



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



**REPORT ON MONITORING ACTIVITIES IN GOMBA
DISTRICT**

JULY 2014

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 Gomba district 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 that covers districts of the central region was held on 17th July 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 12th August 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

Maddu HC IV	Ngomanene HC II	Namabeya HC II
Mpenja HC III	Ngeribalya HC III	Kawerimidde HC II
Kyai III	Kanzira HC II	Mamba HCII
Kanoni HC III	Kasambya HC II	Mawuki HCII
Kisozi HC III	Buyanja HCII	Bulwadda HCII
Kifampa HC II	Kitwe HCII	

KEY FINDINGS

EXPANDED PROGRAMME ON IMMUNIZATION (EPI)

Immunization services were offered in all the facilities visited. However the cold chain apparatus for storage and transportation of vaccines mainly existed in HCIIIs, a few HCIIIs and Maddu HCIV. These include fridges (gas/solar), vaccine carriers, ice packs, cold boxes, gas cylinders and thermometers. The reason given is that UNEPI currently did not have new/spare fridges and policy shift regarding maintenance costs of fridges in some HCIIIs. Therefore, the HCIIIs without fridges would pick up vaccines in vaccine carriers from a nearby HCIII and carry out immunization twice a month. HMIS tools like temperature charts and vaccine control books were present although the latter were poorly updated in 60% of the facilities

THEATRE FUNCTIONALITY

The theatre of Maddu HCIV is the only theatre in the whole of Gomba district. It is non functional and is used as a store and until recently, as temporary laboratory. The theatre has all the necessary equipment for conducting both major and minor surgeries like theatre bed, theatre lights, anaesthesia machine, suction machines, oxygen concentrator, autoclave, theatre linen and an assortment of surgical instruments. Some of the equipment is brand new and is still packed in boxes making them susceptible to pilferage. These include surgical instruments, anaesthesia machine, sterilizers and an autoclave

The main reason for non functionality despite the presence of a doctor, equipment and electricity (UMEME and generator) is the lack of an anaesthetic officer. Despite the fact that the theatre was renovated three years ago, it would need some more repairs in order to have an aseptic environment. The ceiling is leaking and some of the windows are broken.



Unutilized brand new anaesthesia machine still covered in its wrapping material

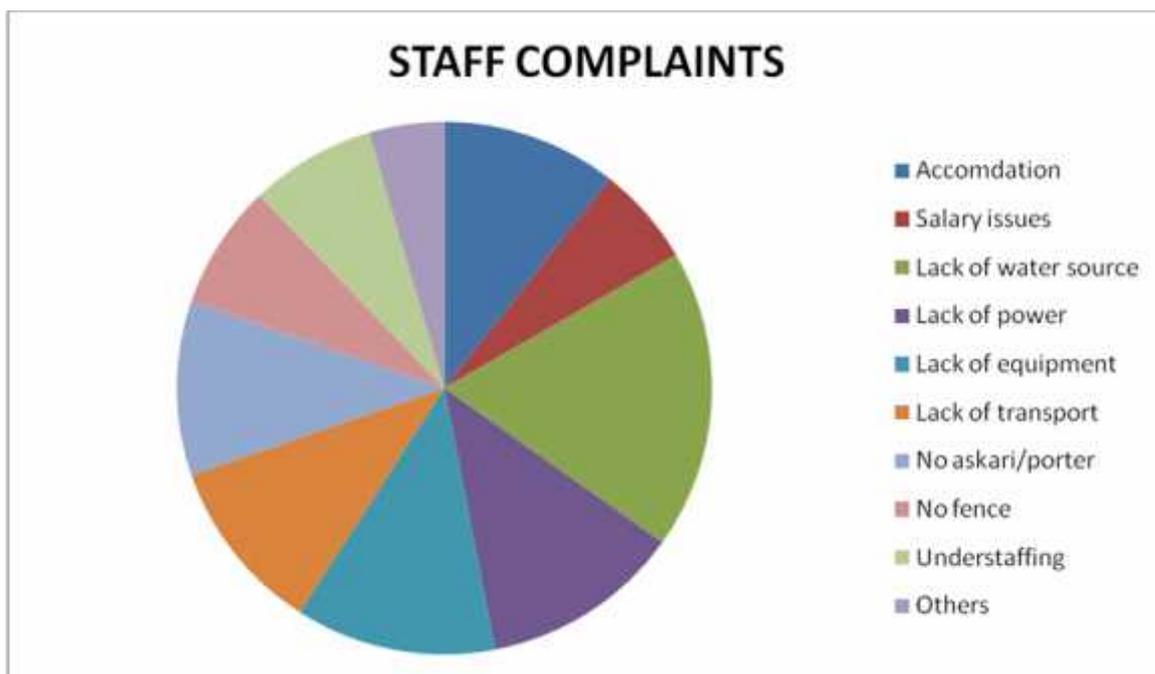
The above machine is a new anaesthesia machine that has never been operationalized since it was supplied by the government more than a year ago despite costing millions of shillings.



