

Automated Integrated Technical Support Supervision: Tools And Dashboards

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Introduction to the Automated Mentorship Tool



Reduced donor support: Development partners who have traditionally financed the printing of HMIS tools and funded systems like UgandaEMR are reducing their contributions. This leaves a sustainability gap for the Government of Uganda.



High costs in a resource-limited system: Maintaining multiple program-specific registers increases the national printing bill, while the health system already struggles with constrained financing and staffing.



Transition to integrated service delivery at the facility level: Health facilities have been guided to move away from vertical, program-specific documentation toward integrated registers that capture all services in a people-centered way. This reduces duplication and aligns with the national direction under HSDP III and the eHealth Policy.



Need for efficiency and sustainability: Establishing Quality of Integrated Health through capacity building, support supervision and Mentorship of services, and digitizing tools will reduce costs, ease the burden of printing of report and decision making using analytics and insights.

Background to the Automated Mentorship Tool

- The tool was developed in line with the National Health services Integration Framework
- To monitor and support decision making on rolling out of the health services integration
- It started as a pilot in 50 sites where user were asked to use it and provided feedback
- It was later rolled out to additional 100 facilities in different regions and levels of service delivery mainly in facilities that had the trainings in service integration
- It is still being refined through quarterly integrated mentorships the country
- All actors in the rollout of services integration are using the Tool; National and subnational including donor partners
- Still working on the scoring system as the implementation of services integration evolves and differs in different facility levels.
- The major challenge is to make sure the users are able to relate the Tool to the integration Framework.
- Early and close communication with stakeholders and users is key in uptake of any contextual adaptation of the Tool.

Measuring Progress On Integration Of Health Services

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Dashboard for measuring progress on integration of health services: regional, district & facility assessments

This dashboard presents results from **Integration of health services mentorship** conducted at **regional, district, and facility** levels.

- Use the buttons on the right to navigate to summaries, **parameter scores**, **action plans**, and **trend analyses**.
- Each page includes **filters** (Year, Quarter, Region, District, Facility) to refine and view results for specific regions, districts, or health facilities.
- Visuals highlight **compliance**, **performance gaps**, **action plans**, and **trends over time** to support decision-making.

Action Plans: To view action plans, you must select a specific region, district, or health facility using the drop-down on the action planning page. The table will remain hidden until one entity is chosen.

Return to this page anytime using the **"Back to menu"** button on each page.

How the integration level is computed:

Each assessed question in the mentorship tool is scored as follows:

- **Yes** = 1
- **No** = 0

The overall percentage score/level of integration is then calculated as:

Percentage Score = $\frac{\text{Total "Yes" Responses}}{\text{Total Responses (Yes + No)}} \times 100$. This percentage is then mapped to the levels and color codes below;

% Score	Interpretation
0-<40%	Level 1: No integration
40-<60%	Level 2: Minimal alignment or recognition of integration in planning or structure
60-<80%	Level 3: Partial integration
80-<100%	Level 4: Strong alignment
100%	Level 5: Full integration

Region assessment analysis

- ➔ Overall summary
- ➔ %scores by parameter
- ➔ Trends for % of regions meeting each parameter
- ➔ Review of previous actions
- ➔ Action planning

District assessment analysis

- ➔ Overall summary
- ➔ %scores by parameter
- ➔ Trends for % of districts meeting each parameter
- ➔ Review of previous actions
- ➔ Action planning

Facility assessment analysis

- ➔ Overall summary
- ➔ % scores by domain
- ➔ % scores by standard
- ➔ Review of previous actions
- ➔ Action planning

Regional Assessment: %scores by Parameter

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Regional assessment: %scores by parameter

Select parameter

- Integration included in quarterly regional partner meetings
- Integration included in regional performance review meetings
- Region conducts quarterly integration supervision visits to districts/ facilities
- Region has focal person/ technical lead for integration
- Region has integration committee
- Region holds monthly meetings with districts on integrated care

