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**HIV/AIDS PREVENTION
OUTPUT BASED AID**

**INTRODUCING VOUCHER SYSTEMS FOR
HEALTHCARE PROVISION:
BASELINE AUDIT**

BY

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LIST OF ACRONYMS

AHPC	Allied Health Professionals Council
AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral Drug
CDC	Centers for Disease Control
DDHS	District Director Health Services
DDI	District Drug Inspector
DHI	District Health Inspector
DNO	District Nursing Officer
HC	Health Centre
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HSD	Health Sub-District
IGES	Institut für Gesundheits - Und Sozialforschung GmbH
IUD	Intrauterine Device
KfW	Kreditanstalt für Wiederaufbau
M & E	Monitoring & Evaluation
MA	Management Agency
MAR	Monitoring, Analysis and Reporting
MOH	Ministry of Health
MoH	Ministry of Health
MSIU	Marie Stopes International-Uganda
MSU	Marie Stopes Uganda
MUST	Mbarara University of Science and Technology
OBA	Output Based Aid
OPD	Outpatients Department
PHP	Private Health Provider
PMTCT	Prevention of Mother to Child Transmission
PNFP	Private-Not-for-Profit
PPPH	Public-Private Partnership in Health
PSC	P S Consulting
RPR	Rapid Plasma Reagin
SCE	Self-Coordinating Entity
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TASO	The AIDS Support Organisation
UAC	Uganda AIDS Commission
UMDC	Uganda Medical and Dental Council
UPMA	Uganda Private Midwives Association
VCT	Voluntary Counselling and Testing
VDRL	Venereal Disease Research Laboratory
NGO	Non Government Organisation

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EXECUTIVE SUMMARY

Marie Stopes International Uganda (MSIU) designed and developed a pilot Output Based Aid (OBA) Reimbursable Voucher Scheme, to subsidise the treatment of sexually transmitted diseases, to be implemented at approved Health Care Provider Facilities in Mbarara District¹.

As part of the design-process, P S Consulting (PSC) conducted a Baseline Survey² (mapping facilities in the district), and also established a preliminary status-profile of those facilities. Thereafter, PSC developed the Voucher Scheme Approval System³, with which selection of the Voucher Service Providers (VSPs), to provide health services under the Voucher Scheme, would be carried out. P S Consulting was commissioned by MSIU to conduct the first step of the Approval Process, the Baseline Audit, ultimately designed to categorise the health service providers in *Mbarara District*, as:

- Provider approved (based on available evidence).
- Provider not approved (necessary improvements can be easily made)⁴.
- Provider not approved (necessary improvements will require major changes and/or investment).
- Provider not approved (does not qualify for reassessment).

The Baseline Audit was conducted in 42 facilities in Ibanda, Isingiro, Kiruhura and Mbarara districts, with the following major findings:

1. Although the majority of the facilities satisfied most of the parameters that may be referred to as the ‘essential general infrastructure’ needed for the successful implementation of the OBA pilot, not all satisfied the carefully selected parameters deemed as ‘essential to the delivery

¹ Mbarara District has since been subdivided into four districts – Ibanda, Isingiro, Kiruhura and Mbarara Districts. During the Baseline Audit exercise, the geographical scope of the former Mbarara District was covered and reference, in this report to *Mbarara District*, made in italics indicates the former *Mbarara District*.

² Introducing Voucher Systems for Healthcare Provision: Baseline Survey of Private Health Facilities in Mbarara District (Dr. Paul Kiwanuka-Mukiibi).

³ Introducing Voucher Systems for Healthcare Provision: Operationalisation of the Voucher Scheme Approval System (Dr. Paul Kiwanuka-Mukiibi).

⁴ By ‘easily made improvements’ is meant minor, low-cost improvements that can be implemented within a (maximum) period of 2 weeks.

of basic quality health care', notably - Registration; Partner Notification; (STD) Laboratory Services; Electricity; Telephone; Hand Washing Facilities; Drug Store/Dispensary/Pharmacy; Waste Disposal Facilities; Examination Couch; Disposable Gloves and Syringes; Sharps Disposal Box; Decontamination Bucket; Protection from the Rain; Protection from the Floor; Adequate Lighting; Safe Water Source; and Adequate Personnel.⁵

2. Twenty-six (26) facilities were found to meet the minimum approval criteria, based on the information returned as part of the self-assessment exercise:
 1. Biharwe Medical Centre
 2. Boma Clinic
 3. Busingye Clinic
 4. Community Life Care Clinic
 5. Ddembe Nursing Home
 6. Domiciliary Clinic
 7. Ebenezer Community Clinic
 8. Hope Clinic
 9. Ibanda Central Clinic
 10. Ibanda Hospital
 11. Kazo Central Clinic
 12. Kazo Diagnostic Medical Centre
 13. Kyabirukwa Health Centre III
 14. Mbarara Nursing Home
 15. Marie Stopes Uganda (MSU)
 16. Mufsons Clinic
 17. Ninsiima Medicare Clinic
 18. Rubindi Health Centre III
 19. Ruharo Mission Hospital
 20. Rushere Community Hospital
 21. Ruti People's Clinic
 22. St. Michael Medicare Centre
 23. Surgical Centre
 24. The AIDS Support Organisation (TASO)

⁵ By adequate personnel is meant at least one full-time doctor, clinical officer, nurse and/or midwife in the facility, i.e. those legally recognised as having the professional qualifications to own the respective categories of health care facilities. Having a Lab. Technician and/or Assistant was also considered – either part- or full-time.

- 25. Wilfam Medical Centre
- 26. Zzimbe Clinic

- 3. All the facilities surveyed offer STD diagnosis and treatment, and most of the facilities have laboratory testing facilities on their premises. Those facilities that do not have laboratories have a working relationship with a nearby laboratory.
- 4. Quality control and supervision is generally poor with training in STD diagnosis & treatment, and laboratory diagnosis mostly out of date.
- 5. Five (5) facilities satisfied Category B, whereby the necessary improvements can be easily made.
- 6. Five (5) facilities were found to be in need of major changes/investment and were classified as Category C. Six of the facilities not approved were deemed not to qualify for reassessment.

BACKGROUND

Patients trust health professionals with their lives and well-being. They need to have the confidence that their health care provider is competent and abides by ethical standards. Although many providers will meet this expectation, poorly performing providers need to be identified, so that early action can be taken to protect patients before damage is done.

Marie Stopes International Uganda (MSIU) designed and developed a pilot Output Based Aid (OBA) Reimbursable Voucher Scheme, to subsidise the treatment of sexually transmitted diseases. The Ministry of Health (MoH) and KFW agreed to, and approved, the design of the Voucher Scheme, to be implemented at approved Health Care Provider Facilities in Mbarara District⁶; the scheme is scheduled to start in early 2006.

As part of the design-process, P S Consulting (PSC) conducted a Baseline Survey⁷ (mapping facilities in the district), and also established a preliminary status-profile of those facilities. PSC then developed the Voucher Scheme Approval System⁸, with which selection of the Voucher Service Providers (VSPs), to provide health services under the Voucher Scheme, would be carried out.

The Approval System is composed of a (proposed) Approval Team, the Approval Criteria, the Approval Instruments and the Approval Mechanism. The Approval Instruments are comprised of the Baseline Audit, the Provider Folder, the Approval Visit (and revisit), and the Certification Process.

In order to commence activities with selected VSPs, MSIU first required that the Approval System instruments be implemented, the first of which was the Baseline Audit.

⁶ Mbarara District has since been subdivided into four districts – Ibanda, Isingiro, Kiruhura and Mbarara Districts. During the Baseline Audit exercise, the geographical scope of the former Mbarara District was covered and reference, in this report to *Mbarara District*, made in italics, indicates the former *Mbarara District*.

⁷ Introducing Voucher Systems for Healthcare Provision: Baseline Survey of Private Health Facilities in Mbarara District (Dr. Paul Kiwanuka-Mukiibi).

