



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



**REPORT ON MONITORING ACTIVITIES IN BUTAMBALA
DISTRICT**

JULY 2014



An effective staff registra at Gombe Hospital

ACRONYMS

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

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INTRODUCTION

As part of its routine function of monitoring of health services across the country; the Medicines and Health Services Delivery Monitoring Unit (MHSDMU) planned a two weeks field visit to the districts of Butambala, Mpigi and Gomba to assess different parameters of health care and also to provide a support supervision function. This involved visits to the government health facilities in the district. Data was captured using tools like the data collection tool and the head count forms. In addition, anonymous complaints were also received on the MTrac platform from both health workers and the community. Most of these were cases of salary issues like understaffing, accommodation, inaccessibility to the payroll, underpayment, absenteeism, late coming, extortion and inadequate medicines. Data on various aspects of health service delivery was capture using a monitoring tool and a staff head count form.

A radio talk show was that covers districts of the central region was held on 17th June 2014 on Buddu FM to reach out to the community. The major finding during the monitoring was salary related issues of health workers such as failure to access payroll for months, on and off payroll, partial salary payments and failure to access arrears. It was observed that basic health services like immunization, maternity, OPD, IPD and ANC services were available in most of the health centres visited; and all health facilities had the essential medicines for optimal functionality. The MHSDMU team also made a presentation about the monitoring findings to the district hierarchy on 30th July 2014. They were briefed that the salary issues of health workers was of paramount importance to the government and a series of meetings were held at various levels to address this problem. 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.
- Head count forms were distributed to health workers to fill and return immediately. This was to ascertain staffing levels and give the health workers a chance to air their concerns.
- 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.

HEALTH FACILITIES VISITED

Gombe hospital	Kyabadaza HC III	Nsozibirye HC II
Ngando HCIII	Butende HC II	Kilokola HC II
Kifimba HCIII	Ntolomwe HC II	Kabasanda HCII
EPI centre (Senge)	Butaaka HC II	Kibugga HCII
Bulo HC III	Kiziiko HC II	

KEY FINDINGS

THEATRE

Gombe hospital has a fully functional theatre despite several challenges. Both minor and major surgeries are conducted in the theatre.

Surgeries conducted in the last quarter of FY13/14

	MAJOR	MINOR	TOTAL
JUNE	63	12	75
MAY	59	13	72
APRIL	53	15	68
MARCH	54	21	75

The biggest challenge other than the infrastructural concerns is lack of a substantive anaesthetic officer. Currently, the hospital facilitated a nursing officer to undertake a short course and he graduated as anaesthetic assistant although he works as a volunteer. The hospital has a brand new anaesthetic machine supplied by MOH it lacks somebody competent enough to operate it. Currently, general anesthesia is conducted using Ketamine and valium as opposed to the machine that uses halothane and isoflurane. The theatre also lacks constant running water but relies on rationed water thrice a week which is stored in drums. Standard aseptic conditions are not maintained due to lack a gaping ceiling and broken flash doors.



The sluice room; and the main operating room

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. Drug delivery was timely according to the NMS schedule. The type or spectrum of drugs varied according to the level of health facility but these mainly include antimalarials, antibiotics, antipyretics and analgesics. Health workers reported that they did not have any reservations about the quality and efficacy of medicines supplied from NMS.

Discrepancies in the drugs supplied vis avis the delivery notes was reported in Ngando, Bulo and Gombe hospital. In Ngando and Bulo, TB drugs weren't delivered in the 6th cycle (RHZE) while in Gombe hospital, Vaccutainers, cotton wool, catheters G22 were missing.

Gombe hospital

The hospital usually orders bimonthly and receives drugs and supplies from NMS. However, since it offers private wing (Grade A) services, it also does local procurement of drugs as well which are sold to patients. The drugs in the Grade B services are provided free of charge.

Table showing drugs and saundries supplied by NMS in FY12/13 to Gombe hospital

EXPENDITURE FY12/13		
	MONTH	AMOUNT
1	August	97,111,262
2	October	61,500,834
3	December	66,968,807
4	February	53,804,516
5	April	65,135,877
6	May	29,799,338
	TOTAL	374,320,634

DRUG MANAGEMENT

Drug and stores management was fairly good in most of the health facilities visited. It was assessed based on presence of a store, tidiness, availability and utilization of HMIS tools and results of the sampled stock taking. All facilities had drug stores with shelves mainly provided under the SURE programme. HMIS TOOLS for drug management like requisition books; dispensing logs and stock cards were present. It was observed that requisition books were mainly used when borrowing drugs from other facilities as opposed to internal requisitions. 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. However, the stock cards were well updated in Senge and Kitimba HCs. There is need for increased capacity in drug and supplies management.

