



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



**SUPERVISION AND MONITORING REPORT
OF
KABAROLE REGIONAL REFERRAL HOSPITAL**

DECEMBER 2013

1.0 INTRODUCTION

In fulfilling MHSDMU's mission of monitoring, supporting and sustaining a national health care system that is efficient in operation; which provides affordable, high quality

healthcare at all times and is cognizant of the right to health and dignity of the people of Uganda. Fort Portal Regional Referral Hospital (FPRRH) was scheduled for 08th/Dec to 20th/Dec 2013 as per our work plan. The major activity is health facility monitoring and supervision.

Under the above activity we specifically focused on the following objectives;

- i. Audit of finance management systems in place.
- ii. Audit and/or supervision of medicines management system.
- iii. Follow up on complaints raised by the public through our toll free lines concerning health services in FPRRH.
- iv. Analyse Infrastructure and equipment inventory management.
- v. Supervision of Service delivery.
- vi. Evaluating the Conduct and major concerns of Health care providers.
- vii. Gathering Community feedback on Hospital health service delivery.
- viii. Gathering challenges faced by the health care providers and then make follow up with relevant stake holders
- ix. Dissemination of findings to Hospital management, health employees, and district leaders. Come up with resolutions with clear time frames on way forwards.

1.1 ACRONYMS

FPRRH Fort Portal Regional Referral Hospital.

GoU	Government of Uganda.
HMIS	Health Management Information Systems.
ID	Identification card.
IP	In patient pharmacy.
MHSDMU	Medicines and Health Services Delivery Monitoring Unit.
NMS	National Medical Stores.
NTR	Non Taxed Revenue.
PAYE	Pay as You Earn.
URA	Uganda Revenue Authority.

1.2 BACK GROUND OF KABAROLE REGIONAL REFERAL HOSPITAL.

Fort Portal locally known as Buhinga Regional Referral Hospital is a government owned hospital, started in 1920 as dispensary with one building and was upgraded to a regional referral hospital in 1994. It serves the entire Ruwenzori region constituting of 7 districts: Kabarole, Kyenjojo, Kasese, Kamwenge, Ntoroko, Kyegegwa and Bundibujyo as well as part of eastern Democratic Republic of the Congo.

The hospital offers both general and specialized services. The hospital's average bed capacity is 351 beds and the staff attends to 700 outpatients every day and 350 in-patients.

At the time of our visit the hospital had a total number of 420 employees, 16 on study leave and operating at 77 percent of the approved Norm.

2.0 FINDINGS

2.1 WORD OF THANKS;

Congratulations to all those who are endlessly and tirelessly at work (there is no amount of words, money or remuneration that is worth the work you do), thanks for upholding the vows, professional and ethical conduct and we pray that the rest emulate such good examples for the good of both health care receivers and givers.

At the time of our monitoring exercise, the hospital was found generally in a clean and tidy state.

Fig.1. A fully equipped State of art Regional Blood Bank at FPRRH.



Fig.2.Inter-Doctor mess;



Fig.3.A fully equipped Lab block, thanks to Sustain.



Fig.4; one of the new equipment's in the lab (The cobus machine) for chemistry profiling.

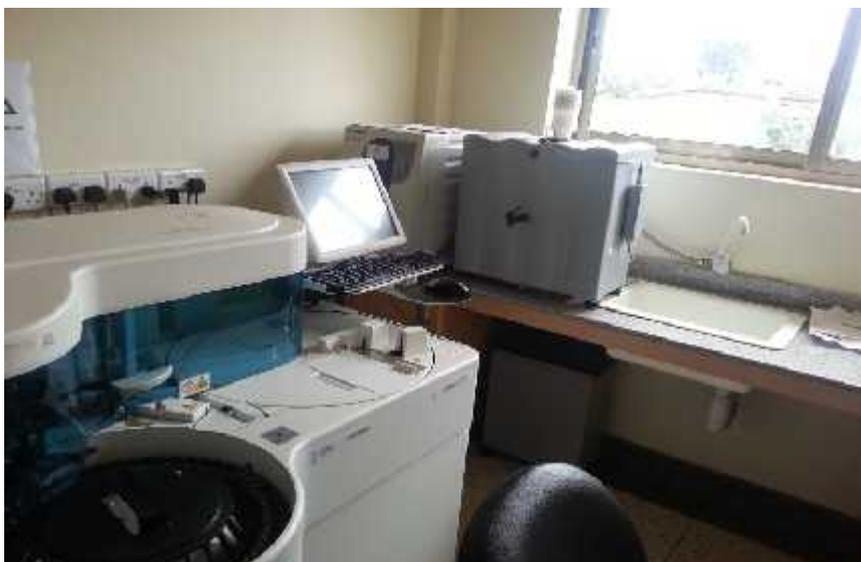


Fig.5; Most of the beds on all wards were found with mosquito nets.