An assortment of brand new unutilized surgical sets and a brand new sterilizer

HUMAN RESOURCE

All but two health facilities were open and functional at the time of visit. Those that were closed at the time of our visit included Mamba HCII and Kitwe HCII. Some facilities were understaffed. This included either the clinical staff or support staff. This was worsened by the cases of chronic absenteeism e.g in Mpenja HCIII; or uncoordinated granting of study leave. It could not be readily established if these health workers enter bonding agreements with the district.



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/CDC has played a pivotal role in up lifting the laboratory services in Gomba district. This has been in the areas of equipment, infrastructure, capacity building, laboratory consumables, staffing and support supervision. This has further strengthened service delivery in Gomba district.

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. RDT kits for malaria testing were in

plentiful supply and there were no reports of stock outs. Syphilis testing is not widely carried out in most of the health facilities due to lack of testing kits.

Maddu HCIV has a well equipped and fully functional laboratory. It was refurbished and equipped by Mild May Uganda. It has the capacity to support the laboratory of lower level units especially when it comes to collecting samples for CD4 testing.

Laboratory tests carried out in Maddu HCIV

HCG for Pregnancy	Blood grouping	Hepatitis B
Stool analysis	Blood cross matching	Gram stain
Urinalysis	CBC	Collect samples for DBS
HIV	Chemistry	Syphilis
Malaria	CD4	
ESR	Haemoglobin	
ZN for TB	Brucella	

DRUG SUPPLY

Health workers acknowledged that 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 painkillers. All health centres visited had drugs stores and the health workers acknowledged receipt of essential medicines from National Medical Stores (NMS) every two months. Health workers did not have any reservations about the quality and efficacy of medicines supplied from NMS. Their main complaint was under supply compared to the population served.

No facility noted discrepancies in the drugs supplied vis avis the delivery notes.

DRUG MANAGEMENT

All facilities had at least a drug store but these varied in size according to the level of facility. The stores were shelved with prefabricated shelves supplied by SURE although not all stores had pallets. HMIS tools for drug management like dispensing logs, requisition/issue vouchers and stock cards were present. The drug requisition and issue requisition books were not being used appropriately in most of the HCII and IIIs. They were instead used for external requisitions when borrowing drugs or lending drugs to other facilities. Health workers reported that they directly filled out the stock cards while requesting for drugs internally.

Stock taking using sampling method was done in some health centres and it showed disparities between physical stock and the stock cards. It was also observed that stock cards were not updated in time and regularly. Stock taking was not done regularly by the in charges and supervisors. They attributed this to staff shortage and work overload. Generally, there is still a problem of capacity building in stores management and also reluctance by some staff to follow best practices in stores management.