Table showing variance during sampled drug audit in 3 health centres

	DRUG	VARIANCE			
Health facility	Septrin 960mg	Septrin 480mg	Coartem (30x24)	RDT kits	Paracetamol
Kyabadaza	-	+6	-	-1	-
Bulo	-	-	-	0	-
Ngando	-	-	-	-4	-
Butende	-	0	0	-	0
Kibuga	-	0	0	-	-
Senge	0	0	-	-	0
Kitimba	0	0	-	-	-

0 = the items balanced, -- = items out of stock, + means excess, - means less by

Gombe hospital

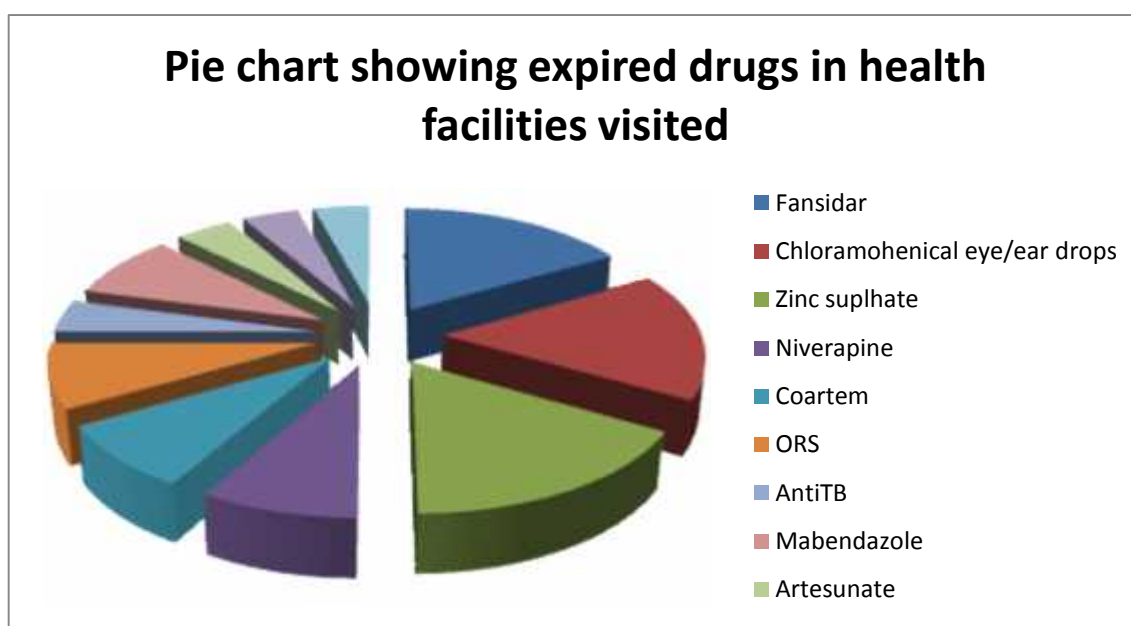
Drugs and supplies are kept in the central drug store which houses both Grade A (private wing) and Grade B drugs. These are then moved to the central pharmacy upon requisition. User departments then request from the central pharmacy depending on whether the drugs are for private patients or general cases. Stock cards, requisitions books and dispensing logs were present at all levels of the drug management chain. The drug management was excellent in the central pharmacy which is managed by Ms.Florence Ndimwibo. Her store was organized, with up to date stock cards, requisition books and dispensing logs. However, the central drug store which is under somebody else had many discrepancies during the audit of nine drugs.

Table showing drug audit of nine selected drugs

	Physical drug audit	Central drug store
	Drug	Variance
1	X-pen	+1010 vials
2	Ampiclox	-2 vials
3	Metronidazole syrup	Stock card not available
4	IV ceftriaxone	0
5	Amoxyl	+5 tins
6	Septin (480mg)	-2 tins
7	Duo-cortexin	-380 pkts
8	Artemesin (ARCO)	-90 pkts
9	Lumartem	0
1		

EXPIRED MEDICINES

40% of the HCs had expired drugs as shown in the table below. Only 7 facilities had drugs entered in the expired drugs book provided by NMS which indicate the name of the expired drug, the quantity, batch number, date of expiry and witness/storekeeper. Six in-charges understood the procedure and destination of expired drugs.



X-RAY & ULTRASOUND SERVICES

Gombe hospital has fully functional X-ray and ultrasound services. These were supplied by a health partner called SIMED five years ago under a supply and maintenance agreement.