2.2 HUMAN RESOURCE;

- Personnel officer decries of not being involved in some of the decisions within her jurisdiction. E.g. Most officers go for further studies (study leave) without her knowledge, which affect the reporting structures hence execution of her duties.
- The administrators are at variance in their roles in the Hospital.
- Most staff that were found absent and not on any leave schedule had no formal permissions from their supervisors.
- Design performance indicators with clear outputs for every category of staff
- At the time of our visit, most key positions of; senior consultants, consultants, medical officer special grade and in other categories were vacant, this heavily affects delivery of health care services since these constitute the core of the hospital functionality.
- In some departments (OPD) some of the in-charges move away with their offices and find it so hard to delegate.
- It was also noted that some officers that had left for further studies were not bonded.
- Detailed internal and external supervision was noted as wanting. In most cases no reports or feedback is given rendering the efforts impractical.

Fig.6; Bar graph showing the percentage of filled and the vacant staffing in FPRRH.

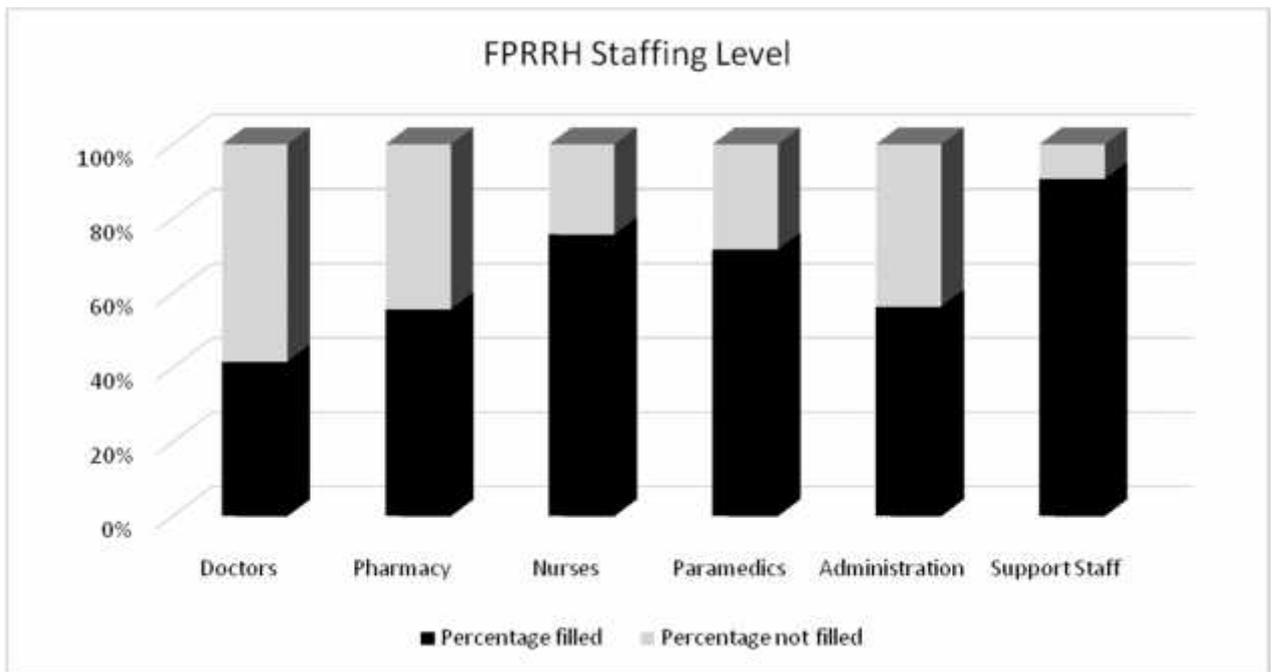
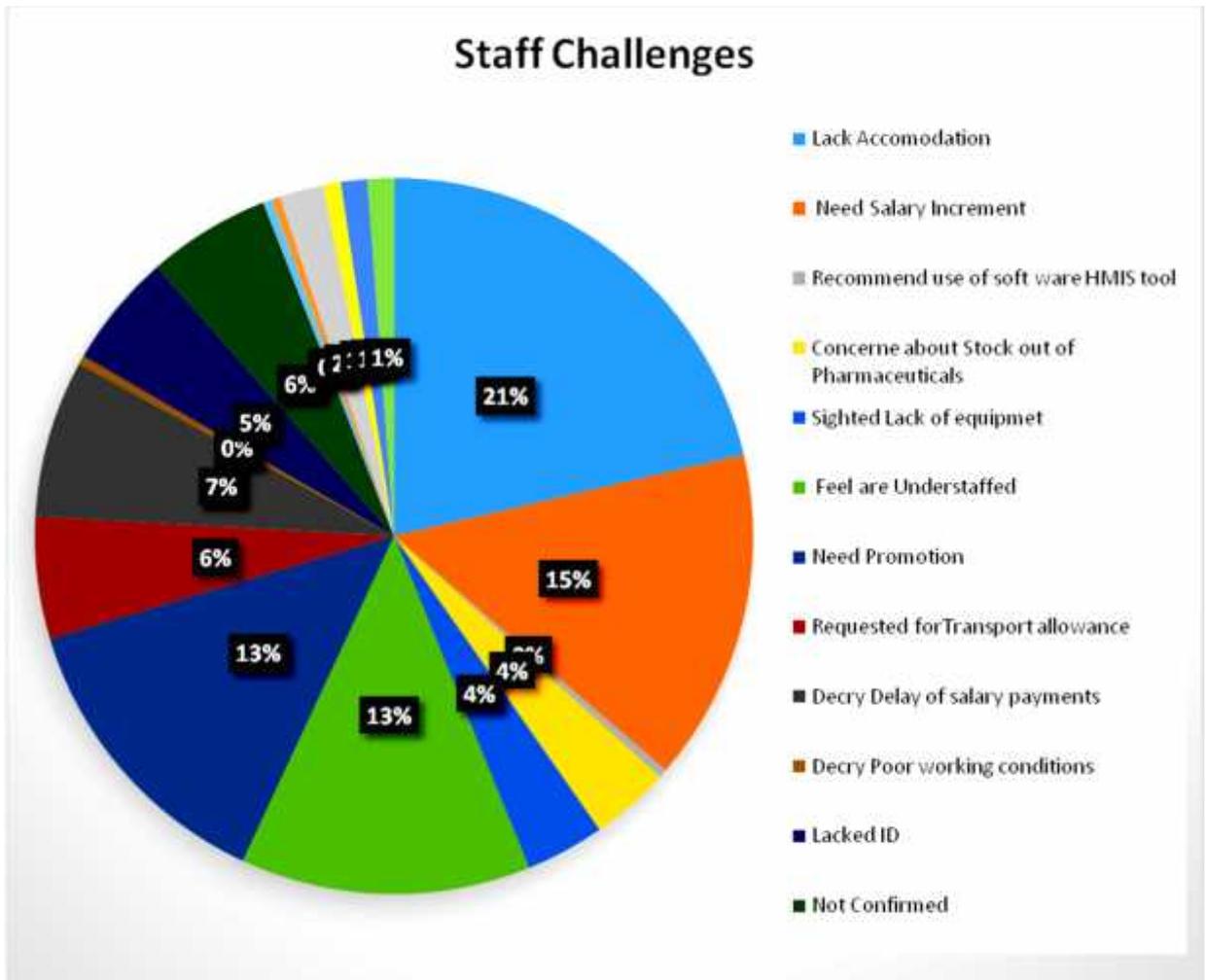


Fig.7; Pie chart showing the major challenges of health workers of FPRRH.