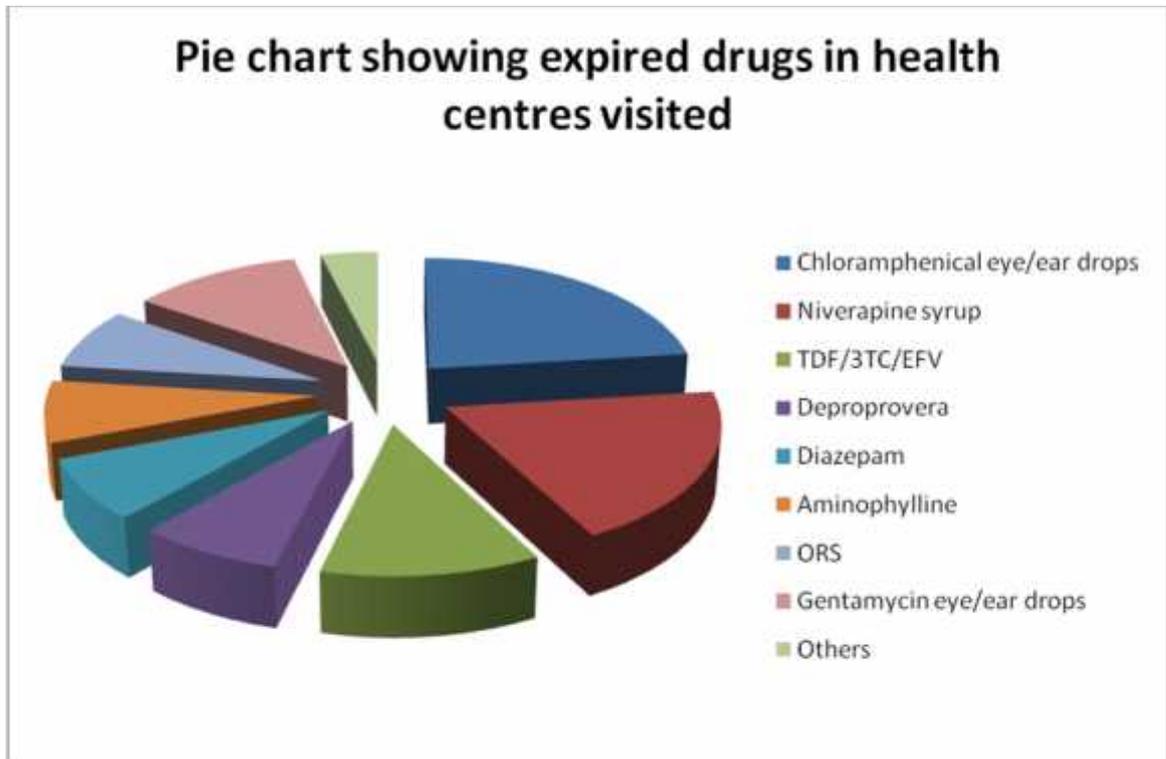
Table showing variance during sampled drug audit in 3 health centres

	DRUG	VARIANCE			
Health facility	Septrin 960mg	Septrin 480mg	Coartem (30x24)	RDT kits (box)	Amoxyi (tin)
Maddu HCIV	0	0	0	0	0
Kisozi HCIII	--	-4	--	--	--
Kyai HCIII	--	-2	--	--	0

0 = the items balanced, -- = items out of stock

EXPIRED MEDICINES

Expired drugs were present in half the facilities visited. All facilities visited followed the correct procedure of expired drug management. This includes documentation, isolation and storage pending collection by the DHO.

