REPUBLIC OF UGANDA

MEDICINES AND HEALTH SERVICE DELIVERY MONITORING UNIT

"Raising the bar in Healthcare"

MHS DMU

BUTALEJA DISTRICT HEALTH STATUS REPORT

JUNE 2014

MEDICINES AND HEALTH SERVICE DELIVERY MONITORING UNIT (MHSDMU)

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1.0 Introduction

In the month of June 2014, the Medicines and Health Service Delivery Monitoring Unit (MHSDMU) undertook a healthsector-monitoring visit to Butaleja District. The objective of the visit was to establish the status of healthcare service delivery at health facilities in the District. We also set out to verify and address the reported complaints about service delivery in the District's health sector.

2.0 Objectives

1. To assess Health service delivery (OPD, IP, Lab, Maternity, Theater) in the district through facility visits using structured questionnaires.
2. To Identify and address any form of healthcare malpractice, poor administration and mismanagement of resources meant for health department.
3. To Undertake Financial Audit
4. To assess medical supplies management
5. To assess equipment and infrastructural management and needs
6. To identify Human resource challenges
7. To Train & Mentor Health Workers and administrative staff in the health sector
8. To provide feedback to the stake holders of health service delivery in the district and collectively forge solutions.

3.0 Methodology

A Five-man team conducted site visits of the district hospital, HC IVand all HCIIIs in the district.

Health facilities visited

NO	COUNTY (HSD)	SUB-COUNTY	PARISH	HEALTH UNIT	LEVEL
1	BUNYOLE WEST	BUDUMBA	BUDUMBA	BUDUMBA	HC III
2		BUSABI	BUSABI	BUSABI	HC III
3		BUSABA	BUSABA	BUSABA	HC III
4		BUSOLWE RURAL	BUBALYA	BUBALYA	HC III
5		BUSOLWE T/C	BUSOLWE CENTRAL	BUSOLWE	HOSPITAL
6			BUBINGE	BUGALO	HC III
7	BUNYOLE EAST	BUTALEJA RURAL	NAKWASI	NAKWASI	HC III
8		BUTALEJA T C	NANYULU	BUTALEJA	HC III
9		KACHONGA	NABIGANDA	NABIGANDA	HC IV
10		NAWEYO	NAWEYO	NAWEYO	HC III
11		MAZIMASA	KACHONGA	KACHONGA	HC III
12		HIMUTU	KANGALABA	KANGALABA	HC III
TOTAL	2	11	12	12	

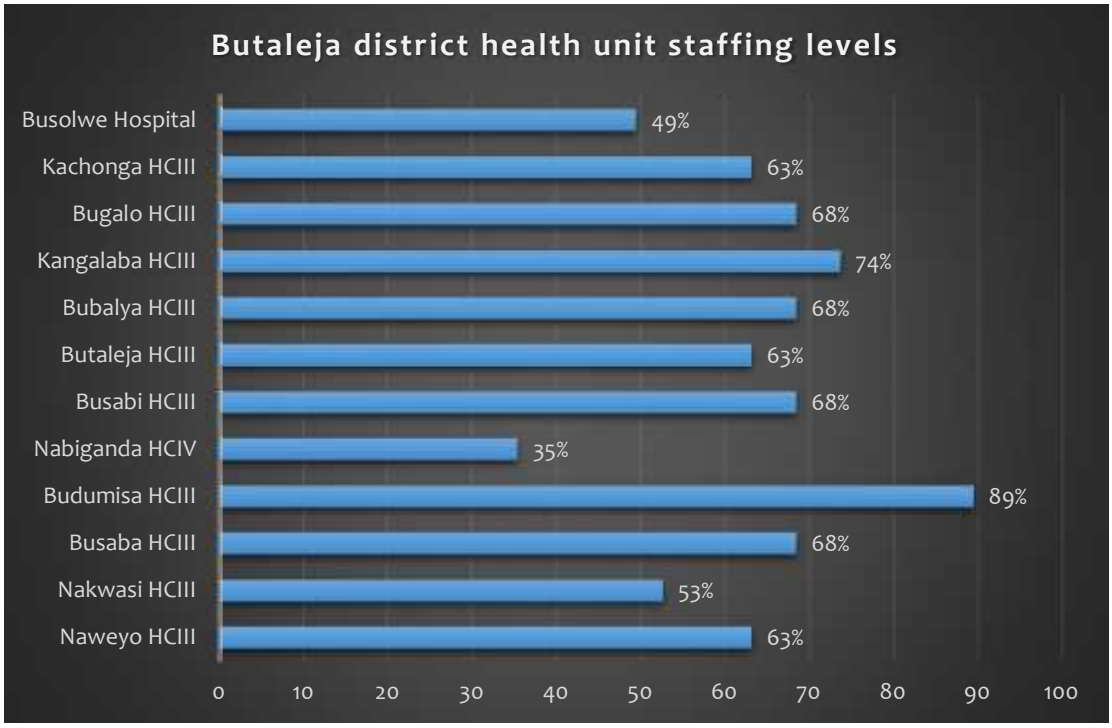
- A Data collection tool/ Questionnaire was used to collect information on different service delivery and administrative areas; Laboratory, In and Out patient, Maternity, Theatre, Infrastructure and equipment, Drug management, Financial management and Human Resource.

