



Raising the bar in healthcare.

## **REPORT ON MONITORING ACTIVITIES IN ZOMBO**

**DISTRICT**

**FEBRUARY 2015**

## ***ACRONYMS***

<b>ANC</b>	Ante natal care
<b>ARVs</b>	Anti retrovirals
<b>DHO</b>	District health officer
<b>HMIS</b>	Health Management Information Systems
<b>HUMC</b>	Health unit management committee
<b>IPD</b>	In patients department
<b>MHSDMU</b>	Medicines and Health Services Delivery Monitoring Unit
<b>MOH</b>	Ministry of Health
<b>MOPS</b>	Ministry of Public Service
<b>MOFPED</b>	Ministry of Finance, Planning and Economic Development
<b>MTRAC</b>	Mobile Tracking
<b>NDA</b>	National Drug Authority
<b>NGO</b>	Non Government Organization
<b>OPD</b>	Out patients department
<b>PHC</b>	Primary health care
<b>PNFP</b>	Private Not For Profit
<b>RH</b>	Reproductive Health
<b>TASO</b>	The AIDS Support Organization

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## INTRODUCTION

As part of its routine function of monitoring of health services across the country; HMU planned one week field visit to Zombo to monitor health service delivery in the district. This involved visits to the government health facilities in the district. Data was captured using tools like the data collection tool. Different parameters of health service delivery were assessed like human resources for health, infrastructure, medicines and supplies, utilities, accommodation and clinical services. In addition, anonymous complaints were also received on the MTrac platform from both health workers and the community.

A radio talk show was held on 5<sup>th</sup> February 2015 on Radio Paidah that focussed on epidemic awareness and preparedness in Zombo district and also as a way of reaching out to the community. A total of twelve health centre IIs and IIIs were visited. Zombo district has neither a district hospital nor a health centre IV. Basic health services like immunization, maternity, OPD, IPD and ANC services were available in most of the health centres visited except HCIIIs; and all health facilities had the essential medicines for optimal functionality. Staff mainly complained of lack of uniforms, inadequate accommodation and failure to access arrears. The HMU team also made a presentation about the monitoring findings to the district hierarchy on 12<sup>th</sup> February 2015. They were briefed that the salary issues of health workers was of paramount importance to the government and efforts were being made to address any issues related to arrears or salaries. Ongoing and future health sector plans by the Government plans were also highlighted in this meeting.

## OBJECTIVES

- To address the issues and complaints reported on the MTrac platform.
- To assess the level of health service delivery in the district through direct monitoring of health facilities
- To identify and rectify any forms healthcare malpractice, poor administration and mismanagement of health resources.

- To provide feedback to all stake holders involved in health service delivery and forge solutions where possible.

## **METHODOLOGY.**

- A four man team conducted site visits of these health facilities and performed inspection under the guidance of a data collection tool. This included inventory of equipment, drug management and audit, financial audit, infrastructure, staffing and services at the facility.
- At every health facility visited, on spot training of health workers was done in case of identified gaps; mainly in the areas of drug and records management, sterilization, PHC accountability and inventory.
- A presentation was made to the district leadership, sub county chiefs, LCIII chairpersons and the in charges of health facilities.
- A radio talk show was conducted on Radio Paidah to reach out to the community.

## **HEALTH FACILITIES VISITED**

Kango HCIII

Atyak HCII

Warr HCIII

Amwonyu HCII

Paidah HCIII

Pamitu HCII

Zeu HCIII

Amwonyu HCII

Alangi HCIII

Otheko HCII

Jangokoro HCIII

Ayaka HCII

## KEY FINDINGS

### **EXPANDED PROGRAMME ON IMMUNIZATION (EPI)**

Immunization services were available in all facilities visited except Atyanda HCII where fridge broke down a month ago. The cold chain supervisor was aware and attempts were made to fix it. The fridges in the rest of the facilities were functional and some facilities had a back up cylinder. Other EPI apparatus that were present include vaccine carriers, ice packs, vaccine boxes and thermometers.