⁸ Introducing Voucher Systems for Healthcare Provision: Operationalisation of the Voucher Scheme Approval System (Dr. Paul Kiwanuka-Mukiibi).

THE OBA VOUCHER PILOT SCHEME

The Output Based Aid (OBA) Reimbursable Voucher Scheme Pilot Project will offer quality services through approved service providers, for the diagnosis and treatment of STDs. Such providers will be selected using the OBA-STD Approval System, which will ensure regular demonstration that these providers remain fit to offer voucher related services, with suitably equipped facilities. Quality of service-delivery will be maintained by implementing the detailed approval criteria, developed by the Voucher Management Unit (VMU), in collaboration with the Ministry of Health.

Marie Stopes International Uganda (MSIU), as the Management Agency (MA), will make final selection of those providers accepted into the programme. Thereafter implementation of the programme will involve a contract being drawn up, defining the working relationship between the provider and the MA. The contract will specify activities and procedures, and the monitoring and evaluation mechanisms.

Importance has been laid on the need for the process to be acceptable to both providers and the government.

The Approval System

The Approval System, designed to be easily implemented by the Management Agency and acceptable to both providers and health authorities, consists of the components listed below.

- 1. The Approval Team:** Appropriately qualified personnel (with medical and other related/relevant training and expertise), who will carry out the assessments of providers and facilities.
- 2. The Approval Criteria:** The standards and guidelines developed by the MU, against which all providers are evaluated, to determine 'actual practice' against accepted national standards.
- 3. The Approval Instruments:** Monitoring, Analysis and Reporting (MAR) Tools, to evaluate, document and follow-up all components of the scheme.
- 4. The Approval Mechanism:** The Approval System implementation methodology.

The Approval Instruments

The Approval System's MAR Tools are designed to be applied at different stages of the Approval Process. They consist of the following:

1. The Baseline Audit;
2. The Provider Folder;
3. The Approval Visit and Re-visit; and
4. The Certification Process.

THE APPROVAL SYSTEM BASELINE AUDIT

P S Consulting was commissioned by MSIU to conduct the first step of the Approval Process (the Baseline Audit), consisting of an 'Internal Self-Assessment' conducted by service providers.

PURPOSE OF THE BASELINE AUDIT

The purpose of the Baseline Audit was to 'measure' the service-quality and capacity of health service providers in *Mbarara District*, against acceptable Approval System standards. The Audit gives an overall picture of current levels and standards and indicates what and how much needs to be done by facilities, in order to gain approval. It also forms a basis upon which providers will be able to assess themselves and see what they need to do, to improve and/or maintain the quality of their services. The results of the Audit are a 'health provider-systems analysis' in *Mbarara District*, to a standard that can be relied upon by MSIU, MoH and KFW, as well as be acceptable to the VSPs.

The Baseline Audit conducted by P S Consulting was designed to:

- Assess the status of health service providers in *Mbarara District*, by the careful analysis of data collected from the district health service providers.
- Categorise the health service providers in *Mbarara District*, based on the analysis, as:
 - Provider approved (based on available evidence).

- Provider not approved (necessary improvements can be easily made)⁹.
- Provider not approved (necessary improvements will require major changes and/or investment).
- Provider not approved (does not qualify for reassessment).

METHODOLOGY

Setting: *Mbarara District - Ibanda, Isingiro, Kiruhura and Mbarara Districts.*

Study Design: Qualitative.

Sample: Forty-Two (42) Health Service Providers.

33 Private Health Providers (PHPs).

7 Private-not-for Profit (PNFP) Facilities.

2 Public Facilities (Government).

Data Collection: Self-Administered Questionnaire (see Appendix One).

Conducting the Baseline Audit exercise entailed the following:

1. Literature and Reference Review.
2. Final design and approval of instruments and methodology by MSIU.
3. Field Work: Distribution of the Self-Assessment Questionnaire to health service provider facilities.
4. Feedback from health service providers, in which all filled questionnaires were returned to/collected by P S Consulting, for data entry and analysis.
5. Analysis of data from the filled and returned Self-Assessment Questionnaires.
6. Categorisation of providers/facilities, based on the analysis, as:
 - a. Provider approved (based on available evidence).
 - b. Provider not approved (necessary improvements can be easily made).

⁹ By 'easily made improvements' is meant minor, low-cost improvements that can be implemented within a (maximum) period of 2 weeks.

- c. Provider not approved (necessary improvements will require major changes and/or investment).
 - d. Provider not approved (does not qualify for reassessment).
7. Report on findings and making of recommendations to MSIU, based on the Baseline Audit analysis and categorisation of service providers.

FINDINGS

BACKGROUND

Forty-two (42) facilities were visited in nine counties (nineteen sub-counties), in what was formerly Mbarara District, and since sub-divided into Ibanda, Isingiro, Kiruhura and Mbarara Districts.

The facilities are classified into the following levels:

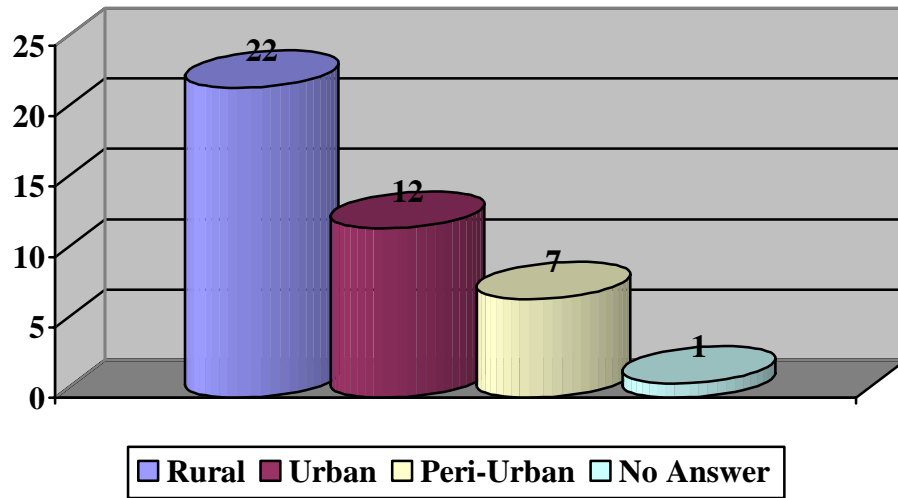
A.	Referral Hospital	-	1
B.	General Hospital	-	1
C.	Health Centre IV	-	2
D.	Health Centre III	-	2
E.	Private Clinic	-	29
F.	Nursing Home	-	3
G.	Maternity Home	-	1
H.	Domiciliary Home	-	2
I.	<i>No Answer Given</i>	-	1

Registration

41 out of 42 facilities visited are registered, as indicated in the responses of the returned/filled questionnaires. However, only one facility (TASO) had evidence of ‘current registration status – 2006’. The number of facilities ‘registered’ with the respective councils/bodies, are as follows:

• Allied Health Professionals Council (AHPC)	-	7
• Ministry of Health (MoH)	-	4
• Uganda Medical and Dental Council (UMDC)	-	13
• Uganda Private Midwives Association (UPMA)	-	3
• Respondent not sure	-	14

Chart 1: Locality/Setting of Facility



Facility Operating Times

Most facilities (32 out of the 42) offer STD services seven (7) days of the week; five offer STD services 6 days of the week and two facilities 5 days a week.

Seven of them operate a 24-hour service and 25 open for 10 hours or more, per day.

Bank Accounts

Twenty-six facilities have banks accounts in the following banks:

- Stanbic Bank - 15
- Centenary Rural Development Bank - 5
- Standard Chartered Bank - 2
- Nile Bank - 1
- Ankole Farmers & Traders Savings & Credit - 1
- Shuku V. Bank - 1
- St. Mary's rural Development Bank - 1
- *No Account* - 16

Appendix Two shows in tabular form, the facility backgrounds, including location & locality, type & level of facility, and registration status.