Functional X-ray and ultrasound machines

LABORATORY SERVICES

The laboratory services varied according to level of facility. The Health facilities of both HC IIs and HC IIIs were providing laboratory services especially using the test kits for malaria and HIV. Mild May has strengthened laboratory services in the district especially in the areas of equipment, infrastructure, capacity building, laboratory consumables, staffing and support supervision.

Laboratory reagents were supplied by NMS with buffer supplies from research collaborators and partners. Notable among these are HIV test kits. Health facilities experienced stock outs of laboratory consumables like HIV test kits and in some cases, these lasted more than one month. This significantly impacts on ANC and PMTCT services. There were no stock outs of malaria RDT kits

Gombe hospital

It provides a number of laboratory services and is a reference point for Gomba district and neighboring districts. The tests include HIV, malaria, TB, syphilis, urinalysis, Stool analysis, random blood sugar (RBS), Brucella, dry blood spot(DBS),

Haemoglobin (Hb), Sickling test, blood chemistry profile and complete blood count (CBC)



Neat work station and a chemistry analyzer machine

HUMAN RESOURCE

Despite a visible staff shortage, service delivery is evident in 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.



Gombe hospital

The hospital has 54% of the required staffing norms. However, there are no specialists. The senior clinical staff include six medical officers, five clinical officers and one radiographer. Health partners like Mild May and Uganda Cares have seconded two clinical officers to the hospital. The current wage bill is approximately 800 million shillings per year.

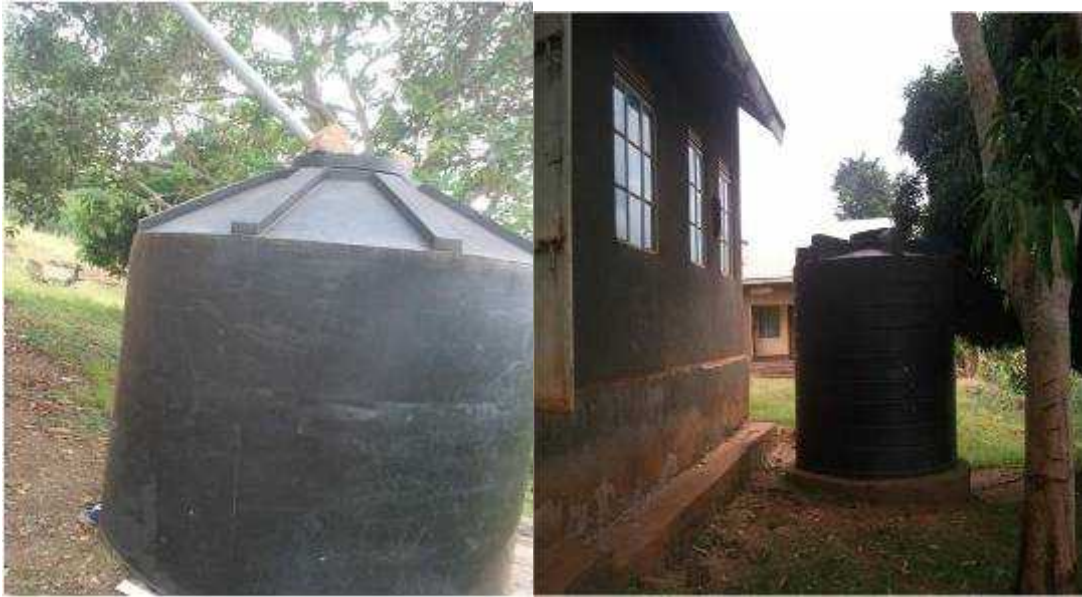
WATER SUPPLY

Most facilities had limited access to clean and safe water. This greatly affected sanitation activities at the health centres. The water harvesting systems were mainly functional in Ngando, Butende, Kiziko and Kyabadaza HCs

Some of the water harvesting systems were non functional e.g Butaka, Kibuga, Bulu HCs due to broken water taps, tanks and gutters. In Kitimba HC, the taps were broken and water had to be fetched 4km away.

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.



No functional water harvesting system

POWER SUPPLY

The health facilities had an option for either solar power or hydro power (UMEME). Solar power functionality varied with some facilities having non functional solar systems. The solar system in Ngando was non-functional for the last four years while they had an outstanding UMEME bill of 2.3 million shillings. They were threatened with disconnection but the facility in-charge and RDC attempted to talk to UMEME to stay the decision pending payment by the office of the CAO. Solar was present and functional in Butende, Kirokora, Senge and Kifampa HCs but irregular in Kibuga HC. Solar was absent in Bulo, Kiziko, Ntolomwe, Nsozibirye and Kyabadaza HCs. UMEME was the only power source in Kitimba, Nsozibirye and Kyabadaza.