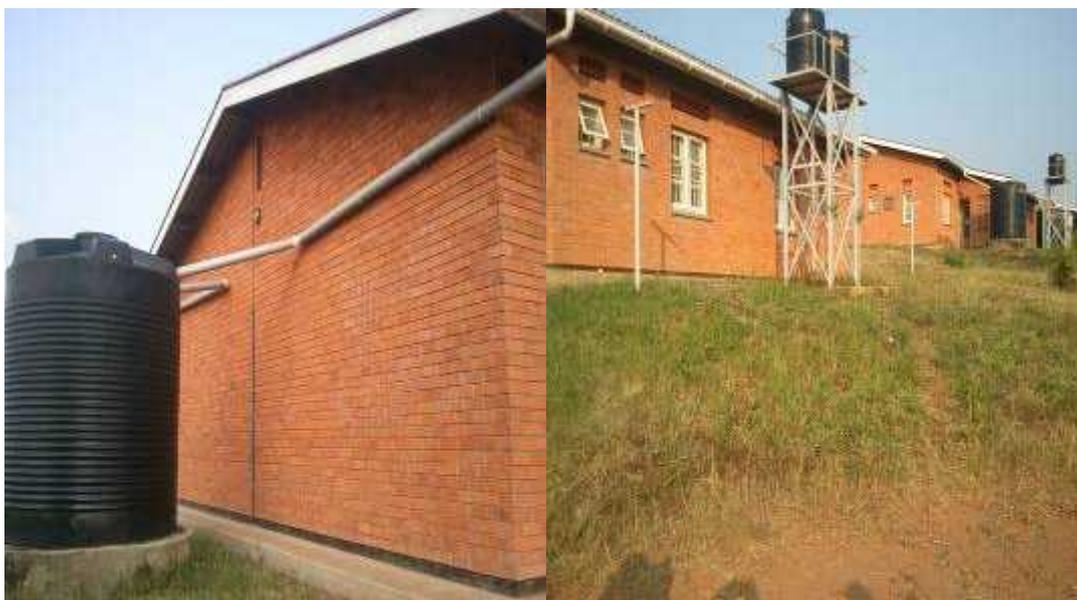


The expired drugs books indicate the name of the expired drug, the quantity, batch number, date of expiry and witness/storekeeper.

WATER SUPPLY

Most facilities visited had limited access to water for both health centre and domestic use. Since the district is new, most of the areas have no access to piped water systems meaning the HCs have to rely on water harvesting or bore hole water. It was observed that most health centres had water harvesting systems in place but these were not fully functional. The most functional water system was found in Kisozi HCIII where the gutters were in place, the tanks intact and water present in them. In Mpenja HCIII, of the 8 water tanks, only 2 were functional. In Kifampa HCIII, 1 out of 2 tanks was functional. Kanoni HCIII, the source of water was a borehole donated by JICA. The water tanks were poorly maintained and old. Buyanja HCII and Bulwadda, the tanks

are functional. Kanzira and Ngomanene HCIIIs had non functional water harvesting systems.



Functional water harvesting system in Kisozi HCIII

The other facilities either had broken water taps, tanks and gutters. No functionality of these systems is attributed to poor maintenance and by 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 can easily be maintained at facility level. Such facilities missed the opportunity to harness rain water for the dry season. In charges and sub county chiefs were tasked to sensitize the community on refraining from using the health centre water.

POWER SUPPLY

Most of the H.Cs had an option of either solar or hydropower (UMEME). Solar power functionality varied with some facilities having non functional solar systems.

Solar lighting was mainly present in HCIIIs. In Kifampa HCIII had UMEME power while the solar was only for maternity/ administration block. Kanoni HCIII had UMEME while solar lighting was only for the vaccination fridge. Kisozi HCIII had functional solar power in all the buildings. The solar panels of Kyayi HCIII were

stolen but though they were recovered, they have never been installed. Six panels of Buyanja HCIII were stolen in 2008 and have never been replaced.



Missing solar panels in Buyanja HCII

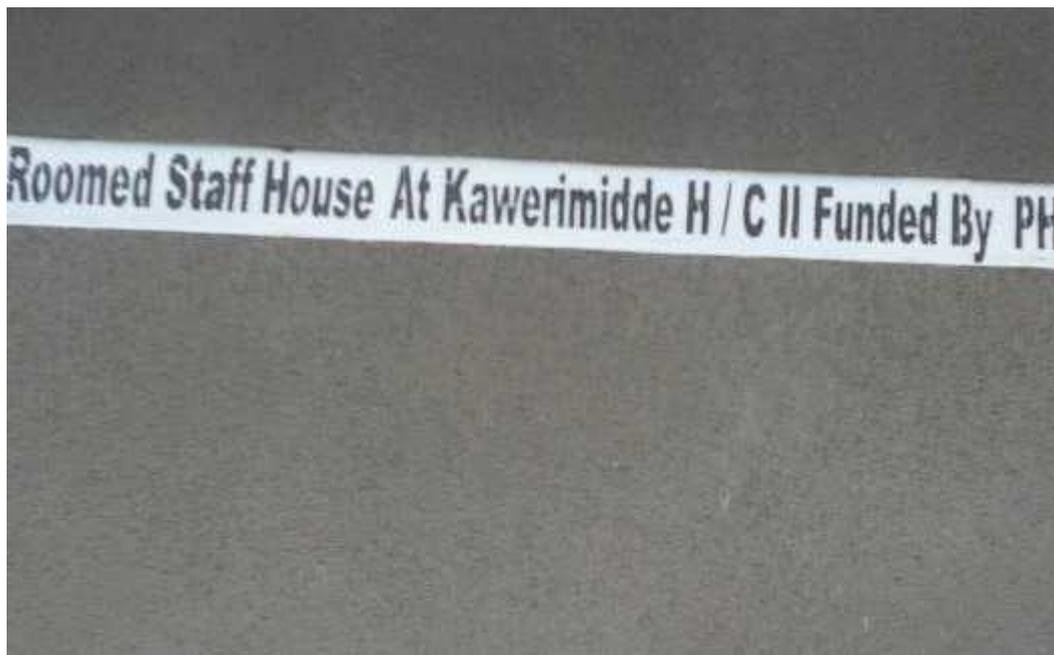
No solar power in Ngomanene, Bulwadda, Kanzira, Kawenmidde HCII and Buyanja HCIII. Maddu HCIV had options for UMEME, a generator and solar power although this was limited to the laboratory.



