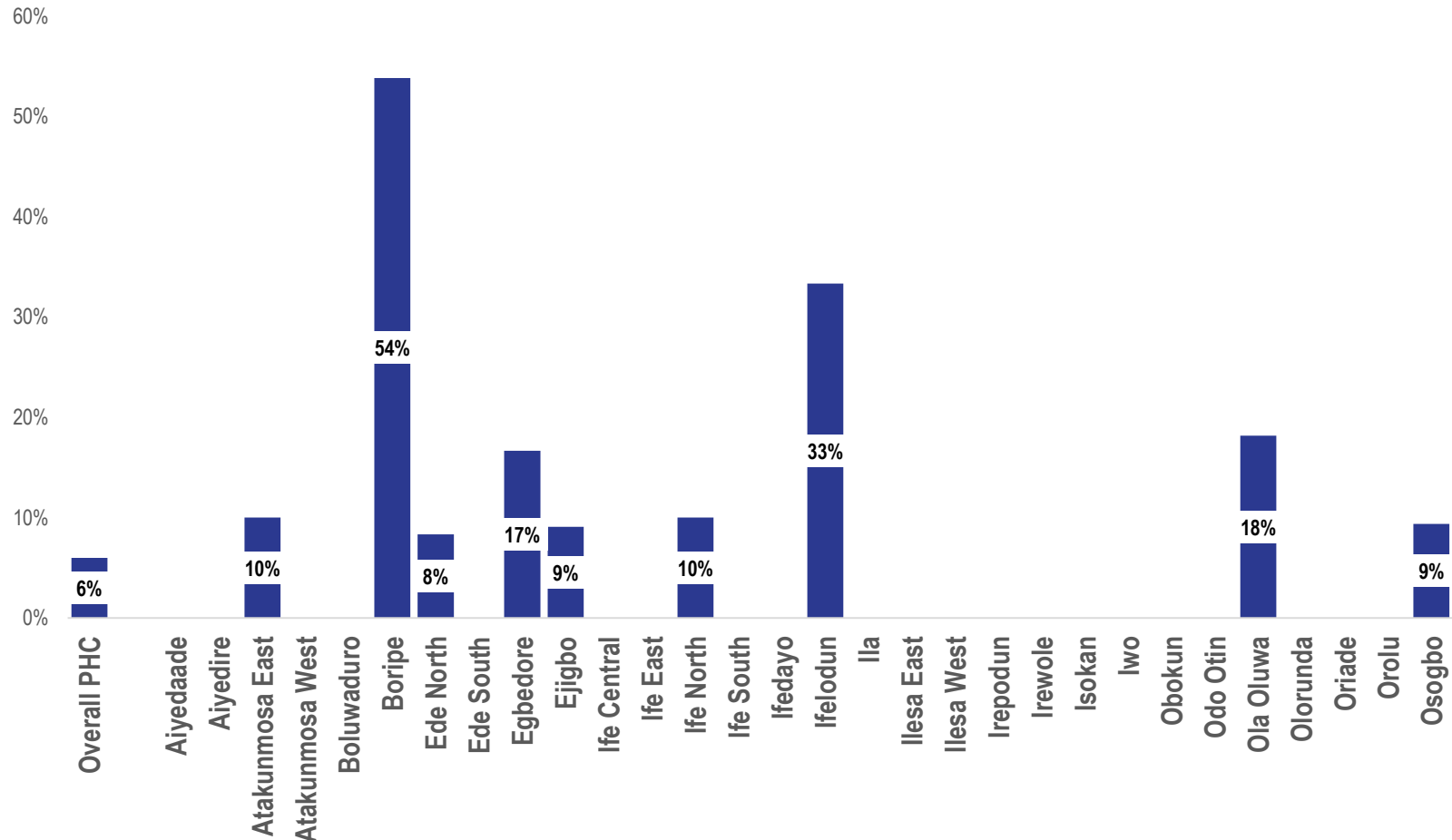
Infrastructure- Proper waste disposal mechanisms

➤ Proportion of health facilities with security box for sharps (%)



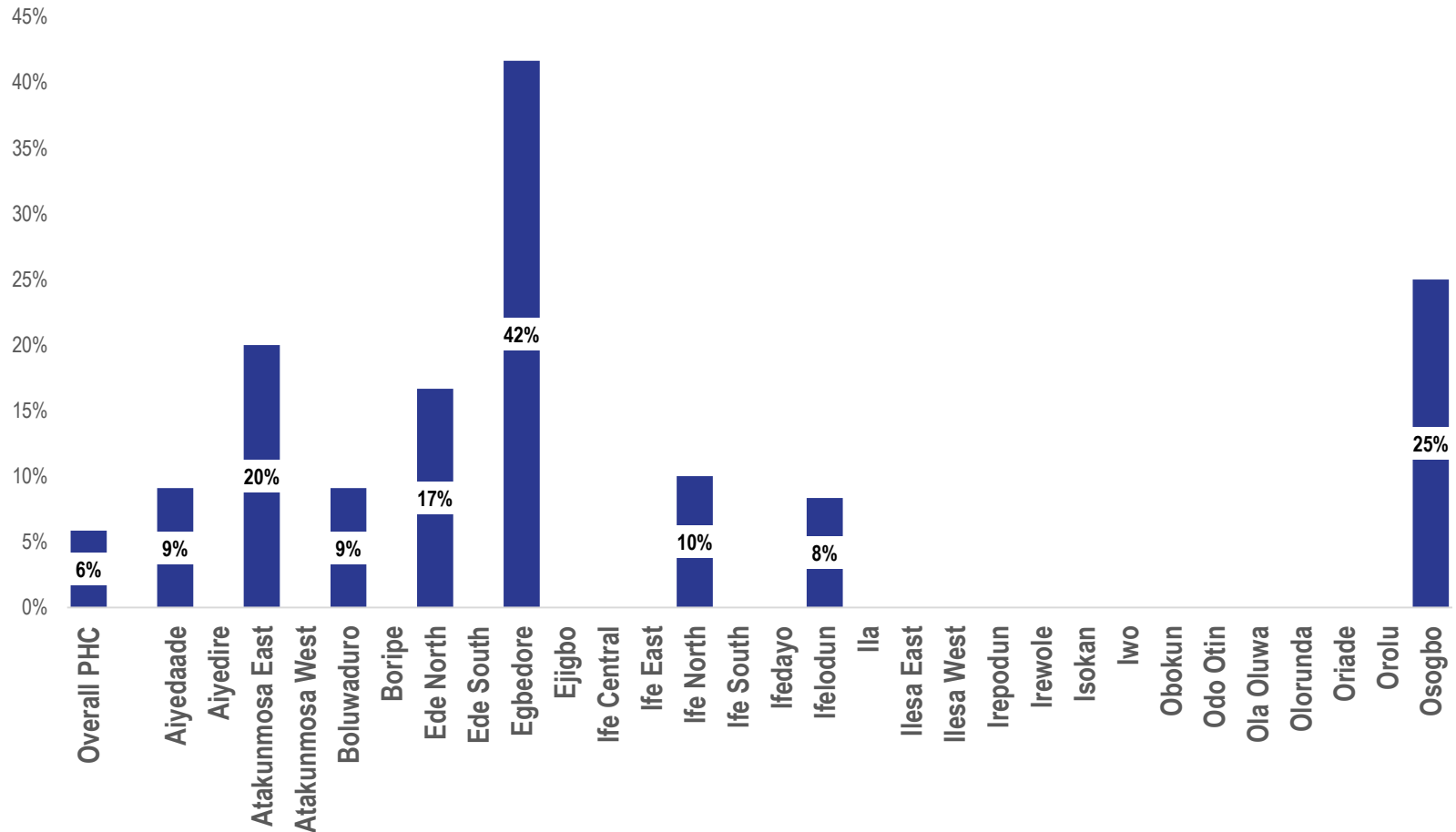
Infrastructure- Proper waste disposal mechanisms

- Proportion of health facilities Yellow and Red Bins for contaminated medical waste(%)



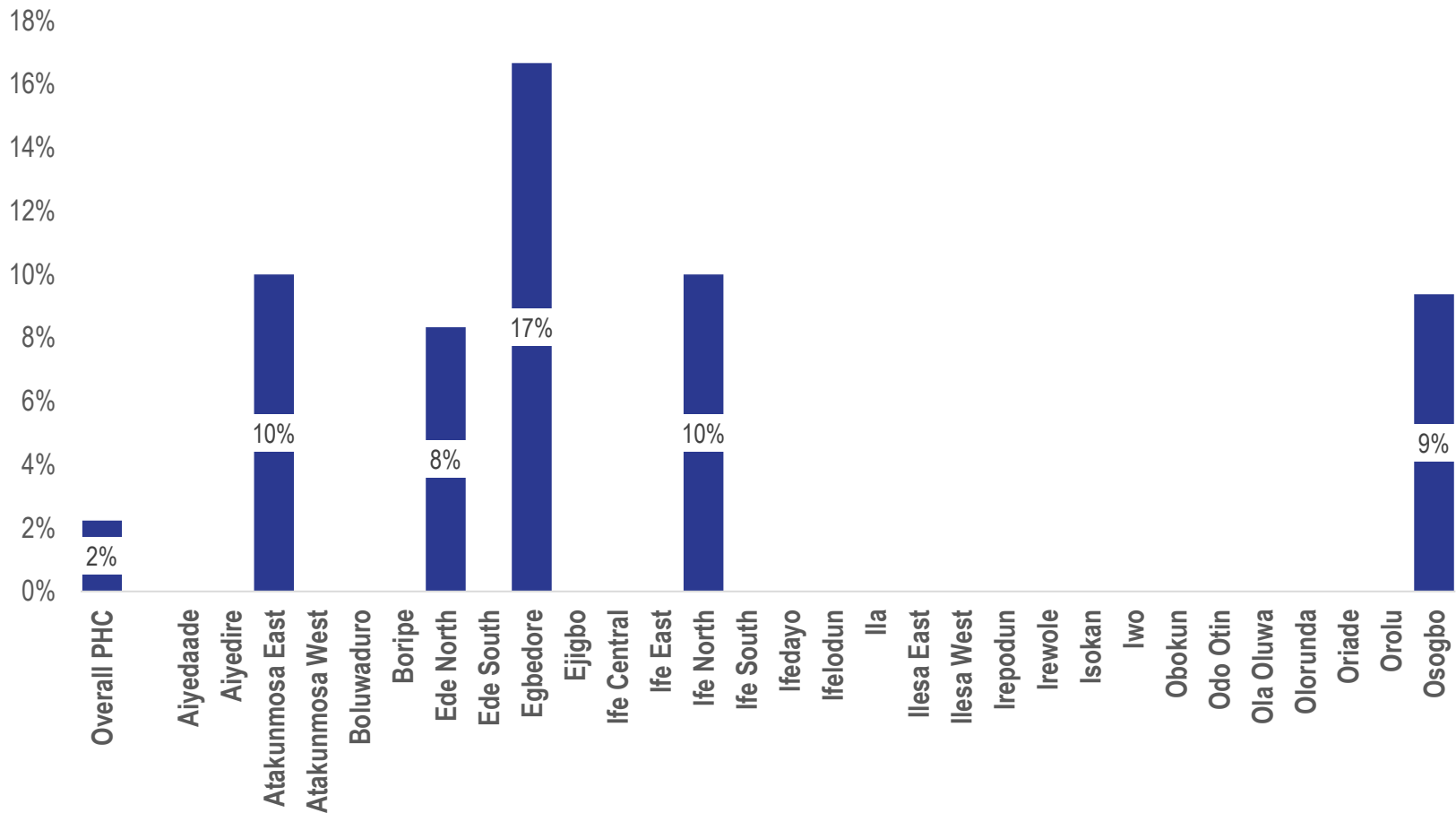
Infrastructure- Proper waste disposal mechanisms

➤ Proportion of health facilities Black Bins for contaminated waste(%)



Infrastructure- Proper waste disposal mechanisms

- Proportion of health facilities with all three waste disposal means - security box, yellow bin and black bin (%)



RMNCH Services Availability

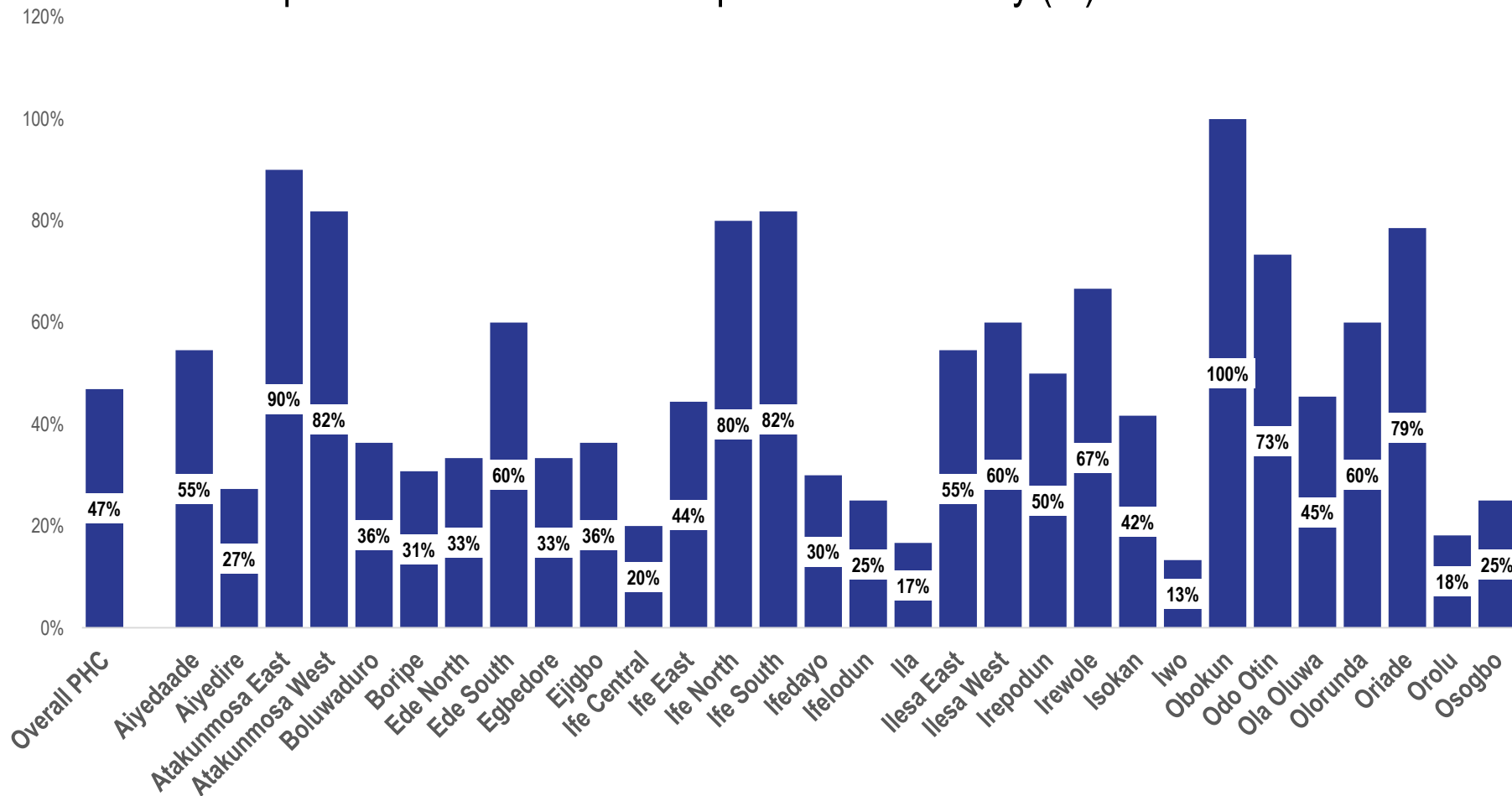
►► Facilities were assessed on the availability of the following RMNCH services:

1. Antenatal Care
2. Prenatal Care
3. Emergency Obstetric Care
4. Routine Immunization
5. Family Planning
6. Basic delivery services



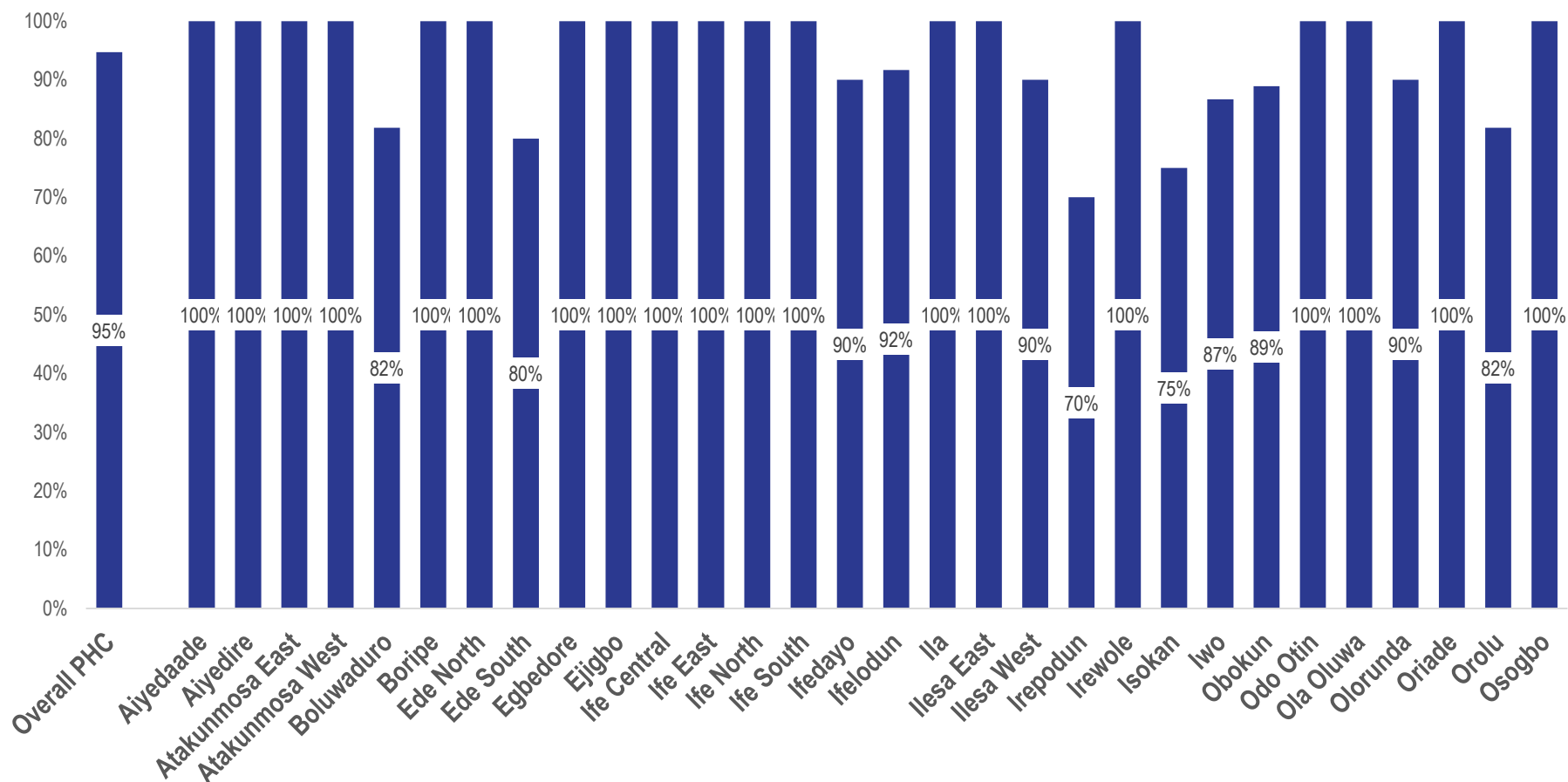
RMNCH Service Availability- 24 hours

➤ Proportion of health facilities open 24 hours a day (%)



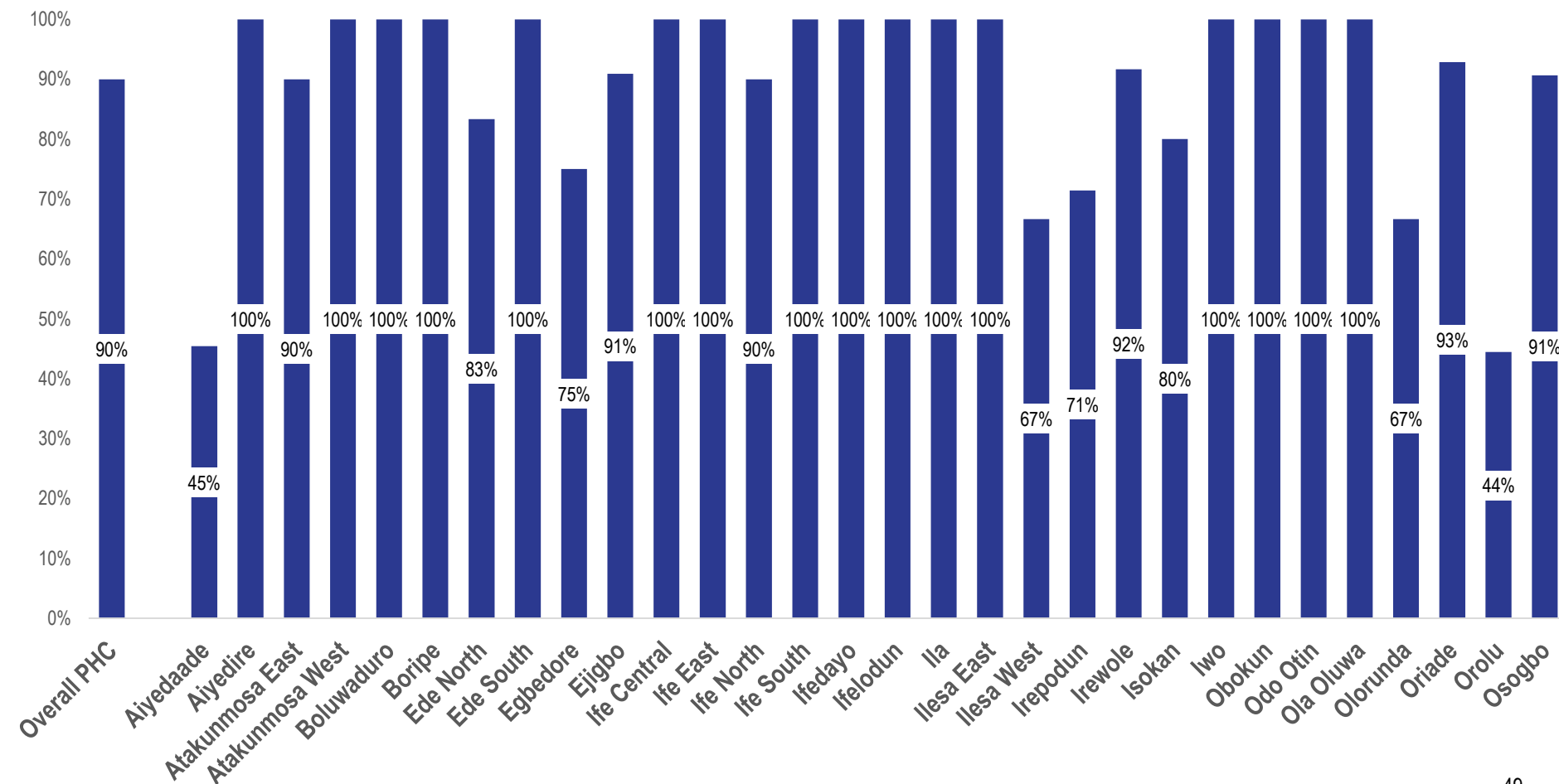
RMNCH Service Availability- ANC

➤ Proportion of health facilities Providing ANC(%)