The unreliability of UMEME power affects service delivery like maternity services at night. The periodic maintenance of the batteries and power storage units for solar systems is poor and most health workers are ignorant of basic maintenance procedures.

EXPANDED PROGRAMME ON IMMUNIZATION

Immunization services were available in all HCIIIs and selected HCIIIs. EPI apparatus which includes fridges, cylinders, vaccine carriers, ice packs, vaccine boxes, and thermometers were present and functional in the said facilities. Immunization services were absent in Kilokola, Butaaka, Nsozibirye and Ntolomwe due to lack of EPI apparatus, especially the vaccine fridges. However, immunization takes place on scheduled days with vaccines from nearby facilities

The DHO attributes it to a policy issue by MOH/UNICEF regarding cost of maintenance of fridges at HCIIIs versus the population served by that HCII. It's deemed that immunization at some of the HCIIIs can be done on a weekly basis with vaccines stored at a nearby HCIII.

The EPI Health Management Information System (HMIS) tools present e.g temperature control charts and vaccine control book. These HMIS tools were not up to date in Ngando HCIII. The MHSDMU team observed that the best EPI management was in Senge and Kitimba HCIIIs.

FINANCIAL ACCOUNTABILITY

PHC releases were not available for public viewing on the notice boards in most HCs. Some staff report that the in-charge never consults them on receipt of PHC or expenditures. Some staff were paid a flat fee allowance as opposed to earning the allowance through outreaches. There is need to find out whether PNFPs received PHC and whether they provide accountability.

INFRASTRUCTURE

Generally, the buildings in most health centres were in fairly good physical structural conditions. There were ongoing construction works in some facilities to either expand the OPD, IPD, pit latrines or increase staff accommodation. Maintenance of infrastructure is poor and facilities have been run down by bats and termites. In Kyabadaza HCIII, there was ongoing construction of a new staff house using PHC funds to accommodate two more staff. The community queried whether there was value for money and the RDC asked MHSDMU to intervene. A Quantity surveyor

was later sent by MHSDMU to do a value for money audit and his findings were in tandem with the budget.



Extension of staff quarters at Kyabadaza HCIII

SANITATION AND INFECTION CONTROL

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. 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.



Sharps containers and medical waste disposal containers

UNIFORMS

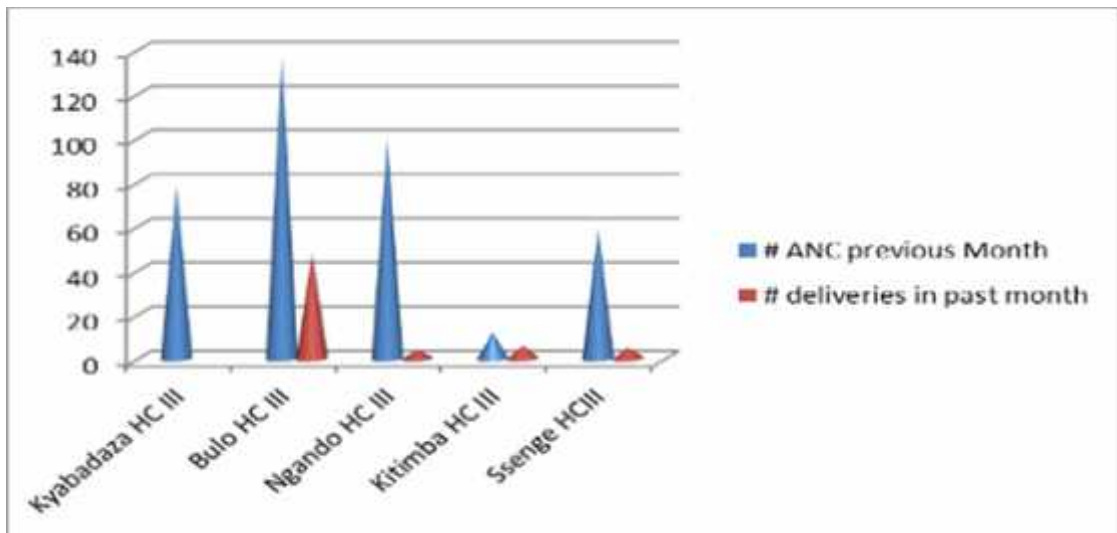
Most health workers were uniform at the time of our visit. These were the uniforms provided by MOH/NMS. However, some had not received their uniforms while others complained the uniforms were either too small. Those that received their uniforms appreciated the government's effort in providing these uniforms.



