

## SUMMARY OF FINDINGS – BULIISA DISTRICT MONITORING

**Human resources for Health:** Overall, staffing levels of all health departments of the district was generally very low, with an overall 27.8% level of staffing within the visited health facilities when compared to MoH recommendations. Buliisa general hospital was the most adversely affected facility, with only 5.8% level of staffing. The level of absenteeism for all health workers in the visited facilities stood at 15.2%. Within all visited facilities, the in-charge was absent for more than half of the time within the past two months. Of concern was the in-charge of Avogera HCII, who was discovered to be a chronic absentee, and needed intervention from the district CAO. Few staff at Buliisa general hospital, Buliisa HCIV, Bugoigo HCII, Butiaba HCII and Kigwera HCII were either being under-paid or were yet to access the pay-roll, an aspect which is being followed-up with MoPS.

**Leadership and Governance:** Our findings indicated that administrative structures within the visited facilities were appropriate, where each facility is headed by an appointed in-charge. Additionally, each facility was appropriately being governed by a Health Management Committee (HMC), save Buliisa General Hospital. With the exception of Kigwera HCII, all facilities visited held either monthly or quarterly staff meetings. However, we found no evidence of any written reports from supervisors and monitors in any of the seven visited facilities.

**Finances and Administration:** All facilities reported having received the previous quarter releases. The average quarterly release for all HCIIs was UgX 1.13 million shillings. Notably however, Avogera HCII and Butiaba HCII were found to be under-funded, the fact that they currently operate as HCIIIs yet receiving funding for HCII something which affects service delivery. Accountability records for PHC releases were found in four of the seven sampled facilities. These records were audited only in Buliisa general hospital. Moreover, accountability records were never available for public viewing within all the seven interviewed facilities, an aspect which raises concerns of transparency. In fact all interviewed in-charges mentioned that they

lacked the basic training in financial management skills, including updating cashbook entries, vouchers and accounting for PHC funds and other releases.

**Medical Supplies:** Delivery notes were present and were verified within all visited health facilities, save Buliisa General Hospital, which had no medicine delivery account with NMS. Stores personnel in facilities which receive NMS deliveries mentioned that there had been significant improvements in the way NMS delivers medicines compared to previous years. Nonetheless, some challenges were still evident regarding NMS deliveries, especially in the area of supplying fewer quantities compared to those included on the delivery note. The monitoring team noticed a general stock-out of anti-malarial medicines, as well as testing kits for malaria and HIV within the entire district. This was attributed to the fact that the last consignment received from NMS contained very few commodities of this nature. All visited facilities were found to have stock-cards which were fairly well filled, save in Biiso HCIII. Functional dispensing logs in the OPD were also found in all visited facilities, which was a positive finding. On-spot un-announced drug audits were performed in all visited health facilities, where no major discrepancies were found. Five of the seven interviewed stores personnel mentioned that their facilities had expired medicines.

**Infrastructure and Equipment:** All visited facilities were observed to have kempt compounds with the exception of Avogera HCII, whose compound was found to be bushy. Findings from facilities visited indicated that only four had an equipment inventory book, which had never been updated within the past twelve months. Moreover, none of the equipment found at the health facilities was engraved / embossed. These findings point to the fact that all acquired equipment in health facilities are exposed to thefts and is a sign of poor accountability and mismanagement on the side of the district administration. All visited facilities had sign posts directing people to their physical location with the exception of Bugoigo HCII and Kigwera HCII. However, most sign posts were rather old and in a dilapidated state, save that of Buliisa General Hospital. All visited facilities had an average of three staff houses, with Buliisa general hospital having up to eight

functioning staff houses, yet Buliisa HCIV had five staff houses. Findings indicate that land belonging to the health facilities was fenced off only at Buliisa general hospital and Buliisa HCIV. None of the health facilities visited had a land title, and encroachment on the facilities' land from external intruders was evident in Avogera and Bugoigo HCII. There was active construction of general wards / OPD blocks in all visited facilities with the exception of Bugoigo HCII, Avogera HCII and Kigwera HCII. These constructions were observed to be standard, and none was stalled. Four blocks of condemned structures were found at Buliisa HCIV, which needed to be demolished as soon as possible. All facilities in the district had not yet been connected to the main Hydro-Electricity Power (HEP) grid, and to possess at least one functional solar power system, though several panels were dysfunctional, mainly due to faulty batteries.