FACILITY SERVICE PROVISION

Type of Service Offered On a Regular Basis

- a) All facilities offer STD diagnosis and treatment services;
- b) Only 18 out of 42 facilities ($\approx 43\%$) offer Voluntary HIV/AIDS Counselling;
- c) 22 ($\approx 52\%$) offer HIV testing;
- d) 30 ($\approx 71\%$) offer Family Planning services;
- e) 21 (50%) do High Vaginal Swabs (HVS);
- f) 26 ($\approx 62\%$) offer 'other gynaecological examinations';
- g) 8 ($\approx 19\%$) offer Prevention of Mother To Child Transmission (PMTCT) services; and
- h) Only 4 ($\approx 10\%$) offer Antiretroviral Therapy (ART).

Those facilities that were found not to offer the above services either did not have supplies, equipment, trained staff, or various combinations of the three stated reasons.

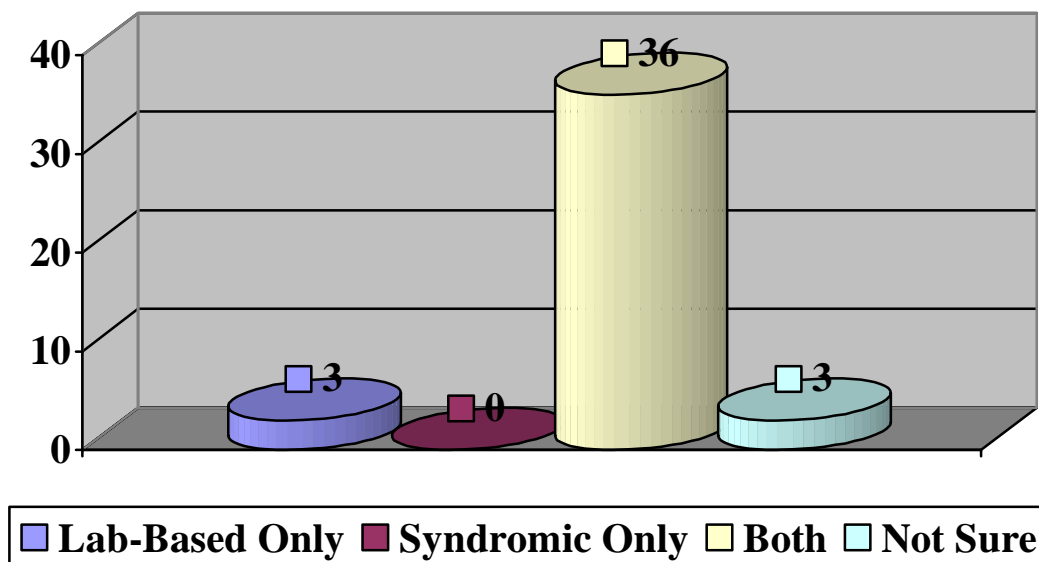
Available STD Treatments

The kind of STD treatment available in the various facilities is either syndromic-based or laboratory-based treatment, or both. Three (3) facilities relied completely on lab-based treatment and 36 ($\approx 86\%$) of the facilities used both laboratory and syndromic-based treatment. None of the facilities visited offered only syndromic-based STD treatment. The ratio of syndromic to lab-based treatment varied.

Reasons given for not using lab-based treatment were found to be:

- High Cost for the patient - 17
- Obvious diagnosis - 7
- No reagents available - 6
- Patient Referred - 3
- Facility resource-constraints - 1
- Time constraints - 1

Chart 2: Type of STD Treatment Offered



Referral of Complicated STD Cases

Thirty-four (34) facilities refer complicated cases of STD, and eight of them treat 'in-house'. The referral centres of choice, and the number of facilities that use them, are as follows:

a) Mbarara University Hospital	-	20
b) Ibanda hospital	-	8
c) Itojo Hospital	-	2
d) Rushere Hospital	-	2
e) Rwekubo HC IV	-	1
f) Ibanda Mission Hospital	-	1
g) Mbarara Diagnostic Centre	-	1
h) <i>Do not refer</i>	-	5

All facilities request for partner notification, in cases of diagnosed STDs.

Laboratory Facilities

38 of the facilities have laboratory testing for STDS available at their facilities. The four facilities that do not have laboratory testing available refer their clients to a nearby laboratory, with which they have a working relationship. The type of laboratory service(s) offered and the number of facilities doing so are indicated below:

a) Microscopy	-	37
b) Gram Stain	-	25
c) RPR/VDRL	-	37
d) Culture & Sensitivity	-	2

INFRASTRUCTURE AND EQUIPMENT

General Infrastructure

The majority of the facilities ‘interviewed’ satisfied most of the parameters related to or that may be referred to as ‘essential general infrastructure’. This is demonstrated by Charts 3, 4 and 5.