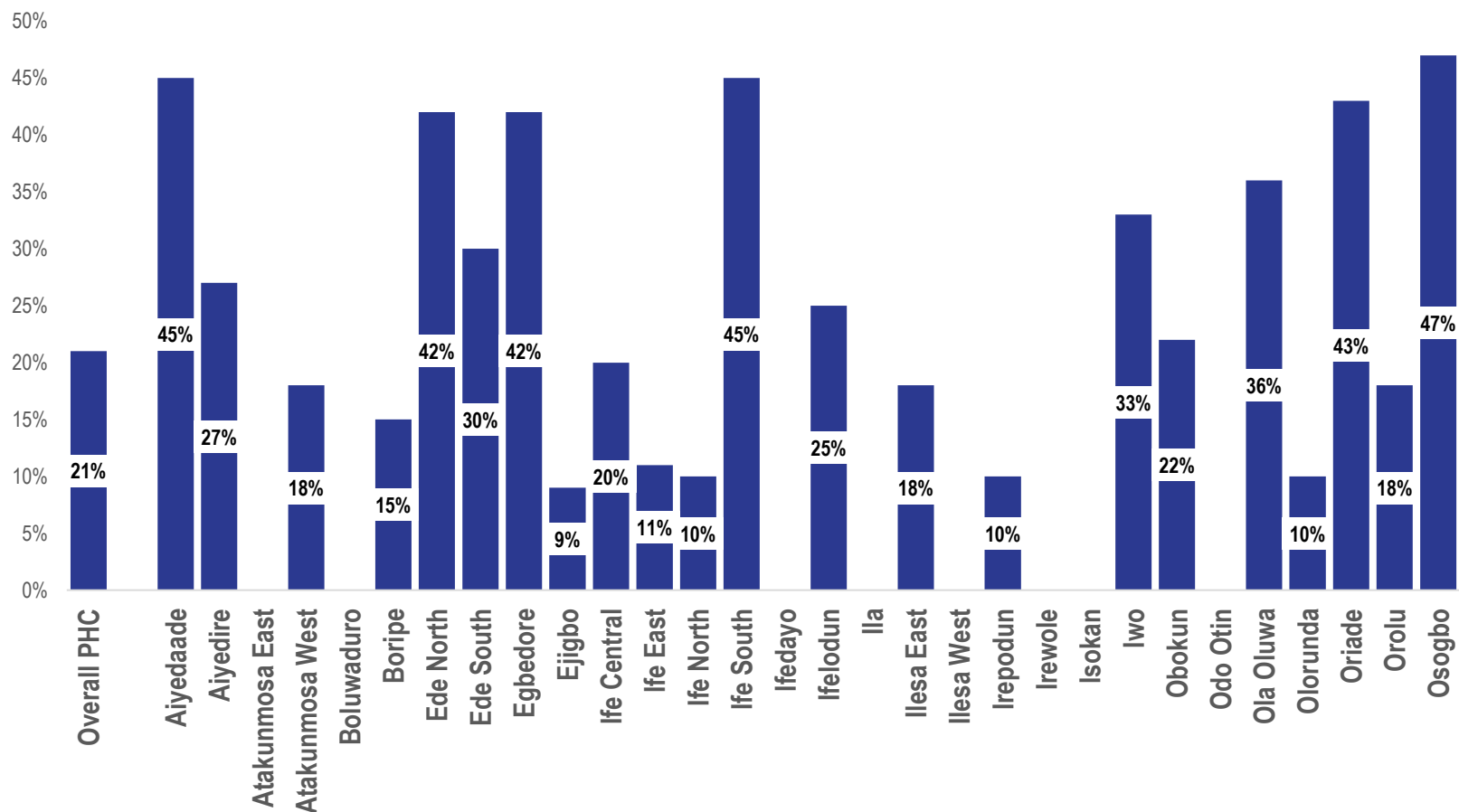
RMNCH Service Availability- PNC

➤ Proportion of health facilities Providing PNC(%)



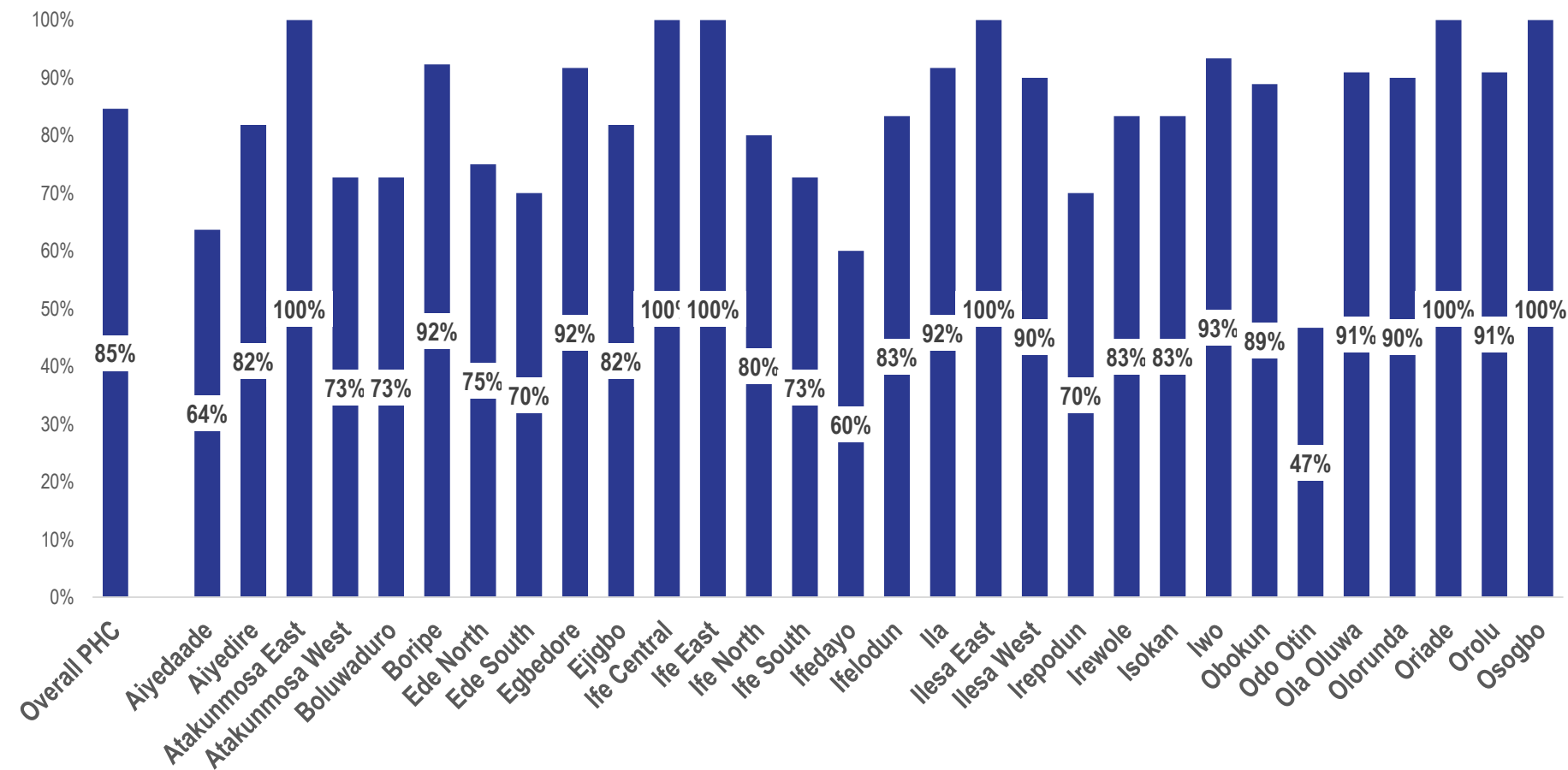
RMNCH Service Availability- BEOC

➤ Proportion of health facilities Providing Basic Emergency Obstetric Care(%)



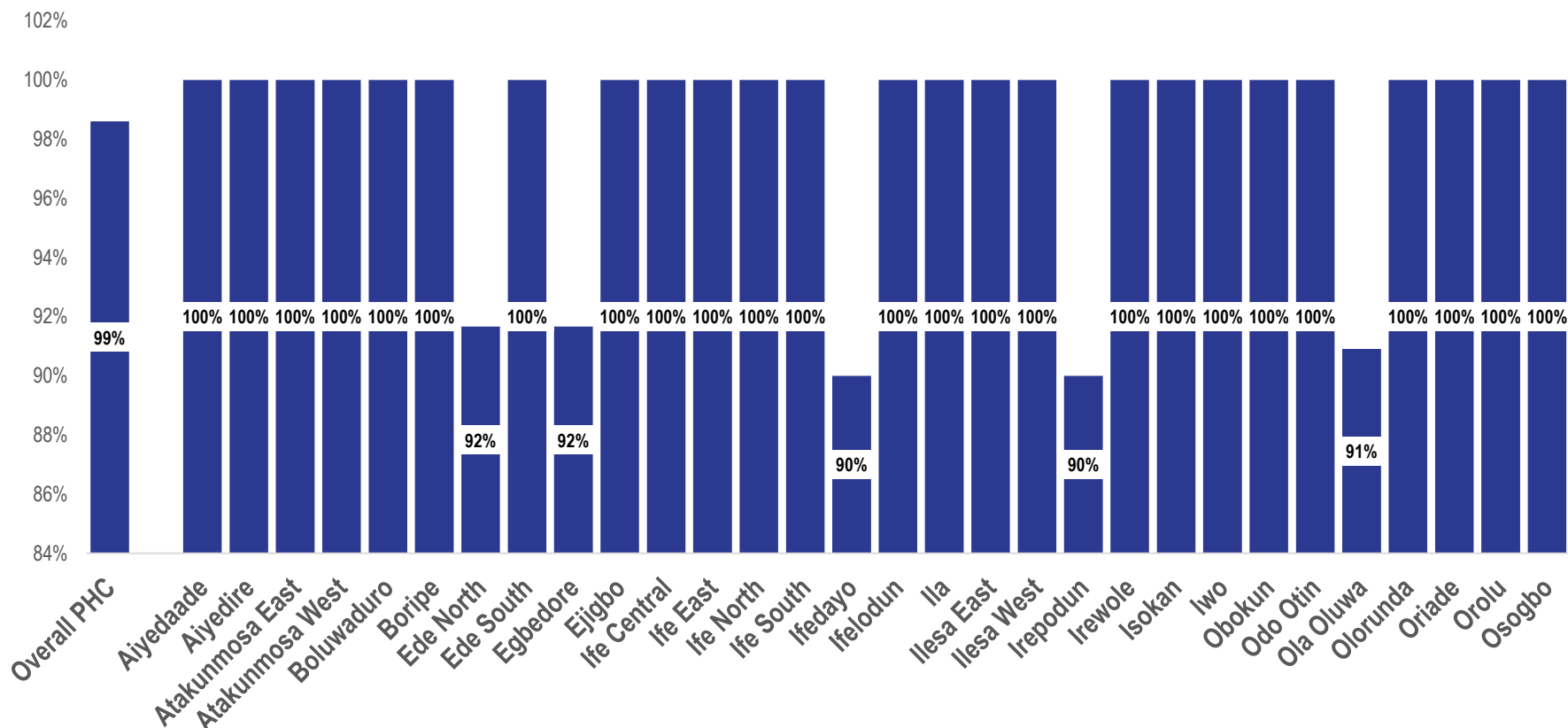
RMNCH Service Availability- FP

➤ Proportion of health facilities Providing Family planning services(%)



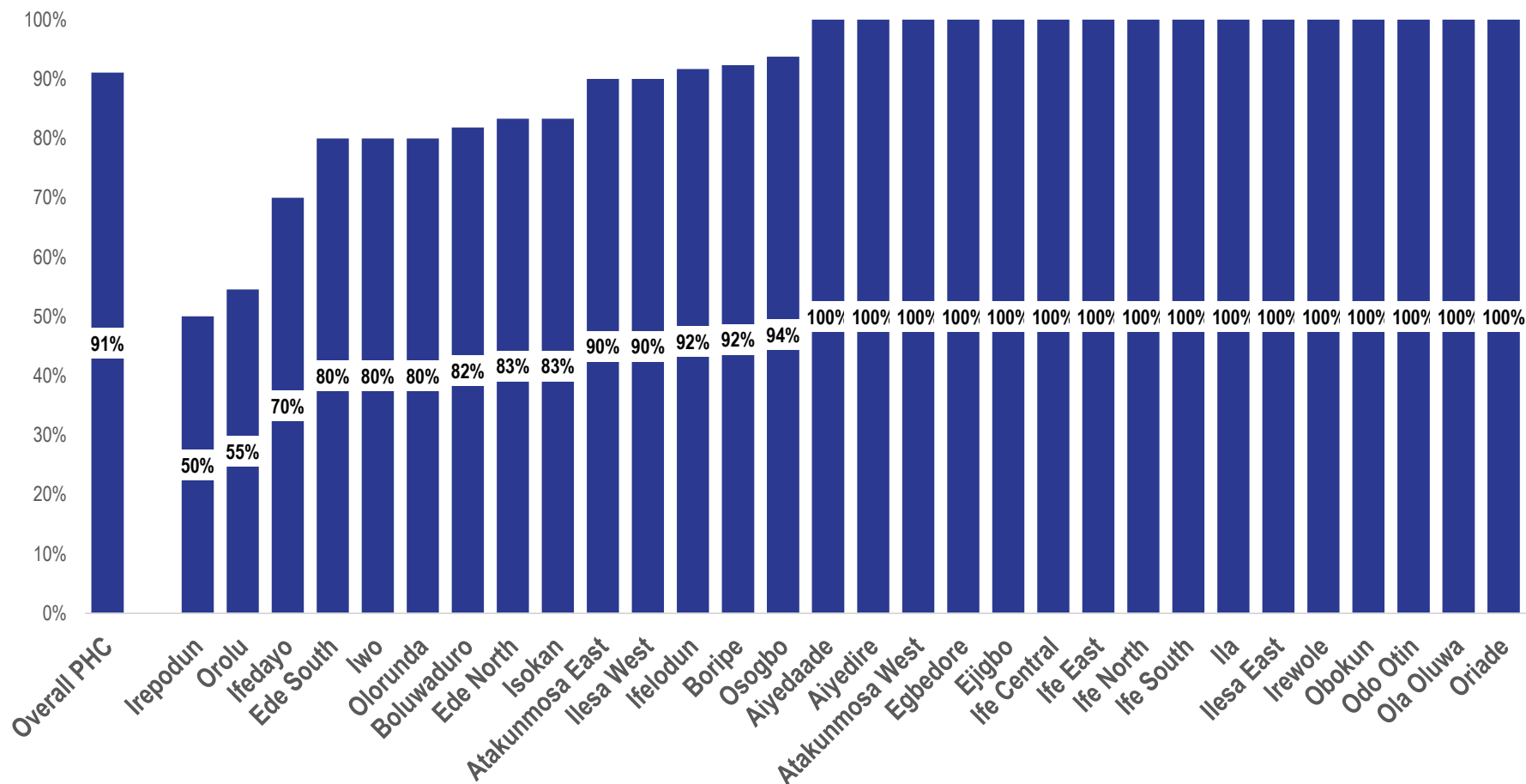
RMNCH Service Availability- RI

➤ Proportion of health facilities Providing Childhood Routine Immunization (RI) services (%)



RMNCH Service Availability- L&D

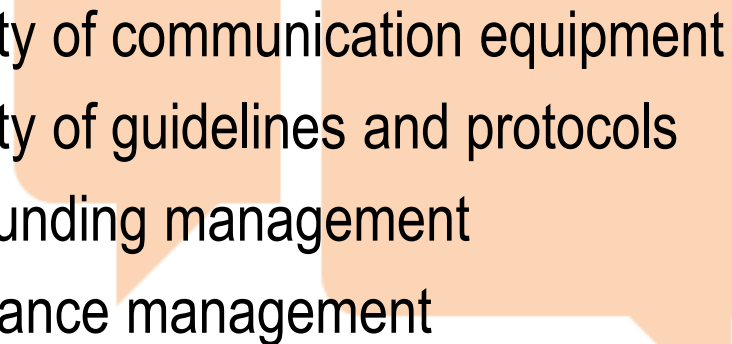
➤ Proportion of health facilities providing labor and delivery services (%)





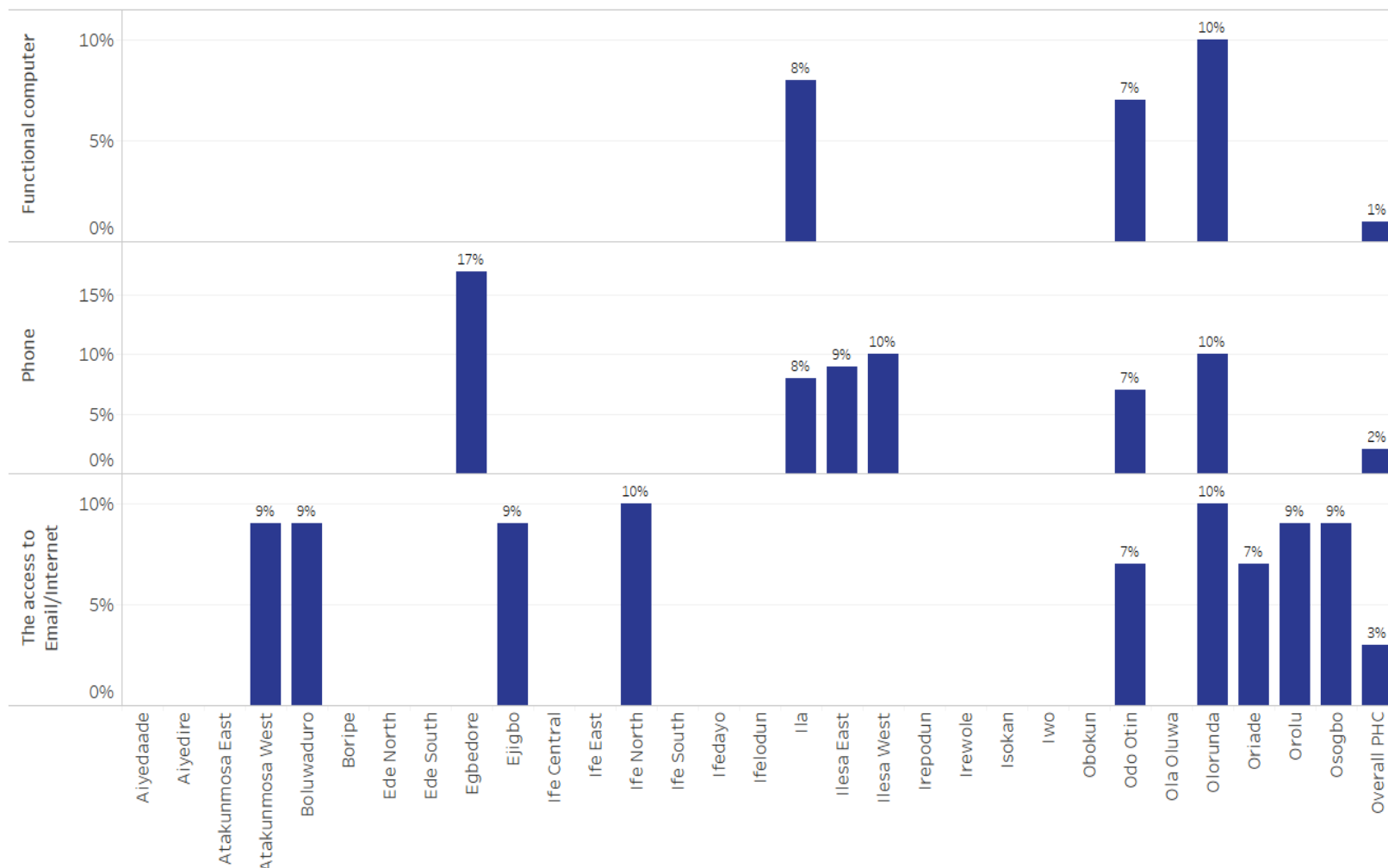
Admin. & Communication

In this section, we assessed the facilities' administrative and communication system from the following aspects:

- 
1. The availability of communication equipment
 2. The availability of guidelines and protocols
 3. Operational funding management
 4. Quality assurance management