EPI HMIS tools like temperature control charts and vaccine control book were also available. Temperature charts were updated in the morning and evening in all facilities except in Amwonyu HCII where it had not been updated for 1day. Vaccine control books were poorly updated in most of the facilities

### **ANTE NATAL CARE (ANC)**

ANC and maternity services were only available in HCIIIs. These included family planning and ENTCT. None of the HCIIIs conducted ANC services meaning mothers had to trek long distances for this service. Paidah HCIII conducted the highest number of ANC and deliveries with 99 ANC 1<sup>st</sup> visits and 90 deliveries respectively.

Examination beds were present except in Warr HC where a corner of the paediatric ward was shielded by a screen and used for ANC. Examination was done on an ordinary bed.

The labour suites were functional and clean at the time of our visit and had the necessary equipment and consumables like delivery beds, aprons, infection control containers, gloves and disinfectants.

Most facilities had an average of 3 midwives and this helped in strengthening the ANC and maternity services. Some of the personnel were seconded by Baylor college of Health Sciences.

The ANC and maternity registers were well filled in all facilities visited and also reflected the summaries at the end of the month.

ANC services were mainly affected by stock outs of syphilis and HIV testing kits. Despite having its OPD roof blown off by wind, the ANC and maternity services at Alangi HCIII remained functional

*Table showing number of health facility 1<sup>st</sup> ANC visits and deliveries in the last quarter*

	<b>FACILITY</b>	<b>1st ANC VISITS</b>	<b>DELIVERIES</b>
1	Paidah HCIII	466	242
2	Warr HCIII	179	104
3	Kango HCIII	109	50
4	Zeu HCIII	340	113
5	Alangi HCIII	156	111
6	Jangokoro HCIII	99	90

## **DRUG SUPPLY**

All health centres visited had drugs stores and the health workers acknowledged receipt of essential medicines from National Medical Stores (NMS) every two months. The 3<sup>rd</sup> quarter supply by NMS was in December 2014 and according to the NMS schedule, 4<sup>th</sup> quarter delivery was slated for the last week of February 2015. The type or spectrum of drugs varied according to the level of health facility but these mainly include antimalarials, antibiotics, antipyretics and analgesics. Most health facilities visited were experiencing stock outs of essential medicines and supplies like antimalarials, antibiotics, HIV kits, and gloves but this can be attributed to the fact that the end of the consumption cycle was close.

Discrepancies in the drugs supplied vis a vis the delivery notes was reported in Atyanda HCII where Amoxyl, Artesunate and Septrin were not delivered in the 3<sup>rd</sup> quarter. Discrepancy forms were field and sent to NMS through the DHO. In Kango

HCIII 7 boxes of disposable gloves and 25 vials of Artesunate were missing. In Paidah HCIII, paediatric coartem was not delivered.

## **DRUG MANAGEMENT**

All facilities had drug stores but the sizes varied. Most of the drug stores were untidy and they had wooden shelves and wooden or metallic cabinets. HMIS tools for drug management like requisition books and stock cards were present but dispensing logs were only present in 3 health facilities. Most facilities improvised with counter books as dispensing logs. Reason given is that NMS had not delivered them in a while but they had put in a request for some.



*Unshelved drugs stores in Jangokoro HCIII and Pamitu HCII*

HMIS tools were incompletely filled especially the requisition and issue vouchers. Stock cards were not updated in time in 50% of the health centres and the main reason given by the health workers is heavy work load, understaffing and lack of proper handover by those in acting roles.

Disparities between the stock cards and physical stock occurred due to delayed update of stock cards.