**Chart 3: Essential General Infrastructure:
No. of Facilities with Infrastructure in Place**

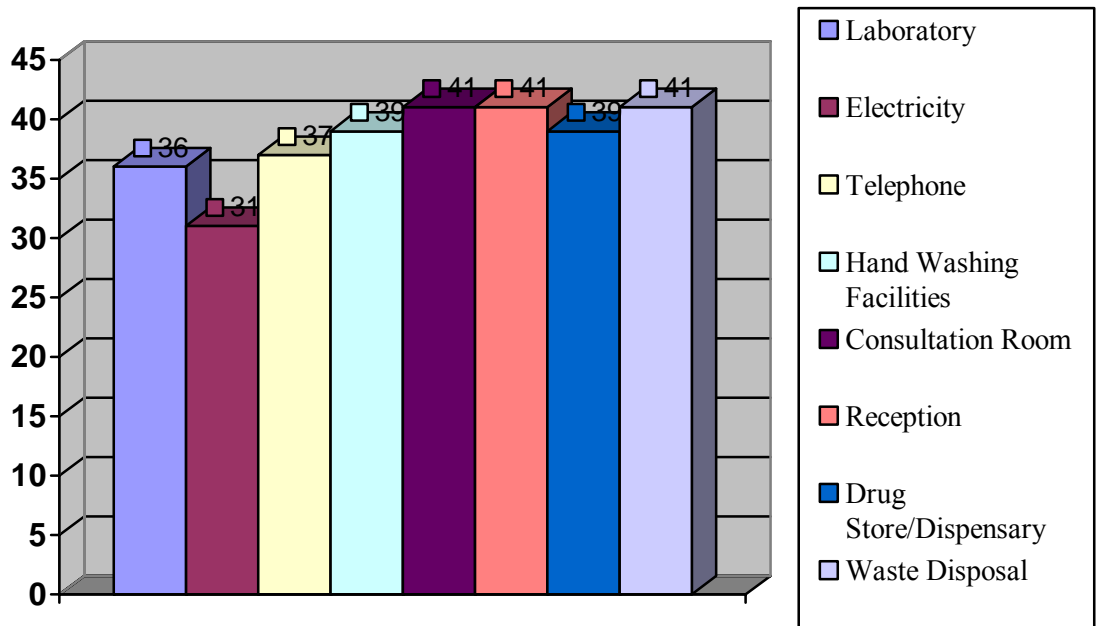


Chart 4: Consultation, Examination and Treatment Room Facilities

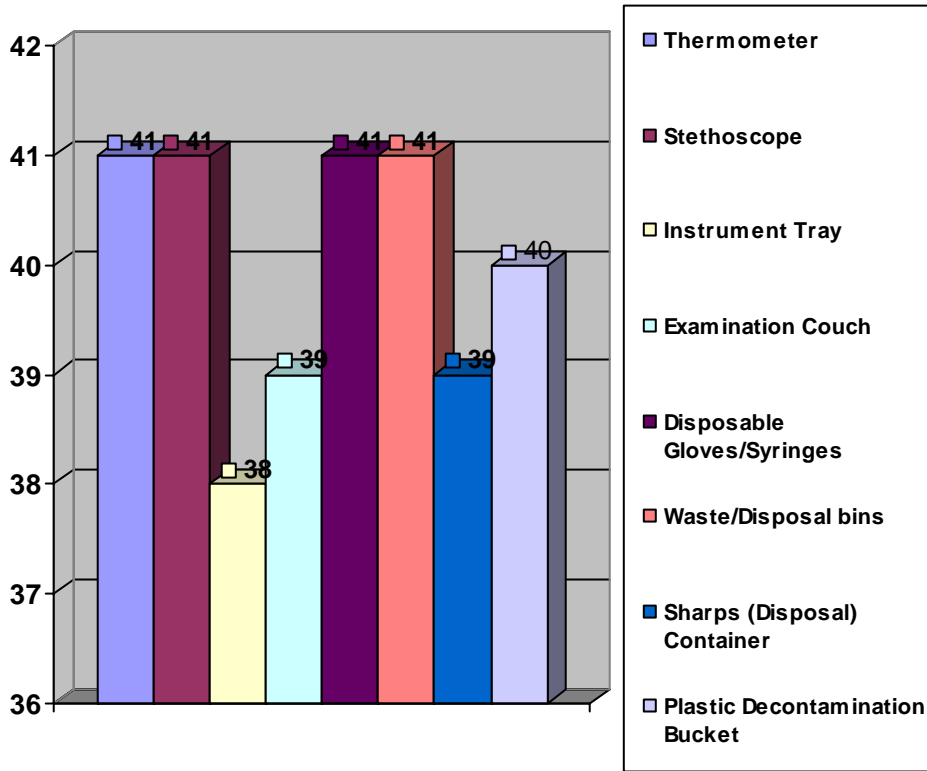
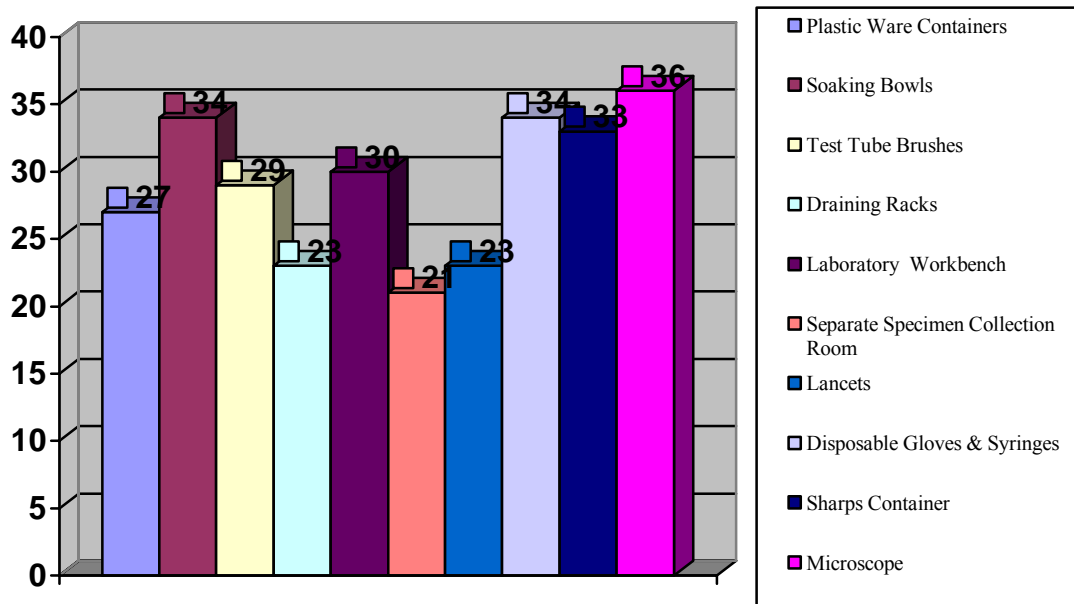


Chart 5: Laboratory Infrastructure by Number of Facilities



Sundries and Drugs

At the time of self-assessment, most facilities had in stock most of the 'essential drugs' listed on the questionnaire. Many however, did not have the drugs listed below, in stock:

1. Ceftriaxone Inj. (1g Vial)	not stocked in 31 facilities (74%)
2. Acyclovir Tabs	not stocked in 28 facilities (67%)
3. Podophyllin Paint	not stocked in 30 facilities (71%)
4. Antiretroviral Drugs	not stocked in 39 facilities (93%)
5. Clotrimazole Pessaries	not stocked in 18 facilities (43%)

It should be noted that ARVs are only stocked by those facilities accredited by MoH, as ART Centres.

Storage Facilities

40 of the facilities have storage facilities protected from the rain; 39 of them have storage protection from the floor.

Safe Water Source

Only one facility did not 'report' a safe water source (Rubindi Parents Clinic). The rest use a variety of water source(s), with 19 having water piped onto their premises.

STAFFING

• Full-time Doctor	-	11 facilities
○ Ibanda Hospital	-	4 fulltime
○ Marie Stopes	-	2 fulltime
○ Rushere Community Hospital	-	2 fulltime
○ TASO	-	3 full time
○ Surgical Centre	-	2 full time
• Full time Clinical Officer	-	13 facilities
○ Rushere Community Hospital	-	2 fulltime
○ Ruharo Mission hospital	-	2 fulltime
○ Ibanda hospital	-	3 fulltime

- **Full time Nurse** - **17 facilities**
- **Full time Midwife** - **12 facilities**
- **Full time Lab. Technician** - **16 facilities**
 - TASO - 4 full time
- **Fulltime Lab. Assistant** - **21 facilities**

FEES FOR SERVICES

Thirty-nine (39) facilities charge a fee for the services provided:

- Consultation fee for new clients - 27 facilities
- No consultation fee - 11 facilities
- Fee for follow-up cases - 7 facilities

The consultation fee for new clients ranges from 500/= to 5000/=, with most of the facilities ranging between 1000/= and 3000/=. Two facilities charge 5,000/= - Mbarara Nursing Home & Surgical Centre.

Consultation fees for follow up cases also ranged between 500/= and 5,000/=.The majority charge between 500/= and 1000/=. Two facilities charge 5,000/=.

Voluntary HIV/AIDS Counselling (VHC): Five out of 13 facilities that offer HIV/AIDS testing charge for VHC. 1 Facility charges 5,000/-, 1 facility 3,000/=, 1 facility 2,000/= and two Facilities charge 500/=. It should be noted that TASO charges 500/- per visit regardless of the clinical service sought.

HIV/AIDS Testing: The fees range between 2,000/- and 6,000/- with the exception of TASO which is free. The majority charge 5000/=.

Microscopy: The majority charge from 1000/= to 2,000/=.

Gram Stain: Most of the facilities that offer this service charge 2,000/=.

Culture & Sensitivity: Only four facilities offer this service. One facility offers the service free, TASO charges 500/= and 2 the other two facilities charge 6,000/=.

RPR/VDRL: The fee ranges from 1,000/- to 5,000/- (with the exception of TASO). The majority of the facilities charge either 2,000/= or 3,000/=.