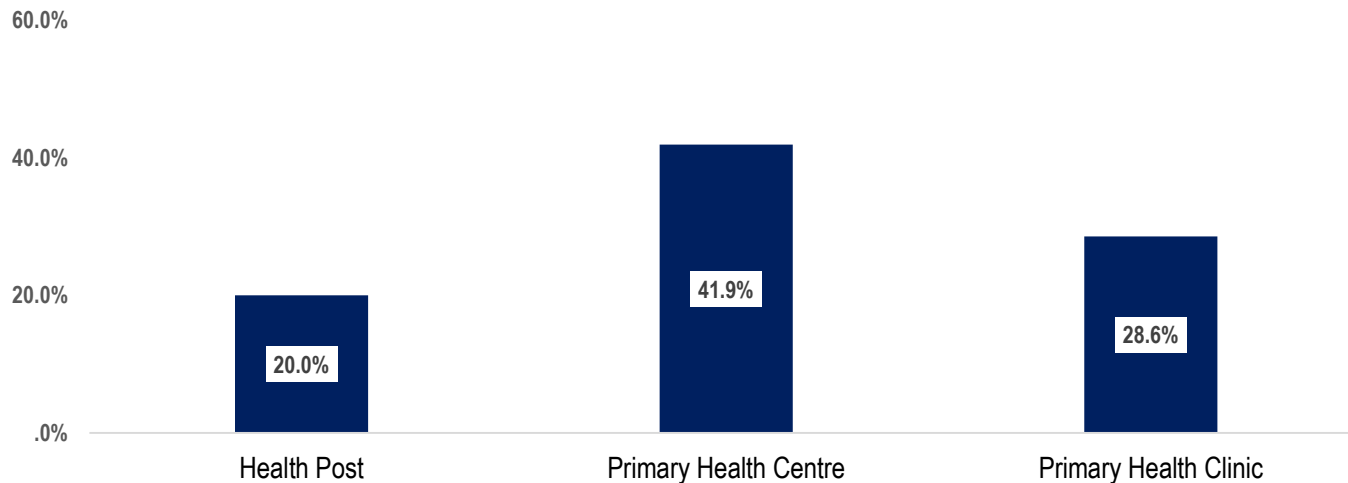
Admin. & Communication - Equipment

➤ Proportion of primary health facilities with communication equipment



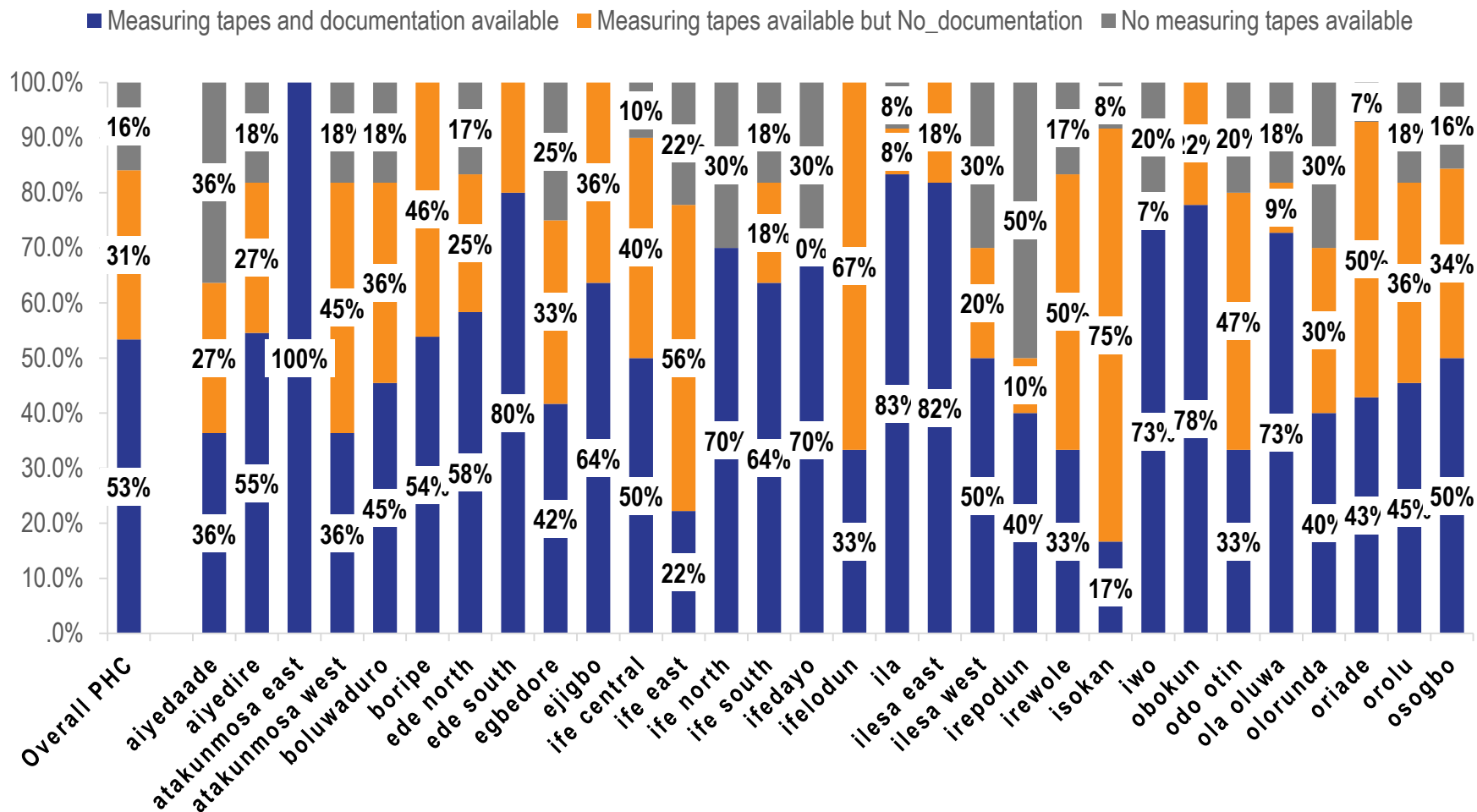
Admin. & Communication - Guidelines & Protocols

- Proportion of health facilities with guideline on standard precautions for waste management (%)



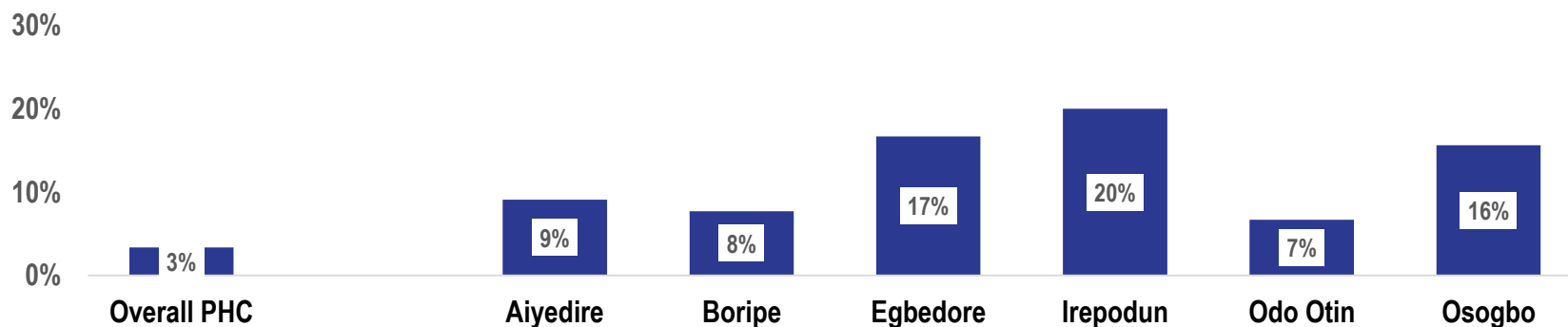
Administrative System - Guidelines & Protocols

➤ Proportion of health facilities with nutritional assessment guide (MUAC)(%)

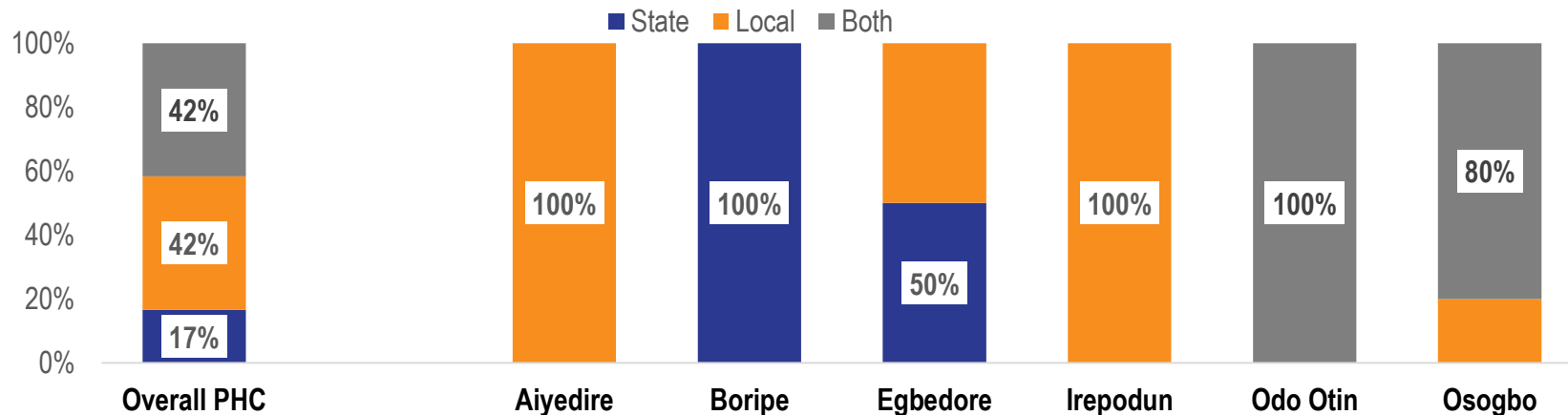


Admin. & Communication - Government and operational expenses

- Proportion of health facilities receiving funds from the government for non-salary expenses (%)

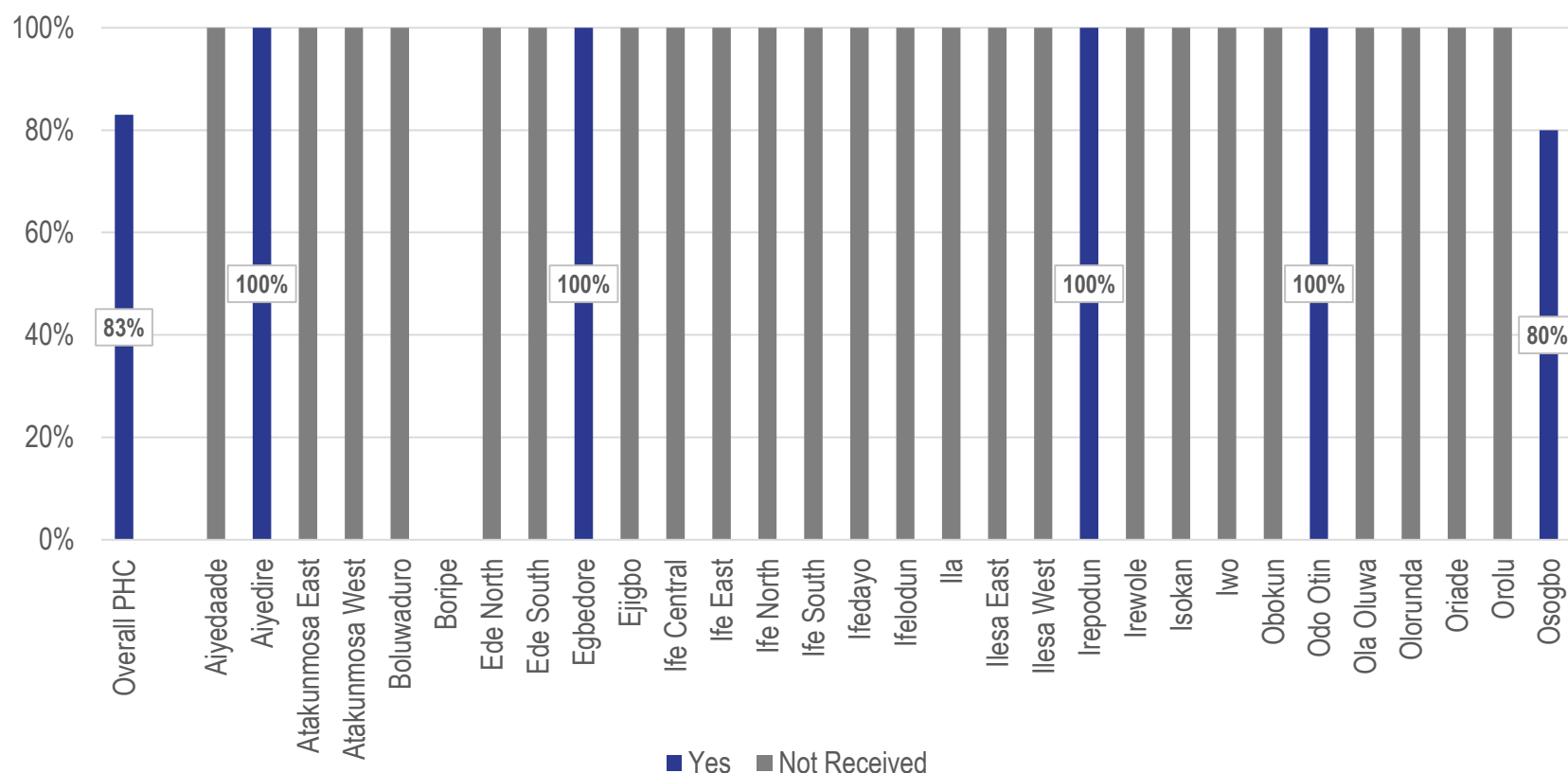


- Proportion of health facilities receiving funds from the **State or LGA or Both** (%)



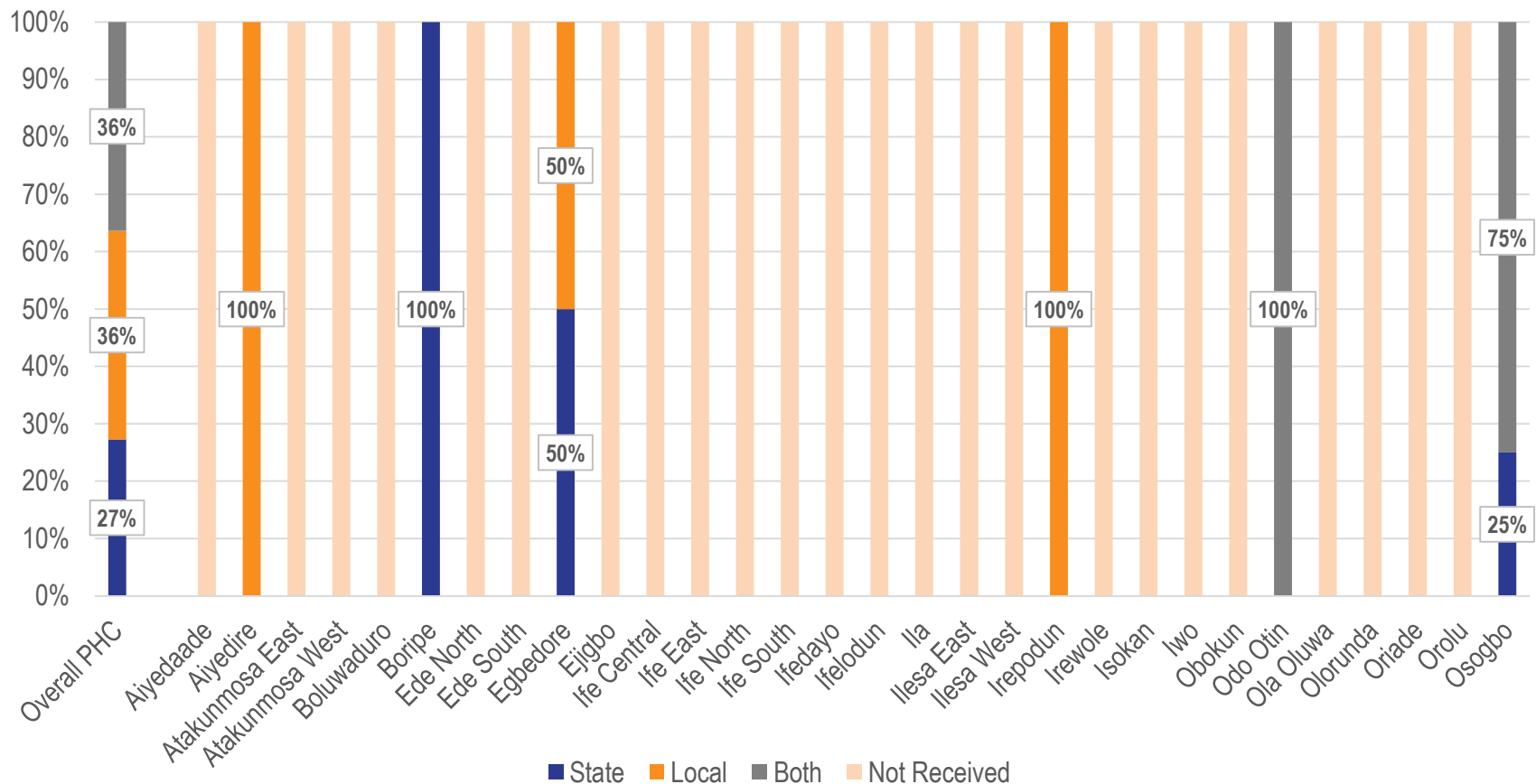
Admin. & Communication - Government and operational expenses

- Proportion of health facilities that experience delay in receiving funds from the Government(%)



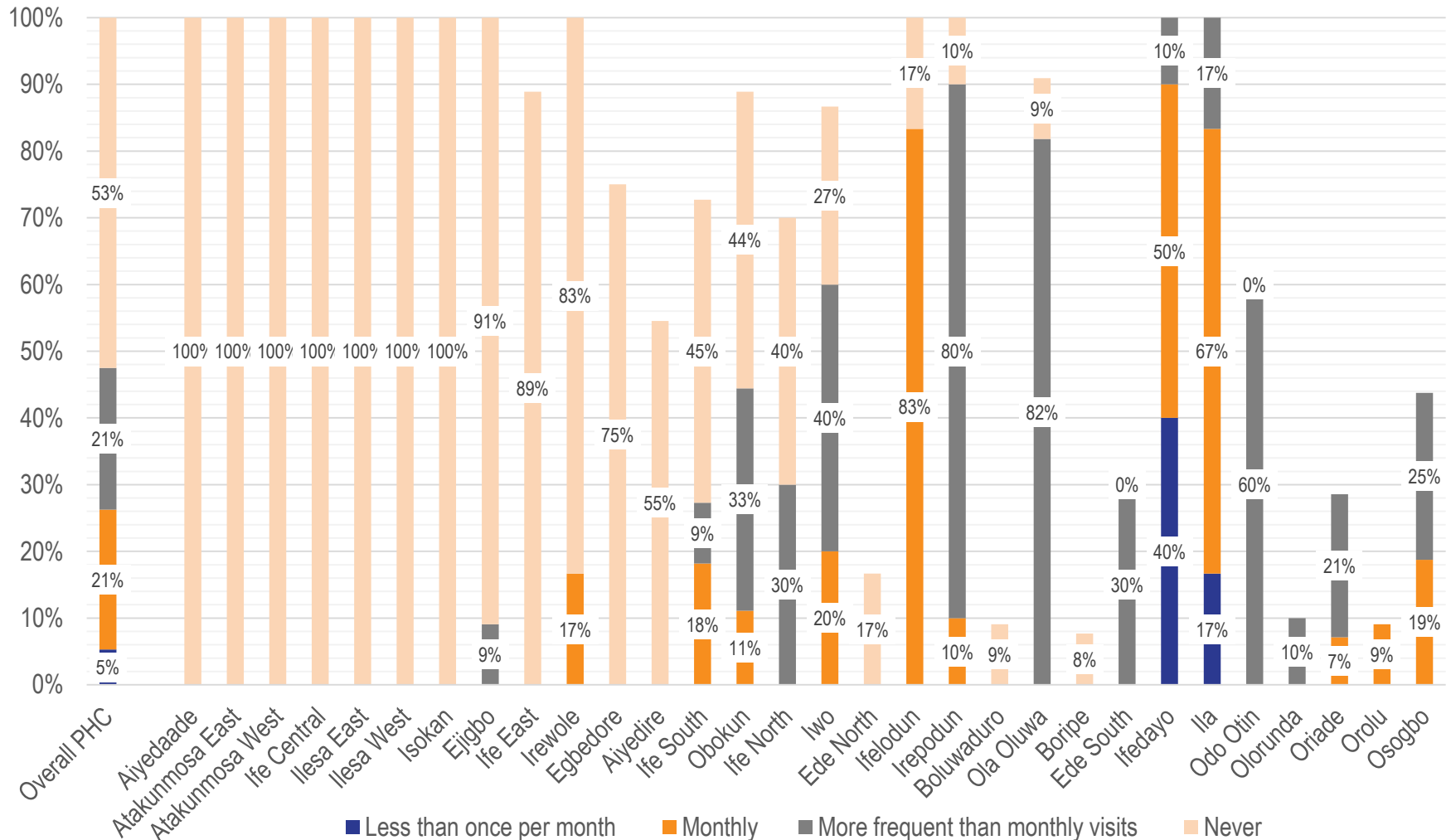
Admin. & Communication - Government and operational expenses

➤ Proportion of various level of government which delayed (%)



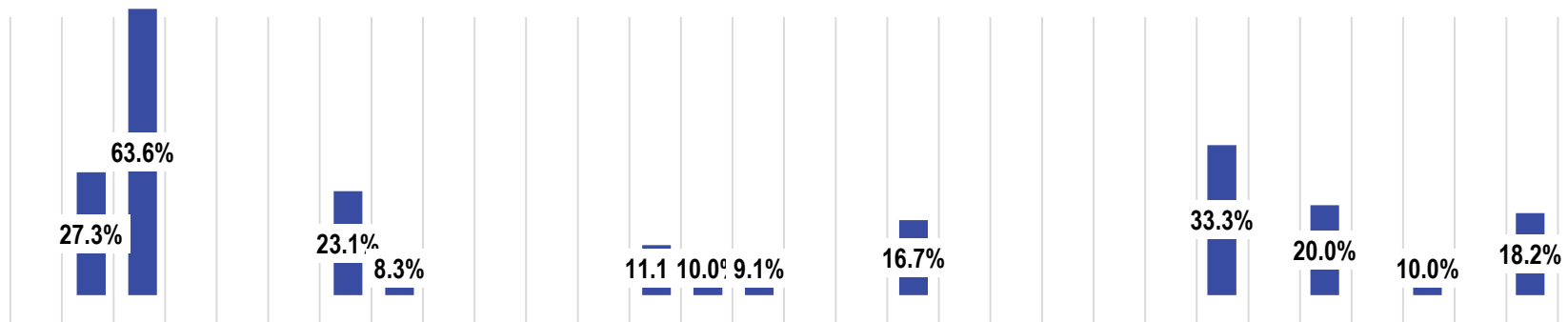
Admin. & Communication – LGA Accounts Visits

➤ Frequency of LGA Level Account Person Visit in the Last Year (%)

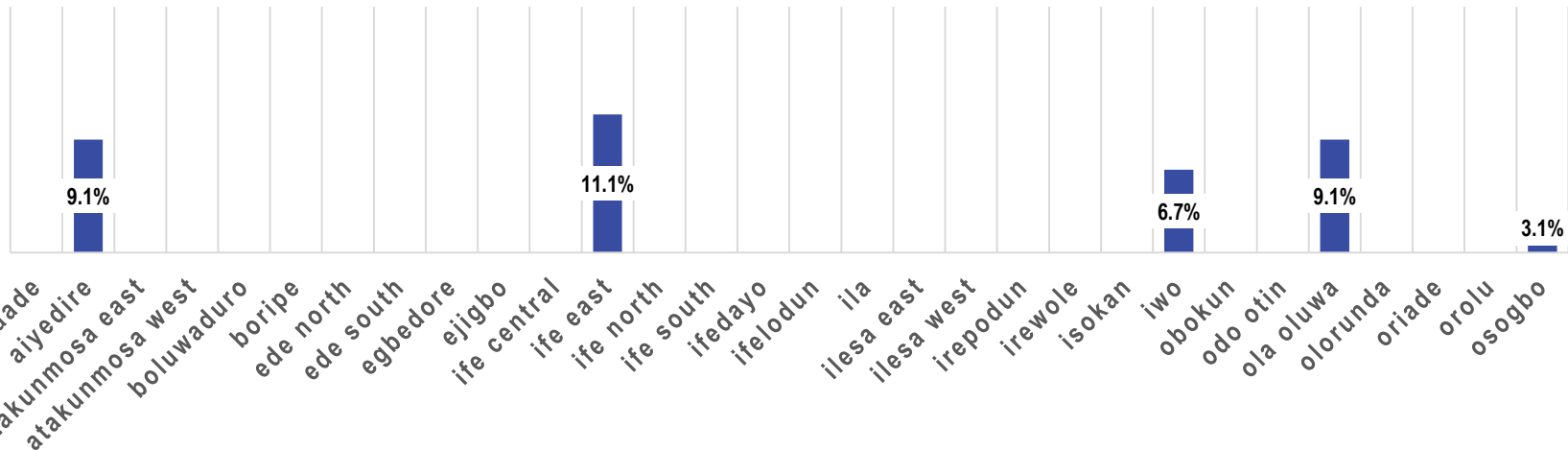


Admin. & Communication- Quarterly business/work

- Proportion of Facility with quarterly business/work in a calendar year(%)