In Paidah HCIII, the HMU team did not do a drug audit because stock cards had not been updated since September 2014. They had been taken by the Town Council for quarterly and annual audits and only returned in November. The in charge was asked to immediately reconcile the stock cards, delivery notes and requisition/issue books. In Atyak HCII, the stock cards were poorly updated while some had been misplaced

*Table showing results of a drug audit in 5 health facilities*

	DRUG	VARIANCE			
Health facility	Paracetamol	Septrin 480mg	Coartem (30x24)	Coartem 6	Amoxyl (tin)
Atyanda HCII	0	0	0	0	-
Amwonyu HCII	0	0	-	-	0
Ayaka HCII	-	-1	-3420 tabs	+8640 tabs	-
Warr HCIII	0	0	0	0	0
Kango HCIII	0	0	0	0	0

## **EXPIRED MEDICINES**

Zombo district only had 6 facilities with expired drugs. These include Jangokoro HCIII, Paidah HCIII, Pamitu HCIII, Ayaka HCIII, Atyanda HCIII and Atyak HCIII. Most expired drugs in other facilities had been taken to the district health office. The expired drugs book was only present in 7 health facilities. The most common expired drugs include oral and injectable contraceptives, ARVs, Niverapine syrup, eye/ear drops and mabendazole.

## **LABORATORY SERVICES**

All health centres were able to perform at least a malarial test using RDTs. HCIII laboratories were able to carry out basic tests for malaria, HIV, TB, Urine, stool and haemoglobin apart from Alangi HCIII whose OPD roof was blown away by the wind. Baylor college of Health Sciences supported most of the laboratories especially in the area of HIV test kits and related supplies, HMIS and human resource.

Most of the HCIIIs were not able to perform HIV tests due to stock outs or not receiving kits at all. Laboratory reagents were supplied by NMS with buffer supplies from research collaborators and partners like Baylor and CDC. Notable among these are HIV test kits.

All HCIIIs had functional microscopes. Paidah HCIII was the only facility with a CD4 count machine.

## **HUMAN RESOURCE**

The health centres in Zombo district are understaffed and although the district may advertise to fill certain vacancies, it sometimes fails to attract the right cadre of staff. This might be attributed to the hard to reach nature of the district. Staff who intend to go for upgrading are granted study leave by the district and this further worsens the human resource gap. It's not known whether these staff come back to work for the district as is supposed to be the case.

Partners like Baylor and UVRI have tried to fill the staffing gap especially in the area of reproductive health and laboratory services. In Kango HCIII, Baylor seconded 2 laboratory assistants and 1 enrolled nurse while UVRI seconded 1 clinical officer under the plague programme.

In Ayaka HCII, at the time of visit, although the facility was open, the only worker present was a PHC volunteer. Of the three staff, one was sick, another had gone to the district and the third had applied for retirement.

## **WATER SUPPLY**

Most facilities had limited access to clean and safe water. Most HCs visited had access to a water source within the facility or from nearby water sources. This includes town water supply, water harvesting systems and boreholes. Water harvesting systems were mainly functional in Kango HCIII, Alangi HCIII, Jangokoro HCIII,

Warr HCIII, Ayaka HCII and Amwonyu HCII. Bore holes were functional in Ayaka and Atyak HCII; and broken down in Otheke HCII.



*Functional rainwater harvesting system in Jangokoro HCIII*

Non functionality of these systems is attributed to poor maintenance and the community breaking locked taps to access water. It was observed that some faults like a missing nail on the gutter holding brackets, clogged gutters, disjointed gutters or poor gutter gradient were the main causes of inability to effectively harvest water and yet these could easily be maintained at facility level.



*Functional borehole in Paidah HCIII*

## **POWER SUPPLY**

Most facilities were using solar power for lighting and this was mainly limited to the IPD and sometimes OPD. These facilities include Atyak HCII, Amwonyu HCII, Kango HCIII though non functional, Warr HCIII, Zeu HCIII, Paidah HCIII and Jangokoro HCIII. In addition, Paidah HCIII was connected to the national hydroelectricity grid called UMEME. Atyanda, Ayaka, Pamitu and Alangi health centres did not have sources of electricity. There is need to install solar power in the other health facilities including staff quarters.

