REPUBLIC OF UGANDA

MEDICINES AND HEALTH SERVICE DELIVERY MONITORING UNIT

"Raising the bar in Healthcare"

REPORT ON MONITORING ACTIVITIES IN KABAROLE DISTRICT

DECEMBER2013

Disclaimer at OPD of Kibito Health centre IV, Kabarole district

ACRONYMS

ANC	Ante natal care
ARVs	Anti retrovirals
DHO	District health officer
HUMC	Health unit management committee
IPD	In patients department
MHSDMU	Medicines and Health Services Delivery Monitoring Unit
MOH	Ministry of Health
MTRAC	Mobile Tracking
MWRAP	Makerere WalterReed Aids Project
NDA	National Drug Authority
NGO	Non Government Organization
OPD	Out patients department
PHC	Primary health care

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INTRODUCTION

Kabarole district has a total of 54 health facilities of which 4 are hospitals and 50 health facilities. Of these, 44 are government owned and 11 are PNFP facilities.During the period May to November 2013, the Medicines and Health Services Delivery Monitoring Unit (MHSDMU) received numerous anonymous complaints on the MTraC platform. Most of these were cases of absenteeism, late coming, extortion and rudeness of healthworkers inadequate drugs, inaccessibility to the payroll, underpayment and fluctuations in salaries.This prompted a fact finding visit to health centres and hospitals by three MHSDMU teams from 7th December to 18th December.One such complaint reported through MTraC about a cleaner who rarely works was found to be true and the pit latrines very dirty when the team visited Rwimi HCIII. A radio talk show was held on the 14th of December 2013 on Voice of Tooro (VOT) to reach out to the community. A meeting that included MHSDMU and

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, accountability and MTrac.

- A presentation was made to the district leadership, sub county chiefs, LCIII chairpersons and the in charges of health facilities.
- A radio talk show was conducted on VOT in the local language. This was aimed at reaching out to the community.

HEALTH FACILITIES VISITED

1.Kabahango HCII	12.Mujunju HCII	23.Kijura HCIII	34.Ruteete HCIII
2.Kiguma HCII	13.Nyantaboma HCII	24.Karambi HCIII	35.Rwimi HCIII
3.Ibaale HCII	14.Kicuucu HC II	25.Kasenda HCIII	36.Kasusu HCIII
4.Kidubuli HCII	15.Rubona HCII	26.Mitandi HCIII	37.Kagote HCIII
5.Kahangi HCII	16.Nyabuswa HCII	27.Kasunganyanja HCIII	38.Katojo. HCIII
6.Kitule HCII	17.Rurama HCII	28.Rwagimba HCIII	39.Kahuna HCIII
7.Nsorro HCII	18.Mucwa HCII	29.Yerya HCIII	40.Kibiito HCIV
8.Rubingo HCII	19.Rwimi Prison HCII	30.Kicwamba HCIII	41.Bukuuku HCIV
9.Kibate HCII	20.Kiyombya HCIII	31.Toro Kahuna HCIII	42.Kataraka HCIV
10.Kabonero HCII	21. Kaswa HCIII	32.Kisomoro HCIII	43.Kahondo HCII
11. Katebwa Monument HCII	22.Kabende HCIII	33.Mugusu HCIII	

KEY FINDINGS

- **Human resource:**Though, there are still challenges in human resource sector, the situation in Kabarole is fairly better compared to other districts. This has until recently been mainly due to supplementation of the staffing norms by health partners like Baylor(SMGL) project. However, since these were short term projects, some of the staff like doctors, midwives and nurses were absorbed into the main stream local government. Currently, the district health sector staffing level stands at of 75%.

The major complaint by some health workers included failure to receive their salaries for 11 months, underpayment of salaries, missing statutory allowances and some reported intermittent salary payments.

MHSDMU officials had a meeting with the CAO and Human Resource officer of Kabarole to highlight the human resource findings in the field. The CAO and HRO were fully aware of these complaints and reported that the issue was at the level of Ministry of Public Service (MOPS). It was resolved that a follow up meeting be held at the MOPS with both parties to resolve this issue

- **Drug supply:**All health facilities visited had essential medicines available like antimalarials, antibiotics, antipyretics and painkillers. The health workers acknowledged timely delivery of medicines and related supplies by NMS, ample time for verification and intact packaging. They were however reports of little quantities being supplied compared to the population served especially for HCIIIs and IIs and asked that these quantities be revised. There were three cases that reported undersupply of particular medicines compared to the delivery note but discrepancy forms were filled and the drugs were traced to the district drug store. Health workers were comfortable with the quality of drugs supplied by NMS.

- **Drug management:**On overage, most drug stores were organized and had the necessary HMIS tools in place like stock cards, dispensing logs, requisition and issue vouchers. The completeness of filling in these HMIS tools was lacking especially the requisition and issue vouchers. Sampling method was used at each facility store to do a physical stock count on any three drugs. Though minimal, the disparities between the stock cards and physical stock occurred due to delayed update of stock cards. Some stock cards were not updated for up to two months but the drugs could be traced in the requisition books. In Kicucu HCII, the requisition and issue vouchers were not used at all despite being plenty in the store. Requisitions from user departments like OPD were entered directly into the stock cards citing leave or heavy workload. The requisition and issue voucher books were present in the stores but some in charges and store keepers of HCIIIs and HCIIs did not know how to use them. The MHSMDU team conducted on the spot training of how to fill the HMIS tools and how to make

improvised dispensing logs.The drug stores in Kibito HCIV and Nsunganyanja HCIII were well organized and the HMIS tools were up to date.