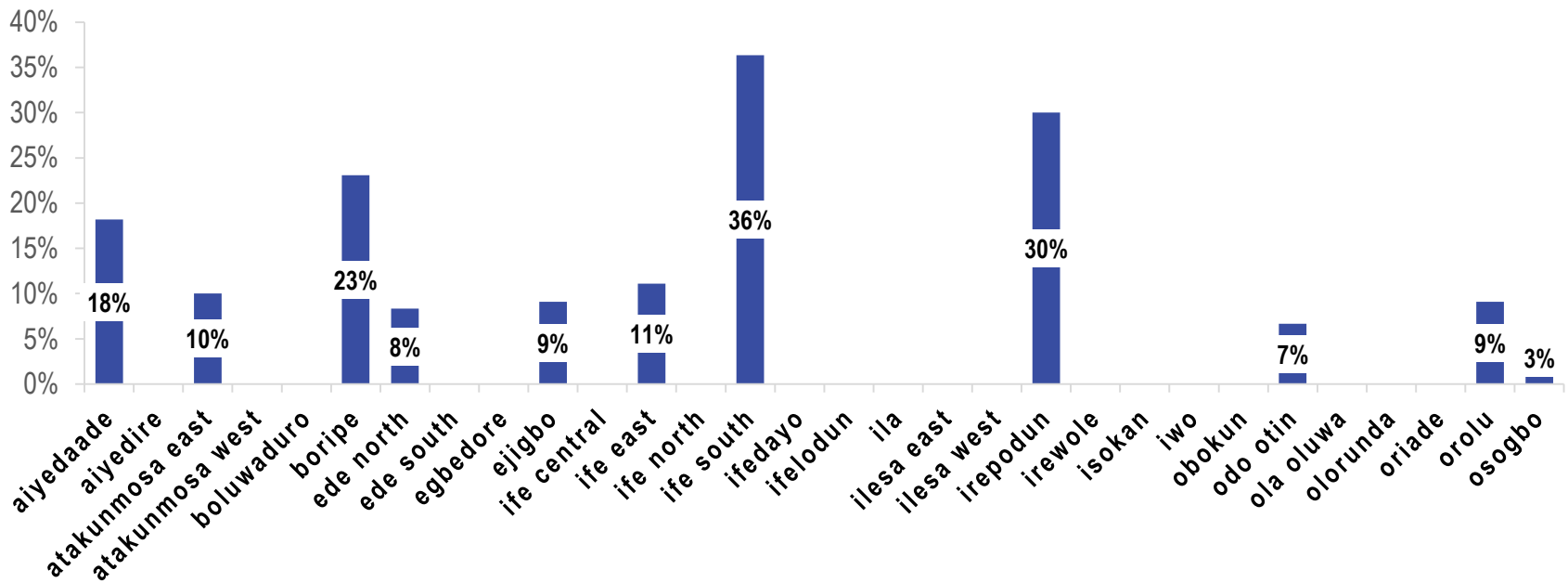


- Proportion of Facility with delay in receiving quarterly business work implementation (%)



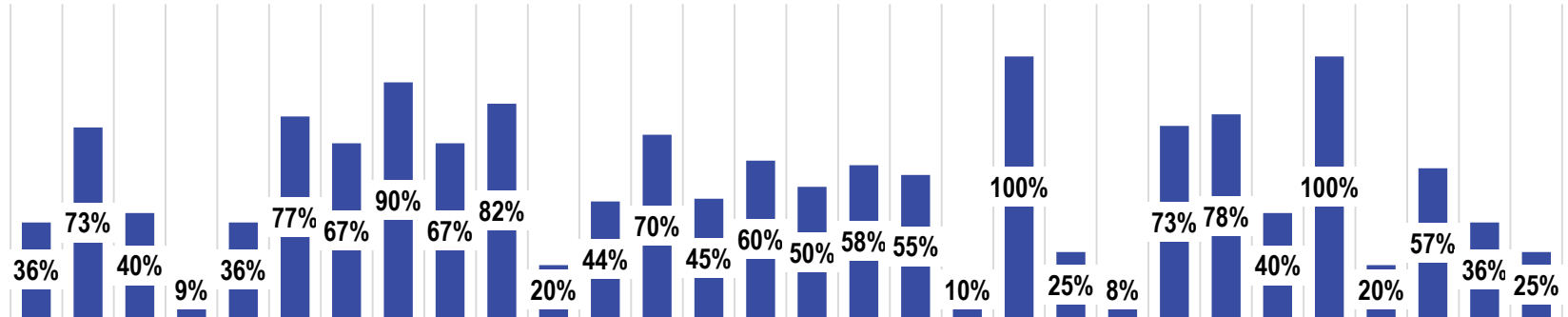
Admin. and Communication– Quality Improvement

➤ Proportion of Facility with Quality Improvement plan(%)

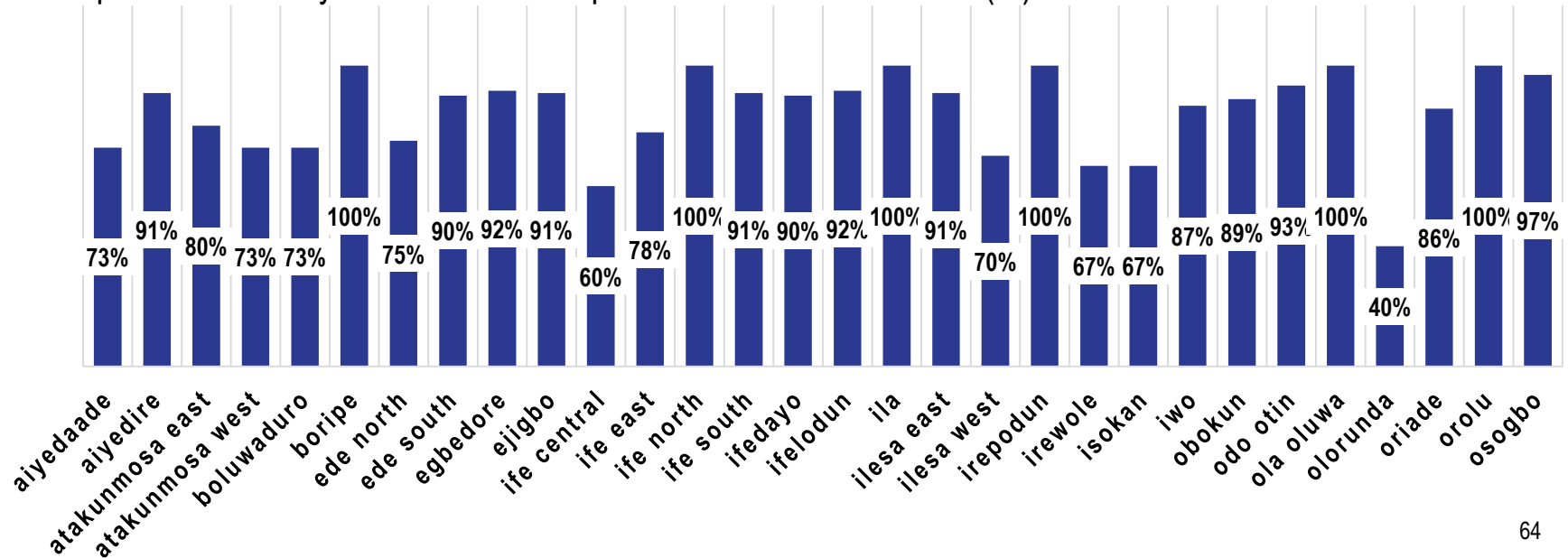


Admin. and Communication– Quality Improvement

- Proportion of Facility with supervisory visit from LGA with a copy or written feedback left(%)



- Proportion of Facility that received a supervision visit from the LGA (%)





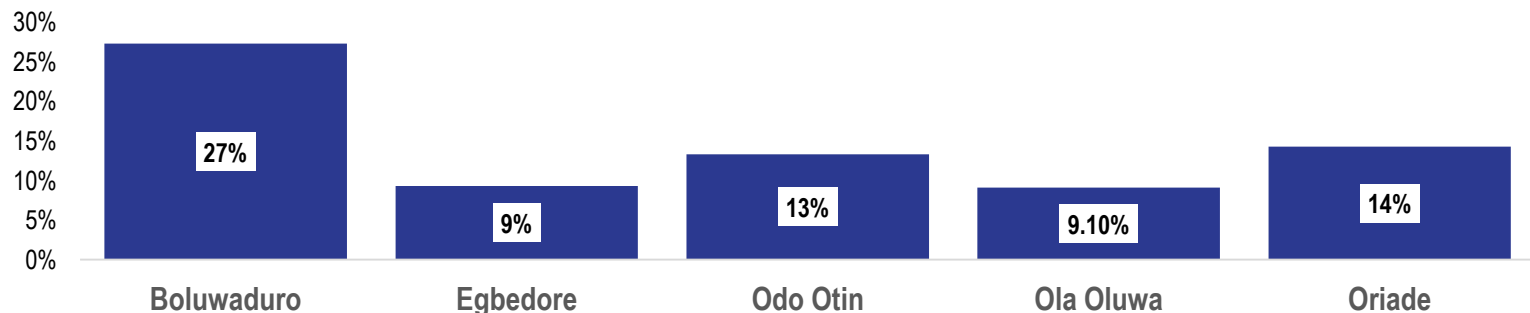
Facility Financial System

In this section, we examined the facility's financial system from the following aspects:

1. NHIS utilization and the status of claim forms
2. User fees for health consultation, lab test, MNCH services, TB and HIV services
3. User fee exemptions for old and poor population, facility staff and their relatives
4. Alternative sources to fund operational expenses in the health facilities
5. Facility Financial Management

Facility Financial System- NHIS utilization

- ▶ **Proportion of primary health facility with appropriate NHIS utilization and claim forms (%)**
 - Only 1.7% of primary facilities have appropriate NHIS utilization and claim forms.
 - Specifically, 27.3% in Boluwaduro, 13.3% in Odo Otin and 7.1% in Oriade.
- ▶ **Proportion of Facility with accurate NHIS utilization and claims form that correspond and are accurate (%)**
 - On average, only 2.5% of primary health facilities have accurate NHIS utilization and claims form that correspond and are accurate.
 - The following graph shows the specific proportion in the surveyed LGAs.



Facility Financial System – Consultation User Fees

► Average User Fees for Consultation (Naira)

User Fee	Cons. (Under5)	Cons. (5years+)	Registration	Malaria Drug (ACT)	Diarrhea	ARI
Overall PHC	3	2	40	14	17	10
LGA Name						
Boluwaduro				18	45	
Boripe	38	38	77	77	38	77
Ede North	8	8	42			
Ede South	5	5	20			
Egbedore		4	200	17		42
Ejigbo			109			
Ife East			222			
Ife North			5	107		
Ifelodun			13			
Irepodun				12		
Isokan						125
Orolu				12		
Osogbo		5	203	77	163	22

Facility Financial System – MNCH User Fees

► Average User Fees for Maternal and Child Health (Naira)

User Fee (Naira)	Family Planning	Normal Delivery	Registration and Drugs
Overall PHC	16	158	41
Aiyedaade		91	
Aiyedire		182	9
Boluwaduro	5	136	19
Boripe	115	769	158
Ede North		83	42
Egbedore	88	250	146
Ejigbo	18	364	118
Ife Central			50
Ife East			56
Ifelodun			17
Irewole		167	83
Isokan		208	50
Orolu	14		
Osogbo	89	922	189

Facility Financial System – Laboratory Tests User Fees

►► Average User Fees for Laboratory Tests (Naira)

User Fee (Naira)	Random Blood Sugar	Urinalysis	Malaria	Hemoglobin
Overall PHC	14	13	9	1408
LGA Name				
Aiyedire	45	18	18	27
Boluwaduro	28	28	0	0
Boripe	77	100	77	115
Ede North	63	42	17	42
Ede South	0	0	20	0
Egbedore	42	25	42	0
Ila	0	42	0	0
Ilesa East	27	27	0	45
Osogbo	50	35	33	15660

Facility Financial System – Tuberculosis User Fees

►► Average User Fees for Tuberculosis Services (Naira)

User Fee (Naira)	Tuberculosis Services	Tuberculosis Treatment	Tuberculosis Sputum
Overall PHC	14	3	3
Boripe	192	38	38
Ede North	1		
Ife North	2		2
Osogbo	75	22	22

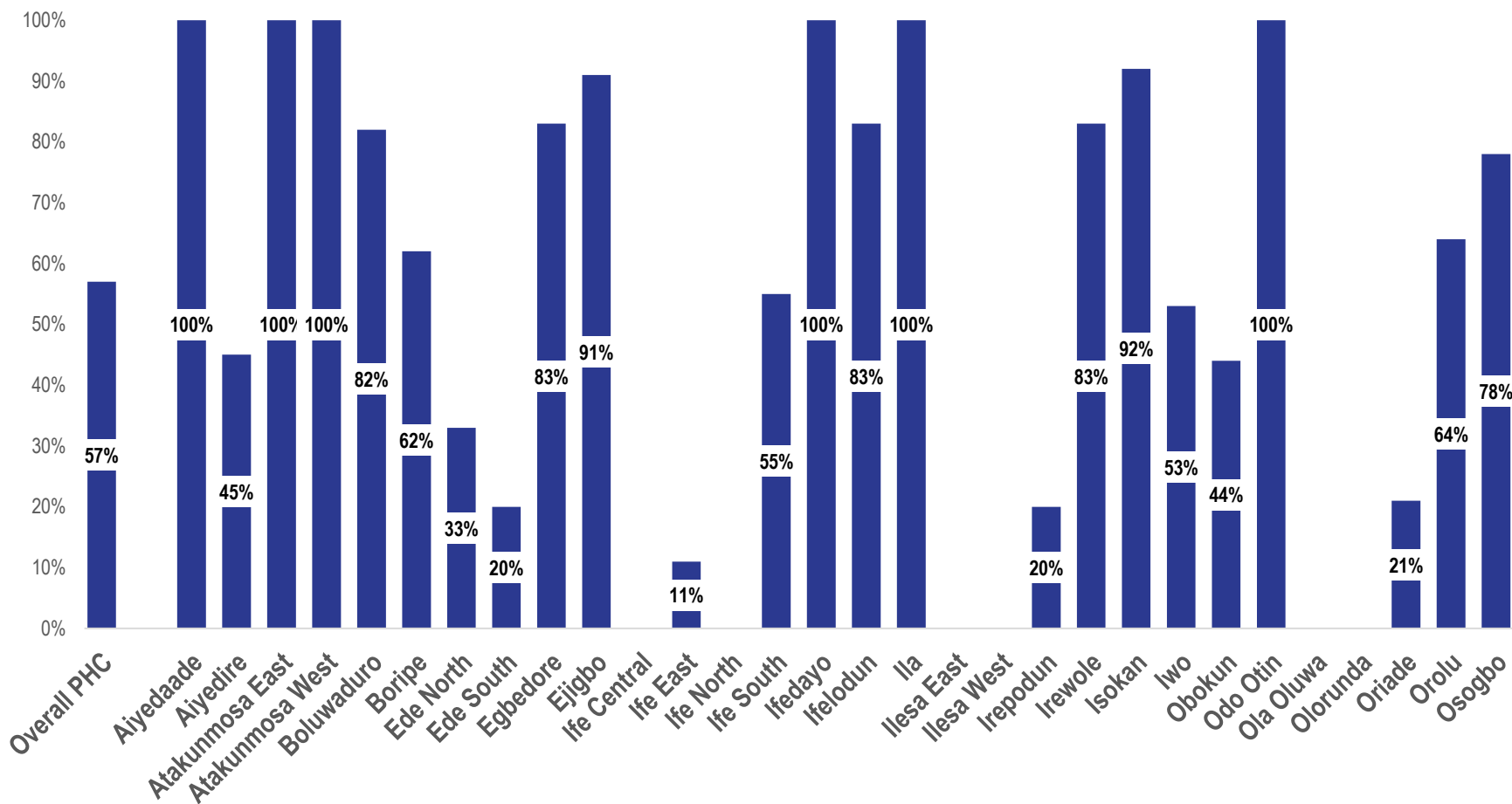
Facility Financial System – HIV/AIDS User Fees

►► Average User Fees for HIV/AIDS (Naira)

User Fee (Naira)	HIV	Counselling	Screening	ARV
Overall PHC	14	6	4	3
LGA Name				
Boripe	192	38	77	77
Ife North	15.2	8	5	3
Osogbo	69	47	16	7

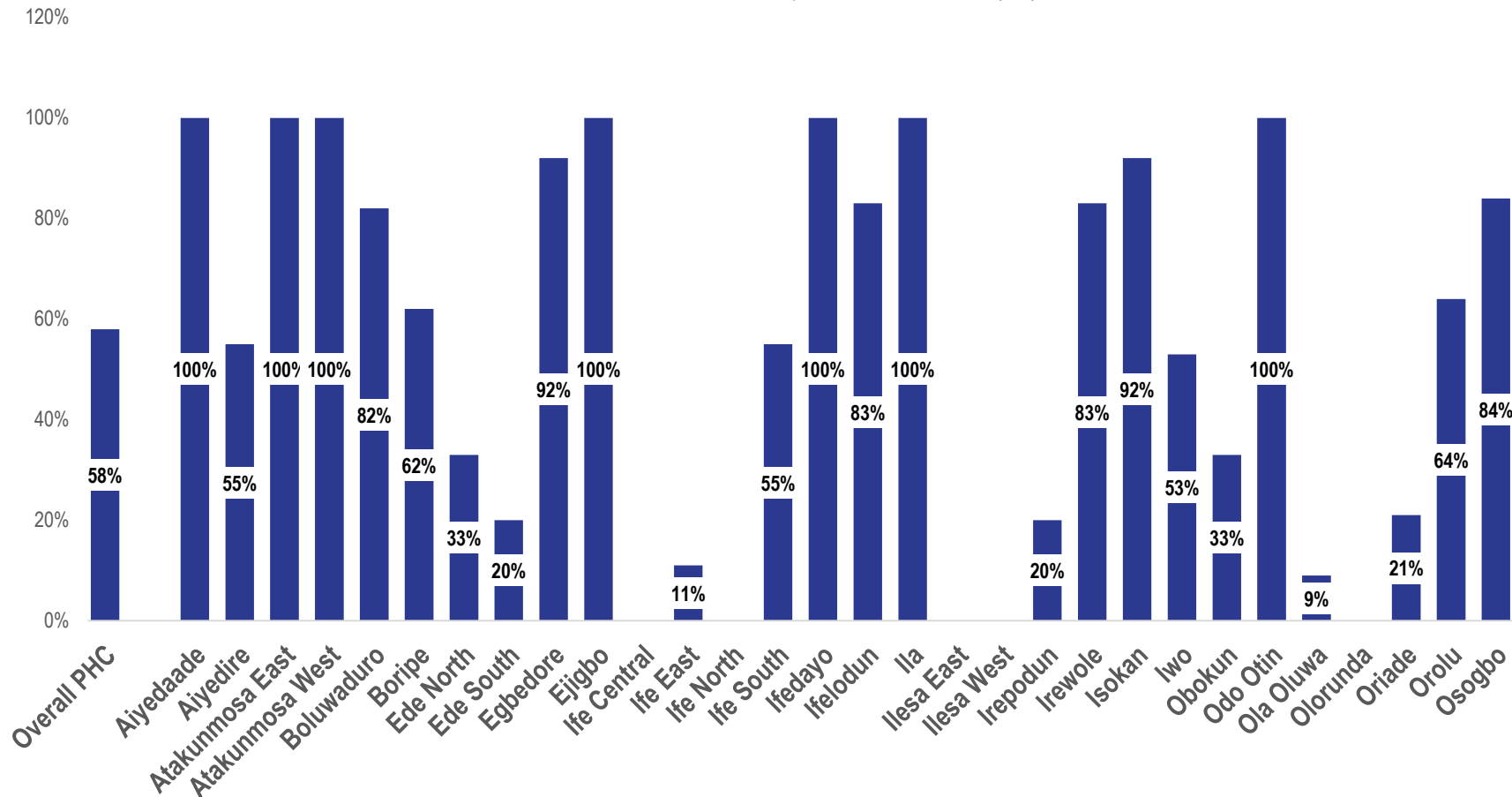
Facility Financial System – Fees Exemption

➤ Proportion of facility with user fees exemption for elderly patients(%)



