REPUBLIC OF UGANDA

MEDICINES AND HEALTH SERVICE DELIVERY MONITORING UNIT

"Raising the bar in Healthcare"

REPORT ON MONITORING ACTIVITIES IN LIRA DISTRICT

SEPTEMBER 2013

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

The Medicines and Health Services Delivery Monitoring Unit (MHSDMU) had received numerous anonymous complaints on the mTraC platform about Lira district health services. These complaints were from the reporting period 11/04/13 to 23/09/23 and included general complaints such as negligence, stock outs, fraud, extortion, absenteeism, drug theft and one registered complaint of good service in the Eye department of the hospital. Most cases of extortion were in the X-ray/ultrasound and dental departments of Lira Regional Referral Hospital (LRRH) while most cases of absenteeism, negligence and malpractice were amongst nurses in various departments including maternity. This prompted a fact finding visit by MHSDMU from 22nd September to 6th October.

OBJECTIVES

- 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
- A presentation was made to all the staff of Lira Regional Referral Hospital and another one to the district leadership, sub county chiefs, LCIII chairpersons and the in charges of health facilities.
- A radio talk show was conducted on Voice of Lango FM in the local language. This was aimed at reaching out to the community.

- 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.

HEALTH FACILITIES VISITED

Apuce HCII	Lira Barracks HCII	Agali HCIII	Ogur HCIV
Alik HCII	Lira Municipal HCII	Ayago HCIII	Lira RRH
Abunga HCII	Ongica HC II	Barapo HCIII	
Akangi HCII	Onywako HCII	Ngete HCIII	
Abala HCII	Barr HC III	Ober HCIII	
Anyangatir HCII	Aromo HCIII	Amach HCIV	

KEY FINDINGS

- **Human resource:** Currently, the district has a staffing level of 83% and this has been augmented NU-HITES especially in the lower level units. LLRH has a total of 372 personnel but this structure was designed for a 250 bed hospital and yet the current bed capacity is 400 beds. MHSDMU observed that all HC 11s, IIIs and IVs were fairly well staffed.
- **Absenteeism:** Of the facilities visited, 50% didn't have an attendance register while 80% of those that had didn't have an updated register.Only 6 out of the 20 in charges were present at the time of visit. In Ongukyi HCIII, only two staff (laboratory technician and askari) were present by 11.30am because the rest commuted from Lira town despite adequate accommodation at the facility. In Barapo HCIII, only three staff were on duty by 10am despite being next to the sub county head quarters. In Abunga HCII, Mr.Oleke Tony, a porter only worked once a week and commuted from the neighbouring Aleptong district despite presence of accommodation. In Alik HCII, Mr.Emunu Sami, a nursing assistant was drunk while on duty.
- **Infrastructure:** The majority of health facilities had adequate and structurally sound infrastructure and this is partly attributed to funding from NUSAF.

Decent staff accommodation in Ogur HCIV

All facilities at least had staff accommodation but it was mainly inadequate for HCIVs and the RRH. Although the government has endeavoured to prioritise accommodation, it was observed that some of these houses are only used as resting houses as the majority prefer to commute from elsewhere. One case in point is Ongukyi HCIII which has 14 staff units but only four were fully occupied while in Akangi HCII despite 4 staff units, the staff rarely stayed at the facility.

Underutilized accommodation in Abunga HCII and Ongicha HCIII

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- **EPI:** Immunizations services were offered in all the facilities visited. Though Lira Barracks HCII offered immunization services, the vaccines were kept at a nearby health facility due to lack of cold chain facilities. It was also observed that cold chain facilities were functional in the rest of the facilities with 40% having a back up gas cylinder. All facilities had temperature charts on the fridges and these were regularly updated in 80% of the health facilities. Vaccine control books were present but regularly updated in 60% of facilities. Vaccines wastage was high for BCG and measles with a monthly average of 85 and 100 doses in 5 health facilities that were sampled.