## **FINANCIAL ACCOUNTABILITY**

Zombo district receives quarterly Primary Health Care funds (PHC) as wage and non-wage. HMU audited PHC non-wage utilization and accountabilities. Refer to audit report. The PHC releases received by the various HCs and their respective accountabilities were not available for public viewing on the notice boards in most HCs. Most staff acknowledged that the in-charge never consulted them on receipt of PHC or expenditures. The HMU team did not audit PNFPs but there is need for the internal district auditors to also look into PHC accountabilities of PNFPs.

## **INFRASTRUCTURE**

Most of the structures were in fairly good general condition and habitable although some of the buildings were old and needed urgent renovation. In Warr HCIII, the entire OPD structure was dilapidated and needed a comprehensive face lift. The in-charge reported that plans by the district were underway to renovate it.

In Alangi HCIII, the roof of the OPD was blown away by the wind a week before the HMU team visited the facility. Health workers and patients escaped unhurt contrary to media reports. The facility thus limited its operations to reproductive health and emergency services. The district authorities are aware of the problem and are trying to mobilize funds for the renovation. However, the challenge is the building is old and

may need a totally new structure hence increasing the cost which money might not be readily available.

In Otheko HCII, which is very far from the nearest HCIII, a new in-patient wing was built but has never been commissioned. It is already infested with bats. The district officials say it is due furnishing. Once operational, it will save the host community long distances to seek admission and maternity services.

Maintenance of infrastructure is poor and some facilities have been run down by bats.



*Dilapidated structure at Paidah HCIII*

During HMUs presentation to the district officials, incomplete construction works were highlighted. This compelled the RDC to follow up and engage the various concerned officials in both Zombo and Nebbi districts since some of the technical decisions then were still under Nebbi district. A report has been made by the RDC and shared by HMU. (*Refer to annex*)

## **SANITATION AND INFECTION CONTROL**

The health facilities were clean at the time of visit especially the maternity departments. Paidah HCIII maternity was very clean despite the facility only having one cleaner. All health centres followed the procedures of medical waste collection

and disposal. Sharps containers, bins and waste pits were present in all facilities visited. The waste bins were disaggregated into colour codes for either organic or inorganic waste. Gloves in Jongokoro HCIII were out of stock and the few that were left had been reserved for



*Waste bins for sharps and infectious waste in Jangokoro HCII and Paidah HCIII*

Although most of the health facilities conducted disinfection procedures using liquid soap and jik, most of them did not conduct sterilization of instruments despite the fact that they have autoclaves and sterilization machines. This is largely attributed to inadequate knowledge about best sterilization practices, poor attitude and lack of stoves, paraffin or electricity.



## **UNIFORMS**

90% of the health workers were not in uniform at the time of our visit. They attributed this to not having received uniforms from government. HMU explained that government had prioritized uniforms for all health workers country wide and some districts had already got theirs. Delays in additional funds slowed the procurement process for the remaining district but plans are underway to have more funds allocated.

## **VERMINS AND PESTS**

Bats were present in the newly constructed Otheko IPD and Warr OPD and these were damaging the ceilings in addition to being a public health hazard. Bees and Wasps were also a common occurrence in the pit latrines and OPDs of some of the facilities. Notable among these were Zeu HCIII and Ayaka HCII where wasps stung one of the HMU staff to the extent that she needed medical attention. Termites were a common sight in some of the pit latrines and had caused damage to the wooden doors. Besides being a public health hazard due to their urine and faecal matter, these bats have caused significant damage to the ceilings of the health centres.

## **ABSENTEEISM**

During the period of monitoring, the district was conducting internal transfers of health workers so it was not possible to give a conclusive analysis since it was reported that those on duty were in the process of shifting. All HCs were open at the time of visit. Attendance registers were not strictly adhered to in most of the health facilities visited. As mentioned earlier all the three health workers in Ayaka HCII were absent at the time of visit and the facility was being run by a PHC volunteer.