**Medical Services:** Biiso HCIII and Buliisa HCIV were observed to operate busier OPDs when compared to the other facilities, with OPD attendances of 1502 and 1031 individuals respectively within the month of Jan 2015. Only 325 OPD attendances had been registered at the district general hospital within the month of Jan15, and this was ranked among the lowest numbers. This may be explained by the fact that the hospital has not yet been operationalised to full capacity, in spite of having good infrastructure and being ranked high in the service delivery structure. Most admissions during Jan 2015 happened in Buliisa HCIV (181) and Biiso (26). Most maternal deaths within a period of six months prior to the monitoring visit were registered in Biiso HCIII, primarily due to an earlier lack of a midwife stationed at the facility. Several ambulances were found grounded at Buliisa HCIV, packed in a malfunctioned state. Avogera HCII was found to have had 541 ANC visits and 41 deliveries within the months of Nov14 - Jan15, whereas Buliisa HCIV was observed to have registered 462 ANC visits and 103 deliveries within the same reporting period. In as much as theatre equipment was found at Buliisa general hospital and Buliisa HCIV, none of them was observed to be operational. All facilities visited were providing at least the basic laboratory services, including testing for HIV and malaria.

**Infection and Vector Control:** All facilities visited were found to have standard infection control facilities, including presence of rubbish bins, functional hand-washing equipment and rubbish pits. Sharps disposal boxes were found in all facilities, which were being burnt openly within ditches dug within the facility premises. Of note however, Buliisa general hospital was found to have no dug rubbish pit, and medical waste was only being dumped in the open air, underneath a tree shade. None of the facilities visited was found to have any functional incineration services. Disinfection of equipment before re-use was mainly done using JIK. Staff reported using protective gear including latex gloves, soap and dedicated uniforms. Placenta pits were found in all facilities visited. Infestation of termites was evident on the walls of several blocks at Buliisa General Hospital; Wasps infestations were evident in the OPD section of Kigwera HCII, yet heavy bats infestations were evident in the staff houses of Buliisa HCIV. Interviews with health workers from all health facilities visited confirmed that no fumigation of health facilities had been performed in the past one year.

## **OVERALL RECOMMENDATIONS**

Below are some of our recommendations, following our findings

1. District leadership to expeditiously plan and conduct staff recruitment so to cover the most needed and critical staff in the district. Preferably, this should be implemented within the current financial year since funds for this activity are available.
2. Staff motivation and retention plan - confirm staff that have served for a period of over six months, promote those who have served for longer periods.
3. A more vigorous qualitative monitoring of the health service delivery systems should be in put in place by the district leadership so to reduce instances of absenteeism among health workers. Particularly, the district CAO should promptly follow up absenteeism levels of staff, with a special focus on the in-charge of Avogera HCII, whom was found to be a chronic absentee.

4. District personnel department should follow up staff in Buliisa hospital, Buliisa HCIV, Bugoigo HCII, Butiaba HCII and Kigwera HCII who are either being under-paid or are missing salaries / arrears.
5. Encourage all health workers always to put on their uniforms, as this identifies them distinctly from their patients, and gives more credibility to their profession.
6. PHC funds releases and accountability should be displayed in all public health facilities, to encourage good accountability and transparency
7. The district internal auditor should train all in-charges and other senior officials in financial management including cashbook writing, vouchers and accounting for PHC funds and other releases.
8. Plans to fully operationalize Buliisa General Hospital should be expatiated. This will include expediting renovation of the theatre, staff recruitment, receiving medicines from NMS, among others.
9. District leadership to budget for engraving all equipment in the facilities, so to protect them from intended thefts / misplacement.
10. Install sign posts directing patients to the physical location of all facilities, also indicating the services offered. Old posters should either be renovated or removed for installation of new ones.
11. Equipment inventory should be updated at least once every six months in all facilities. Facilities without inventory books should be encouraged to own one.
12. Remove all old and torn wall posters / IEC material currently pinned in the facilities, so to avoid 'littering' the facilities' walls.
13. District engineering department should immediately work out a plan of demolishing all four condemned structures at Buliisa HCIV.
14. Institute proper infection control measures at Buliisa General Hospital including digging a rubbish pit and proper usage of rubbish bins.

15. Empty the placenta pit at Kigwera HCII.
16. District vector infection control department should fumigate all health facilities on a regular basis, preferably after every six months, so to avoid infestations of bats, vermin, termites and birds.