Table 1: *Immunization and dropout rates in Lira district*

	4th QTR FY 12/13		**1st QTR FY13/14**	
	Immunization coverage	Drop out rate	Immunization coverage	Drop out rate
DPT3	97%	13%	88.3%	10%
MEASLES	84.4%	-5%	87.35%	-1.6%

Source: Lira district health sector performance report

At the 2013 National Health Assembly, Lira district together with 15 other districts was recognised for its excellent performance in immunization coverage; and this fits into our field findings.

- **Shoddy works and stalled constructions:** Cases of shoddy works and stalled constructions were observed in some newly constructed structures. These include Barapwo HCIII where a newly constructed maternity ward had a cracked and chipped floor, while the placenta pit also had cracks. In Abunga HCII, the chimney slabs of the staff quarters were never installed while in Ongicha HCIII; water sipping through the chimney was causing damage to ceiling and walls. There were stalled structures in Apuche HCII and Barr HCIII.


Chimney without a slab at Abunga HCII and a stalled structure at Barr HCIII

- **Drug supply and management:** Medicines were present in all facilities visited and health workers acknowledged receiving drugs from NMS according to the delivery schedule. Twelve health facilities reported only receiving adult coartem in the most recent delivery by NMS. On follow up NMS advised that the DHO should formally write to NMS requesting for an amendment in the HCIII kit. While some health facilities had very little use for antiepileptic drugs which were nearing expiry, others had an increased demand probably as sequela of nodding disease. The DHO was advised to redistribute medicines within the districts where necessary

- **Expired Medicines:** It was observed that expired medicines were present in all facilities visited. At least 80% of the facilities had followed the procedures of dealing with expired medicines by isolating and storing them away while awaiting transportation to the district health office. Only 40% had an expired medicines register. The most common expired drugs include ARVs (Niverapine suspension, Zidovudine) , Albendazole, Vitamin, contraceptives, misoprostol, lasix and injectables (dexamethasone and diazepam).

- **Demarcation/boundaries:** Only Ober HCIII had well demarcated boundaries enclosed in a fence and a gate. Ogur HCIV had demarcated boundaries but the fencing was not yet complete.This has led to encroachment especially in Ayago HCIII and LRRH. The case of LLRH where there has been massive land encroachment is before the courts of law and this process has hampered construction of new staff quarters. The district was advised to survey and demarcate health centre land to avoid such scenarios.

- **Sanitation and infection control:** All health facilities visited were clean except the latrines of Abunga HCII and. All health facilities had sharps disposal containers and followed the right procedures of disposal of infectious waste. However, knowledge and use of instrument sterilization procedure was lacking in 70% of the health facilities.

- **Water**: Water did not seem to be a challenge at the time of visit probably because the area was experiencing heavy rains. Water harvesting systems were either non existant or non functional except in Ngete, Ober, Aromo, Abala, Agali and Aliki health centres. The rest of the facilities fetched water from nearby boreholes. There is need to install water harvesting systems to store water for the dry season.

Well constructed and functional water harvesting system at Aromo HCIII

- **Power:** Solar is the main source of power in most health facilities with 16 having solar although half of these were faulty and mainly restricted to the maternity ward, labour room or theatre. The solar in Barr HCIII is faulty and the facility is not connected to the nearby national power grid. A

BARAPOW HCIII

- The facility was open and functional at the time of MHSDMU's visit and the in charge was present.

Visible signage of Barapwo HCIII

- Out of the 16 staff posted to the facility, 9 were supposed to be on duty on that day. However, only 3 were present by 10.30am. The in charge and the LCIII chairperson acknowledged that absenteeism and late coming were a problem despite adequate accommodation at the facility. It was agreed that the LCIII chairperson convenes an emergency meeting for all the staff to address this issue.

Adequate staff accommodation with functional solar power

- A newly constructed maternity ward and labour suite were complete but had not been commissioned for use. The new placenta pit was poorly constructed yet the contractor was paid. MHSDMU was to follow these two issues with the CAO
- Staff were not in uniform but acknowledge submitting uniform measurements to the DHO
- Currently, the facility only offers ANC services but not maternity services due to lack of a bed and admission facility. However the commissioning of the new maternity ward will address this problem.
- EPI was system is functional with well updated temperature charts and vaccine control books.