Most drugs stores were equipped with shelves provided by SURE and this greatly helped in the organization of the stores.

Well organized shelves provided by SURE in Kibito HC IV and Nsunganyanja HCIII

- **Expired Medicines:** Of the facilities visited, 21 had expired medicines. The medicines were isolated from the normal medicines by putting in boxes and awaiting collection by the DHOs office. However inventory of the expired was not well documented with only six store keepers knowing the right procedure of documentation. Only four facilities were using the expired medicines book that documents that captured type of drug, batch number, quantity, date of expiry and authorization. Store personnel were trained on spot by MHSDMU staff. The most common expired drugs included antimalarials (Coartem, Fansidar, Quninine), antidepressants (phenorbabitone), ARVs (Niverapine syrup), antihelminths (Albendazole, Mabendazole), eye/ear drops (Chloramphenical) among others.


The picture above shows stacks of expired Artemether Lumartem, an antimalarial in Kabahango HC II. There were 86 boxes of 30 blisters each. The store management was generally poor.

In Kahondo HCII, the stores management in general was poor with inadequate update of HMIS registers and expired drugs had not been isolated from the main shelves.

Coartem that expired in September 2013 still on the drug shelves

- **Laboratory services:** Laboratory services varied according to the level of facility. All health centres were at least able to perform a malarial test using the rapid diagnostic test kits (RDT). These kits were available in the drug stores and were provided by

NMS. Availability of Malaria microscopy tests (B/S) varied across HCIII laboratories due to lack of reagents, lack of microscopes and laboratory technicians while it was available in the three HCIVs. 65% of all health centres could not perform and HIV test due stock outs of the test kits for more than two months. There were stock outs of syphilis testing kits (RPR) and pregnancy test kits (HCG) in 70%, some for close to one year. Lack of these services greatly affected ANC and PMTCT services.

- **Absenteeism:**All facilities visited were open and had personnel at time of visit. Incharges were absent in 50% of the facilities visited while one was on study leave. Late coming was evident at the time of MHSMDUs visits, attendance registers and reports by the community. In Rwimi HCIII, the laboratory technician reported at 11am despite the presence of mothers who had come for voluntary counselling and testing. Though present, attendance registers were not strictly adhered to in all health facilities visited. Kataraka HCIV was visited over the weekend but only three staff where found at the facility. Generally, in most facilities, staff used the excuse of following up their salary issues at the district as a cause for being absent although this could not be confirmed.
- **Infrastructure:** The majority of health facilities had fairly good structures but some had been weakened or cracked by earth tremors which occur periodically in the region. Some buildings have been condemned due to these cracks but they continue to be operational. It is recommended that buildings in these areas are reinforced by both floor and ring beams during construction in order to with stand the effects of tremors.

Structurally sound Rubona HCII and huge cracks in Nsunganyanja HCIII

- **Financial accountability:** Most of the health units received both the statutory PHC funds and then funds from Baylor College of Health Sciences. Those facilities whose financial records were accessible at the time visit showed proper record keeping and accountability of both and Baylor funds, namely Katojo,Kagote,Mucwa,Nyabuswa,Bukuku,Kicwamba,Kidubuli,Kaswa,Kitule,Kibito, Nsorro to mention but a few. PHC releases were not available for public viewing on the notice boards in all health facilities. Some PNFP facilities received PHC funds from government and yet charged patients 1,000/= for government Coartem (antimalarials) saying it was to cater for transport costs of picking the drugs from the district.

- **Shoddy works and stalled constructions:** Shoddy works were observed in Nyabuswa HCIII during construction of the maternity ward.The DHO was aware of this and declined to acknowledge the works as satisfactory for the last 7 months. MHSDMU brought this to the attention of the CAO, audit department and procurement departments. A case was opened by the DHO against the contractorat Kabarole Central Police Station but the contractor upon hearing this, rushed and completed the works. We are awaiting a completion of works certificate from the district engineer.

Incomplete maternity ward at Nyabuswa HCIII with cracked floors

- **Inventory:** Inventory of equipment and related assets is a practice that is not done at many health units. The few health centres that have inventory books like Kaswa,

Kataraka, Kidubuli and Mugusu had inventory done one year ago, while it had not been done in Kicwamba III in the last five years. Nsorro, Toro-Kahuna, Kagote and Kasusu had more regular inventories

- **Sanitation and infection control:** Most health facilities visited had non bushy and clean compounds. OPD and IPD were clean except on those days when activities like immunization had taken place. All health centres had waste disposal facilities like waste bins, pit latrines, sharps containers and dumping pits where the waste was burnt. The pit latrines of Rwimi HCIII were extremely dirty and had not been cleaned for 4 days despite availability of water. The cleaner, Mr. Masereka was cautioned. The pit latrine at Kagote HCIII is almost full. However, sterilization of medical instruments was poor in all health centres IIIs and IIs. Most nurses were not conversant with best sterilization procedures. It was also observed that some facilities did not have constant paraffin supply and electricity while others had faulty autoclaves.