2.2.1 RECOMMENDATIONS

- Management must constantly remind Ministry of the need to recruit staff and fill the missing key positions.
- Chronicle absenteeism and absconding from duty is a disciplinary offence. If it results in neglect of duty then it's a crime. Late reporting and early exit to and from duty equally merits disciplinary action against an officer. Administration must exercise their mandate to curb the vice.
- The daily reporting register must be respected by all cadres of different categories and for every shift as long as they are employees of FPRRH.
- The rift between hospital administrators must be calmed.
- External and internal supervision must be intensified to improve service delivery. This will help the supervisors understand the challenges faced by the lower staff at their work stations.
- A culture of writing quarterly reports on the performance and status of every department should be instituted. These reports should also appraise all service providers before they are paid.
- Those who go for further studies and are being sponsored by government must be bonded.
- Students (Inter- doctors) must learn from experts and they should be given guidance of the keen eye of the seniors.
- Administration must ensure that routine meetings are held with all staff members. This creates a sense of belonging, commitment and ownership but also can act as fora to listen and address staffs concerns hence bridging the gap between administration and staffs.
- Personalization of offices is not accepted in public services. Delegation is a key characteristic of good managers that must be exercised.
- Pharmacists that have failed to report on duty and those that are absconding from work must be disciplined in line with the public service standing orders.
- Officers serving diligently deserve to be applauded for their good efforts.

3.0 INFRASTRUCTURE, EQUIPMENT & UTILITIES;

- It was established on our visit that the intercom services were non-functional making it impossible to communicate internally between departments. It was established that, though the company was paid its full amount, the tendered service was not executed with due diligence. Management was reminded of the responsibility to ensure that the assigned company is put to task to ensure functionality of this essential service.
- It was also noted that the company that tendered for cleaning service has few employees. Every individual cleaner has a large area to attend too, some end up not cleaning some places or even cleaning during working hours.
- The OPD should have a casualty department.

Fig.8; The hospital kitchen was privatised and no food is prepared for patients.



- Most of the donated equipment, embossed with GoU have been diverted to the private wing leaving the general public with no option other than to pay in order to access those services.
- During the time we spent at the facility, the theatre lacked constant power supply.
- Some of the equipment's were found unmarked.
- All staffs have not yet received the promised uniforms from government and others lack identification (ID) cards. The government through Ministry of Health is making uniforms for all health workers in the country.

Fig.9; The private wing that was constructed using Government funds but inaccessible to the general public.



Fig.10 Dilapidated staff houses still occupied by health workers.





There is no detailed inventory list of hospital infrastructure and equipment, the existing one is shallow and not updated.

3.1 RECOMMENDATIONS

- Administration must ensure that all medicines and supplies received reach the intended beneficiaries.
- The hospital must maintain an update inventory of the infrastructure and equipment's.
- Administration must ensure that all equipment are engraved to reduce on the risk of being stolen from the facility.
- Administration should ensure staff have better accommodation.

- The director should requisition for equipment that are missing or inadequate mainly for OPD lab, dental and orthopaedics.

4.0 SECURITY

Security is key for both Health workers, patients but also government assets.

During our presence at the facility, it was noted that, despite presence of security personnel manning different entries into the hospital, detailed check-ups and registration of motor vehicles particulars entering into the hospital was not being effected. The OPD and upper gate are the most poorly manned.

4.1 RECOMMENDATIONS

Security must be stepped up at all entries and exit of the hospital premises but also ensure safety of equipment and government assets. A registration book to register all cars and bikes at all entries should be instituted.

5.0 SERVICE DELIVERY;

During our super vision visit the following factors were discovered as the most impacting on service delivery.

- Chronicle absenteeism and absconding from duty of key staff and the bad culture of late reporting and early exit from duty stations of work, not only delays timely accessibility to services but also denies patients of their right to access health care services.

At 10:00 am work had just resumed in the OPD department.



- The requirement by public service standing orders to use the reporting register, has been abused by all most everyone in the facility.
- In synergy is Lack of equipment, most especially in the OPD Lab, Dental, radiology and orthopaedics has affected efficiency and effectiveness.
- Medicines, sundries and reagent stock outs and their inconsistent supply.
- Lack of accommodation for many staff. This affects the time staff report and leave their station duties as many stay away from the Facility
- Understaffing in some departments heavily affects efficiency and effectiveness.
- Poor remuneration lowers staff moral hence delivery of service.
- Both internal and external supervision was noted to be inadequate.

6.0 MEDICINES MANAGEMENT.

- At the time of monitoring, the end point administrators of medicines (IP pharmacy, all wards, theatres) were not consistent with the use of HMIS (Stock cards and dispensing logs) tools as recommended. We commend the good work in the main stores where most of the records were up to date. An audit of the stores and the IP pharmacy was done and the details are attached.
- Accountability and record keeping for both medical and non-medical records was still a big challenge in all hospital departments; most affected was medicines and HIV testing kits accountability in the entire hospital.
- At all levels of use, pharmaceutical products were found to be miss managed and missing. The audit done indicated gaps in stores and pharmacy. All wards had no track (in terms of documentation) of the medicines given from stores.
- All wards were found not to have adequate facilities to manage and store medicines.
- Stock outs and inconsistent supply of pharmaceutical products was noted in almost all departments especially the theatre.
- Pharmaceutical products and equipment's embossed with GoU not for sale were found in the stocks of the private wing.