- Head Count Forms/questionnaires were distributed to all present health workers to fill and return immediately. This was to ascertain staffing levels and give the health workers a chance to document their challenges or concerns and views on the health sector.
- At every health facility, we took the opportunity to teach or train health workers where gaps were identified.

4.0 Main Findings

4.1 Human Resource

- Understaffing: staffing levels in Butaleja district was poor (below average) for higher level facilities with the Busolwe hospital and Nabiganda HCIV having 49% and 35% staffing levels respectively. Lower facilities especially health center 3s were fairly staffed with a range of 53% - 89%.
- Butaleja district lacks critical medical staff especially in Busolwe hospital staff; they lack a radiographer, pharmacist, anesthetics, and Medical Officers among others.
- It was noted however that even in facilities where clinicians and senior nurses exist, most of the work including clerking is left to less qualified staff like Nursing Assistants who are the most regular in the facilities.

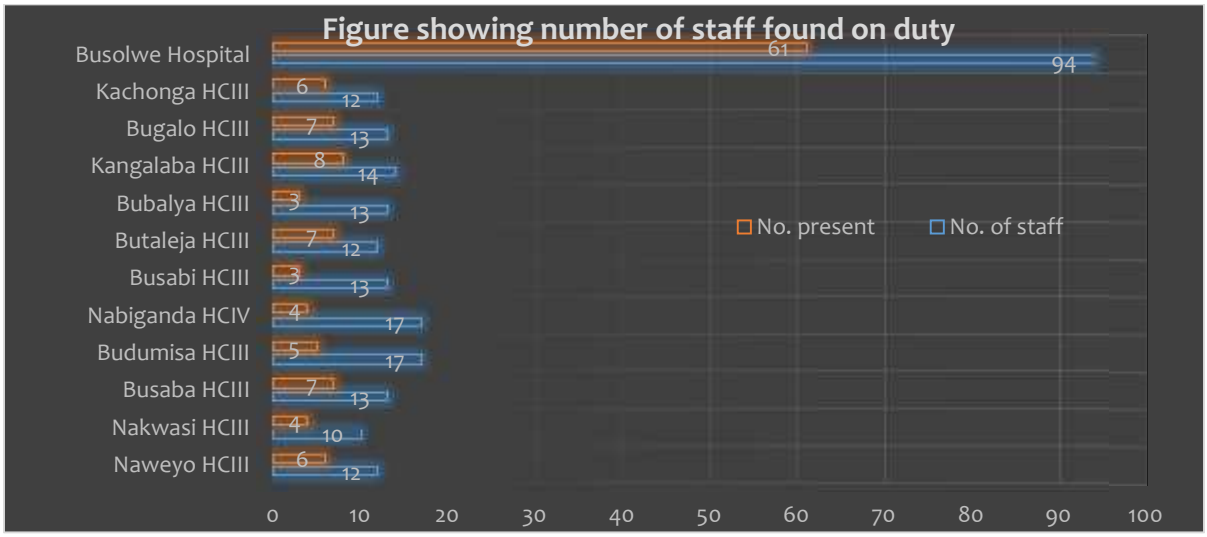


- **Absenteeism**: – the rate of absenteeism in Butaleja district was found high. Examples includeNabiganda HCIV where clinicians and senior nurses were found absent by 10am on a Monday. Bubalya HCIII was found closed by 3pm on 12th June 2014 and on interacting with the community, the Unit established that after lunch it is normal practice for the staff to remain in their homes.The In Charge confirmed this when on being questioned about the absence of staff at the facility he responded that the Patients know how to find them at their staff houses. He added that that was the reason for staff houses being close to facilities so patients can call on staff easily.

There was also the absurd Incident of Friday 13th June 2014 where most facilities were left abandoned including Busolwe hospital. The reason being that all staff had been erroneously summoned on the same day by a personnel officer to address documentation required for processing salary with an accompanying message that it was the deadline and staff could miss salary if they did not show up. This resulted in massive withdrawal of staff from facilities leaving patients un-attended to.

Bubalya HCIII found closed at 3pm and the in-charge found sleeping.

The graph below shows results of a spot check and head count at various facilities in Butaleja



- Because of the high rate of absenteeism particularly of higher cadre clinical staff in the district, the team found a number of non-clinical staff like N.As providing care to patients including clerking.