## **STAFF ACCOMODATION**

At least every facility was able to accommodate a minimum of two staff although accommodation remained inadequate. The district continued to identify those health centres in urgent need and construct more houses. In Zeu HCIII, most of the health workers were staying in rented accommodation outside the facility. There is need to construct more housing units for the health workers. Despite the government's effort to provide accommodation for health workers, most of them were not residing at the facilities. A number of these rooms were used as resting places and chose to reside in Paidah town.



*New staff quarters in Pamitu HCII that are unoccupied*

## **NON-AVAILABILITY OF CRUCIAL SERVICES**

Theatre and imaging services are not available in the district and this presents a challenge in form of diagnosis and surgical intervention. However, patients who need x-ray or ultrasound services are referred to a private facility in town.

## SUMMARY OF STAFF COMPLAINTS FROM HEALTH FACILITIES

### *Findings*

- The area is hard to reach and deserves a hard to reach allowance
- General underpay.
- Understaffing
- Inadequate accommodation and money is spent on renting
- Lack of security guards at the health facilities and this affects services at night
- Lack of equipment in certain departments like the laboratory and labour room
- Inconsistency in salaries where staff are on and off the payroll.
- Lack of uniforms
- Heavy workload despite understaffing.

## Recommendations

- ✚ Need to promote either Paidah HCIII or Warr HCIII to a HCIV in order to have emergency surgical services within the district.
- ✚ The DHO should follow up with NMS about the consignment of uniforms meant for Zombo.
- ✚ The issue of salaries of arrears for health workers and other staff should be immediately addressed by the CAO. When contacted, the CAO reported that the decentralization of pension is underway and would be complete before the end of the financial year. This will enable those eligible to get their pension in time and avoid the cumbersome journey to Kampala. The CAO was advised to register all those who

have applied for retirement and prepare their documentation and then have one representative send them to Kampala. HMU promised to follow this up. .

- ✚ The district water engineer should develop simple guidelines for the low cost management of rain water harvesting systems and circulate these to health centres.
- ✚ Inquiries into the unfinished constructions at health facilities are ongoing. RDC to avail his report in order to guide HMUs investigating teams. PHC accountability at all health facilities should be made known to fellow workers and also displayed for public viewing
- ✚ Best sterilization procedures should be enforced immediately especially at lower level units. This should be through continued medical education (CMEs) and written guidelines
- ✚ There is need for coordinated trainings and workshops because these leave some units devoid of valuable staff. This is now a common excuse for absenteeism at the health centres.
- ✚ Inventory books should be put in place and inventory done twice a year in general and weekly or monthly in departments like maternity. This should form part of the appraisal of in charges and departmental heads. The practice of inventory of assets and equipment should be inculcated into health workers by the DHO's office and should be a part of their appraisal.
- ✚ Staff should be encouraged to stay in the housing provided at the facilities as opposed to commuting from far.
- ✚ Guidelines for management of expired drugs should be circulated by the DHO to all health facilities and the drugs collected by the DHO periodically.
- ✚ The DHO should ensure that HMIS tools for drug management like stock cards, dispensing logs and requisition books should be availed to all health facilities and all staff should be taught about the importance of updating the HMIS tools for drug and stores management.

## Presentation to the district officials

The above findings were presented to the district officials who included the RDC, DHO, DPC, district chairperson, health centre in charges; sub county chiefs, LCIII chairpersons and GISOs. The main issue during the reaction session was related to inadequate staffing, lack of uniforms and the hard to reach nature of the environment. The HMU team asked the RDC and other district officials to collectively fight the vice of illegal nursing schools and non-medical diagnostic equipment. Joint resolutions were made and minuted, and the responsible officers were tasked to follow up with in a stipulated time frame. HMU will be tasked with follow up of these recommendations and providing any necessary assistance at the central level.

## Acknowledgements

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- ▶ **Ben Thomiko – In charge of Warr HCIII**
- ▶ **Leteru Beatrice and her team-Nursing officer Alangi HCIII**
- ▶ **Jacob and his team- Incharge Paidah HCIV**

### The MHSDMU team

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