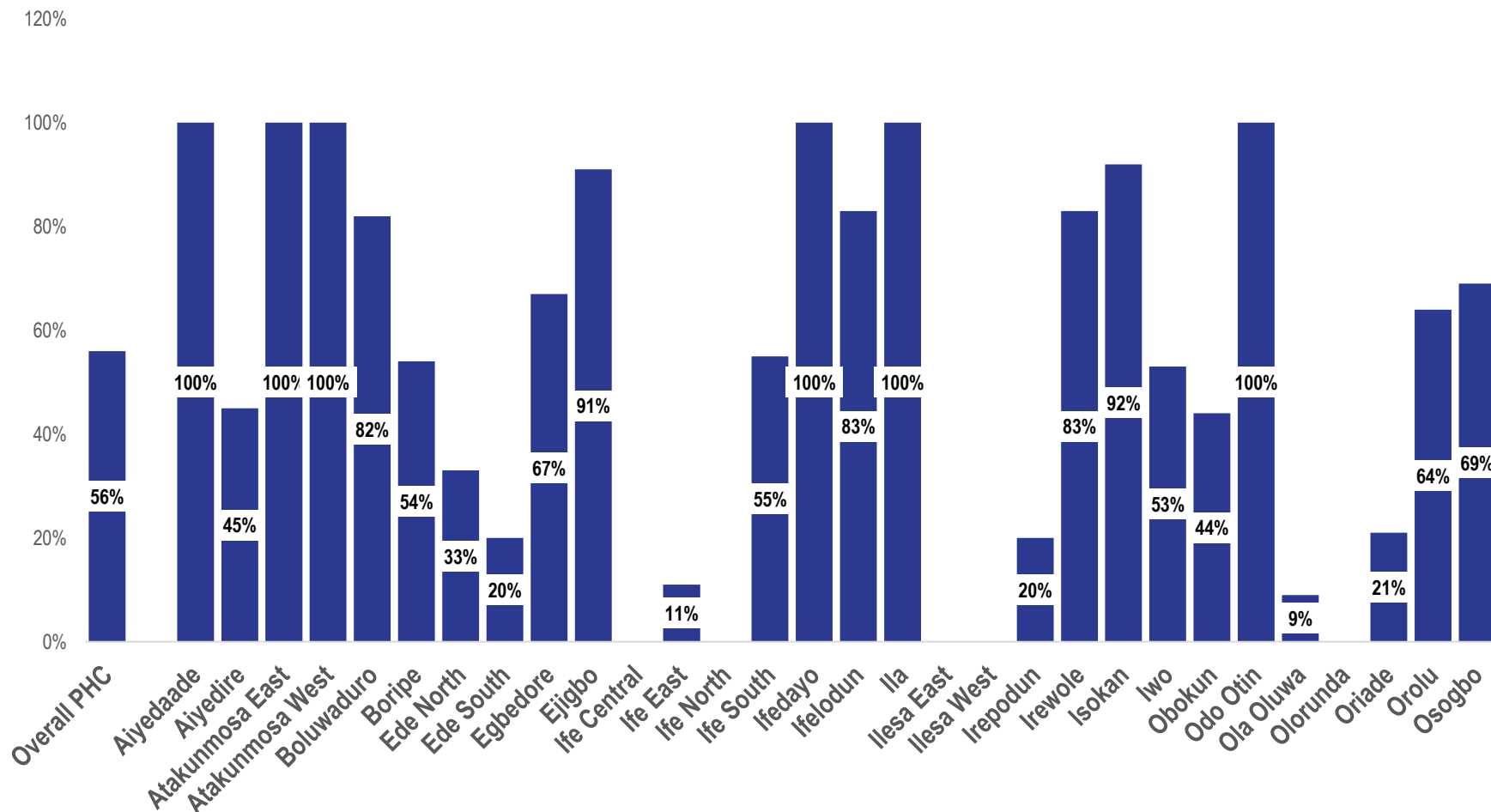
Facility Financial System – Fees Exemption

➤ Proportion of facilities with user fees exemption for very poor patients(%)



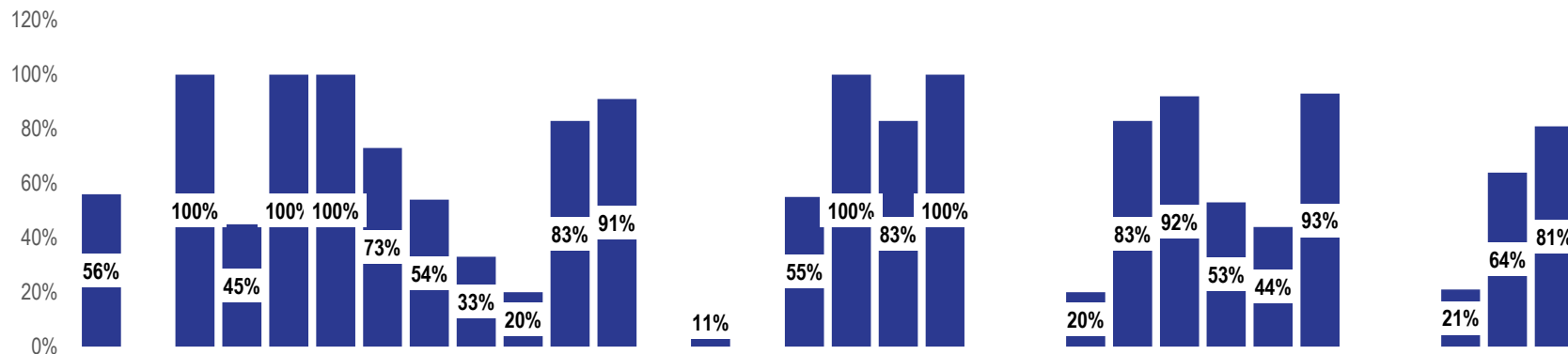
Facility Financial System – Fees Exemption

➤ Proportion of facilities with user fees exemption for chronic diseases(%)

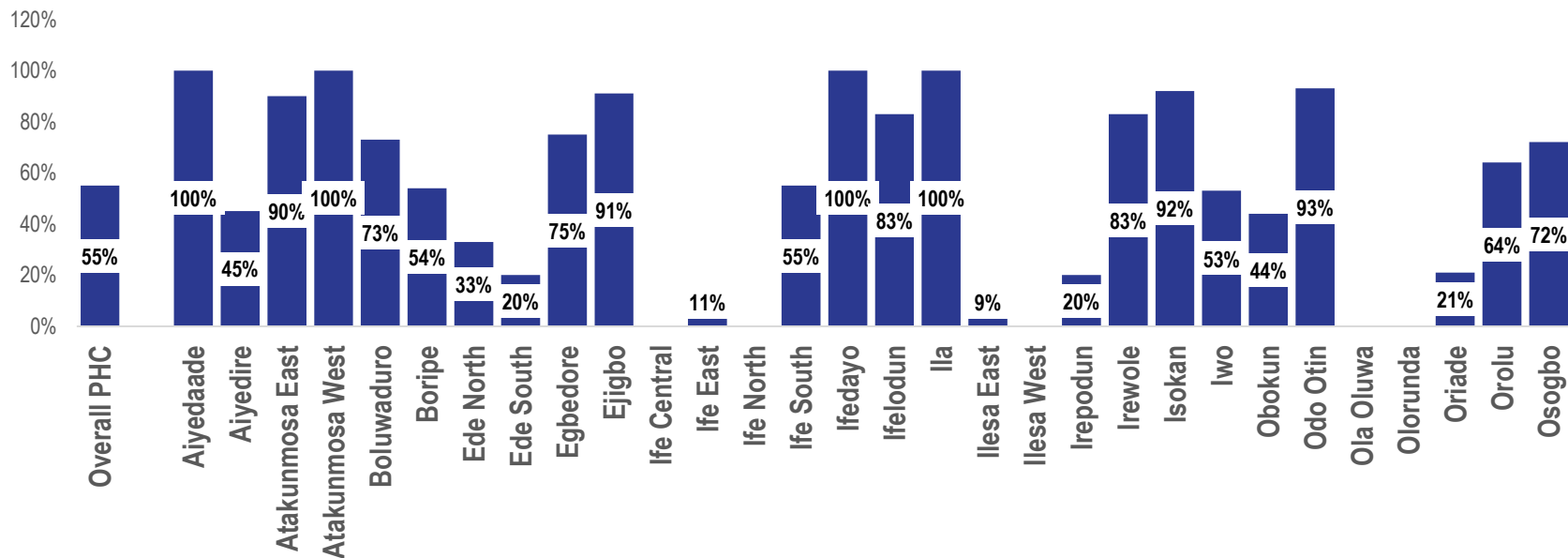


Facility Financial System – Fees Exemption

Proportion of Facilities with user fees exemption for Facility Staff (%)

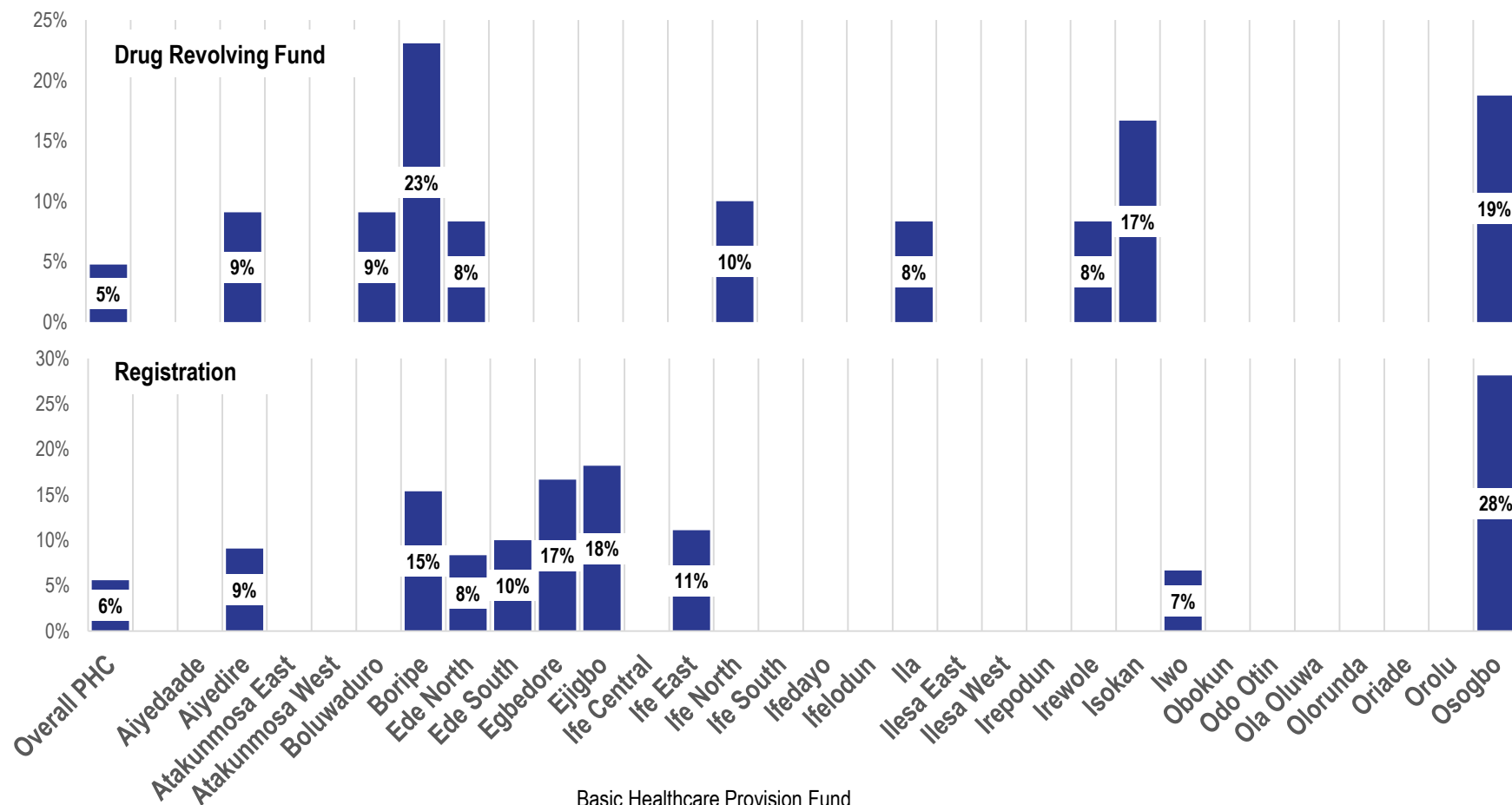


Proportion of Facilities with user fees exemption for Facility Staff Relative (%)



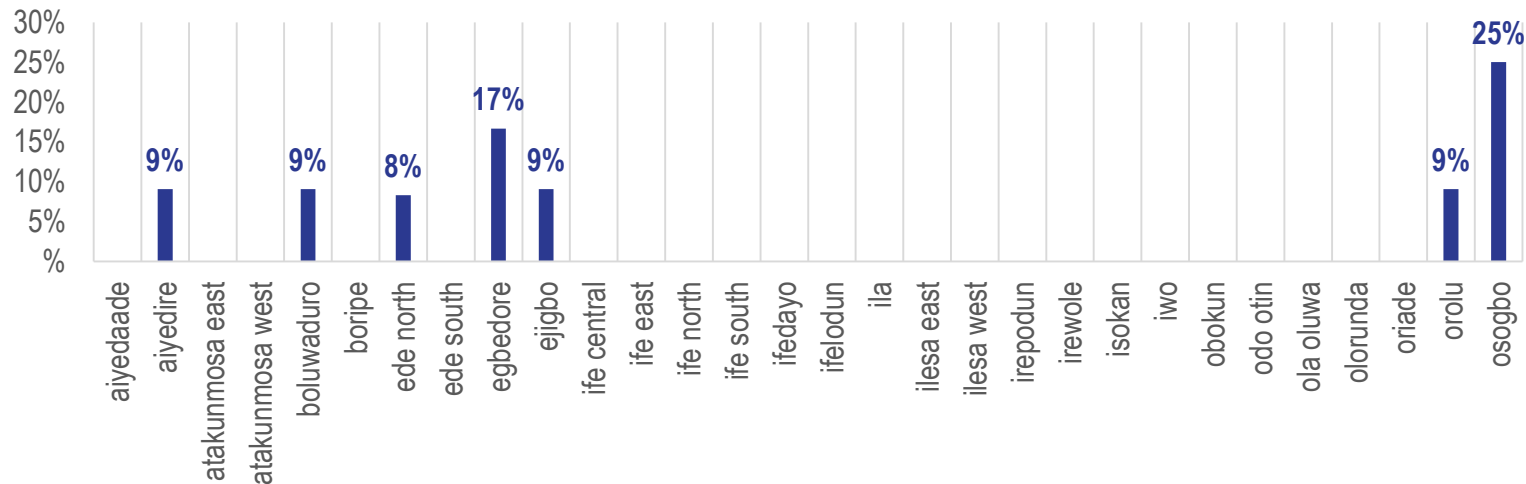
Facility Financial System-Funding

➤ Proportion of Facilities with Alternative sources to fund operational expenses(%)

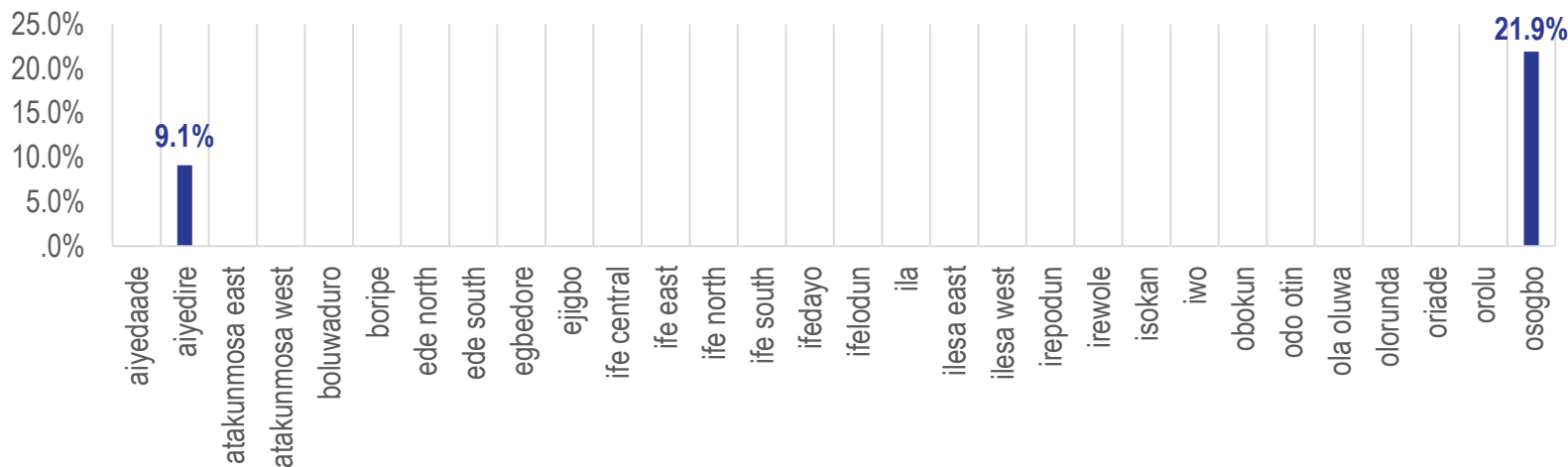


Facility Financial System-Financial Management

- Proportion of health facilities with staff responsible for Financial management System (%)



- Proportion of health facilities with staff that have received Financial Management training (%)



Facility Financial System-Financial Management

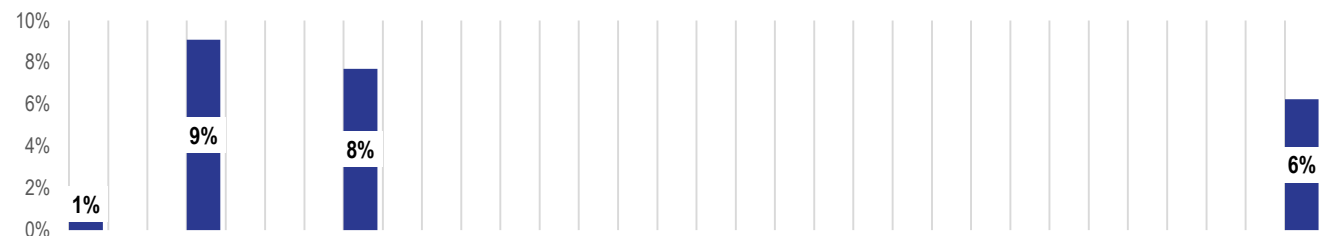
- Proportion of health facilities with Cash book(%)



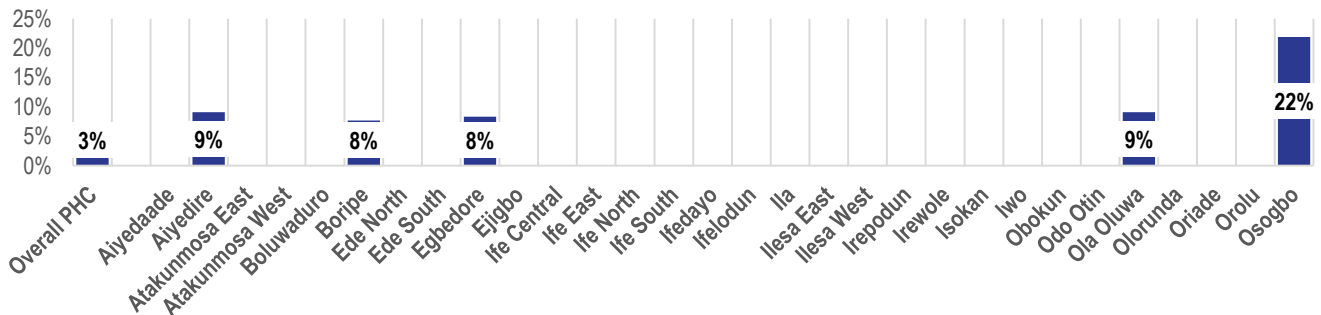
- Proportion of health facilities with Receipt Book (%)



- Proportion of health facilities with Payment voucher(%)

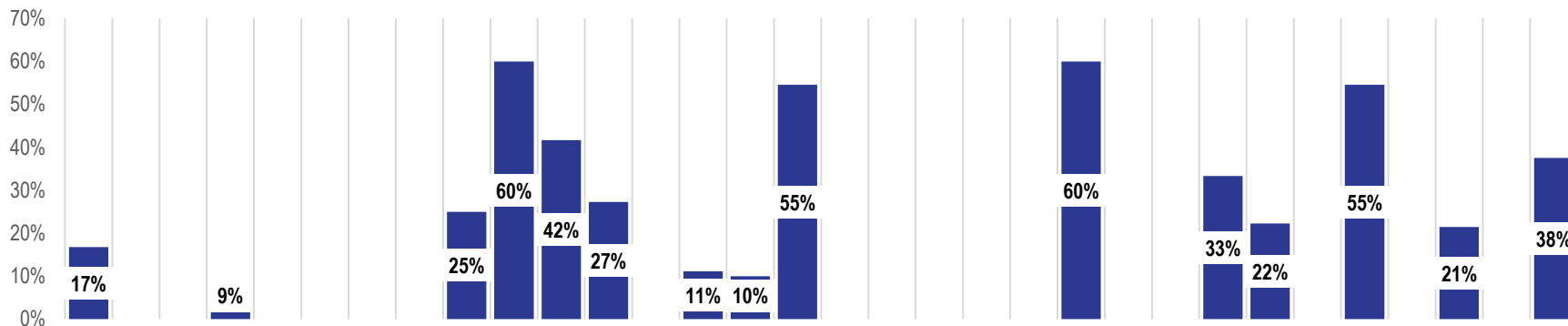


- Proportion of health facilities with Statement of Expense (%)

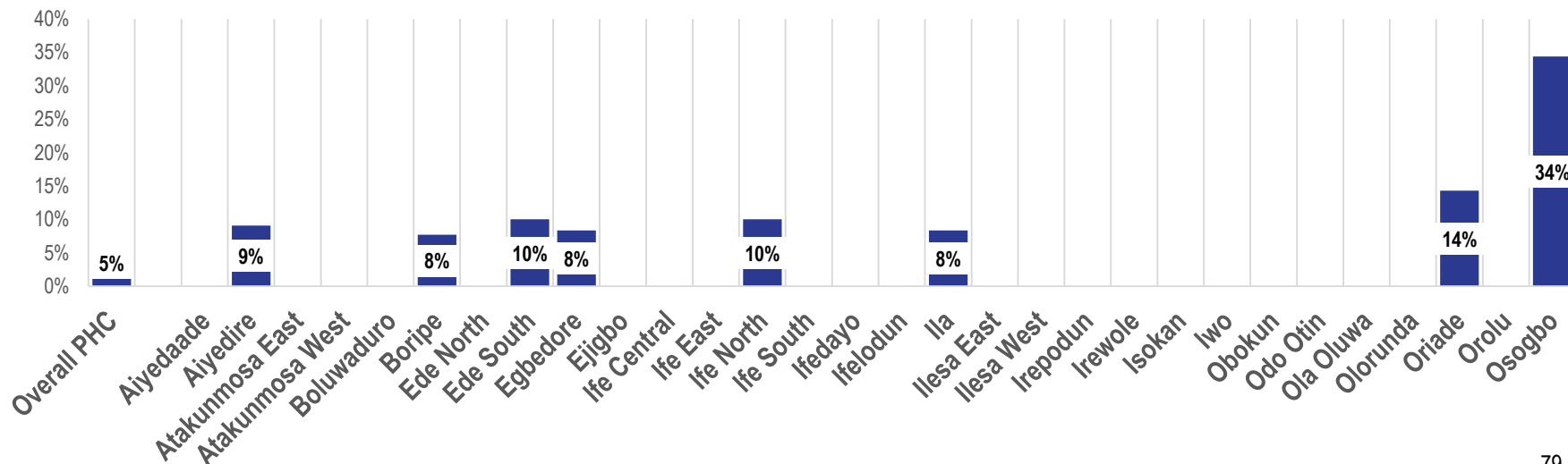


Facility Financial System-Financial Management

➤ Proportion of health facilities with Stores Record (%)