For the services/drugs below, the majority of facilities charge as follows:

- Ciprofloxacin - 500/=
- Doxycycline - 100/=
- Erythromycin - 100/=
- Cotrimoxazole - 50/=
- Metronidazole - 50/=
- Ceftriaxone Inj. (1g Vial) - generally ≈15,000/=.
- Benzathaine Penicillin Inj - 1,000/=
- Clotrimazole Pessaries - generally 100/= to 700/=.
- Nystatin Pessaries - generally 100/= to 400/=.
- Acyclovir Tabs - 100/= to 800/=.
- Antiretroviral Drugs - 3 facilities offer this service free

See **Table 1** overleaf for details of the fees charged by each facility for each service

Table 1: Range of Fees Charged for Different Clinical Services

	Biharwe Medical Centre	Boma Clinic	Busingye Clinic	Community Life Care Clinic	Crajo Health Centre	Ddembe Nursing Home	Domiciliary Clinic	Ebenezer Community Clinic	Good Hope Clinic
Consultation (New Clients)		3000	2000			500		1000	1000
Consultation (Different on Follow-up)									
Consultation (Follow-up)		3000	2000			500	500	1000	1000
Voluntary HIV/AIDS Counselling							500		
HIV/AIDS Testing			6000		4000		5000	5000	6000
Microscopy	2000	2000	4000	1000		1500	1000	3000	3000
Gram Stain	1500	3000	4000			2000	2000	2000	3000
Culture & Sensitivity			6000						
RPR/VDRL	3000	4000	4000	2000	4000	2500	2000	3000	3000
Ciprofloxacin	500	500	500	3000	300	200	300	300	500
Doxycycline	100	200		50	100	100	100	100	100
Erythromycin	100	100		100	100	100	100	150	100
Cotrimoxazole	50	100		50	50	30	25	50	300
Metronidazole	20	100		25	1000	20	25	50	3000
Ceftriaxone Inj. (per Vial)		5000						15000	15000
Benzathaine Penicillin. Inj.	1000	300		1000	2000	1500	1000	2000	1000
Clotrimazole Pessaries	300	300		150			100	200	2000
Nystatin Pessaries	200			100		200	200	100	2000
Acyclovir		500				500			
Antiretroviral Therapy									

	Hope Clinic	Ibanda Clinic	Ibanda Central Clinic	Ibanda Hospital	Ibanda Parents Clinic	Isibuka Nursing Home Mayanja	Kaberebere Medical Centre	Kashari community Medical Centre	Kazo HC IV
Consultation (New Clients)		1000		3000				1000	Free
Consultation (Different on Follow-up)									Free
Consultation (Follow-up)		1000		3000				500	Free
Voluntary HIV/AIDS Counselling									Free
HIV/AIDS Testing	2000							5000	Free
Microscopy	2000	1000			1000	5000		1000	Free
Gram Stain		1500	1500		1500			3000	Free
Culture & Sensitivity	3000								Free
RPR/VDRL	500	2000	2000		2000	4000		2000	Free
Ciprofloxacin	100	200	500		300	500	300	300	Free
Doxycycline	100	100	100		100	100	150	100	Free
Erythromycin	25	100	50		100	100	200	200	Free
Cotrimoxazole	30	50	50		50	50	50	20	Free
Metronidazole		50	50		50	50	50	15	Free
Ceftriaxone Inj. (per Vial)	1000	8000	1000						Free
Benzathaine Penicillin. Inj.	1500	1000	1500		2500	4000	2000	1000	Free
Clotrimazole Pessaries	1500	1500			100	300	2000		Free
Nystatin Pessaries		2000	100		150	300	150	100	Free
Acyclovir		400						200	Free
Antiretroviral Therapy									Free

	Kazo Central Clinic	Kazo Diagnostic Medical Centre	Kwikiriza Domiciliary Clinic	Kyabirukwa HC III	Mbarara Nursing Home	Mother Care Clinic	Mother Care Domiciliary	Marie Stopes Uganda	Mufsons Clinic
Consultation (New Clients)					5000		1000	3000	
Consultation (Different on Follow-up)									
Consultation (Follow-up)					5000		500	3000	
Voluntary HIV/AIDS Counselling									
HIV/AIDS Testing	3000							5000	
Microscopy	1000	1000		1500	2000	3000		1000	2000
Gram Stain		2000			3000			2000	3000
Culture & Sensitivity									
RPR/VDRL	2000	2000		3000	4000	2000		3000	3000
Ciprofloxacin	500	250	200	500	500	500	300	300	500
Doxycycline	100	100	50	50	100	100	100	100	100
Erythromycin		100	100	70	200	200	100	150	100
Cotrimoxazole	50	50	50	50	100	30	30	100	50
Metronidazole	50	50	25	50	100	30	30	50	25
Ceftriaxone Inj. (per Vial)		1500			11000			4500	
Benzathaine Penicillin. Inj.	1500		1500	1000	2000	1500	1500	1200	1500
Clotrimazole Pessaries		200	2000		500		200	600	
Nystatin Pessaries	400			100		200	200		2500
Acyclovir					600	500		500	
Antiretroviral Therapy									

	Ninsiima Medicare Clinic	Nyihanga Medical Clinic	Rubindi Domiciliary Clinic	Rubindi Health Centre III	Rubindi Parents Clinic	Ruharo Mission Hospital	Rushere Community Hospital	Ruti People's Clinic	Sanga Clinic
Consultation (New Clients)	3000	500	1000			1000		1000	
Consultation (Different on Follow-up)									
Consultation (Follow-up)	3000	500	1000			1000		1000	
Voluntary HIV/AIDS Counselling			2000	500					
HIV/AIDS Testing				2000		4000			
Microscopy				2000		1000	1000		
Gram Stain	2000			2000		4000	1000		
Culture & Sensitivity									
RPR/VDRL	3000		2000	2000		3000	1000	3000	
Ciprofloxacin	500	150	500	5000		500		3000	Free
Doxycycline	100	100	200	1400		100		100	Free
Erythromycin	200	100	100	4200		200		100	Free
Cotrimoxazole	50	30	30	1800		50		100	Free
Metronidazole	30	20	50	1500		10		1000	Free
Ceftriaxone Inj. (per Vial)									Free
Benzathaine Penicillin. Inj.	1000	1500	2000	3000		1000		1500	Free
Clotrimazole Pessaries	1300	250	700			2000		100	Free
Nystatin Pessaries	1500	200	800	1400		2000		100	Free
Acyclovir				4000		100			Free
Antiretroviral Therapy									

	St. Micheal Medicare Centre	St. Paul's Clinic	Surgical Centre	The AIDS Support Organisation (TASO)	Wilfam Medical Centre	Zzimbe Clinic
Consultation (New Clients)	1500		5000	500		2000
Consultation (Different on Follow-up)						
Consultation (Follow-up)			5000	500		2000
Voluntary HIV/AIDS Counselling			5000	500		
HIV/AIDS Testing			5000	500		
Microscopy	1500	4000	3000	500	1500	
Gram Stain		2000	3000	500	1500	
Culture & Sensitivity			6000	500		
RPR/VDRL	2000	4000	5000	500	3000	2000
Ciprofloxacin	500	250	250	500	200	300
Doxycycline	100	100	150	500	100	100
Erythromycin	100	100	150	500	100	100
Cotrimoxazole	50	50	100	500	20	30
Metronidazole	50	50	150	500	25	30
Ceftriaxone Inj. (per Vial)			9000	500	1000	8000
Benzathaine Penicillin. Inj.	2000	1000	2000	500	1000	1000
Clotrimazole Pessaries		1500	500	500	1500	300
Nystatin Pessaries	250		300	500	150	300
Acyclovir				500		800
Antiretroviral Therapy				500		

QUALITY CONTROL AND SUPERVISION

Quality control and supervision was found to be poor in general, with training mostly out of date, if there at all. A summary is given below:

- **Last STD Diagnosis & Treatment Training, for a Member of Staff:**
 - Only nine facilities ($\approx 21\%$) have received training since 2003.
 - Nine have never received training in STD diagnosis and treatment.

- **Last Laboratory Diagnosis Training on STDs, for a Member of Staff:**
 - Only 6 facilities ($\approx 14\%$) have received training since 2003.
 - Eleven have never received training in STD laboratory diagnosis

- **Laboratory Service Quality Assurance:**
 - Participation in Laboratory Quality Assurance facilities - 16
 - No participation in Quality Assurance - 20 facilities

- **STD Guidelines for STD Diagnosis:**
 - Use Government Guidelines¹⁰ - 14 facilities
 - Use Other Guidelines - 6 facilities
 - Do not have/use Guidelines - 18 facilities

- **Reference Laboratory:**
 - Use a Reference Laboratory - 14 facilities
 - Ibanda Hospital - 4 facilities
 - Mbarara University Hospital - 2 facilities
 - Mayanja Memorial Hospital - 2 facilities
 - Rushere Hospital - 2 facilities
 - Ibanda Missionary Hospital - 1 facility
 - Itojo Hospital - 1 facility
 - Dr. Kananura - 1 facility
 - Rwekubo HC IV - 1 facility

¹⁰ MoH Guidelines (2); Uganda Clinical Guidelines 2003 (11); STD Control Programme Chart (1).