- A number of Duty Rotaswere not planned rationally with the intention of maximizing days off for staff instead of provision of service. Examples include Bubalya Duty Rota, which had 24-hour shifts and Nabiganda HCIV with one nurse per day on some days. One person does the clerking, dispensing and in-patient ward management.
- There was a poor attitude to work & feeling of Entitlement by Health Workers in Butaleja.
- Salary Issues were noted in many of the facilities.
- Support Supervision & Mentoring: it was evident that the Health Sub districts were not functioningwell and higher facilities that is Busolwe hospital and Nabiganda HCIV do not supervise and mentor lower facilities effectively. It was reported that the DHOs office takes over this role, which is a HSD role.
- Training Needs were Identified among staff in all facilities especially medicines management and accountability and Continuous Medical Education(CMEs) should be instituted to skill staff.
- A number of staff do Private work e.g. Clinics in Tororo or Mbale; Although having private clinics or working in them is not illegal, when the presence of staff on duty is compromised resulting in absenteeism or late coming, service delivery is affected.

4.2 Medical Supplies Management

Busolwe hospital:

A medicines management review and audit of selected indicator drugs was undertaken in the hospital. The stock of essential medicines was generally fair although some challenges were noted in supplies and include;

- Pushed Items that are not required or in excess quantities in spite of the fact that hospitals are under the PULL order method. This may result into expiries for example Anti-TBs are pushed and indeed were among the major expires.
- The hospital is not informed of medicines available prior to ordering and may miss out on new medicines e.g. Co-packed ORS/ZINC tablets or previously out of stock medicines.
- Huge quantities of expired drugs and other medical waste. Since February 2013, expired medicines had not been disposed. A glaring example isthe huge numbers of empty vials/ampoules, which have filled up about 2 rooms. A company Green Label was contracted to collect these but it did so a few times and stopped.
    - Major causes of the expiries include;
        - → Pushed medicines eg Anti-TB
        - → Redistribution strategy in which facilities which find themselves overstocked or with medicines they don't use often e.g Diazepam Injection, send all this stock to the higher level facilities especially the hospital.

→ Special requests that some items be included in the order to NMS by senior clinicians may result in expiry because those items are not used by other clinicians or after the event.

→ Close expiries; medicines delivered when their expiry date is less than 6 months e.g. Oral morphine was ordered for a whole year's use but what was delivered had a remaining shelf life of 6 months.

→ Change of Regimes especially ARVs.