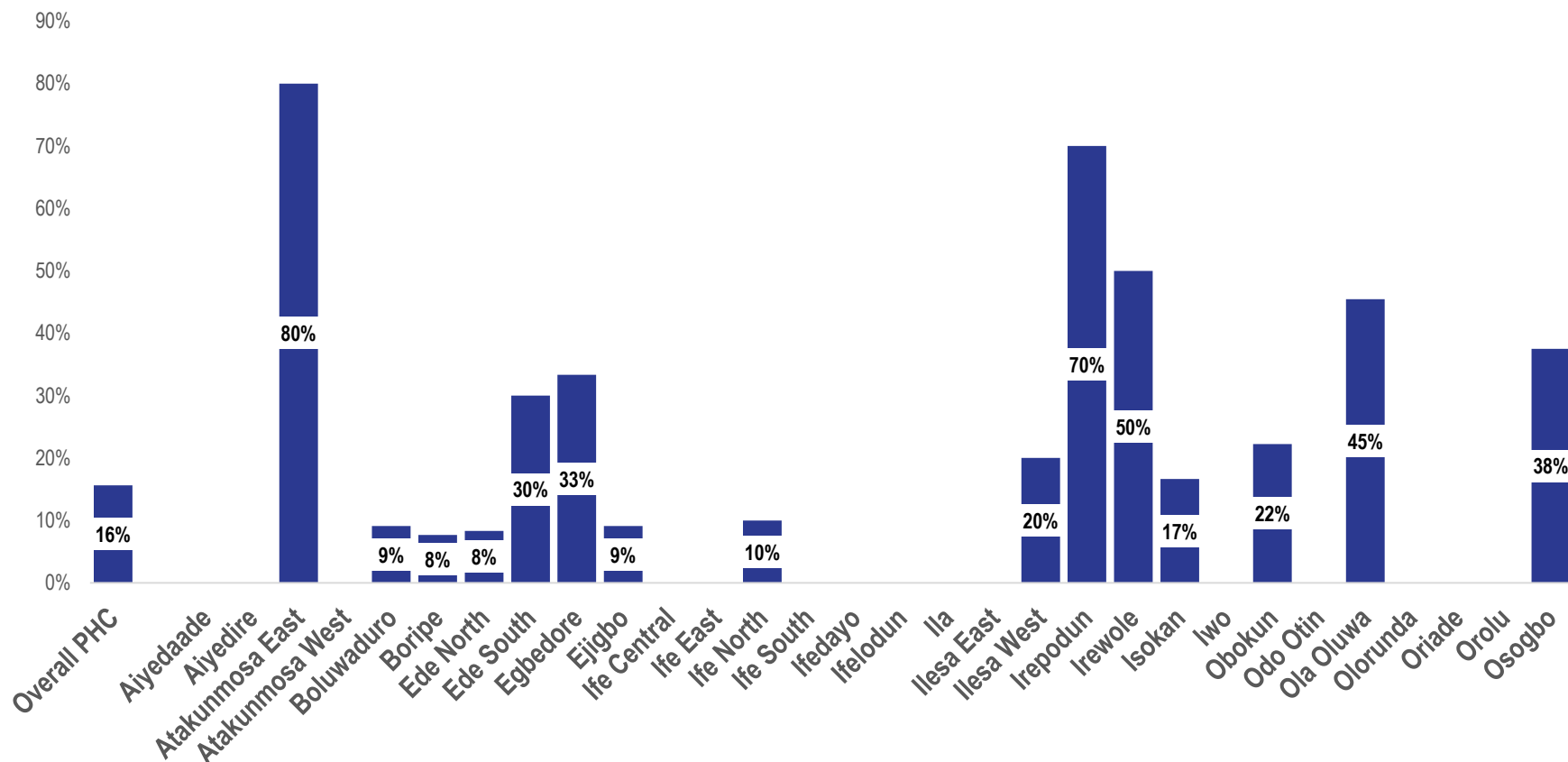


➤ Proportion of health facilities with financial report submitted for last quarter (%)



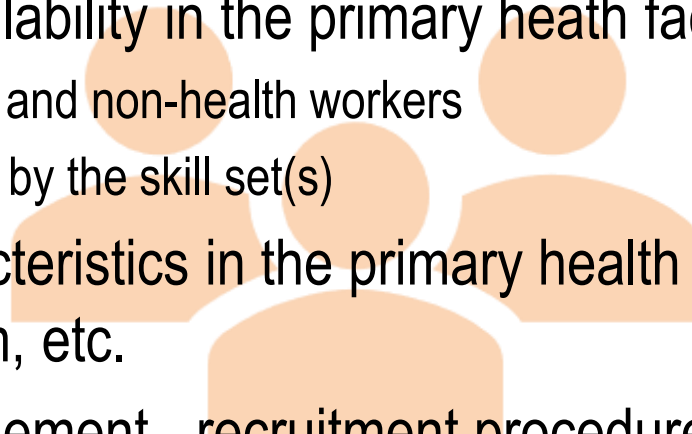
Facility Financial System-Financial Management

➤ Proportion of health facilities with a bank account (%)



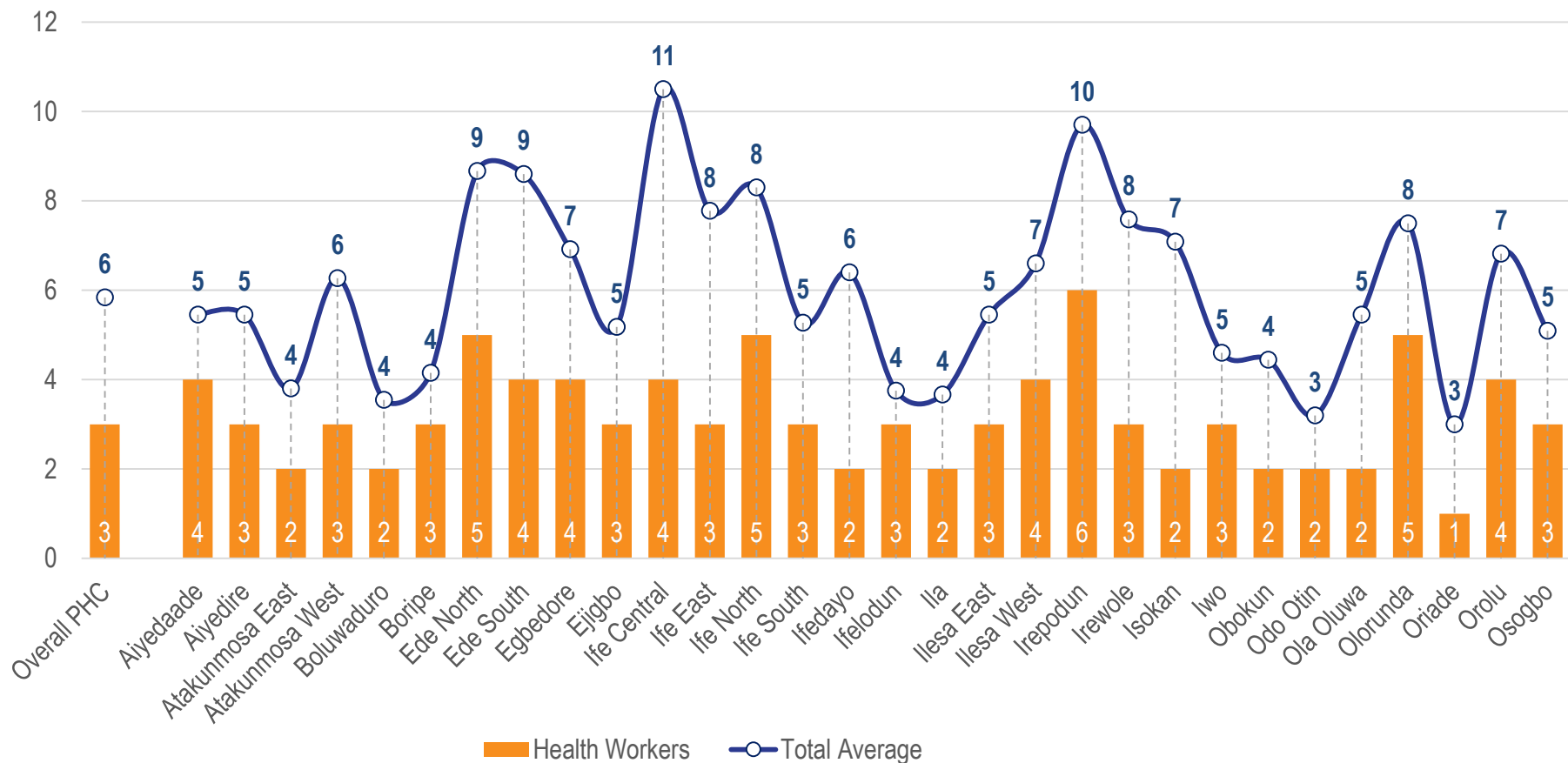


Human Resources for Health

- ▶▶ In this section, we assessed the following aspects of the human resources for health (HRH) system:
 - ❖ Staffing availability in the primary health facilities
 - ▶ For health and non-health workers
 - ▶ Quantified by the skill set(s)
 - ❖ HRH Characteristics in the primary health facilities gender, absenteeism, etc.
 - ❖ HRH Management - recruitment procedures and administration, documentation etc.
- 

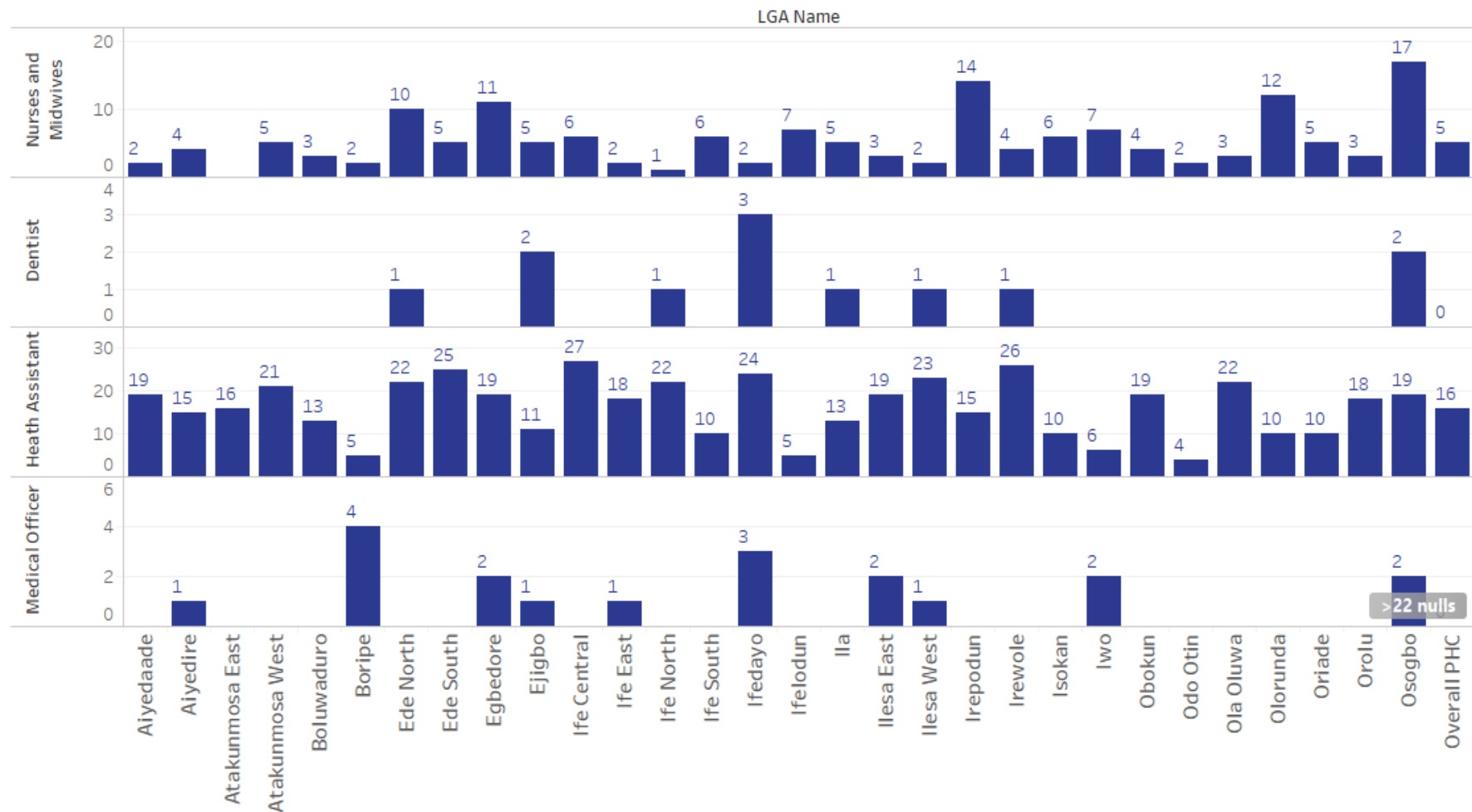
Human Resources for Health-Availability

- Average number of general workers and health workers in each primary health facility



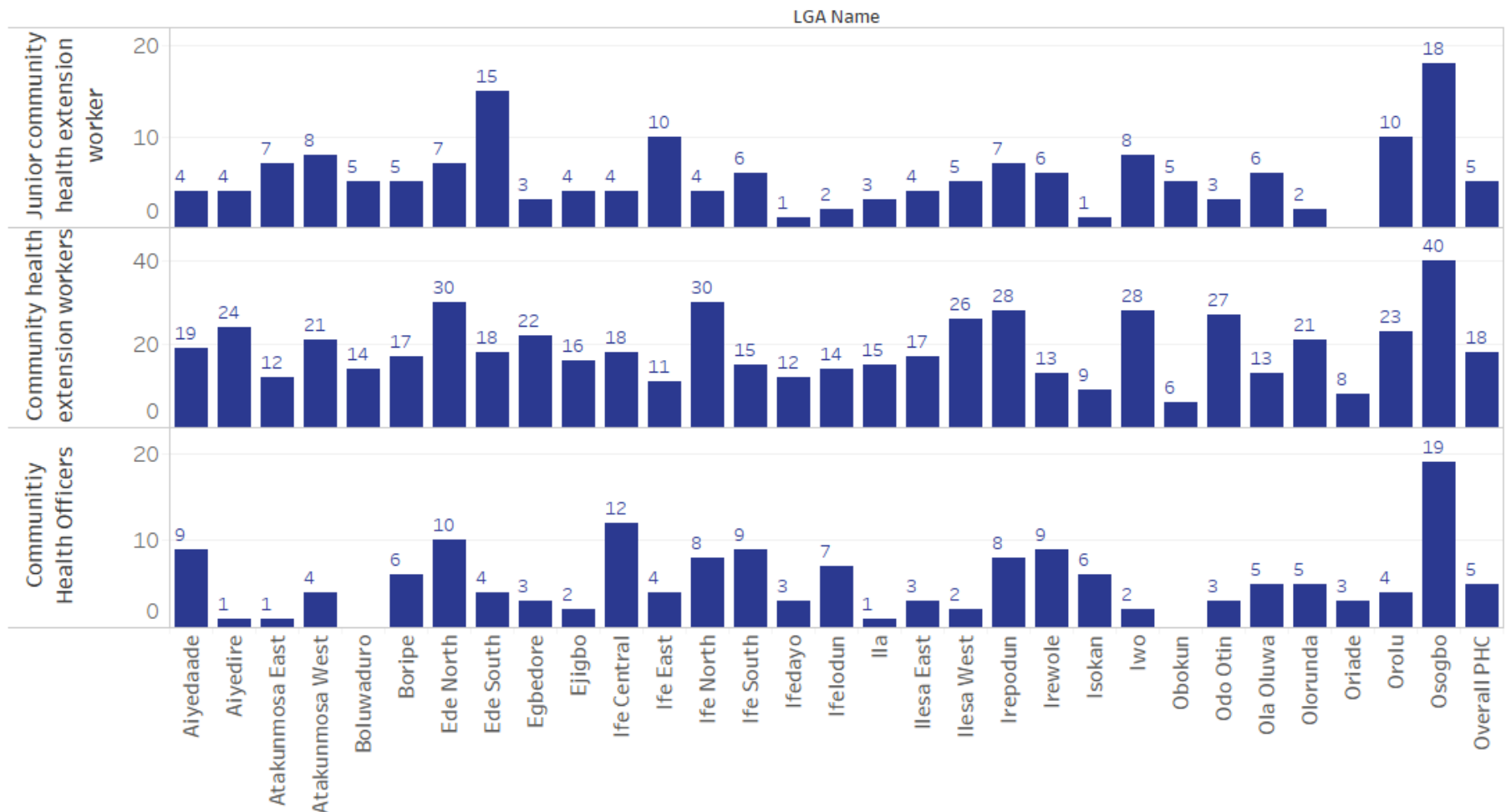
Human Resources for Health- Composition

- Average number of human resource in each primary care facilities by type



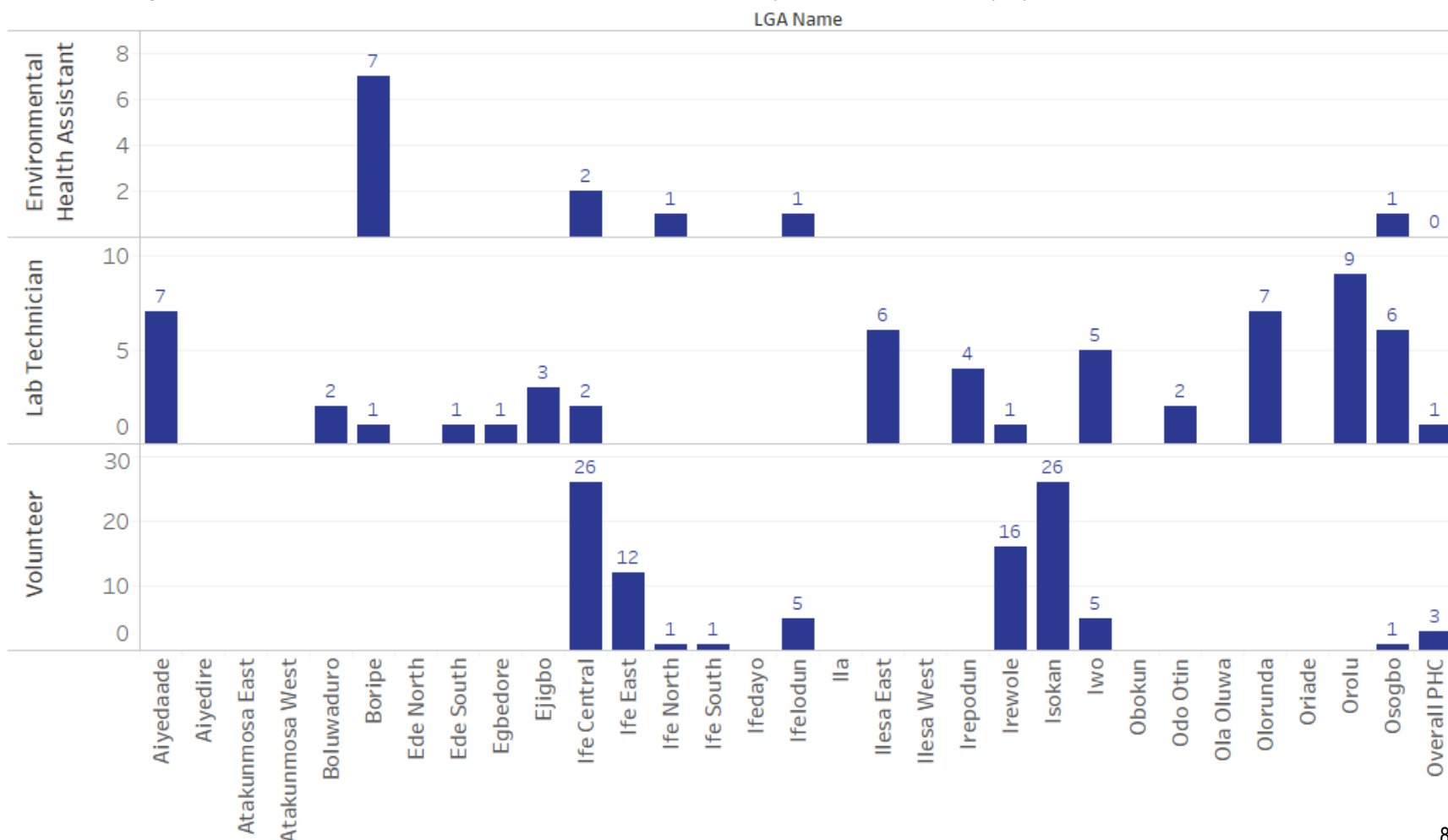
Human Resources for Health- Composition

- Average number of human resource in each primary care facilities by type



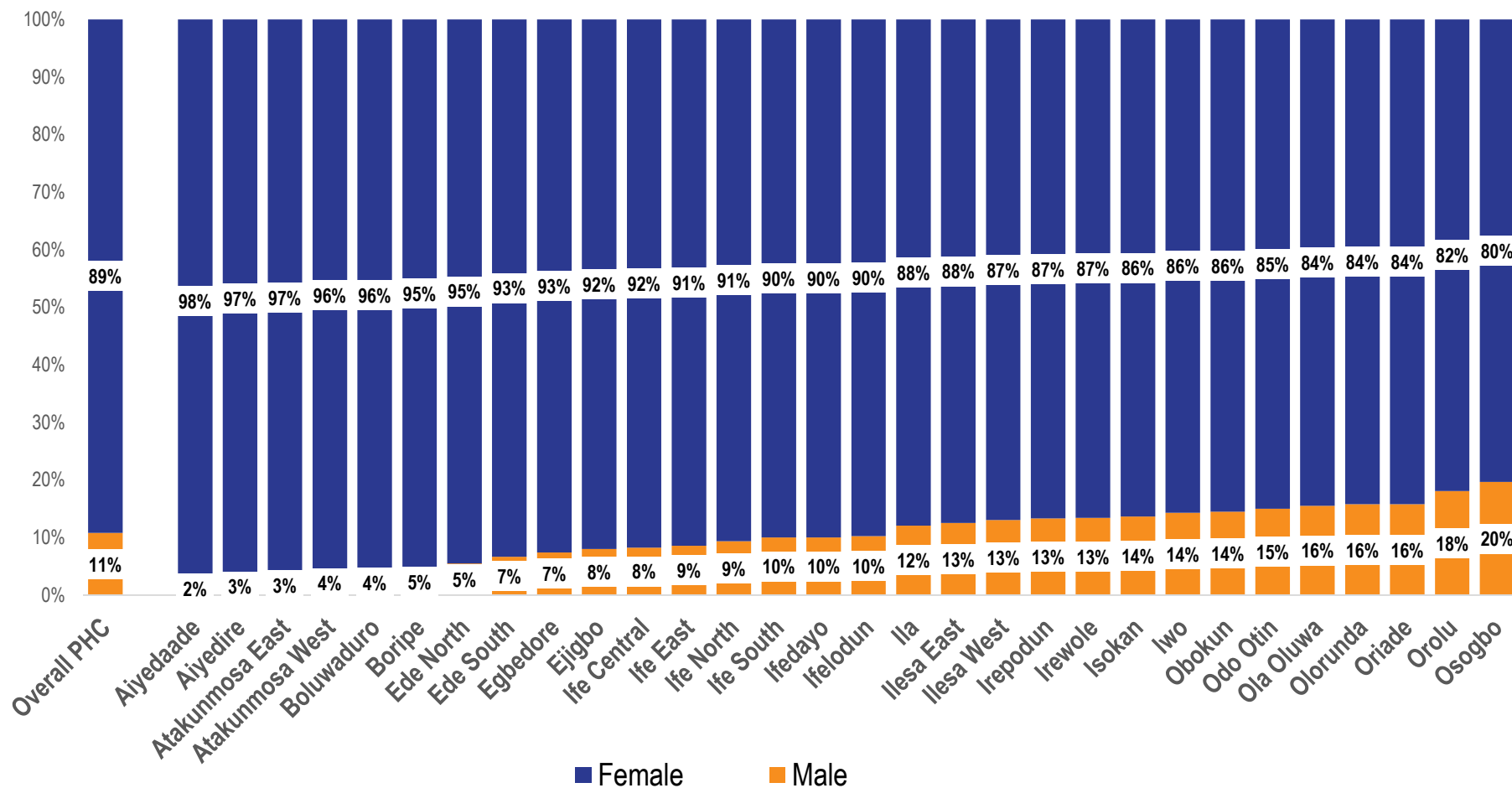
Composition of Human Resources for Health