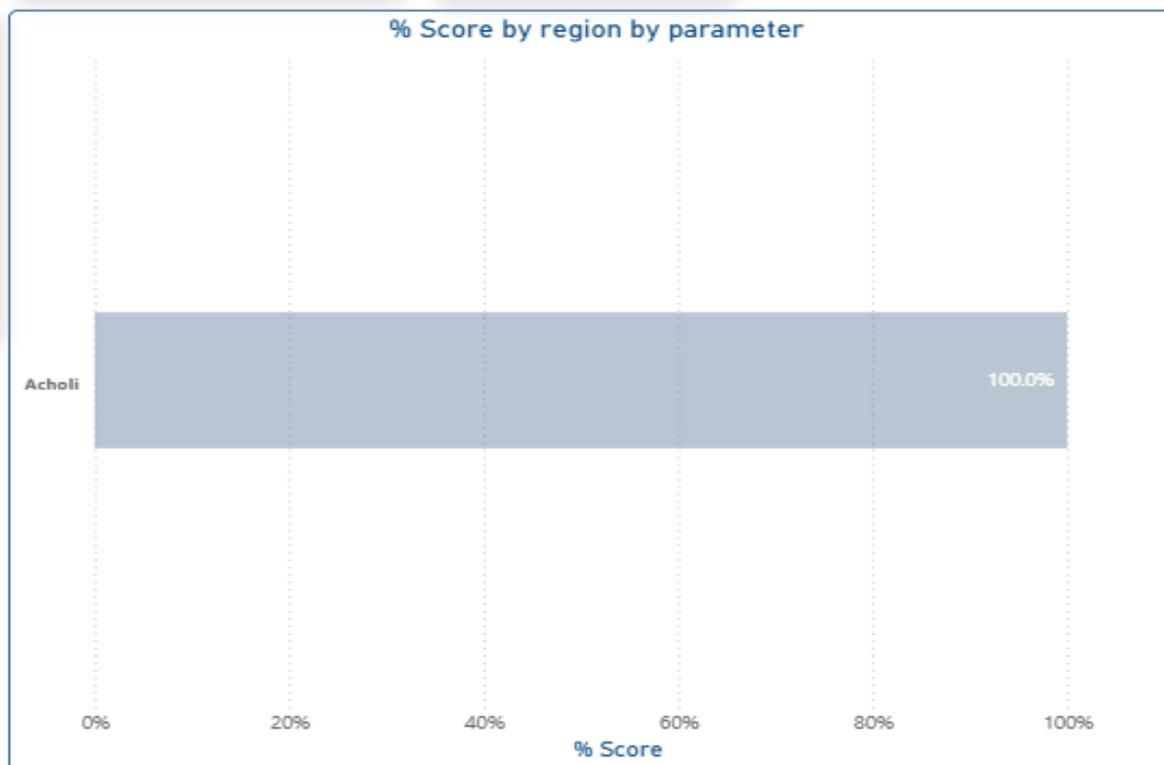
Select region

Acholi

Year, Qrt, Mnth

Multiple selections

% Score by region by parameter



Regional Assessment: Trend %of Regions meeting each parameter

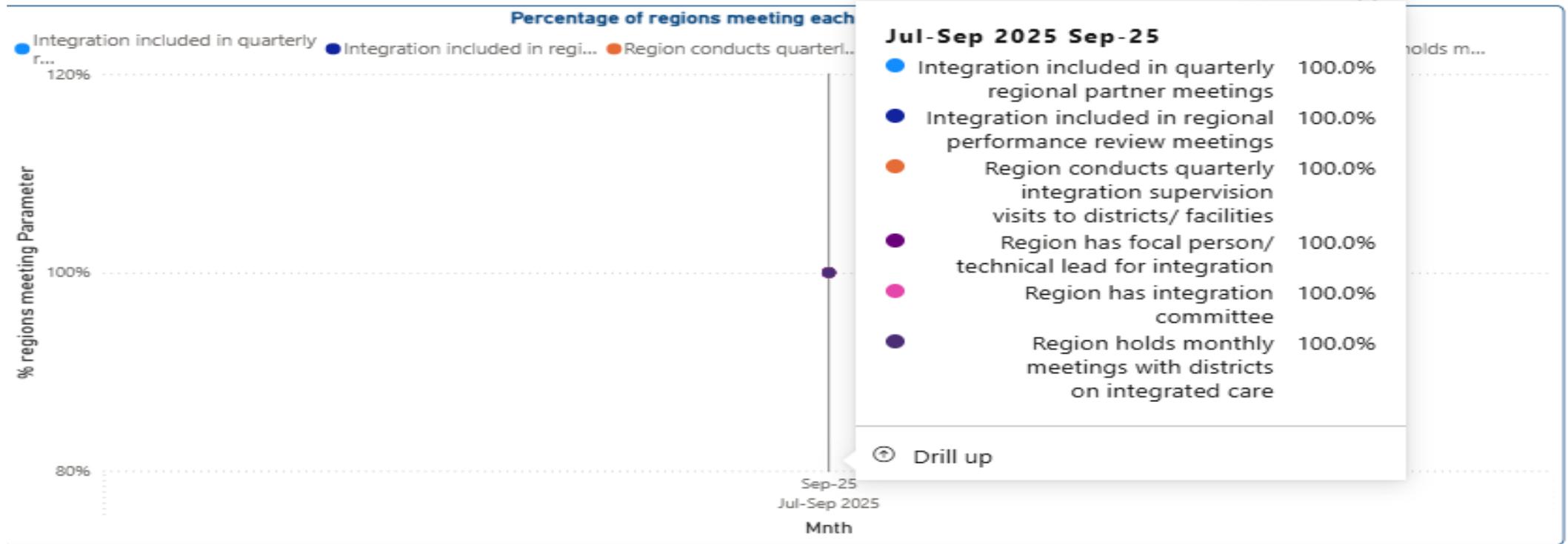
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Regional Assessment: Trends for % of regions meeting each parameter

Select region
Acholi



Regional Assessment: Review of Previous Actions

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Regional assessment: Review of previous actions

Select region

Acholi

Year, Qrt, Mnth

Multiple selections

Previous planned actions and progress made Acholi region

No.	Planned actions	Progress and outputs	Next steps
1	Training at all levels was done.		
2	Identification of integration focal persons at regional, district and facility level		
3	Action plans have been developed and implemented		
4	Establishment of regional coordination platform was established, that engages the regional stakeholders on a weekly virtual meeting		
5	Quarterly support supervision to the districts and hospitals and health centre 4s	The district have picked up the momentum of support supervision to the lower level	

Regional Assessment: Action Planning

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Regional assessment: Action planning

Select region
Ankole

Year, Qrt, Mnth
Multiple selections

Action plan for Ankole region

No	Gap/concern	Intervention selected to fill the gap	Responsible person	Timeline
1	Limited space to accommodate patients.	Short term; Feasibility assessment , Reorganise the workflow of patients. long term; Lobby for infrastructure that enables a one stop centre	RQJ officer for short term actions and SEC for long term action points	Short term; end of next quarter(Oct-Dec 2025),Long term; (FY 2026/2027)