- Do not use any Reference Laboratory - 4 facilities
- *No Answer Given* - 24 facilities

- **Last Facility Inspection:**

- 2006 - 2 facilities
- 2005 - 16 facilities
- 2004 - 1 facility
- 2003 - 1 facility
- Never Been Inspected - 4 facilities

Inspections reported to have been carried out, were done by the following organisations:

- Allied Health Professional Council (AHPC);
- AMREF;
- DDHS' office;
- District Drug Inspector (DDI);
- District Nursing Officer (DNO);
- District Medical Officer (DMO);
- Health Sub-District Office (HSD);
- Ministry of Health (MoH)
- Mbarara University Hospital (MUST);
- National Drug Authority (NDA); and
- Uganda Private Midwives Association (UPMA)

SELECTION OF VOUCHER SERVICE PROVIDERS

After consultation with the VMU, carefully selected parameters, deemed as essential to the delivery of basic quality health care in STD diagnosis & treatment, were used as the criteria for categorisation of facilities and the selection of VSPs. Parameters/criteria were arrived at after taking into account resource constraints experienced by providers in Uganda, including the availability of finance, equipment, personnel, etc. The following infrastructure, equipment and profile-status were considered as part of the 'essential package', to provide/deliver acceptable (basic) quality services:

- Registration;
- Partner Notification;

- (STD) Laboratory Services;
- Telephone;
- Hand Washing Facilities;
- Drug Store/Dispensary/Pharmacy;
- Waste Disposal Facilities;
- Examination Couch;
- Disposable Gloves and Syringes;
- Sharps Disposal Box;
- Decontamination Bucket;
- Protection from the Rain;
- Protection from the Floor;
- Adequate Lighting;
- Safe Water Source; and
- Adequate Personnel.¹¹

The ‘self-assessed responses’ were the bases upon which evaluation was done. Each health facility/provider was then appropriately classified/categorised, using the ‘Selection Criteria Grid’ (see Chart overleaf).

As already stated, facilities were classified/categorised as follows:

A. Provider Approved (Satisfies all selected criteria).

B. Provider Not Approved:

- a. Equipment and facility infrastructure indicate that necessary improvements can be easily made (in a matter of weeks) and reassessment done in a follow-up Approval Visit.

¹¹ By adequate personnel is meant at least one full-time doctor, clinical officer, nurse and/or midwife in the facility, i.e. those legally recognised as having the professional qualifications to own the respective categories of health care facilities. Having a Lab. Technician and/or Assistant was also considered – either part- or full-time.

C. Provider Not Approved:

- a. Equipment and facility infrastructure indicate that necessary improvements will require major investment and reassessment done at a future date, but not as a 'priority'.

D. Provider Not Approved:

- a. Equipment and facility infrastructure are such that the facility does not qualify for reassessment.

	Registered	Partner Notification	STD Lab Services	Telephone	Hand Wash Facilities	Drugs Store	Waste Disposal	Examination Couch	Disposable Gloves	Sharps Disposal Box	Decontamination Bucket	Protection from Rain	Protection from Floor	Adequate Lighting	Safe Water Source	Adequate Personnel	APPROVAL	
Isibuka Nursing Home																		
Kaberebere Medical Centre																		
Kashari Community Medical Centre																		
Kazo Health Centre IV																		
Kazo Central Clinic																		
Kazo Diagnostic Medical Centre																		
Kwikiriza Domiciliary Clinic																		
Kyabirukwa Health Centre III																		
Mbarara Nursing Home																		
Mother Care Clinic																		
Mother Care Domiciliary																		
Marie Stopes Uganda (MSU)																		
Mufsons Clinic																		
Ninsiima Medicare Clinic																		
Nyihanga Medical Clinic																		

	Registered	Partner Notification	STD Lab Services	Telephone	Hand Wash Facilities	Drugs Store	Waste Disposal	Examination Couch	Disposable Gloves	Sharps Disposal Box	Decontamination Bucket	Protection from Rain	Protection from Floor	Adequate Lighting	Safe Water Source	Adequate Personnel	APPROVAL		
Rubindi Domiciliary Clinic	Green	Green	Green	Green	Green	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Orange	
Rubindi Health Centre III	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Rubindi Parents Clinic	Green	Green	Green	Green	Green	Green	Red	Green	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red	Red
Ruharo Mission Hospital	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Rushere Community Hospital	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Ruti People's Clinic	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Sanga Clinic	Green	Green	Red	Red	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Red	Red
St. Michael Medicare Centre	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
St Paul's Clinic	Green	Green	Green	Green	Red	Green	Green	Red	Green	Green	Red	Green	Green	Green	Green	Green	Red	Red	Red
Surgical Centre	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
The AIDS Support Organisation (TASO)	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Wilfam Medical Centre	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Zzimbe Clinic	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
Approval Colour Code	CATEGORY A			CATEGORY B			CATEGORY C			CATEGORY D									

CATEGORISATION OF SERVICE PROVIDER

A. Provider Approved (Based on Available Evidence):

1. Biharwe Medical Centre
2. Boma Clinic
3. Busingye Clinic
4. Community Life Care Clinic
5. Ddembe Nursing Home
6. Domiciliary Clinic
7. Ebenezer Community Clinic
8. Hope Clinic
9. Ibanda Central Clinic
10. Ibanda Hospital
11. Kazo Central Clinic
12. Kazo Diagnostic Medical Centre
13. Kyabirukwa Health Centre III
14. Mbarara Nursing Home
15. Marie Stopes Uganda (MSU)
16. Mufsons Clinic
17. Ninsiima Medicare Clinic
18. Rubindi Health Centre III
19. Ruharo Mission Hospital
20. Rushere Community Hospital
21. Ruti People's Clinic
22. St. Michael Medicare Centre
23. Surgical Centre
24. The AIDS Support Organisation (TASO)
25. Wilfam Medical Centre
26. Zzimbe Clinic

B. Provider Not Approved (Necessary Improvements Easily Made):

1. Crajo Health Centre
2. Ibanda Clinic
3. Ibanda Parents Clinic
4. Kaberebere Medical Centre
5. Kazo Health Centre IV

C. Provider Not Approved (Necessary Improvements Require Major Changes and/or Investment)¹²:

1. Isibuka Nursing Home
2. Kashari Community Medical Centre
3. Mother Care Domiciliary
4. Nyihanga Medical Clinic
5. Rubindi Domiciliary Clinic

D. Provider Not Approved (Does Not Qualify for Reassessment)

1. Good Hope Clinic
2. Kwikiriza Domiciliary Clinic
3. Mother Care Clinic
4. Rubindi Parents Clinic
5. Sanga Clinic
6. St. Paul's Clinic

RECOMMENDATIONS

Below are recommendations based on the findings of the Baseline Audit. They are intended to ensure the successful implementation of the Pilot OBA Programme and the provision of quality health care services for STD diagnosis and treatment.

- The Approval Visits Check-List should be finalised in consultation with major stakeholders, as soon as possible.
- The Approval Visits of clinics selected as potential VSPs should be conducted as soon as possible, in order to:
 - Confirm the information given, through the 'self-assessment exercise'.
 - Determine what further input needs to be made by potential VSPs, as recommended by the Baseline Audit, in order to satisfy the laid down criteria, as set by the VMU.

¹² It should be noted that none of the facilities in Kazo had out electricity; this may be because, as reported by respondents, that Kazo Sub-County is not connected to the national grid.

- Regular training and updates in STD diagnosis and treatment, and laboratory diagnosis for all laboratory personnel is essential to ensure quality control.
- Updated STD guidelines should be available to, and used by, all facilities.
- Regular Laboratory Quality Assurance, by use of reference laboratory facilities, should be done so as to ensure the quality of STD diagnosis and treatment based on laboratory evidence. This will also enhance the MU's and the DDHS office's ability to track the progress and success of the project.
- Regular inspection of all facilities by the appropriate officials should be insisted upon and done regularly, to ensure quality services are provided at all times.