– Audit; Pethidine Injection, Ceftriaxone Injection, Coartem 24 pack tablets were selected as indicator medicines but additionally, Use of Quinine Injection and Artesunate Injection was reviewed. Documentation tools were in place and these include Stock Cards, Requisition & Issue vouchers, dispensing Logs among others.

PETHIDINE INJECTION

Pethidine is a Class A medicine as classified in the National Drug Authority and Policy Act and because of it's addictive properties it is susceptible to drug abuse. Its management is thus required to be very highly regulated - UNDER LOCK AND KEY and it should only be provided only on prescription by medical doctors. Additionally, a book of use showing which patient used the medicine is to be kept accompanied by empty used ampoules for verification. This had not been the case in Busolwe hospital and addiction among staff is expected as documentation shows gaps. Nurses order and approve requisitions at the same time being the administrators. Pethidine Injection which should be in a locked cupboard was kept by the nurses and the evidence of end point use which are empty ampoules returned before new orders was not availed nor was the practice in place. Some orders were more frequent and numbers of ampoules ordered for high.

The Audit showed that Between January 2013 to May 2014, A total of 750 ampoules documented through the stock cards as having been issued out but requisition and Issue vouchers reflected only 625 ampoules leaving a total of 125 ampoules unaccounted for.

CETRIAXONE INJECTION

Ceftriaxone is one of the most potent anti-bacterials in the newer cephalosporin class and currently among the more expensive on the market. It is thus important that it is protected to prevent resistance by using it under prescription for selected infections especially those resistant to other anti-bacterials.

In Busolwe hospital there was Irrational Cefriaxone use including over-use of it and wrong use of it. On average 400 ampoules are used every week at the hospital & a review of the conditions for which it was administered showed some of the following;

⇒ Snake Bites

⇒ Malaria

⇒ Respiratory Tract Infections

⇒ Diarrhea

⇒ Urinary Tract Infections

The blanket preferential use of ceftriaxone reflects either laziness by prescribers to utilize other antibiotics more suited for different bacterial infections thus using the broad-spectrum potent ceftriaxone or absence of valid prescribers (Clinicians) so that lower cadre staff are choosing medicines to administer.

Reasons given by Staff for mis-use of Ceftriaxone

» Work overload; ceftriaxone Injection is mostly given Once daily unlike most of the other anti-bacterials thus the need to inject by nurses is reduced who say they are already overloaded.

» Understaffing; explanation as above

» Insufficient amount of Syringes –so staff felt it is optimizing use of the syringes.

ANTI-MALARIALS – COARTEM/ QUININE INJECTION/ ARTESUNATE INJECTION

The average amount of Coartem Adult (24 pack) used weekly was 900 doses and generally there was a good stock of them. It was however noted that injectable anti-malarials were being over prescribed especially Artesunate Injection. The diagnosis of malaria was poor but more so on evening and nightshifts after laboratories are closed. In a meeting with Staff, it was resolved that RDTs be supplied to clinical rooms and on the wards at night.

Medicines management in other facilities:

Essential Medicines availability or stock levels was fairly good in most facilities and all facilities visited had permanent structures housing the drug storesbut management and accountability in Butaleja district was generally poor. Issues identified include;

→ Store management is poor, a number of facility stores were found open and staffs just walk in to pick medicines at will and self record in the stock card. An example is Naweyo HC III and anyone could just pick drugs.The Store In charges do not seem to be empowered.

→ Use of Requisitions andIssues was poor thus accountabilities for medicines out of the store was missing in many facilities. Stock cards can not replace Requisition and Issue vouchers as they only act as stock tracking tools and do not provide evidence of orders, approvals, signed receipt and Issue which the Requisition and Issue Vouchers do.In Busaba HCIII a sample drug review was done on Coartem 24 there were about 6 tins missing from the store without any trace.

→ The Dispensing log is another end point accountability tool providing evidence of medicines being issued to patients. Quantities of Dispensing Logs supplied by NMS are insufficient and when used up, alternatives are not improvised e.g. Counter books.

→ No reports are being made routinely on medicines deliveries and management in the facilities.