2	Scattered special clinical rooms.	Short term; Asses feasibility for integration, Continuous community sensitisation on services at different levels of care through mass media and community engagement. Long term; Lobby for infrastructure that enables a one stop centre, recruitment of Specialists to provide services 5 days a week	Head community health department for short term action points, SEC/MoH for long term action points.	Next quarter (Oct-Dec 2025) for short term action points then FY2026/2027 for long term action points
3	Priorities of specialists from the university differ from those of MoH.	Recruitment of Specialists to provide services 5 days a week	SEC /MoH	FY2026-2027
4	Inadequate supply of essential medical supplies, equipment and technologies.	Short term; Include ward incharges when developing the annual procurement plan for drugs and supplies. long term; Upgrading the hospital to NRH (appropriate funding)	Head of pharmacy for short term action points. SEC/MoH for long term action points	FY 2026/2027
5	Many entry and exit points due to scattered specialised clinics/units	Lobby for infrastructure	SEC/MoH	FY2026/2027
6	Insufficient parking space.	Allocation of sufficient space for hospital parking	SEC	FY2026/2027
7	Insufficient space at pharmacy	Lobby for infrastructure	SEC/MoH	FY2026/2027
8	Under staffing as per the staffing norm (at 28% as at July/ 30/2025)	Short term; Submit the staffing gaps to HSC. Long term; Recruitment of staff	PHRO	FY2026/2027
9	Slow electronic systems (inconsistent power supply, slow internet, electronic systems not configured and synchronized (one patient getting multiple patient IDs, some diagnoses not appearing in some systems) knowledge gap among staff on basic computer	Procurement of sufficient computers with updated specifications, Consistent power supply, Provision of LAN computers for all units in the facility, Stable internet, Synchronize electronic systems, Capacity building in basic computer skills among the staff and during induction training for the new staff.	PHRO	FY2026/2027
10	Under reporting due to delayed upgrade of the hospital into a national referral (unrecognized services delivered, under funding in all health system building blocks).	Upgrade hospital into NRH and update the M/E tools	SEC/MoH	FY2026/2027