CONCLUSION

The findings from the Baseline Audit were carefully analysed to be able to assess the status and categorise health service providers in Mbarara District.

1. Twenty-six facilities meet the minimum approval criteria;
2. Five facilities need minor improvements in order to meet the criteria;
3. Five facilities require major changes and/or investment; and
4. Six facilities, which do not satisfy the approval criteria, do not qualify for assessment.

It is further recommended, as part of this conclusion, that Management Agency plays a proactive role (in collaboration with the district health authorities), to put in place a system that will encourage the continuous improvement of quality control and supervision. Without doing so, the success of the project may well be (potentially) compromised.

APPENDIX 1: OBA - STD TREATMENT VOUCHER SCHEME
BASELINE AUDIT

FACILITY/PROVIDER INTERNAL SELF-ASSESSMENT

INSTRUCTIONS: Please complete this Internal Self-Assessment Baseline Audit as accurately as possible, and then return it to the Project Manager

Date: _____

Name: _____

BACKGROUND CHARACTERISTICS

1 Name of Health Facility: _____

2 District: _____

3 County: _____

4 Sub-County _____

5 Parish: _____

6 Is the Facility registered? Yes No

7 Who is the Facility registered with? (*Write in*) _____ Date of Registration: _____

- 8 Level of Facility *Circle appropriate number*
- 1 Referral Hospital
 - 2 General Hospital
 - 3 Health Centre IV
 - 4 Health Centre III
 - 5 Health Centre II
 - 6 Private Clinic
 - 7 Nursing Home
 - 8 Maternity Home
 - 9 Mobile Health Clinic
 - 10 Pharmacy
 - 11 Dispensary
 - 12 Domiciliary Home
 - 13 Others (*specify*): _____

9 Type of Facility:

- 1 Government/Ministry of Health (MoH)
- 2 Marie Stopes Uganda (MSU)

- 3 Missionary (Faith Based Organisation - FBO)
- 4 Family Planning Organisation
- 5 Other NGO
- 6 Private

- 10 Locality/Setting of Facility:
- 1 Rural
 - 2 Urban
 - 3 Peri-urban

11 How many days per week are STD services offered at this health facility? _____ days per week

12 What are the opening and closing times of the facility? Opening ... : ... Closing ... : ... No. Hrs Open

13 Does the facility have a Bank Account? Bank _____ A/C No: _____

EQUIPMENT AND COMMODITIES INVENTORY

14 Which types of services are offered at this facility?

Type of Service provided regularly, i.e. not as an exception.

If no, give reason last not available (Circle Appropriate No).

Supplies = drugs, reagents, etc.

Equipment = microscope, etc

A. STD Diagnosis

Yes	No	1	Supplies not available
		2	Equipment not available
		3	Trained staff not available

B. STD Treatment

Yes	No	1	Supplies not available
		2	Equipment not available
		3	Trained staff not available

C. Voluntary HIV/AIDS Counselling

Yes	No	1	Supplies not available
		2	Equipment not available
		3	Trained staff not available

D. HIV/AIDS Testing

Yes	No	1	Supplies not available
		2	Equipment not available
		3	Trained staff not available

E. PMTCT

Yes	No	1	Supplies not available
		2	Equipment not available
		3	Trained staff not available

F. Family Planning Services

Yes	No	1	Supplies not available
		2	Equipment not available
		3	Trained staff not available

G. High Vaginal Swabs (HVS)	Yes	No	1	Supplies not available
			2	Equipment not available
			3	Trained staff not available

H. Other Gynaecological Exams	Yes	No	1	Supplies not available
			2	Equipment not available
			3	Trained staff not available

I. Antiretroviral Therapy	Yes	No	1	Supplies not available
			2	Equipment not available
			3	Trained staff not available

15 What kind of STD treatment do you do and what %age of each do you do?
 a. Syndromic% b. Lab-based%

16 When you **DO NOT** use lab-based treatment for STDs, what is the reason?
 a. No reagents b. Referred patient c. Other
N.B. Please specify Other: _____

17 Do you treat or refer complicated STD cases?
 a. Treat b. Refer

18 Where do you refer complicated STD cases to?
 Name of facility:

19 Do you request Partner Notification in cases of diagnosed STDs?
 Yes No

20 Is laboratory testing available for STDs at this clinic/facility?
 Yes No

21 Is the following test available at this facility, or are clients referred to a nearby laboratory, with which you have a working relationship?

STD Test:

- A. Microscopy
- B. Pus Swab: Gram Stain
- C. Culture & Sensitivity
- D. RPR/VDRL

Available at the facility		Clients referred to another Laboratory nearby?	
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No

22 Which of the following listed below is available and in working order?

INFRASTRUCTURE & EQUIPMENT

Tick if Available & Working

General

- A. Laboratory
- B. Electricity
- C. Telephone
- D. Hand Washing Facilities
- E. Running Water
- F. Consultation/Treatment Room
- G. Reception with Seats for Clients
- H. Counselling Room
- I. Drug Store/Dispensary/Pharmacy
- J. Waste Disposal Facilities
- K. Steriliser

Tel. No: _____

Consultation, Examination & Treatment rooms

- A. Thermometer
- B. Examination Torch/Light
- C. Weighing Scales
- D. Stethoscope
- E. Sphygmomanometer
- F. Instrument Trays/Trolley
- G. Examination Couch
- H. Disposable Gloves and Syringes
- I. Dipsticks for Urine
- J. Disinfectants.
- K. Kidney Dishes
- L. Dressing Forceps
- M. Waste/Disposal Bins
- N. Sharps (Disposal) Container
- O. Plastic Decontamination Bucket
- P. Cotton Wool

Laboratory Facilities

- A. Sink with running water.
- B. Plastic ware containers.
- C. Soaking-bowls for slides.
- D. Test Tube brushes.
- E. Waste/Disposal Bins.
- F. Draining Racks.
- G. Laboratory Workbench.
- H. Separate specimen collection room.
- I. Lancets
- J. Disposable Gloves & Syringes
- K. Sharps (Disposal) Container
- L. Microscope

- 4 Well-water from public well
- 5 No water available
- 6 Other: _____

SERVICE STATISTICS

30 How many clients received the services listed below last year?

Type of Service

Number of Clients

If you don't know, please tick the box immediately below.

Laboratory Services

A. G-Stain & Microscopy for STD	_____	<input type="checkbox"/>
B. RPR/VDRL	_____	<input type="checkbox"/>
C. Culture & Sensitivity	_____	<input type="checkbox"/>
D. HIV/AIDS Testing	_____	<input type="checkbox"/>

STD-related Treatment

A. Syphilis	_____	<input type="checkbox"/>
B. Gonorrhoea	_____	<input type="checkbox"/>
C. Genital Ulcer Disease	_____	<input type="checkbox"/>
D. Urethral Discharge/Dysuria	_____	<input type="checkbox"/>
E. Vaginal Discharge Syndrome	_____	<input type="checkbox"/>
F. Female Lower Abdominal Pain	_____	<input type="checkbox"/>
G. Ophthalmia Neonatorum	_____	<input type="checkbox"/>
H. Inguinal Bubo	_____	<input type="checkbox"/>

Other Clinical Services

A. HIV/AIDS Counselling	_____	<input type="checkbox"/>
B. Family Planning Services	_____	<input type="checkbox"/>
C. Gynaecological exams	_____	<input type="checkbox"/>
D. Antiretroviral Therapy	_____	<input type="checkbox"/>

31 What is the total number of clients who received (any) services last year?

Clients

Number of Clients

If you don't know, please tick the box immediately below.