OBER HCIII

- The facility was open at the time of the visit and the in charge was present. The facility also had a perimeter fence and a gate


Fenced facility with a neat compound

- The drug store was relatively well organized but was inadequately shelved. HMIS tools for drug management were in place but most stock cards were last updated four months ago. The health workers were taught how to used fill in dispensing logs, expired drugs book, stock cards and requisition/issue books
- The newly constructed general ward and maternity had not yet been commissioned. The works appeared satisfactory. MHSDMU followed up with the DHO and CAO and they acknowledge that some more fittings had to be done before commission

Newly constructed building to house general wards and maternity

- ANC and maternity services were in place and the registers well updated.
- EPI was system is functional with well updated temperature charts and vaccine control books.
- Solar system was functional. A water harvesting system was in place but non functional due to poorly aligned gutters.

OGUR HCIV

- The facility was open at the time of our visit and it is headed by a medical officer who was present.
- Despite the recent posting of a doctor, the theatre remained non functional due to infrastructural challenges. The theatre is in a poor structural state, lacks water and the solar power. The generator is non functional. Despite all this, the theatre has all the necessary equipment but it is lying idle.
- The drug store is clean and well organized but is inadequately shelved. Drug management HMIS tools are in place and well updated. Drugs were present in the store. Sampled physical count of amoxyl and coartem revealed no discrepancies.
- There is adequate staff housing, equipped with functional solar power.

Broken windows and roof

Unused surgical instruments

- Water harvesting system is non functional.
- ANC and maternity services were functional and the registers were well updated.158 deliveries were conducted at the facility the previous month.
- EPI system was functional and the temperature control chart well updated. Vaccines were present and adequate.

AKANJI HCII

- It was closed at the time of the visit at 4.30pm.
- The facility has adequate and structurally sound houses numbering eight. Apart from the askari, all staff commute from Lira town.
- A community member reports that the facility opens at 10am and closes at 1pm
- The compound is dirty despite a motorized grass cutter with fuel

WALELA HC II

- Of the 5 staff (3 health workers and 2 askaris) of the facility, only the in charge and askari were present. The askari was registering of patients at OPD.
- The facility has a functional EPI system in place and conducts both static and outreach immunization. The vaccine control book and temperature chart were up to date.
- The drug store was clean but lacked enough shelves. Stock cards were not filled regularly. Dispensing logs and requisition vouchers were in use.
- No ANC services were offered at the facility

- PHC accountability was not displayed.


Functional EPI apparatus with adequate vaccines

AROMO HC II

- The facility was open but only 6 out of the 16 staff were present. Most of the staff on duty were in uniform.

Smart nurses in uniform and on duty

- The compound and the buildings were clean.
- The health workers acknowledge presence of enough drugs. However the drug store is very small. HMIS tools for drug management were well updated.

- The EPI system was functional and both the temperature chart and vaccine control book were well updated.
- ANC and maternity services were fully functional.
- Solar power and the water harvesting were fully functional.

APUCHE HCII

- The facility was operational at the time of our visit. Both the compound and the facility were clean.
- All the staff who were supposed to be on duty were present.
- Construction of additional staff quarters had stall for more than a year as shown in the picture below.

- The facility has no ceiling making access to the drug store easy.
- Immunization services are offered at the facility. The fridge is functional and the HMIS registers are well updated.
- ANC services are not offered at the facility because it lacks a midwife.

ABUNGA HCII

- The facility was open and operational at the time of our visit. The in charge was present and all staff were in uniform

- It is reported that the porter, Mr.Oleke Tony is most of the time absent and he resides in Alebtong district despite adequate staff accommodation at the district. MHSDMU decided to take this up with district.
- The compound is bushy despite the presence of a fuelled motorized grass cutter .
- The staff quarters that were constructed in FY 09/10were incomplete. The slabs over the chimney were never installed allowing rain to sip through the roof.
- Stores management was in order and the HMIS tools were in use.
- EPI system was in place. Fridge was functional and the HMIS tools were up to date.