ANC SERVICES

Antenatal Care (ANC) services were available in all the health facilities visited although the quality of maternity services varied across health facilities.

Functionality of Antenatal and Maternity services in June



Despite good ANC attendance, the number of deliveries was still low meaning many mothers were delivering elsewhere other than at the facility. Factors like lack of power at facilities might affect the functionality of maternity services at night. CDC through MildMay Uganda has greatly support maternity services. They have supplied new delivery beds, Aprons and provided some instruments for delivery and HIV test kits.



A new delivery bed in Kitimba HCIII

BAT INFESTATION

Ten out of the fourteen facilities visited were heavily infested by bats. Termites were a common sight in some of the pit latrines and had cause 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.



Ceiling damaged by bats in Kiziko & latrine door damaged by termites in Butaka

INVENTORY

Most facilities visited did not have inventory books. Those that had were not up to date. MHSDMU emphasized the need for inventory of equipment and related assets at least every six months for general equipment and every week in the theatres and labour suite.

SIGNAGE

Some of the facilities had sign posts at the entrance and this was with the help of CDC/Mild May. This signage also listed the services offered at the facility. Others had the name of the facility written on the wall plate or fascia board while others did not have at all.



ABSENTEEISM

All HCs were open at time at time of visit. Attendance registers were not strictly adhered to in all health facilities visited. In Ntologwe HCII, only one nursing assistant was found on duty. The community reports that staff work on rotational basis. The in-charge has been on sick leave for the last 8 months.

STAFF ACCOMODATION

At least every facility was able to accommodate some of its staff although accommodation remained inadequate. The district continued to identify those health centres in urgent need and tried to construct more houses. Despite the government's effort to provide accommodation for health workers, most HWs were not residing at the facilities. A number of these rooms were used as resting places but the HWs chose to reside elsewhere.



Kibibi HCII and Ntolomwe HCII staff houses

SUMMARY OF STAFF COMPLAINTS FROM LOWER LEVEL UNITS

This data was captured through the head count forms that were filled by staff.

Findings

- Delays to access the payroll.
- Inconsistency in salaries where staff are on and off the payroll.
- Unexplained deductions of salaries, especially their statutory allowances
- Lack of uniforms
- Heavy workload despite understaffing.
- General underpay.
- Inadequate accommodation
- 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

Recommendations

- 🚩 The issue of salaries of health workers and other staff should be immediately addressed. MHSDMU is working closely with the CAO and Ministry of Public service to ensure the payroll related queries are solved.

- 📌 The district water engineer should develop simple guidelines for the low cost management of rain water harvesting systems and circulate these to health centres.
- 📌 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 theatre or maternity. This should form part of the appraisal of in charges and departmental heads.
- 📌 Staff should be encouraged to stay in the housing provided at the facilities as opposed to commuting from far.
- 📌 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.
- 📌 Ministry of health has procured uniforms through NMS for health workers country wide and delivery is expected soon.
- 📌 Guidelines for management of expired drugs should be circulated by the DHO to all health facilities and the drugs collected by the DHO periodically.
- 📌 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 salaries. The MHSDMU team endeavoured to explain the origin of the problem and the measures being taken by government to address the problem. The MHSDMU 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. MHSDMU will be tasked with follow up of these recommendations and providing any necessary assistance at the central level.

Acknowledgements

The team would like to thank all the health workers and community members whom we interacted with during the course of our monitoring. Special thanks go to the offices of the RDC, CAO, DHO, DISO and DPC for making our work possible. We appreciate the support from both present and past partners like Mild May and SURE who have supported the health services in Butambala district. The able political leadership of in Butambala district cannot go unrecognized. Finally, the MHSDMU team would also want to recognise the following health workers for their exemplary and dedicated service:

- ▶ **DHO- Dr.Lule Hanura**
- ▶ **Ronald kawuchi-Incharge and entire team of Senge HCIII**
- ▶ **Kateto Dominic-Incharge and entire team of Kitimba HCIII**
- ▶ **Namuyiga Grace-Incharge of Kabasanda HCII**
- ▶ **Incharge pharmacy Gombe hospital- Ms.Florence Ndimwibo**

The MHSDMU team

- 1) Dr.Charles Ayume Asst.Director
- 2) Mr.Justus Byangwe ICT
- 3) Mrs.Judith Byaruhanga M&E
- 4) Mr.Odongo Charles D/AIP