A. Male Clients (All ages)	_____	<input type="checkbox"/>
B. Female Clients (All ages)	_____	<input type="checkbox"/>
C. Adolescent Female (10 – 24 yrs)	_____	<input type="checkbox"/>
D. Adolescent Male (10 – 24 yrs)	_____	<input type="checkbox"/>

32 Indicate the calendar month and year of the most recent month reported in the table above:

Month: _____ Year: _____

33 Do you keep individualised records of each patient/client, e.g. Patient Cards

Yes No

34 **Type of Records Kept**

- A. Appointments Register
- B. Attendance Register
- C. Treatment Register
- D. Referral Register
- F. Lab. Diagnosis Register
- G. Family Planning Register
- H. Drugs/Stocks Register
- I. Antiretroviral Therapy Register
- J. Monthly Service Reports
- K. Audited Financial Data

Tick Type Available

Computerised	Manual

35 Do you conduct client follow-up? Yes No

STAFFING

36 How many of the staff positions listed below are assigned at this facility?

Staff position	No. Working Full-time	No. Working Part-time	No. On Duty Today
A. Medical Doctor			
B. Clinical Officer			
C. Nurse			
D. Nursing Assistant			
E. Midwife			
J. Lab. Technician			
K. Lab. Assistant			

FEES FOR SERVICES

37 Do you charge a fee for services, at this facility? Yes No *(If No, Skip to Q. 40)*

38 How much are clients charged for the services listed below? *For treatment, please indicate the charge for the full prescribed course using that particular drug.*

Service/Method **Client Fee**

- A. Voluntary HIV/AIDS Counselling UShs _____
- B. HIV/AIDS testing UShs _____
- C. Microscopy UShs _____
- D. Gram Stain UShs _____
- E. Culture & Sensitivity UShs _____
- F. RPR/VDRL UShs _____
- G. Ciprofloxacin (500mg Tabs). UShs _____
- H. Doxycycline (100mg Tabs). UShs _____
- I. Erythromycin (250mg Tabs). UShs _____
- J. Cotrimoxazole (400/80 mg Tabs). UShs _____
- K. Metronidazole (200mg Tabs). UShs _____
- L. Ceftriaxone Inj. (1g Vial). UShs _____
- M. Benzathaine Penicillin Inj. (2.4 MIU Vial). UShs _____
- N. Clotrimazole Pessaries (500mg). UShs _____
- O. Nystatin Pessaries (100,000 IU). UShs _____
- P. Acyclovir (200mg Tabs). UShs _____
- Q. Antiretroviral Therapy UShs _____

- 39 Is there a consultation fee for new clients? Yes No
- 40 How much is consultation? UShs _____
- 41 Is consultation different for follow up cases? Yes No
- 42 How much is consultation for follow up cases? UShs _____

Quality Control & Supervision

- 43 When was the last STD - diagnosis & treatment training for a member of staff? _____ a Don't Know b Never
- 44 When was the last laboratory diagnosis training on STD for a member of staff? _____ a Don't Know b Never

APPENDIX TWO: BACKGROUND INFORMATION OF THE AUDITED MBARARA FACILITIES.

Name of Facility	District	County	Sub-County	Level of Facility	Type of Facility	Locality	Facility Registered
Biharwe Medical Centre	Mbarara	Kashaari	Biharwe	Private Clinic	Private	Peri-Urban	Yes
Boma Clinic	Mbarara			Private Clinic	Private	Urban	Yes
Busingye Clinic	Mbarara	Kashaari	Kakoba	Private Clinic	Private	Urban	Yes
Community Life Care Clinic	Kiruhura	Nyabushozi	Nyakashari	Private Clinic	Private	Rural	Yes
Crajo Health Centre	Mbarara	Bwizibwera	Lubale	Private Clinic	Private	Rural	Yes
Ddembe Nursing Home	Kiruhura	Kazo	Kanoni	Nursing Home	Private	Urban	Yes
Domiciliary Clinic	Mbarara	Kashaari	Rubindi	Maternity Home	Private	Rural	Yes
Ebenezer Community Clinic	Kiruhura	Nyabushozi	Kazo	Private Clinic	Private	Peri-Urban	Yes
Good Hope Clinic	Mbarara	Rwampara	Rugando	Private Clinic	Private	Rural	Yes
Hope Clinic	Mbarara	Kashaari	Rwanyamahembe	Private Clinic	Private	Rural	Yes
Ibanda Clinic	Ibanda	Ibanda	Nyabuhikye	Private Clinic	Private	Peri-Urban	Yes
Ibanda Central Clinic	Ibanda	Ibanda	Ibanda	Private Clinic	Private	Urban	Yes
Ibanda Hospital	Ibanda	Ibanda	Ibanda	Referral Hospital	Missionary (FBO)	Peri-Urban	Yes
Ibanda Parents Clinic	Ibanda	Ibanda	Ibanda	Private Clinic	Private	Urban	Yes
Isibuka Nursing Home	Isingiro	Isingiro	Kabingo	Nursing Home	Private	Rural	Yes
Kaberebere Medical Centre	Isingiro	Isingiro	Birere	Private Clinic	Private	Rural	Yes
Kashari Community Medical Centre	Mbarara	Kashaari	Rubindi	Private Clinic	Private	Rural	Yes
Kazo HC IV	Kiruhura	Kazo	Kazo	Health Centre IV	MoH	Rural	Yes
Kazo Central Clinic	Kiruhura	Kazo	Kazo	Private Clinic	Private	Rural	Yes
Kazo Diagnostic Medical Centre	Kiruhura	Kazo	Kazo	Private Clinic	Private	Rural	Yes
Kwikiriza Domiciliary Clinic	Mbarara	Rwampara	Ndeije	Domiciliary Home	Private	Rural	Yes
Kyabirukwa HC III	Isingiro	Isingiro	Kabingo	Health Centre III	Missionary (FBO)	Rural	Yes

Name of Facility	District	County	Sub-County	Level of Facility	Type of Facility	Locality	Facility Registered
Mbarara Nursing Home	Mbarara			Nursing Home	Private	Urban	Yes
Mother Care Clinic	Mbarara	Isingiro	Kabingo	Private Clinic	Private	Rural	Don't Know
Mother Care Domiciliary	Ibanda	Ibanda	Ibanda	Domiciliary Home	Private	Peri-Urban	Yes
Marie Stopes Uganda	Mbarara	Kashaari		Private Clinic	MSU	Urban	Yes
Mufsons Clinic	Mbarara	Kashaari	Biharwe	Private Clinic	Private	Rural	Yes
Ninsiima Medicare Clinic	Ibanda			Private Clinic	Private	Peri-Urban	Yes
Nyihanga Medical Clinic	Mbarara	Rwampara	Ndeije	Private Clinic	Private	Rural	Yes
Rubindi Domiciliary Clinic	Mbarara	Kashaari	Rubindi	Private Clinic	Private	Rural	Yes
Rubindi Health Centre III	Mbarara	Kashaari	Rubindi	Health Centre III	Missionary (FBO)	Rural	Yes
Rubindi Parents Clinic	Mbarara	Kashaari	Kagongi	Private Clinic	Private	Peri-Urban	Yes
Ruharo Mission Hospital	Mbarara	Mbarara Municipality	Kamukuzi	General Hospital	Missionary (FBO)	Urban	Yes
Rushere Community Hospital	Kiruhura	Nyabushozi	Kenshunga	Health Centre IV	Other NGO	Rural	Yes
Ruti People's Clinic	Mbarara	Rwampara	Nyakaijo	Private Clinic	Private	Urban	Yes
Sanga Clinic	Mbarara	Kashaari	Sanga		MoH	Rural	Yes
St. Michael Medicare Centre	Kiruhura	Nyabushozi	Kenshunga	Private Clinic	Private	Rural	Yes
St. Paul's Clinic	Mbarara	Mbarara Municipality		Private Clinic	Private	Urban	Yes
Surgical Centre	Mbarara			Private Clinic	Private	Urban	Yes
The AIDS Support Organisation (TASO)	Mbarara	Mbarara Municipality		Private Clinic	Other NGO	Urban	Yes
Wilfam Medical Centre	Mbarara	Rwampara	Ndeije	Private Clinic	Private	Rural	Yes
Zzimbe Clinic	Mbarara	Biharwe		Private Clinic	Private		Yes
TOTAL	42	42	42	41	42	41	42