- Average number of non-health workers in each primary care facilities by type



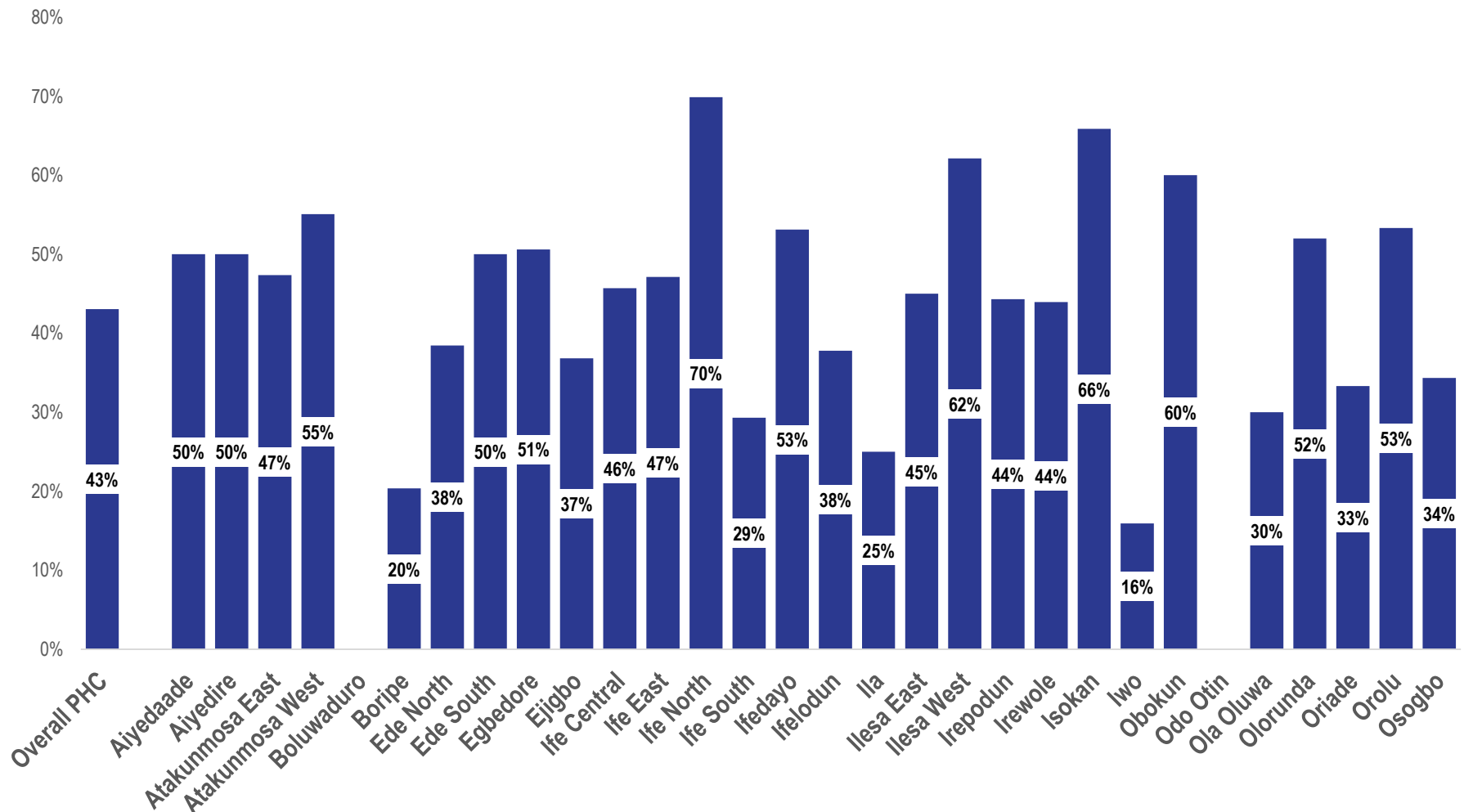
Characteristics of Human Resources for Health

► Gender composition of human resources for health in primary health facilities (%)



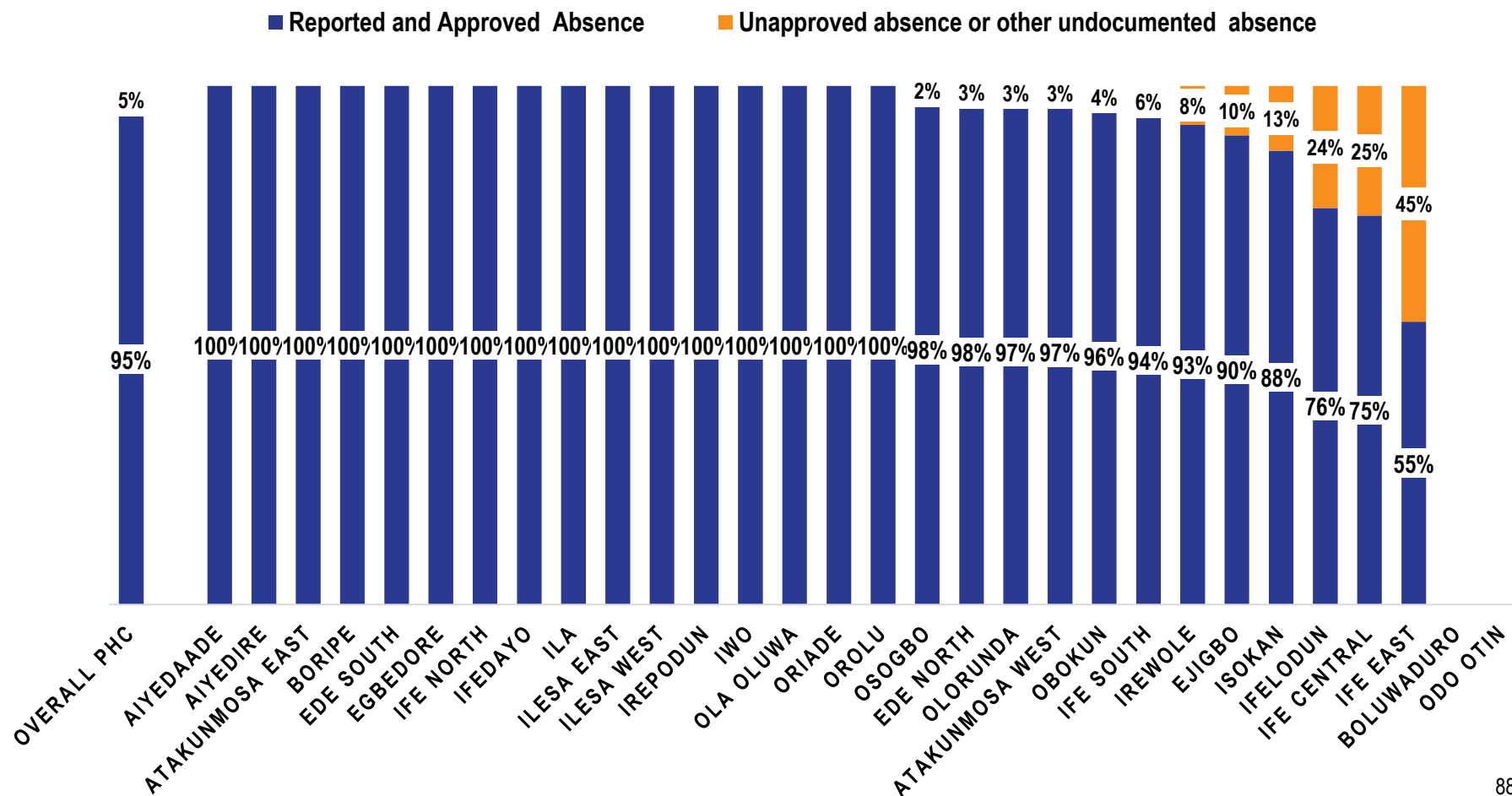
Human Resources Management

- Absenteeism in primary health facility at the time of facility assessment (%)



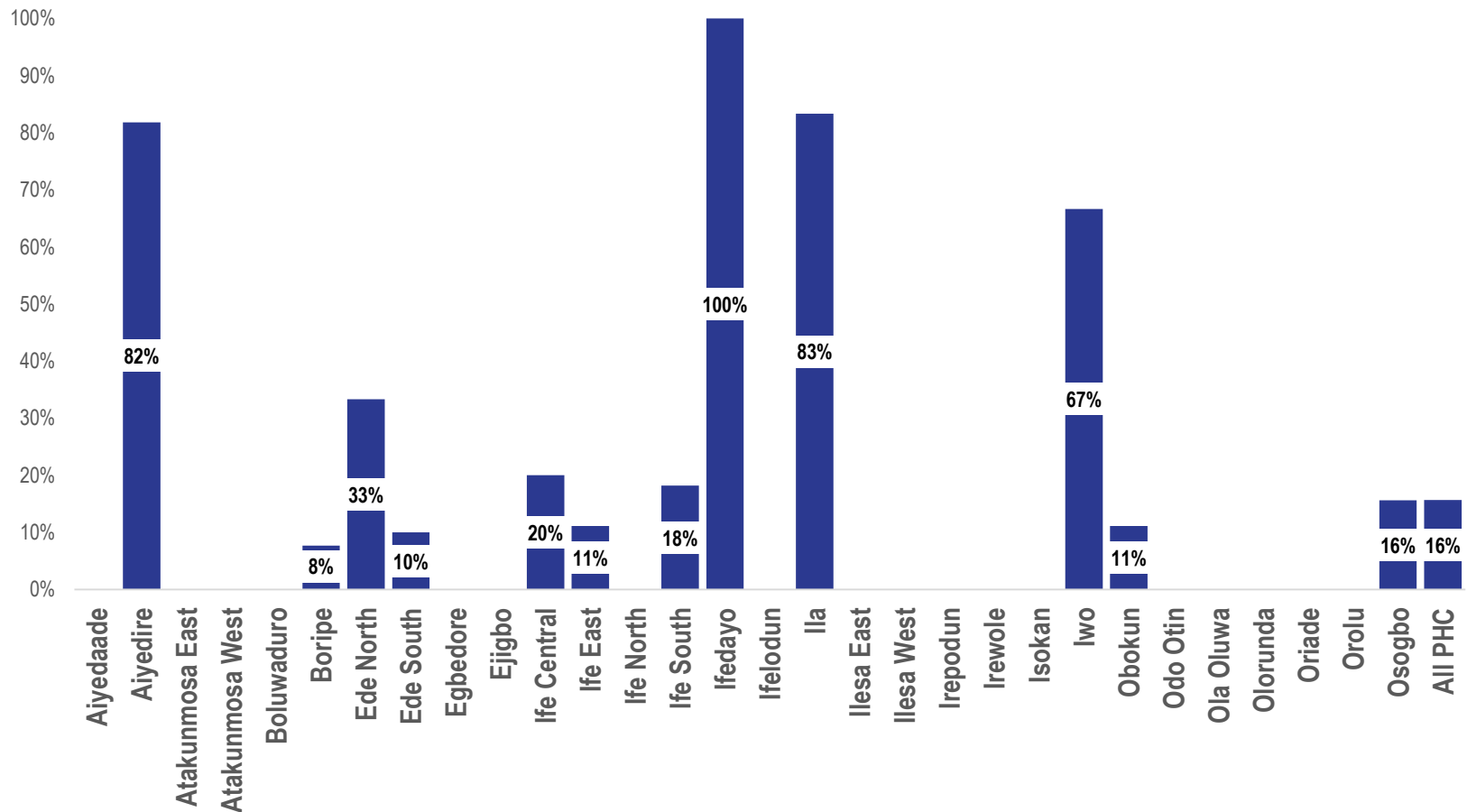
Human Resources Management

➤ Absence Condition in the Health Facilities (%)



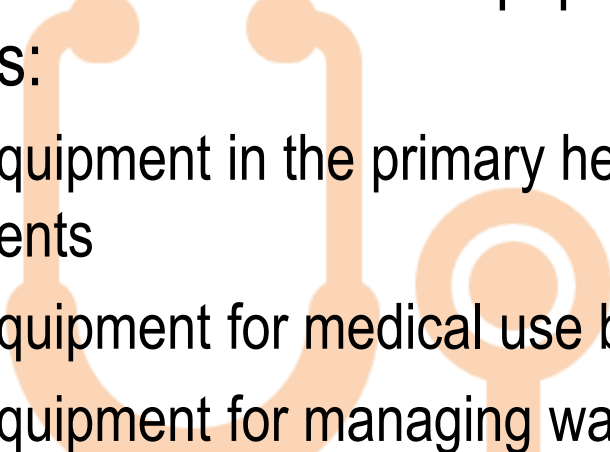
Human Resources Management

➤ Proportion of Facilities with documented procedures for contract staff recruitment (%)



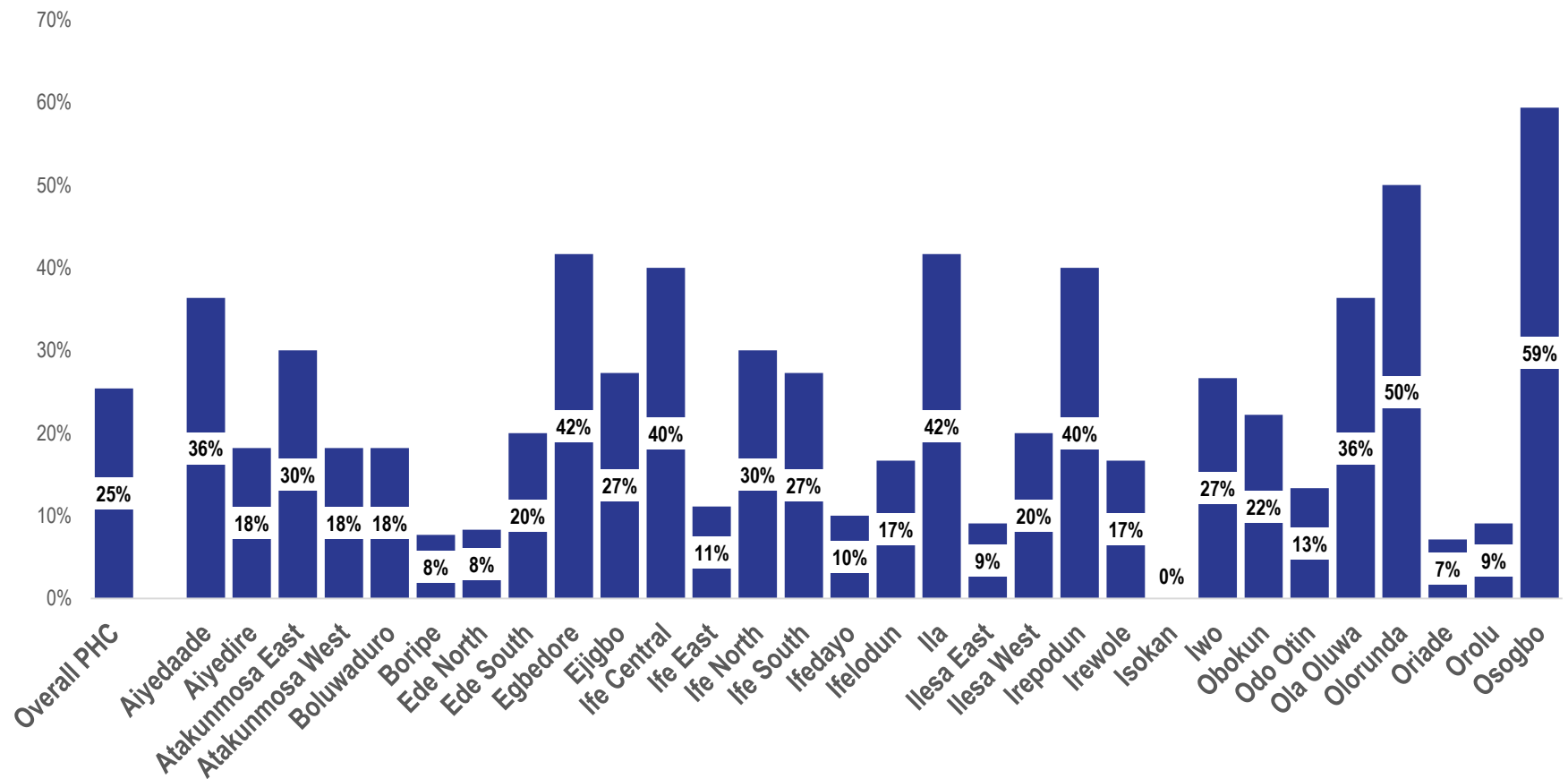


Equipment

- 
- ▶▶ In this section, we assessed the equipment from the following aspects:
 - ❖ Availability of equipment in the primary health facilities to meet WHO requirements
 - ❖ Availability of equipment for medical use by various types
 - ❖ Availability of equipment for managing waste by various types

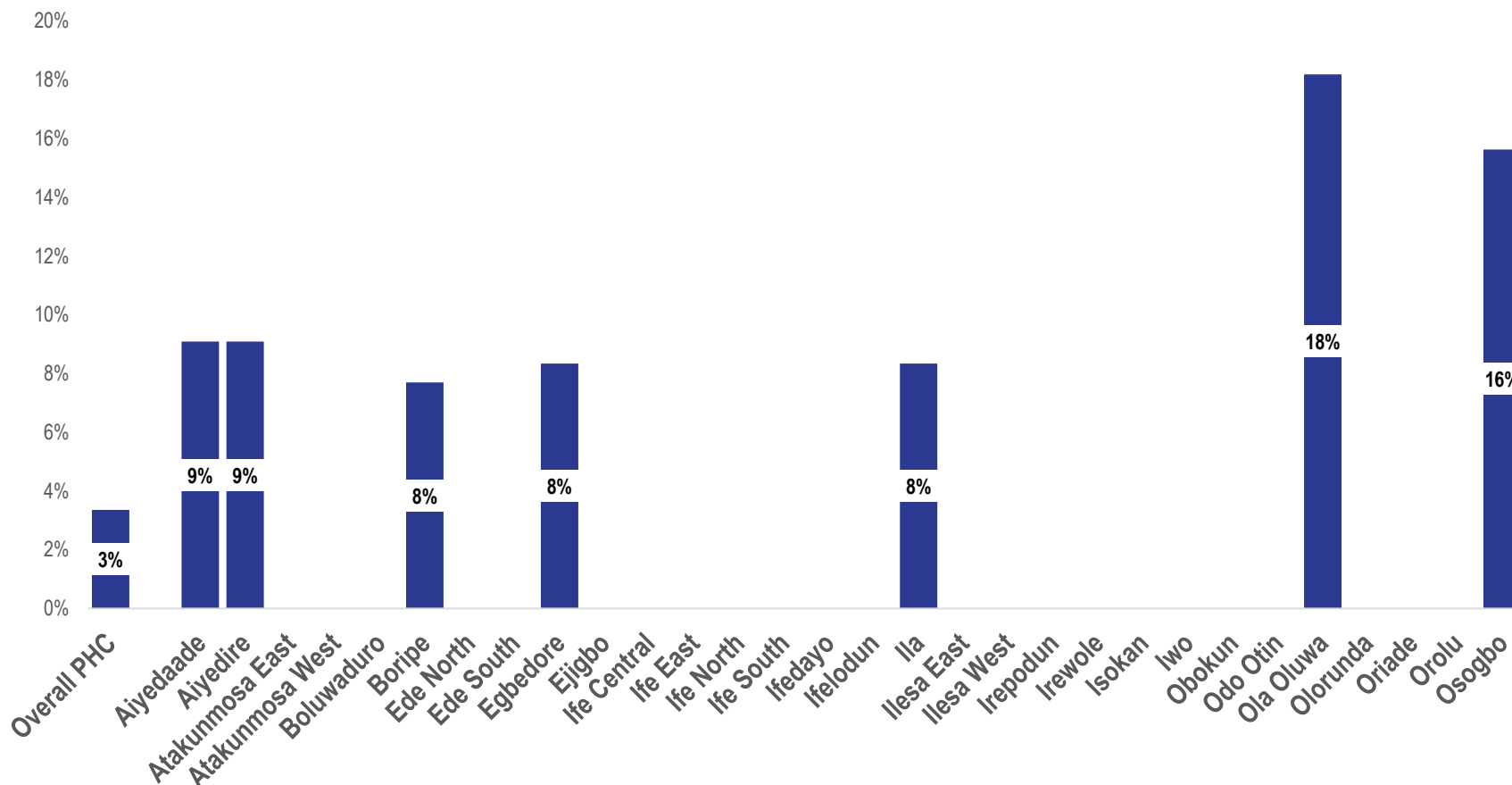
Equipment Availability

➤ Proportion of health facilities that have at least 50% of WHO Equipment(%)