ABALA HCII

- Facility was open and operational. Both the compound and OPD were clean. In charge was absent.
- Presence of bats in the ceiling.
- The drug store is very clean and organized with adequate shelves. Stock cards are up to date and requisitions books are in use. There are many expired drugs but these have been separated and recorded.
- EPI is functional and the HMIS tools are well updated. When the staff noticed that the gas cylinder was almost getting empty, they mobilized and had vaccines taken to nearby Ogur H.CIV.

AMACH HC IV

- The facility was open at the time of our visit. It was clean and the compound was well maintained.
- Of the 29 staff, only five staff were present at the facility with only eight absent staff being accounted for. Staff housing is adequate.
- The solar system is functional and water is fetched from a bore hole within the premises. Water harvesting is non functional.
- The drug and stores in general is poor. Stock cards were not regularly updated; the store was inadequately shelved and appeared disorganized. The store keeper says they only received 10 boxes (30blisters) of adult coartem in the previous cycle.


Well stocked drug store in Amach HCIV

- The theatre was not accessible at the time of visit but it is reported that it is non functional except for minor surgical cases.
- ANC and maternity services are functional. HMIS tools are well update. The maternity ward and labour room were clean.
- PHC records not well kept and not displayed.
- The facility has four functional wards for children, adults and pregnant mothers. However most of the patients reported that they were not comfortable sleeping on the mattress because they were torn and some looked rotten.


Torn mattress in the male and female wards of Amach HCIV

LIRA REGIONAL REFERRAL HOSPITAL

On 02/10/13, the MHSMDU team met all staff of Lira Regional Referral Hospital to distribute head count forms and to perform a power point presentation on illegal nursing schools, the role of MHSMDU in health service delivery and most importantly the anonymous complaints through the M-Trac plat form.

Issues raised by staff after the presentation

- Staff wondered whether similar complaints were raised in other regional referral hospitals across the country.
- Disfunctionality of lower level health units leading to so much strain on LRRH.
- Lack of a regional blood bank yet the serve a huge catchment area.
- Need for close cooperation between RRH and Lira district local government.
- Lack of adequate staffing and this is compromising efficiency especially in the maternity section.
- That government should educate the community about attitude towards health workers and timely health service utilization.
- Doctors at the RRH complained they do more work than their fellow doctors at health centre IVs yet they earned less. They also wondered what criteria government used to arrive at the salary of 2,500,000/= for HCIV doctors.
- That NMS does not send items that are requested for e.g. radiological items (films, contrast solutions), request forms and laboratory reagents.
- Most surrounding districts do not have a general hospital and this overloads LRRH.
- Since it was upgraded to a RRH, were staffing norms have never been revised.
- Whenever there are no medical drugs and supplies, patients are told to buy the missing items
- Health workers take long to get their salary arrears while some have never gotten at all.

- Staff that go for further training e.g. doctors and nurses never get promoted upon return and continue to serve in the same capacity.
- Lack of equipment in certain departments like occupational therapy

SUMMARY OF STAFF COMPLAINTS FROM LOWER LEVEL UNITS

This data was captured through the head count forms that were given to staff to fill.

Findings

- Lack of promotions despite having attained higher qualifications
- Heavy workload despite understaffing
- Meagre salaries
- Delayed access to pension benefits
- Delays in access to the payroll
- Releasing staff for further training remains 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.
- Top up allowances for health centres in hard to reach areas

Recommendations

- 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.
- Solar lighting should be installed in those facilities without solar and maintenance of the existing solar systems should be an integral function of the district.
- Staff should be encouraged to stay in the housing provided at the facilities as opposed to commuting from far.
- PHC accountability at all health facilities should be made known to fellow workers and also displayed for public viewing

- 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.

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.

"I am very glad for you to come and also make our H/C clean" extract from head count form of Ms Alum Omar Selina, nursing assistant, Lira HC III

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