



Data, Systems and Processes:

How can we make routine data key for decision making for
PHC service delivery?

PAUL MBAKA

Serena Hotel Kampala

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WHY WE NEED DATA?

Service delivery related systems

- HMIS
- LMIS
- HFQAP
- District based systems??
- CHIS for Kampala
- RBF invoicing system
- SQIS
- Parallel partner systems
- PNFP initiative driven systems (clinic master...other certifications??)

Financial management systems

- IFMIS
- OTIMS
- OPAMS



KEY DATA SYSTEMS AND PROCESSES: too many.... too few?

CURRENT DATA CHALLENGES / GAPS

- **Data quality (timeliness, completeness)**
- **Data use and adequacy (reliance on surveys and one-off mechanisms for certain data)**
- **Client-related data tracing back to individuals and not count of outcomes**
- **Duplicative systems and efforts**
- **System interoperability**



WHY WE NEED DATA IN UGANDA - WITHIN THE CONTEXT OF RBF MAINSTREAMING?



INPUTS

Budgets and Financial Reporting

EMHS Quantification and budget / Expenditure

Supervision, assessments and verification



OUTPUTS

Selected RBF Outputs



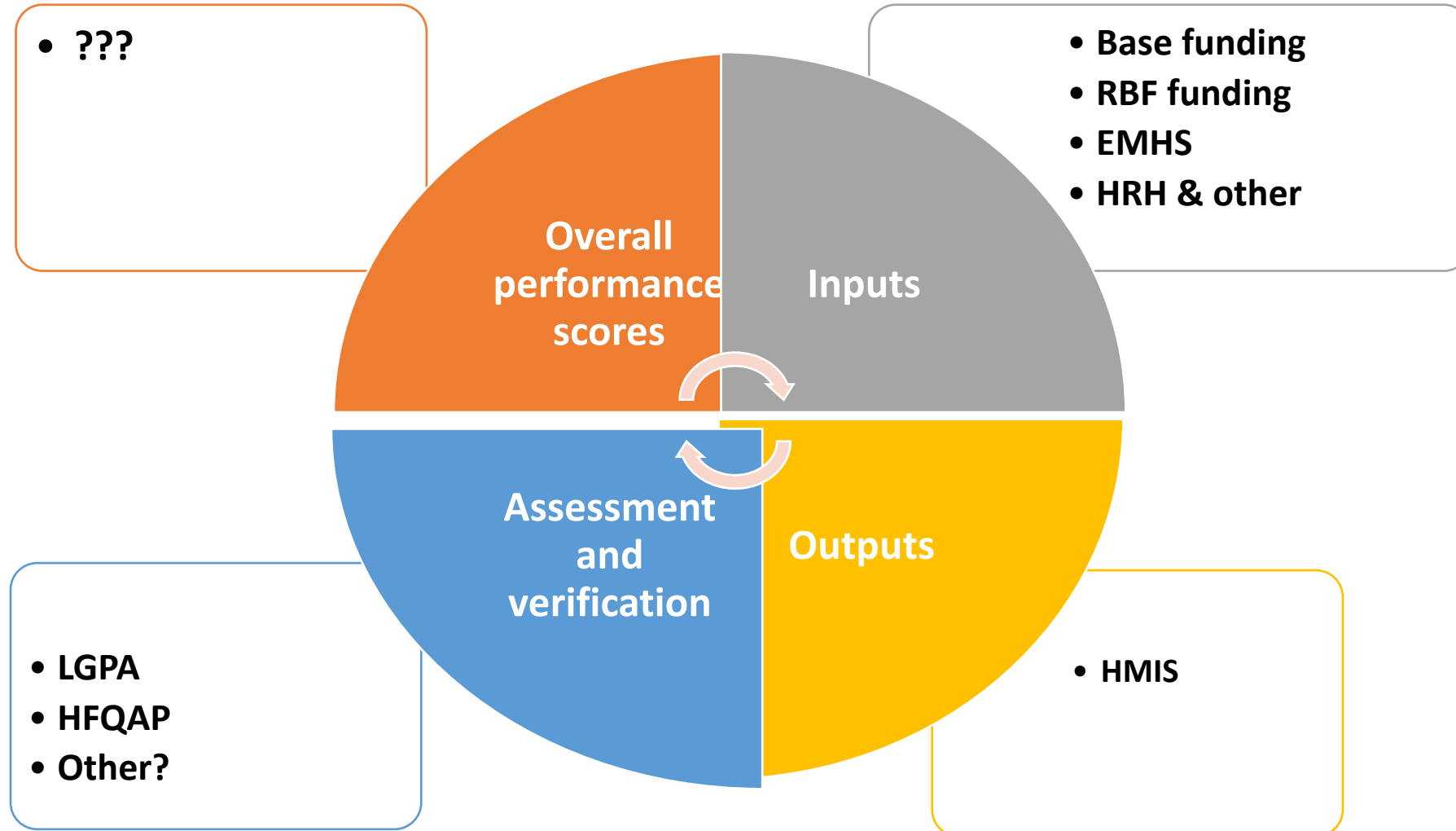
Quality



Relevant RBF scores on output and quality

Data on Other Outputs/Processes to show disease burden

INTEROPERABILITY OF DATA SYSTEMS - WITHIN THE CONTEXT OF RBF MAINSTREAMING?





Thank you!