



**MEDICINES AND HEALTH SERVICE
DELIVERY MONITORING UNIT**
"Raising the bar in Healthcare"



BUNDIBUGYO DISTRICT HEALTH STATUS REPORT
JANUARY 2014

MEDICINES AND HEALTH SERVICE DELIVERY MONITORING UNIT (MHSDMU)

PLOT 21 NAGURU DRIVE, NAGURU

P.O Box 25497 Kampala

Tel: 0414 288442/5, Toll Free 0800100447

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1.0 Introduction

On 12th of January 2014, the Medicines and Health Service Delivery Monitoring Unit (MHSDMU) undertook health monitoring visit to Bundibugyo District. The objective of the visit was to establish the status of healthcare service delivery at government health facilities and any other health facility in the District. We also intended to verify and address the reported complaints about service delivery in Bundibugyo District health sector.

The various activities carried out include staff head count, drug audit, inspection of accountabilities for PHC funds, general inspection and assessment of the general service delivery. The findings of our supervision and monitoring activities were later discussed with the district leadership in a meeting held at the district headquarters to establish solutions to the identified problems and shortcomings and as well as agree on a way forward to improve health service delivery in Bundibugyo district.

1.1 Health facilities visited are as follows.

NO.	COUNTY (HSD)	SUB-COUNTY	PARISH	HEALTH UNIT	LEVEL
1	BWAMBA	BUBANDI	BUNDINGOMA	BUNDINGOMA	HC II
2			BUSUNGA	BUSUNGA	HC II
3		NYAHUKA T/C	BUNDIKAHUNGU	NYAHUKA	HC IV
4		BUBUKWANGA	BUBUKWANGA	BUBUKWANGA	HC III
5			BUNDINYAMA	BUHANDA	HC II
6		KIRUMYA	BUNDIMULANGYA	BUNDIMULANGYA	HC II
7			MATAISA	KANYAMWIRIMA UPDF	HC III
8		BUNDIBUGYO T. C.	HAMUTITI	BUNDIBUGYO	HOSPITAL
9		BUSARU	KIRINDI	KAYENJE	HC II
10		KISUBBA	BUSORU	BUSORU	HC II
11			KAGHEMA	KISUBBA	HC II
12		MIRAMBI	MIRAMBI	MIRAMBI	HC II
13	BUGHENDERA	BUKONZO	BUKANGAMA	BUKANGAMA	HC III
14		HARUGALE	BUPOMBOLI	BUPOMBOLI	HC II
15			KASULENGE	KASULENGE	HC II
16		KASITU	BURONDO	BURONDO	HC II
17			KASITU	KYONDO	HC II
18			KIKYO	KIKYO	HC IV
19			BUNDIMASOLI	NTANDI	HC III
20		NGAMBA	NGAMBA	NGAMBA	HC II
21		NDUGUTU	BUTAMA	BUTAMA	HC II
22		SINDILA	KAKUKA	KAKUKA	HC III
TOT	2	14	22	22	

Save for Kayenje HC II, the other health facilities were functioning. Residents whom we met informed us that the problem is lack of accommodation for the health workers.

2. Summary of the Findings in Bundibugyo District Health Centres.

- As small a district as it is, Bundibugyo has succeeded in bringing health services closer to the people. There is a facility atleast every after a 4km drive.
- Most of the health facilities had good stock of essential drugs especially anti-malarials. Only Bulyambwa HC II which does not receive drugs from NMS yet it is a government facility had completely no drugs.
- The facilities are well staffed with atleast an average of 3 health workers in HCII and 7 staff in HCIII.
- There was clear evidence of rampant absenteeism/neglect of duty, and negligence in the whole district. Only three in-charges were found at their health facilities at Kasulenge HC II, Buryambwa HCII and Busoru HCII, the rest of the health centres in the district had been abandoned by their in-charges who again, move with the keys to the drug stores. They had, as reported by other health workers gone for workshops in Bundibugyo.
- There total lack of staff houses / accommodation yet the facilities are situated in hard-to-reach areas. This has further made the hospital overcrowded because health centre III that have well equipped wards cannot admit as there will not be a staff to monitor patients in the night.
- There was evidence of poor drug records keeping. The use of exercise books by patients is still at large which goes against the Presidential directive to use properly designed prescription forms supplied by NMS.
- There is evidence of negligence and misuse of medical equipment, and theft of solar panels has made it hard for facilities to have a cold chain.
- There are a number of very dilapidated structures that should be condemned like most notably at Bupomboli and Kayenje.
- At Buyondo HCII and Ntandi HCIII, only the cleaners were found at the open health facilities in the afternoon with patients already waiting but no health workers to attend to them.
- All the health facilities visited had health workers who lacked uniforms and name tags. Some had uniform but they had not put it on.

3. Specific Findings

(i) Human resource and management.