Fig.11; Embossed Government equipment and medicines in the private lab.



6.1 RECOMMENDATIONS

- Pharmacist through administration must ensure use and availability of HMIS tools at every level of medicines management;
- The therapeutic committee should involve pharmacist in prioritizing the medicines to be requisitions so as to reduce stock outs.
- All government drugs (embossed with GoU not for sale) must be removed from private wings.
- Medicines and supplies must be fully accounted for at every level of use.
- There is need to Critically analyze the invoice of medicines delivered in order to keep track of the Hospital balances in NMS but also use it as a guide in pressing orders.

7.0 COMMUNITY FEEDBACK

A few interviewed members of the community were grateful with the available services though still pointed out that, theft of medicines and extortions on wards for certain services were still rampant. They also noted that some times, they are requested to buy medicines outside the facility. They wished more medicines were supplied to the hospital to avoid stocks outs.

8.0 FINANCE

Accountabilities:

A report of the audited financial year 2010/011, 2011/012 has been prepared and the queries raised need to be followed up.

The Audit findings:

The funds in the above accounts have been accounted for fairly well apart from some payments that have been detailed in the appendix attached which were found to be lacking in documentation. Below is the summary.

DELD ACCOUNT	
FIN YEAR	AMOUNT
2010/11	26,303,550
2011/12	15,155,000
TOTAL	41,458,550
CAPITAL ACCOUNT	
FIN YEAR	AMOUNT
2010/11	435,000
2011/12	2,590,000
TOTAL	3,025,000
NTR ACCOUNT	
FIN YEAR	AMOUNT
2010/11	250,000
2011/12	440,000
TOTAL	690,000

Missing Vouchers summary:

DELD ACCOUNT		
FIN YR	NO	AMOUNT
2010/11	20	84,878,126
CAPITAL ACCOUNT		
FIN YR	NO	AMOUNT
2010/11	10	49,902,490
NTR ACCOUNT		
FIN YR	NO	AMOUNT
2010/11	3	1,070,000

Other Observation:

- Most of NTR payments were salary advances to staff. There is need to find out whether this money was recovered from the affected staff.

See summary below

SALARY ADVANCES	
NTR ACCOUNT	
2010/11	6,520,000
2011/12	13,466,479
TOTAL	19,986,479

DELD ACCOUNT	
2010/11	5,600,000
2011/12	3,245,000
TOTAL	8,845,000

- A total of UGX 10,626,083 collected as NTR for the financial year 2010/11 was not banked. There is need to obtain an explanation as to whether this amount was utilized properly and with authorization.

NTR SUMMARY 2010/11			
MONTH	TOTAL RECEIPTED	TOTAL BANKED	BALANCE
JULY	4,242,000	4,155,000	87,000
AUGUST	3,559,000	3,199,000	360,000
SEPTEMBER	3,256,500	1,244,300	2,012,200
OCTOBER	2,912,500	1,467,200	1,445,300
NOVEMBER	5,241,100	5,469,250	(228,150)
DECEMBER	4,333,000	3,821,200	511,800
JANUARY	4,112,733	2,241,000	1,871,733
FEBRUARY	4,685,500	1,861,000	2,824,500
MARCH	3,877,000	2,152,000	1,725,000
APRIL	4,810,500	4,917,000	(106,500)
MAY	3,508,000	3,244,500	263,500
JUNE	8,324,500	8,464,800	(140,300)
TOTAL	52,862,333	42,236,250	10,626,083

- There is no evidence to show that deductions made from interns in form of PAYE were remitted to URA.
- All the above is pending verification.

Way Forward.

- The accountabilities missing should be availed or funds should be recovered from the affected staff.
- Explanation should be thought from accounts as to whether the amounts deducted from interns as PAYE was actually remitted to URA.
- The missing vouchers should be provided to the audit team.
- Balance unbanked from NTR collections should be followed up to ensure that it was not misappropriated.
- There is need to obtain the salary advances reconciliation summary from accounts to ascertain whether these money was fully recovered.

END.