Busaba HCIII where drug amounts are not tallying with stock cards

A disorganized drug store at Busabi HCIII

A well organized and stocked drug store at Busolwe hospital

Used injection bottles that were collected and dumped in a store at Busolwe hospital but have since never been taken out.

4.3 Equipment & Infrastructure

Bats and/or Termites infestation:There is still more to be done countrywide when it comes to bats and vermin. Butaleja district was no exception as the results suggested that 90% of facilities visited had bats and vermin infestation. Butaleja HCIII just opposite the districtwas in a sorry state due to Bats infestation. For Butaleja HC III, the main source of the bats is a very big tree in the compound which for unexplained reasons for a long time the district authorities had refused the facility to cut down.

Dilapidated infrastructures: There were a number of dilapidated structures in Butaleja district but in some facilities e.g.the OPD at Butaleja HCIII,we found on-going renovations. Staff accommodation is however still poor and the few that are accommodated are in very old structures.

Dilapidated Butaleja HCIII OPD block and the facility staff quarters

Dilapidated Bungalo HCIII OPD and a cracked floor that is improvised to palpate mothers

Dilapidated and abandoned structure at Kachonga HCIII

Equipment: Butaleja district is faced with a challenge of lacking equipment in health facilities. In the hospital, there was no functioning Oxygen concentrator and no suction machine at the time of visit. Even the few equipment that is at the facilities is in dire state and nothing so far has been done about it.

Spoilt mattress and broken bed at Butaleja HCIII

Very old mattresses in Budumba HCIII general ward

Rusty delivery bed at Busaba HCIII

Condemned equipment found in the female ward at Busolwe hospital

Repair needs: Busolwe hospital has a lot of equipment that broke down years ago but had never been repaired that include beds, wheel chairs, theater lights and other theater machines. In fact the

hospital management complained that the last time a team from the Regional workshop had come, they had instead taken some equipment, which was never returned.

Equipment piled up in the store-awaiting repair at Busolwe hospital

Theater Lights and Oxygen concentrators that need to be repaired at Busolwe hospital

Utilities: Findings showed that Busolwe hospital electricity bills had not been cleared for a number of months.The hospital did not have water because the brand new water pump had been vandalized before it was actually put to use. The hospital administration however had to improvise and install water at least in the Theater and parts of the maternity ward.

Cleanliness of facility: Most of the facilities visited were found clean. Those found dirty includeBusolwe hospital children's ward and Butaleja HCIII.


A very clean Budumba HCIII

Staff houses: Despite the challenge of accommodation that was evident in Butaleja district and it being hard to access as stated by most of the health workers, the larger number of facilities had good staff quarters.


Staff houses at Bungalo HCIII


Staff houses at Busaba HCIII and Busabi HCIII respectively

Busolwe hospital staff quarters

4.4 Service Delivery

Ambulance services: Ambulance services was fair although challenges of high operational costs exist. Busolwe hospital had 2 functional ambulances, one from the Ministry of Health and another a donation from the area Member of Parliament. There was one grounded ambulance however.

Functional ambulances at Busolwe hospital

A maternity ambulance that was grounded at Busolwe hospital

Functionality of HCIV: NabigandaHCIV is functioning below expected level. The Theateralthough well equipped only undertakes minor surgeries yet wasfound dirty.

A well-equipped but disorganized Nabiganda HCIV theater only handling circumcision

In-patient and admissions: A number of HCIIIs were not offering Admission and Maternity services for example Bubalya HCIII and Busabi HCIII. Bungalo HC III had a new maternity which was not yet equipped.

In-patient block and general ward at Budumba HCIII

A new maternity ward at Bungalo HCIII that is yet to be equipped

Laboratory Services: All facilities visited had laboratories that were fairly equipped and functional. Most notable was that all facilities especially HCIIIs had a microscope and were performing all the necessary tests and investigations. However there was Stock out of Laboratory Reagents occurring for upto 3 weeks in the hospital and 2 months in some HCIIIs in the last year.Naweyo HCIII for example was had not received reagents from NMS for more than 2 months.