District Assessment: Overall Summary



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District assessment: Overall summary

No. of districts assessed:
4

Select region
Acholi

Select district
All

Year, Qrt, Mnth
Multiple selections

Integration Level

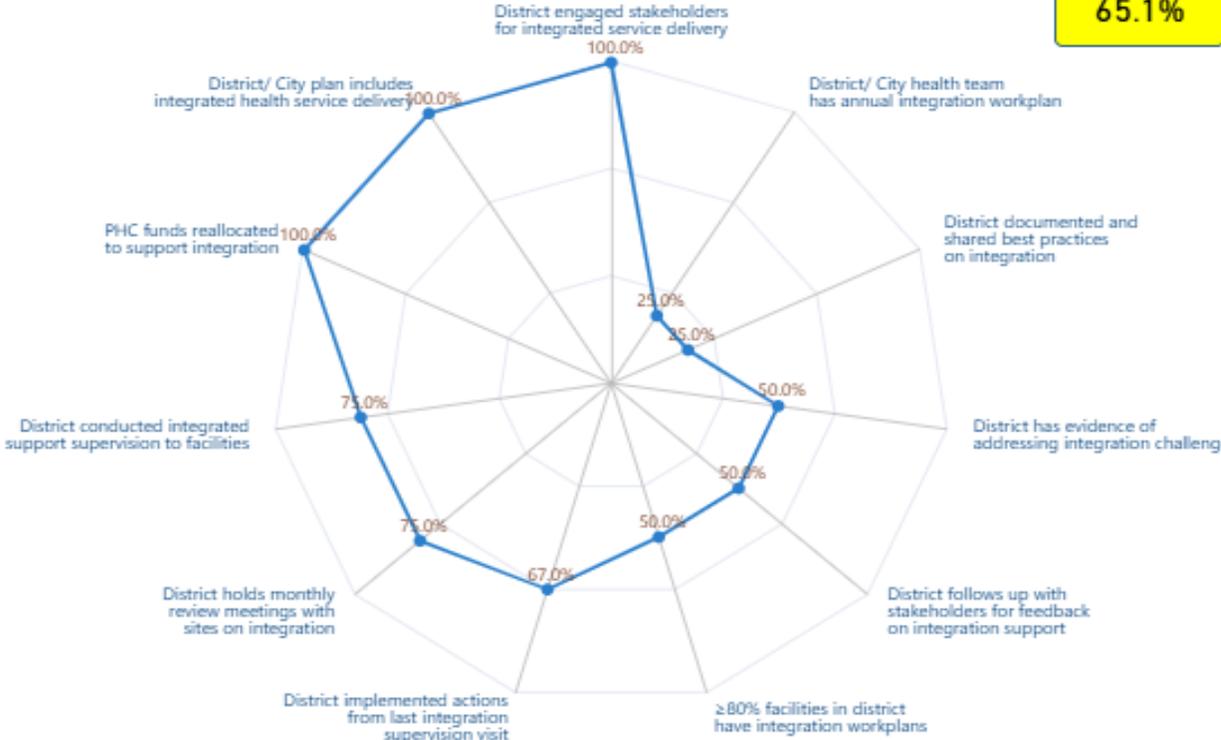
Level 3: Partial integration

Compliance by parameter

district	≥80% facilities in district have integration workplans	District conducted integrated support supervision to facilities	District documented and shared best practices on integration	District engaged stakeholders for integrated service delivery	District follows up with stakeholders for feedback on integration support
Amuru District	N	Y	N	Y	N
Gulu City	Y	Y	Y	Y	Y
Kitgum District	Y	N	N	Y	N
Nwoya District	N	Y	N	Y	Y

District performance on integration parameters (100% = Full compliance)

Overall score:
65.1%



District Assessment: % Scores By Parameter



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District assessment: % scores by parameter