- On average the health centres visited had good staffing levels due the recent recruitment and transfers done by the district service commission. However some facilities like Kasulenge HC II need urgent attention; only 1 health worker and 1 support staffs are posted and were all on duty. On the contrary, Kisubba HC III has 9 staff members but at the time of our visit only 1 was found on duty.
- Code of conduct; the majority of the health workers have no understanding of what it is late alone adhere to it. In light of this no staff was in proper Full uniform, Alcoholism/ Drunk while at work.
- Poor human resources management at facilities. There is no clear plan to cover staff that go out to attend workshops and meetings which once staff are called for workshops leaves patients with no staff to attend to them.
- Human resource reporting time is averagely 10am and later. Furthermore attendance registers are incomplete or not existing.
- DHO's office is active with data collection however provides minimal supervision to especially HCIIIs.

(ii) Health service delivery

- Some facilities were found very neat, the Unit wants to appreciate the Askari /cleaner at Bulyambwa HCII



Bulyambwa HCII with a female Askari found very neat and organized

- The monitoring team established that Support supervision and monitoring were not effective.
- Due to gross health workers' absenteeism, there is poor service delivery in the whole district as some facilities were found closed.



Mirambi HCII found closed at 2pm



Ntandi HCIII found abandoned with patients still waiting for help at 1pm

- Many health workers were found drunk or with effects of alcoholism during working hours which negatively impacts on service delivery.
- Poor means of transport and complaints of very poor allowances as hard-to-reach like for the case of Kyondo HCII and Bukangama HCIII
- Health Management Committees are generally non functional and some had not sat for more than a year.

(iii) Infrastructure, equipment and utilities.

- Majority of Health Facilities had bat infested structures with no proper measures to control further infestation.



Busunga HCII infested with bats

- Hygiene and Sanitation at the Health facilities is poor (OPD, Toilets, Drug stores and treatment rooms).
- Most of the Structures are dilapidated e.g. Bupomboli HCII, Kayenje HCII and Kisuuba HCIII



Kayenje HCII structure



Bupomboli HCII borrowed structure



Kisubba HCIII OPD structure

- There is no staff accommodation in all health centres.
- The monitoring team did not find any staff quarters at any health facility except the Kanyamwirima UPDF HCIII.



Kanyamwirima HCIII OPD structure and staff houses

- We found no Health Facility with an Equipment inventory book or having a maintenance plan/budget for the equipment.

(iv) Medicines management

- Almost all facilities have a cold chain, even where the solar panels were stolen, gas is used to run the fridges.
- Majority of the facilities received shelves as donation from SURE/USAID however some were found unutilized.
- Over 70% had fairly updated and filed copies of drugs received/delivery notes. On spot drug audit in stock; by sampling showed that the stock cards were up to date.
- Drug stores are so disorganised
- The biggest number of the facilities receive drugs they rarely need in excessive amounts and less/very minimal stocks of the critical drugs
- There is minimal to no use of the requisition and issue vouchers in the facilities when getting drugs from the stores.
- Bupomboli HCII has no drug store and instead drugs are kept in the office of the sub-county chief



Bupomboli HCII OPD and proposed store and on the left is the improvised store at sub county

- Bulyambwa HCII does not receive drugs from NMS



A empty drug store at Bulyambwa HCII

(v) Finance

The PHC funds were released to health centres for all quarters.

- Accountability for PHC funds was hard to trace from facilities as most in-charges were found absent at facilities yet they are the custodians of the files.

- There is no lucidity in planning and use of PHC funds at health centres. No staff had concrete knowledge of how much and how it is used.
- No display of the PHC allocation and expenditure for the attention of the public. This hinders public accountability.

GENERAL RECOMMENDATIONS FOR BUNDIBUGYO DISTRICT HEALTH SECTOR

- Need to prioritize construction of staff houses at all facilities
- Planning and prioritising infrastructure maintenance for example new and better structures have to be constructed to replace dilapidated and condemned structures at Kayenje and Bupomboli HCII
- Need for proper drug management – make use of MOH materials, use requisition and issue vouchers. If they use ordinary books, they should customize them accordingly.
- Financial accountability: Need for guidance to the In-charges by district auditing office; and detailed feedback should be availed to health units following submission of their accountability
- Absenteeism: health facilities should maintain daily reporting registers and duty rosters.
- Reporting chronic absenteeism and abscondment to the DHO and CAO for immediate action should be sought.
- There is need for more routine supervision; for instance Sub-county chiefs and local leaders should take interest.
- HMC and sub county chiefs should also make sure that staffs are at the health centres working and make independent reports to the responsible offices.
- DHO should liaise with MOH for staff uniforms.

The challenges were.

- (i) *Lack staff accommodation*
- (ii) *Lack of Uniforms and identity cards.*
- (iii) *Absence of power at the facilities.*
- (iv) *Underpayment, poor remunerations, salary arrears,*
- (v) *Congo influx due to insurgency causes a heavy work load yet drugs are pushed.*