A well-equipped Busolwe hospital laboratory

Theater: Busolwe Hospital Theater faces human resources gaps as highlighted in the human resources section above. The theater is well equipped and has a brand new operating bed, anesthetic machine, oxygen concentrator and Autoclaves. However the theater lights do not function properly and Ministry of Health has failed to repair it.

Well-equipped and functional theater at Busolwe hospital

Dissemination of findings: At the end of the field visit, the team together with the district leadership, DHT, all health facility in-charges had a discussion of findings reported to them by the Monitoring Unit. It is from this discussion that resolutions and action plans were agreed upon as shown in the copy of minutes attached.

Dissemination meeting in Butaleja district

MINUTES OF THE FEEDBACK MEETING WITH MEDICINES AND HEALTH SERVICE DELIVERY MONITORING UNIT (MHSDMU).

MEMBERS PRESENT

1.	MUYONJO JOSEPH	-	DISTRICT CHAIRPERSON
2.	MUYAGU BENEDICT	-	VICE CHAIRMAN LC V
3.	ABBAS AGABA	-	RESIDENT DISTRICT COMMISSIONER
4.	FRANCIS ODAP	-	CHIEF ADMINISTRATIVE OFFICER
5.	MUGOYA SSONNY	-	DEPUTY CAO
6.	KAVIIRI GODFREY	-	DISO
7.	HOPE ACHIRO	-	ASST. DIRECTOR / MHSDMU
8.	DR. MATOVU JOHN	-	DISTRICT HEALTH OFFICER
9.	DR. OKANYA DAVID	-	Ag. MEDICAL SUPERINTENDENT
10.	KEZAABU SYLIVIA	-	HOSPITAL ADMINISTRATOR
11.	LUKWAGO MARTIN	-	MHSDMU
12.	OKOROM CHARLES	-	MHSDMU
13.	AS. WABWIRE ALEX	-	DISTRICT POLICE COMMANDER
14.	HAUMBA ISAAC	-	Ag. DISTRICT INTERNAL AUDITOR
15.	ANDREW COHEN	-	DVCO
16.	ETYANG DENIS	-	SENIOR CLINICAL OFFICER
17.	HASAHYA JOSEPH	-	MEDICAL CLINICAL OFFICER
18.	GONDA GILBERT	-	MEDICAL CLINICAL OFFICER
19.	WANIALE FREDRICK	-	ENROLLED NURSE
20.	WABBALA MOSES	-	SENIOR CLINICAL OFFICER/DTIS
21.	OTAGET GIDEON	-	STORES ASSISTANT
22.	HASAHYA W. AGGREY	-	COLD CHAIN ASSISTANT
23.	GUMULA IVAN	-	SENIOR CLINICAL OFFICER
24.	NAMULONDO HAWA	-	NURSING OFFICER

25. TIGAIRYA JALIAT	-	NURSING OFFICER
26. KIGAYE STEPHEN	-	SENIOR CLINICAL OFFICER
27. AKWOYO STEPHEN	-	Ag. DISTRICT HEALTH EDUCATOR
28. TUBOLEMU MOSES	-	ENROLLED NURSE
29. NAWEGULO BRIDGET	-	HUMAN RESOURCE OFFICER
30. HAMYA MUHAMMED ADAM	-	SENIOR CLINICAL OFFICER
31. WERE LUKE H.	-	BIOSTATISTICIAN
32. KAYALE EMMANUEL	-	MEDICAL CLINICAL OFFICER
33. MWESIGWA EMMANUEL	-	MEDICAL CLINICAL OFFICER
34. TUSIITW ALLAN	-	MEDICAL CLINICAL OFFICER
35. MUTANDA DAVID	-	SENIOR CLINICAL OFFICER
36. AOLOI JULIUS	-	ENROLLED NURSE
37. KASANA CAROLINE	-	ENROLLED NURSE
38. NANGALE JOAN	-	ENROLLED NURSE
39. MUGOYA JUDITH	-	ENROLLED NURSE
40. HIGENYI JULIUS	-	HMIS FP/DSF
41. TUKEI BETTY	-	ECN
42. KATENGEKE EVERINE	-	ECN