Equipment Availability

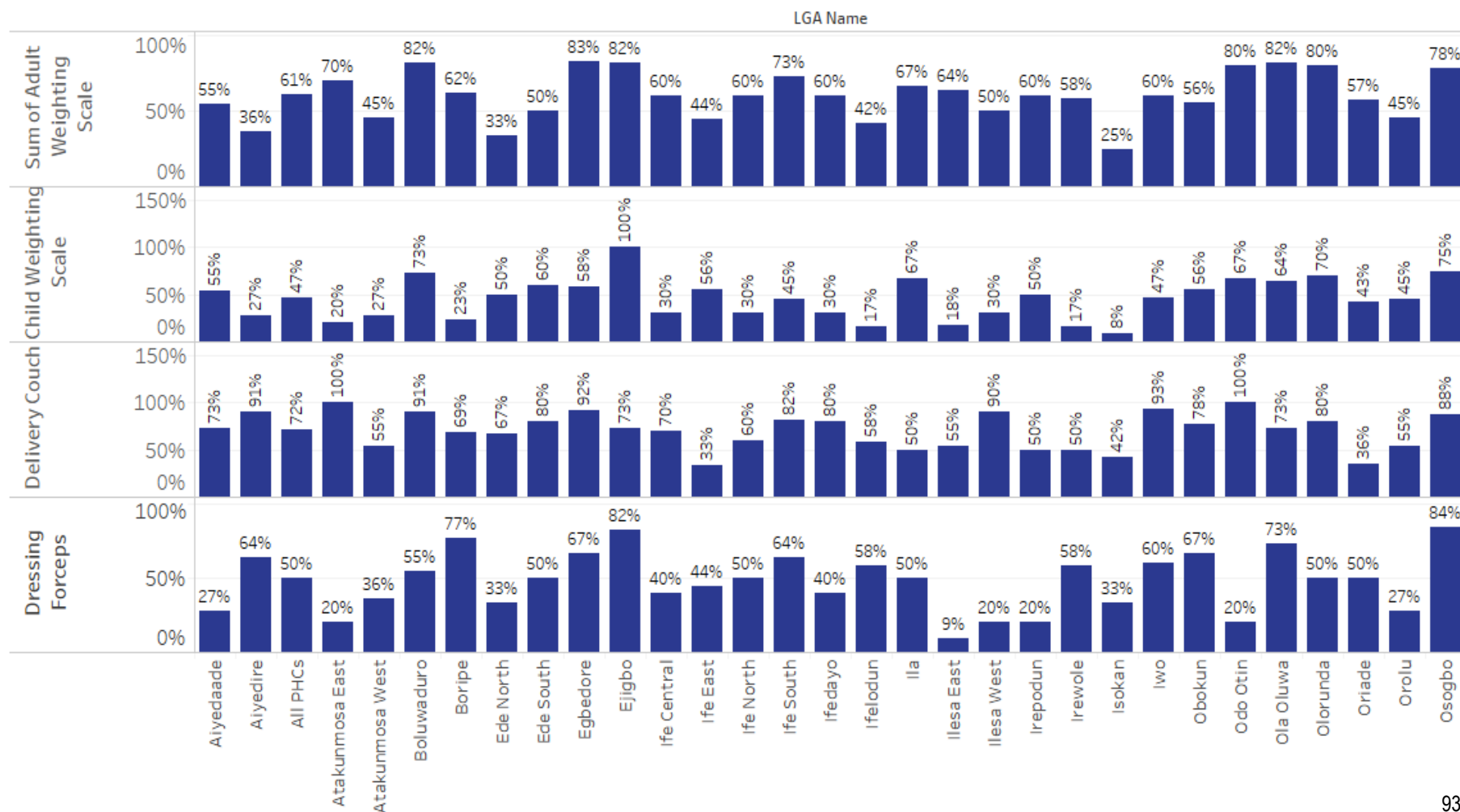
➤ Proportion of health facilities with **all 6** WHO-defined basic equipment (%)



Based on WHO definition, basic equipment consist of: Adult scale, Child scale, Thermometer, Stethoscope, Sphygmomanometer and Light Source

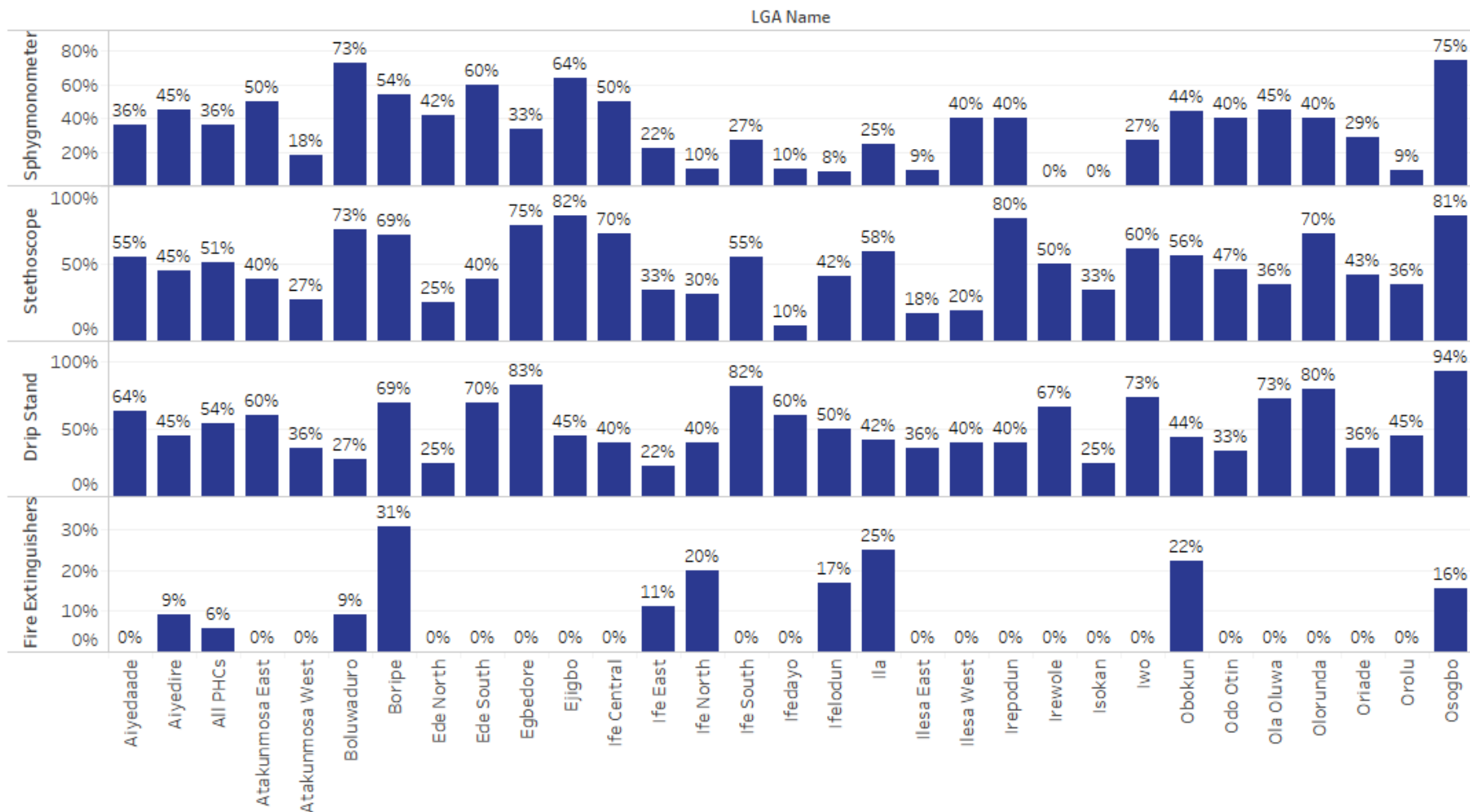
Equipment Availability

➤ Proportion of equipment availability in primary health facilities by equipment types



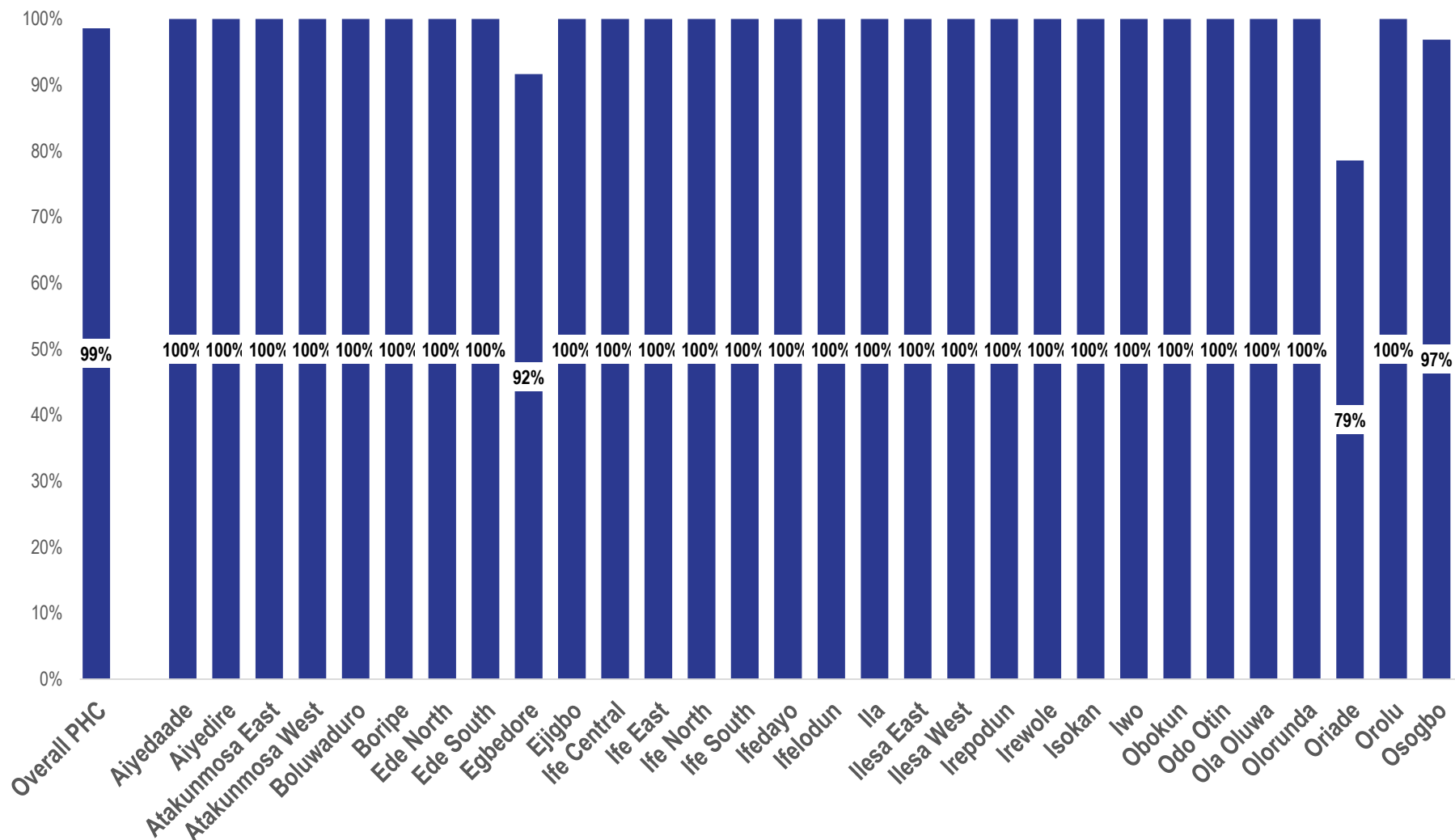
Equipment Availability

➤ Proportion of equipment availability in primary health facilities by equipment types



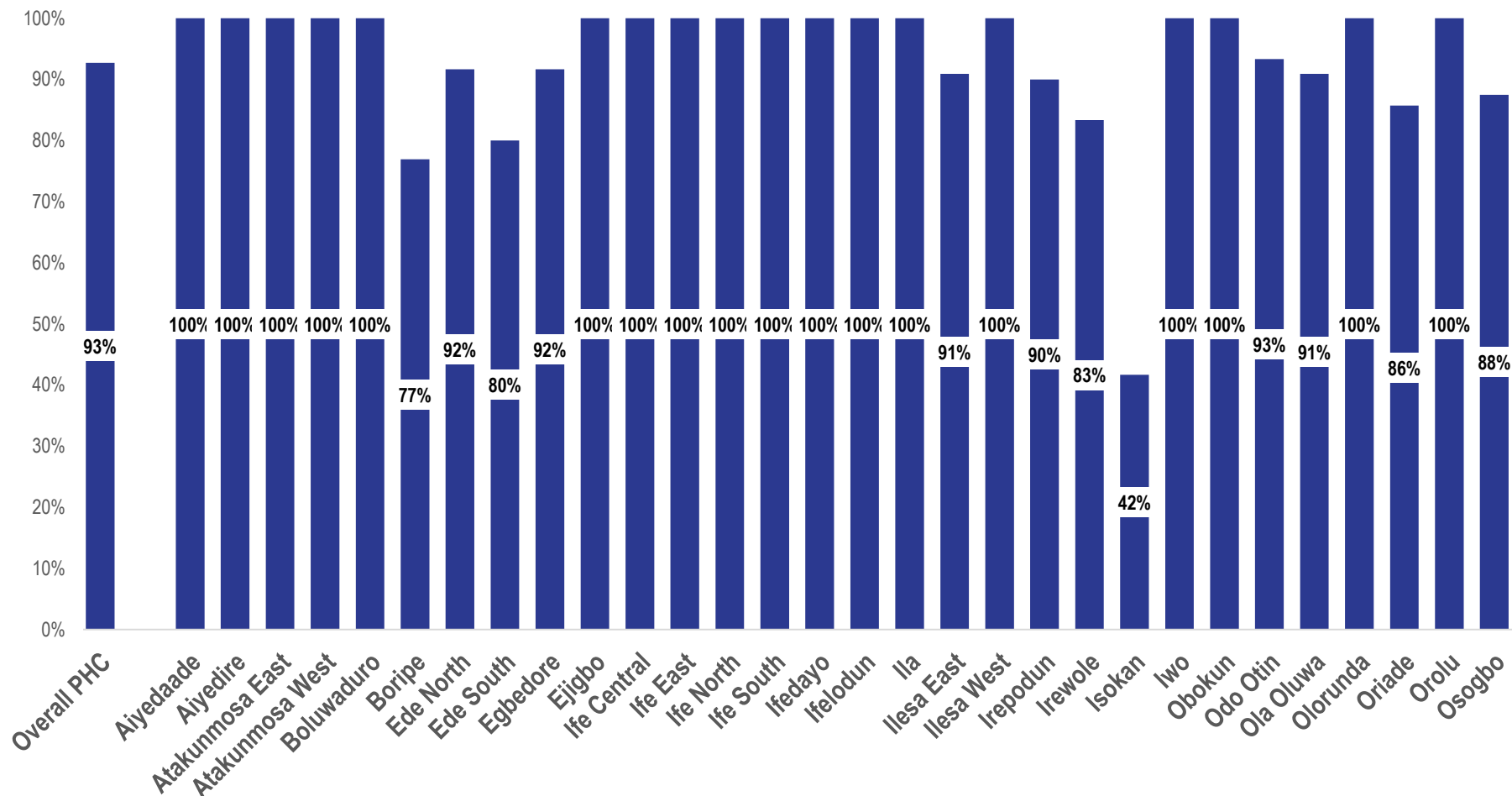
Equipment- Waste Management

➤ Proportion of Facilities that dispose sharp objects



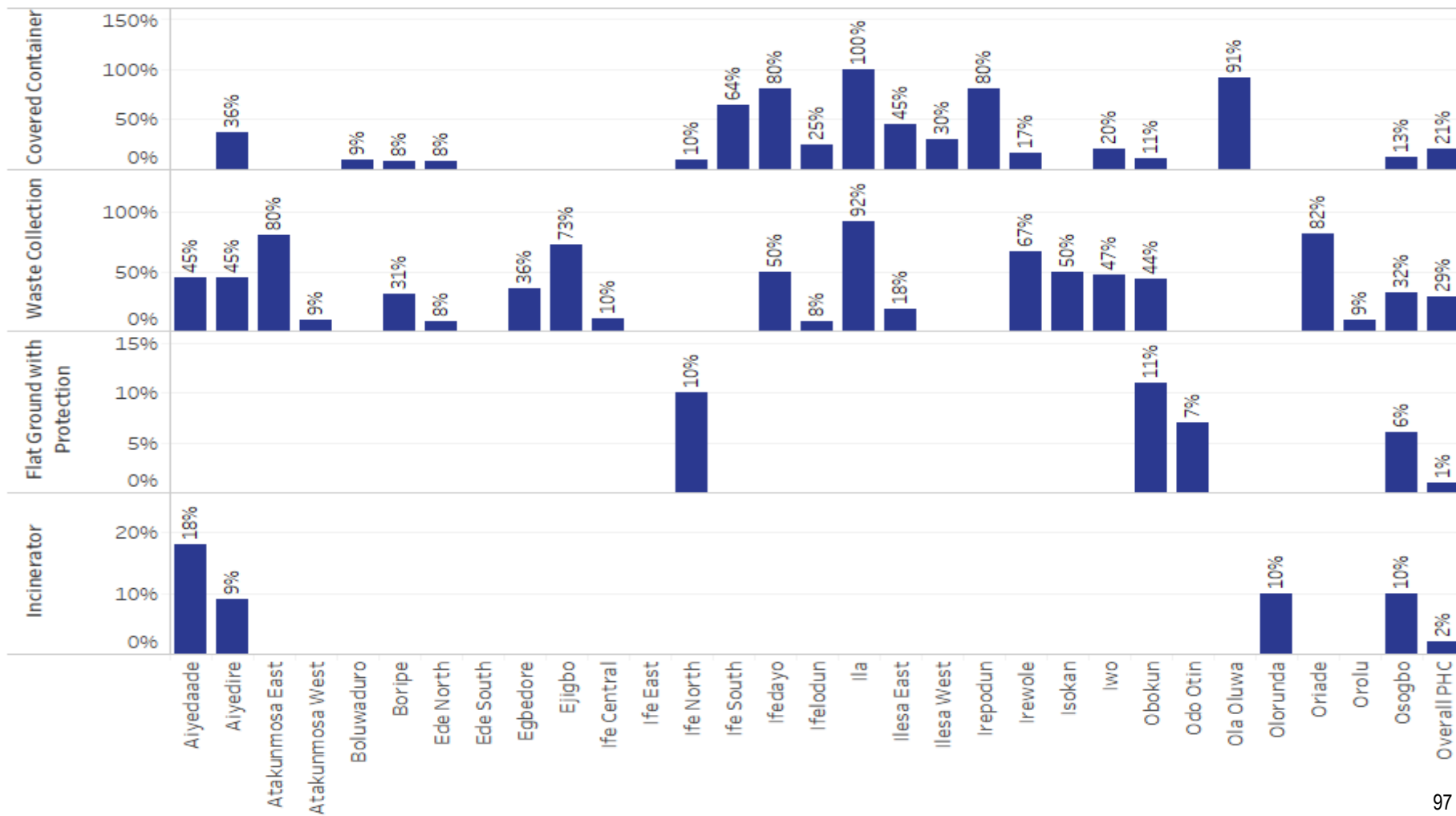
Equipment- Waste Management

➤ Proportion of facilities that dispose medical waste other than sharps (%)



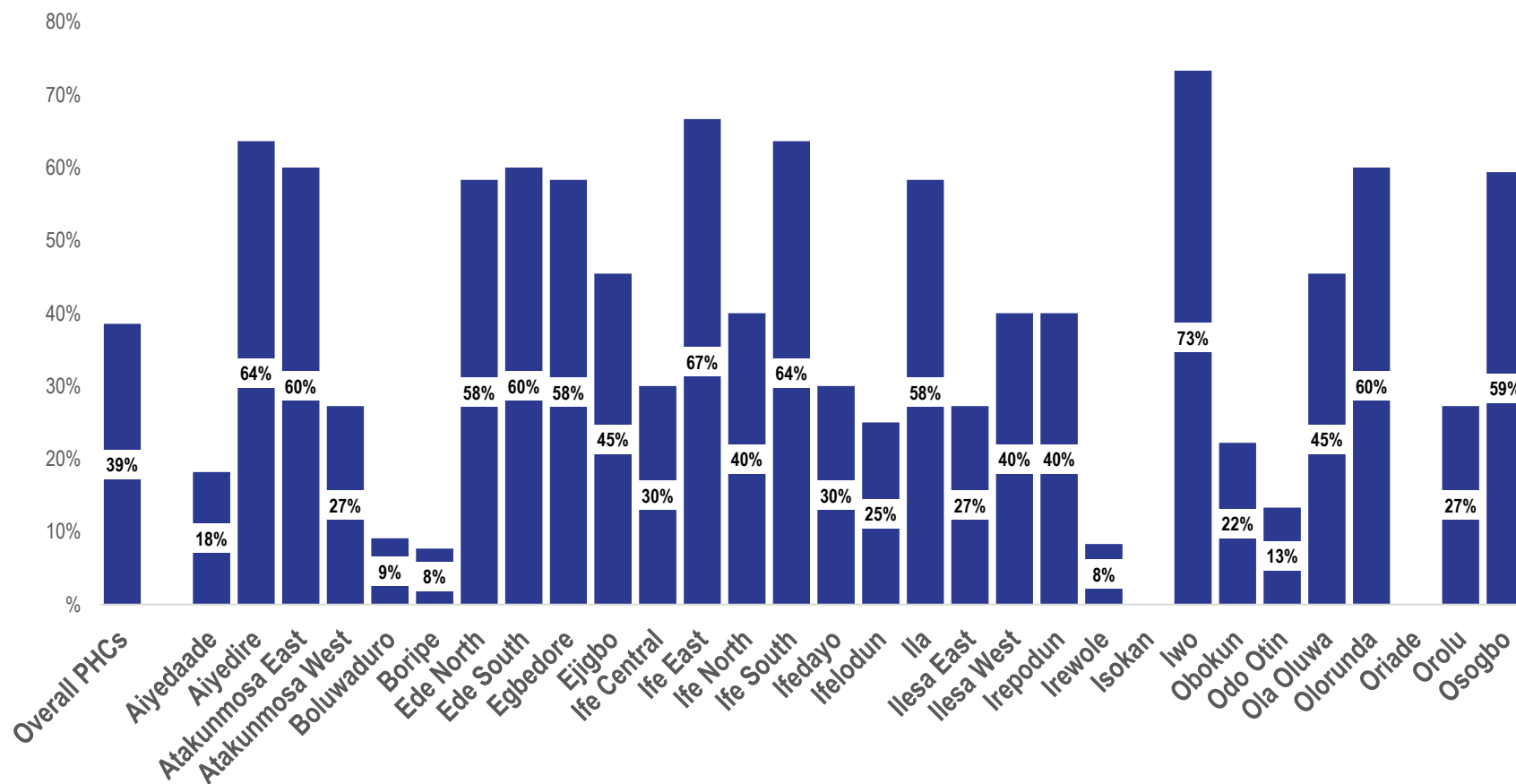
Equipment- Waste Management

➤ Proportion of facilities using various means to dispose medical wastes (%)



Referral

- Proportion of facilities with documented referral and follow up system(%)





Study Limitations

Missing Data

- ▶▶ This report acknowledges missing section of the Osun SARA
- ▶▶ This is as a result of missing sections in the data collection tablets which was uncovered during analysis
- ▶▶ The missing data include:
 - ❖ Sections 8 - HMIS,
 - ❖ Sections 9 - Utilization and clinical outcomes
 - ❖ Sections 10 - Community involvement
- ▶▶ Recommended Next Steps:
 - ❖ Collect Missing data- A two weeks mop-up data collection exercise was planned by BHCPF Secretariat to obtain missing data.
 - ❖ Presentation, validation of findings to stakeholders