Select region

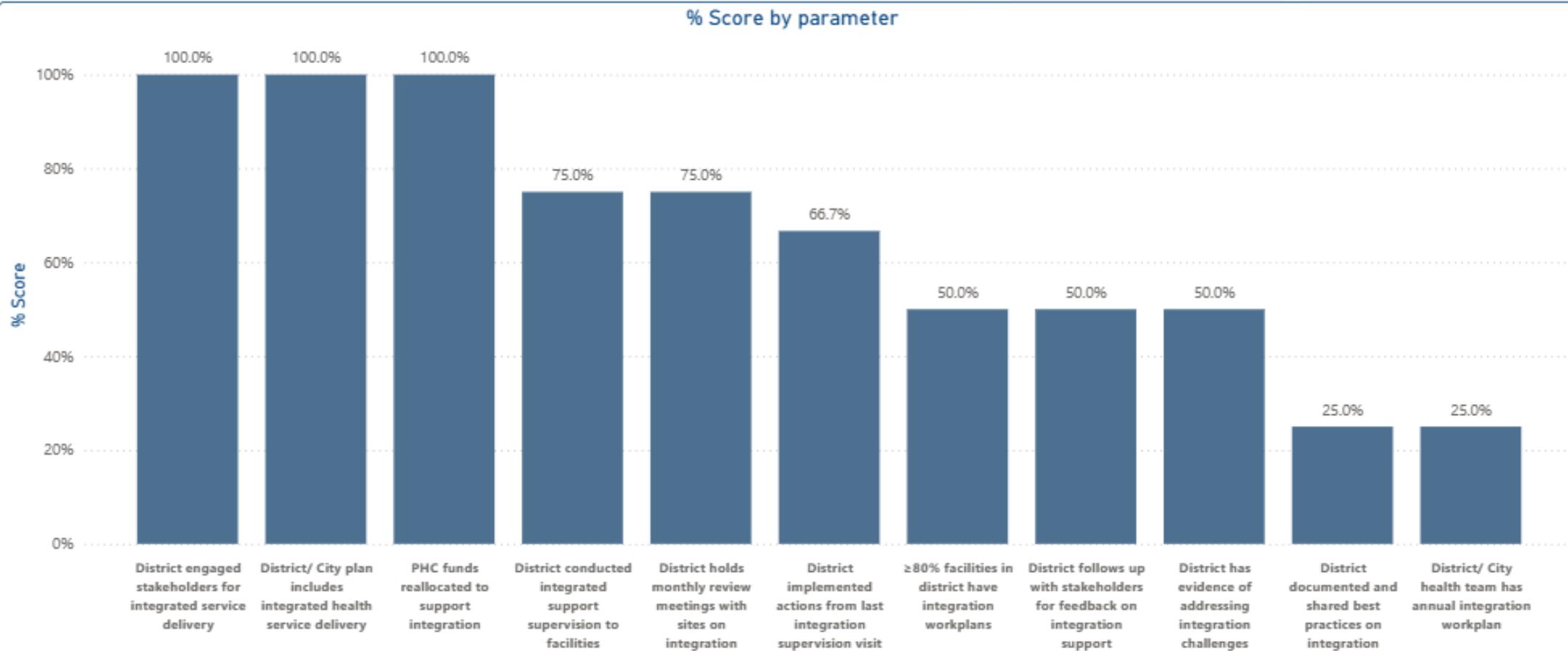
Acholi

Select district

All

Year, Qrt, Mnth

Multiple selections



District Assessment: Trends %Meeting Each Parameter

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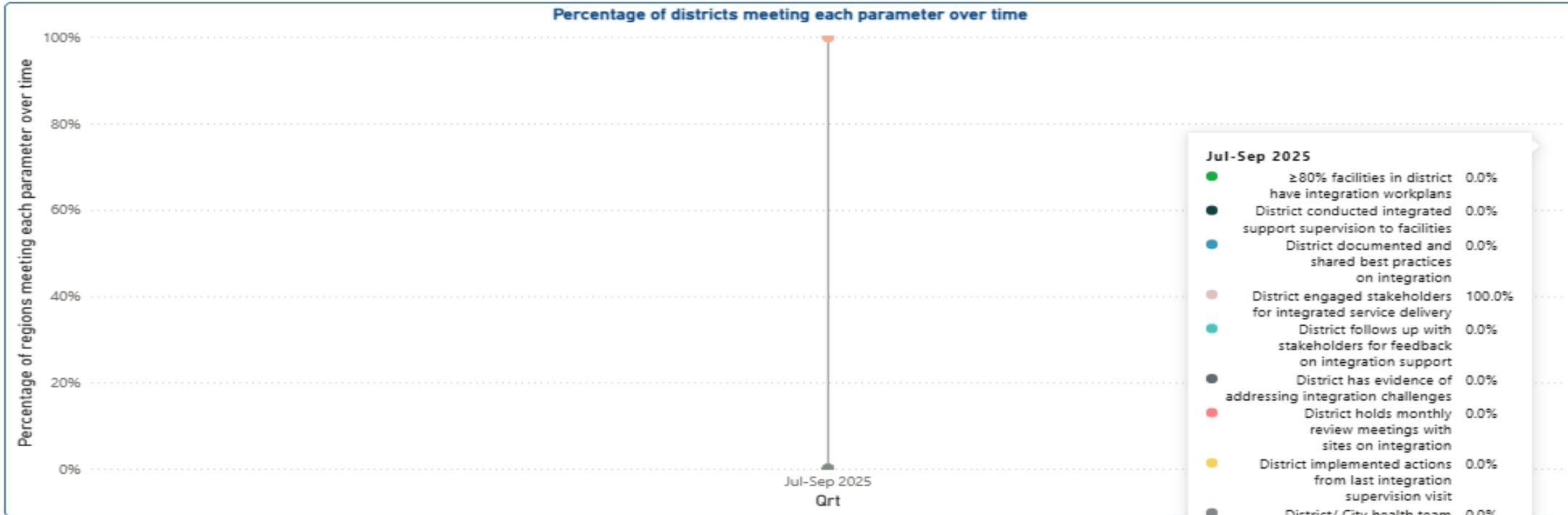


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District assessment: Trends for % of districts meeting each parameter

Select region:

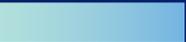
Select district:



Jul-Sep 2025

- ≥80% facilities in district have integration workplans 0.0%
- District conducted integrated support supervision to facilities 0.0%
- District documented and shared best practices on integration 0.0%
- District engaged stakeholders for integrated service delivery 100.0%
- District follows up with stakeholders for feedback on integration support 0.0%
- District has evidence of addressing integration challenges 0.0%
- District holds monthly review meetings with sites on integration 0.0%
- District implemented actions from last integration supervision visit 0.0%
- District/ City health team has annual integration workplan 0.0%
- District/ City plan includes integrated health service delivery 100.0%
- PHC funds reallocated to support integration 100.0%



THE 
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NETWORK
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