AGENDA

1. Prayer
2. Introduction
3. Brief remarks from Chief Administrative Officer
4. Feedback from team leader MHSDMU
5. Reactions and way forward
6. Closure

MINUTE	**ACTION BY**
MIN. 1/6/2014: PRAYER	

The meeting was opened at 11:35 a.m. with the word of prayer by Hajat Namulondo Hawa (Nursing Officer).	
MIN. 2/6/2014: INTRODUCTION Members introduced themselves for recognition and identification.	
MIN. 3/6/2014: REMARKS FROM THE CHIEF ADMINISTRATIVE OFFICER The Chief Administrative Officer welcomed everyone and especially the monitoring team which had been in the District for a week. She informed members that majority of the staff were new and not confirmed and thanked Dr. Matovu John who went ahead to monitor and induct staff since Chief Administrative Officer's office had not got enough time to do the monitoring but had reacted on the different reports from him and that was a big sector not be easy to cover and as Administration they have been seeing loopholes and also getting communication from State House especially on the late coming, absenteeism and early departure which was unfortunate on their side. She informed members that as teachers they have their ethics so as Health Workers but in Butaleja we are failing to adhere by the code of conduct and ethics. She therefore asked members to be honest to them to use this chance to solve these challenges and to be free to discuss and come up with the way forward so as to help the community of Butaleja as a whole. She once again welcomed the team and wished every one good deliberations.	
MIN. 4/6/2014: COMMUNICATION FROM THE LEADER OF MHSDMU Madam Hope Achiro the Assistant Director / MHSDMU appreciated the office of Chief Administrative Officer and District Health Officer for organizing the meeting and commended members for coming on short notice. She informed members that it was their policy that on every monitoring they give a feedback and share the findings and a report would be sent later. She informed members that the objective of their monitoring was; 1. To assess health service delivery on all service points for example Out-Patient Department, Maternity and Wards, Drug Stores. 2. Identify and address all kinds of malpractices. 3. Undertake financial audit. 4. Assess medical supplies. 5. Identify Human Resource challenges. 6. Train and assess staff.	

She informed members of the methodology used during their monitoring.

- There were 5 staff in the field.
- Had data collection tool and most of it was through observation.
- Head count forms in form of questions to help look at the absenteeism levels.
- Feedback as an opportunity to train and teach Health Workers on some of the issues found on the ground.

She informed members that Busolwe Hospital has been recommended on several forum for the good work and here we are mainly looking at the challenges which came out clearly.

- Human resource
- Understaffing
- Critical staff needed included Radiography, Local Anesthesia, Pharmacist and Medical Officers.
- Absenteeism this came out in all the health units and requested the Personnel Officer to clearly explain why she withdrew all Health Workers from station on Friday 13th June 2014 and said this was highly irregular and warned that this should not be repeated.
- Late coming especially HC V where the Clinical Officer was not there by 10 a.m.

Bubalya Health Centre where they established that Health Workers stop at lunch time and stay in their houses and when asked why they were not on station they said this is why we have staff houses at the facility, ***"these patients are our clients they know where to find us"***. On that note she requested Chief Administrative Officer to take action on some staff instead of taking criminal action.

She further requested members to stop such kind of actions and informed members that Health Workers were not very important people on this planet. This is a calling from God and should always put peoples' lives ahead of our own lives and that what happened on Friday was very unfortunate.

District

She also highlighted on some of the issues and these included:-

- Issues of making Nursing Assistant doing clinical work and said that should stop.

HRO

- Bubalya Health Centre having one shift should also stop as a Health Centre III which should work for 24 hours, 7 days.
- Duty rosters having people off for 4 days was not allowed and said that Clinical Officers in Health Centres was a very serious problem leaving Nursing Assistant to do their work.