Clean ward at Karambi HCIII and a neat compound at Kiamara HCIII

- **Water**: Most facilities had access to water from nearby gravitational flow piped water systems, bore holes and shallow wells. This partly contributed to the improved sanitation at the health centres. However, despite the fact that this area receives plenty of rainfall, 80% of the water harvesting systems were either not in place or had broken down.

Destroyed harvesting system at Ruteete HCIII and functional one at Ibaale HCIII

- **Uniforms:** Most health workers were not in uniform citing torn and old uniforms, washed the single uniform or not having uniforms at all. Ministry of health took measurements of all health workers country wide and the distribution process is yet to begin.

Smart nurses in uniforms at Kitule and Nsoro HCIIs

Kibiito HCIV:

Special attention has been given to this HCIV because in comparison to other HCIVs in Kabarole and across the country, it stood out in terms of functionality, staffing and attendance, services offered, orderliness, financial and drug accountability.

- Drug management- The store was shelved and organized with HMIS tools in place and up to date. A desk top computer was in use to help in data storage, requisition of drugs and monitoring financial expenditure on drugs.
- Laboratory services-The laboratory was well equipped and had three staff. The tests carried out include:

(1) CD4,
(2) Malaria (BS & RDT)
(3) Brucella
(4) Haemoglobin (Hb)
(5) Blood grouping
(6) Blood cross matching
(7) Random Blood Sugar
(8) Stool analysis
9) Urine analysis
10) Rheumatoid factor
11) Sputum ZN (for TB)
12) Sputum Gram stain
13) VCT/RCT (for HIV)
14) Hepatitis B

There was a stock out of pregnancy test kits and RPR Kits (Syphilis).

- Diagnostic services: Ultrasound machine present and functional.
- Human resource: Of the approved staffing of 48 personnel, there were 49 personnel meaning 100% staffing level. However, there were excesses and deficits amongst certain cadres e.g there were 3 medical officers yet the required number was 1. Some positions like cold chain assistant, senior nursing officer, ophthalmic officer, dispenser, assistant health educator and a nursing officer (psychiatry) were vacant. Despite all this, service delivery in the various sections and departments of the health centre was on going.
- Absenteeism: Of the 29 staff on duty when the team visited the facility, 28 were present meaning absenteeism that day was 0.9%. This low absenteeism can be attributed to the effective leadership of the medical officers like Dr.Obeti.
- Sanitation: The health facility in general was clean and the compound was well maintained.
- Theatre: A functional theatre was in place but major operations had been temporarily suspended because of the nearby construction of the Maternity ward whose activities had blocked the theatre walk way. However the theatre had the necessary equipment like surgical kits, operating lamps, bed, suction machine and anaesthetic medication. There was also piped water, hydro power and backup power (Solar and generator)

Well equipped and functional theatre

- Construction of a new ward: A new storied building is under construction with funding from Baylor college of Health Sciences. It is supposed to accommodate the paediatric and maternity wards which were destroyed during a storm.

Maternity and paediatric wards under construction.

- Blood transfusion services: Not available
- Maternity services: The facility has all the equipment and personnel necessary for maternity services except adequate admission space because the wards are under construction. ANC and PMTCT services are also conducted at the facility.

SUMMARY OF STAFF COMPLAINTS FROM LOWER LEVEL UNITS

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

Findings

- Delays in access to the payroll and some for as long as nine months.
- Inconsistency in salaries where staff are on and off the payroll.
- Unexplained deductions of salaries, especially their statutory allowances
- Lack of promotions despite having attained higher qualifications
- Top up allowances for health centres in hard to reach areas
- Heavy workload despite understaffing.
- General underpay.
- Delayed access to pension benefits
- Releasing staff for further training by the district is a challenge
- Lack of equipment in certain departments like the laboratory and labour room
- Lack of certain drugs like antibiotics and inadequate drugs like antimalarials.

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 engineer has to supervise constructions with kin interest and make a completion of works report to the internal auditor and CAO before payments can be effected. Since Kabarole district is tremor prone, buildings should be designed to withstand effects of tremors.
- 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 district council should sit and come up with incentives for staff in had to reach areas like top up allowances
- There is need for improved collaboration between the DHOs office, regional referral hospital and the municipality health facilities such as sharing of information and joint planning.
- On the side of government, the ministries of health and local government should come up with a clear policy on the collaboration between regional referral hospitals, municipalities and the DHO's office.
- 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

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The MHSDMU team

1) Dr.Charles Ayume Asst.Director
2) Mr.Geofrey OsinyaD/C
3) Mr.Justus ByangweAuditor
4) Mrs.Judith KayongaM&E
5) Mr.Joshua Kayiwa Biostatician
6) Alex Okot Research
7) Luswata Brian Legal
8) Ben Olar Ken D/IP