Power change over switch in the Maddu HCIV theatre and solar system battery bank in Kisozi HCIII.

FINANCIAL ACCOUNTABILITY

The health facilities received the statutory PHC funds from the district while some received additional funds from partners like MildMay. However, some records couldn't be accessed because the in charges were absent. Those that were available showed proper record keeping. PHC releases were not available for public viewing on the notice boards in all health facilities. The district had used part of the PHC funds to improve staff accommodation but this money is usually inadequate.



PHC funds put to good use by constructing staff housing

INFRASTRUCTURE

Most of the buildings are old and were inherited from the previous administration of Mpigi district. They have been poorly maintained over the years and most have been run down by heavy bat infestation. There have been attempts to do isolated repairs or new constructions e.g the laboratory of Maddu HCIV and the new structures at Kisozi HCIII. However, the new district is constrained by inadequate funding for capital development..



A well constructed Kisozi HCIII

SANITATION AND INFECTION CONTROL

Waste disposal facilities like pit latrines, rubbish pits and placenta pits were applicable were present in all facilities visited. Some of the pit latrines were dirty and dilapidated. A new four stance pit latrine for patients had just been constructed in Maddu HCIV. In some facilities, patients shared latrines with staff.

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.

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 AND MATERNITY SERVICES

Antenatal Care (ANC) services were available in all the health facilities visited. At least every HCIII had a midwife; and maternity services were also available. Maternity services were also available at Kanzira HCII. The quality of maternity services varied across health facilities and was affected by lack of equipment like delivery sets, admission beds and staff shortage. The entire district is not able to handle obstetric complications requiring major surgery due to lack of a functional theatre at Maddu HCIV. Cases are referred to Gombe hospital in Gombe district which is about a one hour drive away. The area member of parliament donated an ambulance to facilitate referrals.

BAT INFESTATION

Bats were present in all facilities except Kisozi HCIII. Infestation was very severe in Kyai HCIII, Kanoni HCIII, Kifampa HCIII, Kanzira HCII and Buyanja HCII. Besides being a public health hazard due to their urine and faecal matter, these bats have caused significant structural damage to the ceilings and walls of the health centres.



Bat urine and faecal matter causing extensive damage to cement ceiling at Kyai HCIII and roof of Buyanja HCII

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.

STAFF ACCOMODATION

At least every facility was able to accommodate some of its staff although accommodation remained inadequate. The district had identified those health centres in urgent need and efforts were being made to construct more houses but this was limited by inadequate funding.



Staff quarters at Bulwadda HCII and Kisozi HCIII

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

- 📌 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
- 📌 The CAO should endeavour to address salary issues of health workers
- 📌 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, study leave and workshops because these leave some units devoid of valuable staff. This is now a common excuse for absenteeism at the health centres..
- 📌 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.
- 📌 The DHO should follow up the issue of health workers who have not received their uniforms.

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 partners like Mild May and CDC who have supported the health services in Gomba district. The able political leadership of in Gomba district cannot go unrecognized. Finally, the MHSDMU team would also want to recognise the following health workers for their exemplary and dedicated service:

- ▶ **Ms. Annette Nakato - Stores in-charge Kanoni HCIII**
- ▶ **The in-charge & entire team of Maddu HCIV**
- ▶ **The in-charge & entire team of Kifampa HC III**

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