H/Ws

• Requisitions for drugs done by Nursing Assistants should also stop. • Poor attitude by Health Workers. • Support supervision and mentoring of Health Workers was a problem. • Health Sub-District was not functioning in the District and this should be fully supported by the Hospital and the Hospital was not participating in support supervision for example of Senior Nursing Officer going to support and mentor Nursing Assistants in Health Centre. • Number of staff do private work and according to standing order private work should not be done when you are on normal schedule of work. • Sick leave was a right but need to get permission from the higher authority and need to follow procedures. • Attendance lists. There was forging of time since everyone was signing between 7:00 a.m. and 8:30 a.m. and absenting from duty without permission. • Medical supplies management was very poor – missing records, records of dispensing log, stock cards not filled and requisitions not filled. • Irrational use of medicines there was a lot of poly pharmacy giving two. • Abusing and wastage of antibiotics for example ceftriaxone and this would cause resistance to our people. • Misuse and abuse of coartem. We looked at the test that is number of people positive with malaria and the number of coartem taken. • Pathedine in the Hospital was being abused and this would lead to addiction and requested that those people be referred to her. • Infrastructure and equipment and these are in poor condition and that bats made some facilities smelly that one could not like to be treated in such an environment and gave an example of Butaleja Health Centre III. • Nabiganda the Theatre was very dirty and asked the District to help. • Utility bills were high and not paid. • Health Centre IV had no functional Theatre with no records of surgeries, no operating books. There was only record on circumcision. **Finances** • Health Centre some were practicing good financial. • Copies given to sub-county and remain none incase they get lost. • Displaying of PHC funds and you use it on the notice board. There is need to summarize the finances used and displayed.	CAO MS & DHO In-charges
MIN. 5/6/2014: REACTIONS / WAY FORWARD	

The Chief Administrative Officer thanked the team for coming which was timely and this should not be taken as a fault finding exercise. On the issue of Human Resource and he informed members that he had repeatedly shared with Health Workers especially the In-charges of Health Centres on their key roles and responsibilities as public servants and taken them through the standing order. He has always emphasized that houses should be given out according to priority In-charges of the unit, Midwives and Nurses and the use of government properties. He further informed that there was need to consult the head of service who was the Chief Administrative Officer before communicating any information out the District. Poor attitude by Health Workers will not be allowed in the next circumstance and that In-charges of Health Units have no right to allow people for workshops, seminars or any other programme without the knowledge of the Chief Administrative Officer. The Resident District Commissioner thanked madam Achiro for the good work and informed members that monitoring was always used both as a fault seeking and achievement exercise but this should be used as a learning experience tool for improvement and that Health Workers are used to the situation of seeing sick people in an "I don't care situation and this should stop". There was need for customer care and requested the team leader to advocate for training of Health Workers in customer care. The District Chairperson officially welcomed the team to the district and added to the voice of other members that the findings were really appropriate and a reality hence need to find out ways on how to fill the gap to the findings and forge a way forward. Doctor Okanya informed members of the staffing levels in the Hospital and requested that something should still be done to improve on this. On the issue of misuse of antibiotics and pathedine was a true fact and promised that this was going to stop and still requested the team leader for the need for mentorship in the rational use of antibiotics if there was any chance. On equipment, he requested that the Regional Workshop Engineer should be put to task to repair the few instruments and equipments in Busolwe Hospital. Burdening Busolwe Hospital he requested that Nabiganda be fully functioning so that some of the burdens/patients are shared where the District had applied for approval from Ministry of Health and awaiting to be gazatted.	MHSDMU

The Vice Chairperson LC V requested members to change and work to help the community and also requested the Ministry of Health to send graduates after completion to rural hospitals and this must be a condition put in place for Doctors to first work for government as a measure to improve on lack of Medical Officers in rural hospitals. Nursing Officer In-charge Busolwe Hospital requested the team leader to find out clear instructions on the roles of Comprehensive Nurses since she was finding a problem with these staff. District Health Officer should work hand in hand with the In-charges of health units to work on the duty rosters as per the standing orders. After a long discussion members agreed to improve and work for the common goal of serving and improving the lives of the people. The meeting was adjourned at 2:00 p.m. Hospital Admin CAO **SECRETARY** **CHAIRPERSON**	MHSDMU DHO/CAO DHO