

SUMMARY OF FINDINGS FOR THE HMU MONITORING EXERCISE CONDUCTED IN HEALTH FACILITIES OF MARACHA DISTRICT

Ten health facilities were visited:

Maracha Hospital	Eliofe HCIII	Kamaka HCIII
Kijomoro HCIII	Nyadri HCIII	Oleba HCIII
Oluvu HCIII	Ovujo HCIII	Tara HCIII
Wadra HCIII		

Routine health care monitoring was performed in all listed HCIIIs. However, the monitoring team only paid a courtesy call to Maracha Hospital, since the facility is not public, but rather a Private-not-for-Profit (PNFP).

Human resources for Health: Overall, the district's health staffing levels were reported at 81.4%, a statistic which was higher than the national 61.9% by the end of 2014. Among the visited facilities however, staffing levels stood at 75.7%, with an average of 14 positions being filled per facility, compared to the 19 positions recommended by MoH. Forty nine staff were present at their duty stations by the time the monitoring team visited the facilities, of the 65 staff expected to be on duty, indicating a 24.6% level of absenteeism. Moreover, the monitoring team's findings indicate that the in-charge was absent more than half the time within the past two months in all facilities with the exception of Oluvu HCIII. Findings also indicate that all health workers in Maracha district are accessing the pay-roll, though one staff at Eliofe HCIII reported missing their previous salary, yet the in-charge at Oluvu HCIII reported to be under-paid.

Leadership and Governance: All facilities had an appointed in-charge. With the exception of Nyadri and Ovujjo HCIIIs, all facilities visited held monthly staff meetings, as a way of consolidating team-work. There was evidence of written

reports from supervisors and monitors in seven of the nine sampled facilities. Additionally, each facility was appropriately being governed by a Health Management Committee (HMC) which met on a quarterly basis. At the district level however, the current DHO was found still to be in acting position, having been elevated from the District Health Educator (DHE) status.

Finances and Administration: All facilities reported having received the previous quarter releases. The average quarterly release for all HCIII is UgX 1.87 million shillings. A few facilities were getting additional funding, either from implementing partners or through the development fund release. Accountability records for PHC releases were found in seven of the nine sampled facilities. Accountability records were audited only in Nyadri, Tara and Wadra HCIIIs. Moreover, accountability records were never available for public viewing within all the nine interviewed facilities, an aspect which raises concerns of transparency. All interviewed in-charges mentioned that they lacked the basic training in financial management skills, including updating cashbook entries, vouchers and accounting for PHC funds and other releases.

Medical Supplies: NMS delivery notes were present and were verified in all visited facilities. Stores personnel mentioned that there has been a significant improvement in the way NMS delivers medicines compared to previous years. Nonetheless, some challenges were still evident regarding NMS deliveries, especially in the area of supplying fewer quantities compared to those included on the delivery note. The monitoring team also noticed a general stock-out of anti-malarial medicines, as well as testing kits for malaria and HIV (RDTs and Determine respectively) within the entire district, since these were sparsely supplied during the last NMS schedule. Most of the interviewed stores personnel mentioned that their facilities had expired medicines, which were carried over to the DHO's office for safe disposal. All facilities visited were found to have stock-cards which were fairly well filled. Dispensing logs in the OPD were also found to be used in all sampled facilities. Major discrepancies in the on-spot un-announced drug audits

were found in Oleba, Wadra and Tara HCIII, mainly caused by the fact that staff were negligent in completing the stock-cards.

Infrastructure and Equipment: All visited facilities were observed to have kempt compounds with the exception of Oleba HCIII. The admission ward of Eliofo HCIII was found to be unkempt, with evidence of anti-hill dust and bats droppings on the beds. Two of the visited facilities (Kijomoro and Eliofo HCIII) did not have an updated equipment inventory, yet the inventory book was non-existent in Kamaka and Nyadri HCIIIs. Moreover, none of the equipment currently being used in all facilities in the entire district is engraved. Sign posts directing people to the facilities were present in all visited facilities except Eliofo HCIII, most of them were made with the generous support from Baylor Children Foundation. The monitoring team also found evidence for abuse of the posters pinned within the facilities' walls, several of them being worn and torn, yet others were duty rosters dating back as far as 2013. Evidence was found in Oleba HCIII for posters advertising private commodities on the walls of the health facility. Only Maracha Hospital was observed to have functional ambulances. All visited facilities had an average of five staff houses, with Wadra HCIII having up to seven functioning staff houses. Several of these staff houses were newly constructed, thanks to the support from NUSAF2. Findings also indicate that land belonging to the health facilities was fenced off only at Kamaka, Oleba and Oluvu HCIII. None of the facilities visited had a land title, and evidence of land encroachment was found at Kijomoro, Oluvu and Ovujo HCIII. Active constructions of general wards were found at Nyadri and Oleba HCIII. These constructions were observed to be standard, and none was stalled. All facilities were found to possess at least one functional solar power system, though several panels were dysfunctional, mainly due to faulty batteries.

Medical Services: Overall, Ovujo HCIII and Kijomoro HCIII were observed to operate busier OPDs when compared to the others, serving a total of 2345, 2159 and 1774 patients respectively in the OPD during the month of Dec 2014. All visited facilities were found to have both admission and maternity services. HMIS records at Oleba HCIII indicated 896 ANC visits and 160 deliveries within the period of Oct -

Dec 2014. None of the visited facilities had an operating theatre, since they were on level III. All facilities visited were providing at least the basic laboratory services including testing for HIV and malaria. All visited facilities were also found to have functional admission wards, with the exception of Oleba and Nyadri HCIIIs.

Infection and Vector Control: All facilities visited were found to have standard infection control facilities, including presence of rubbish bins, rubbish pits and placenta pits. Oluvu and Oleba HCIII were found to have functional incineration services. Disinfection of equipment before re-use was mainly done using JIK, yet several facilities had functional charcoal-operated auto-claves. Staff reported using protective gear including latex gloves, soap and uniforms. Sharps disposal boxes were found in all facilities, which were being burnt openly within ditches dug within the facility premises. Similarly, all facilities were found to have functional hand washing equipment. Of concern however, Tara HCIII was found to exceptionally have poor infection control practices. Infestation of termites was evident at the front section of Ovujo HCIII OPD. Wasp infestations were evident in the OPD section of Oleba HCIII, yet bats infestations were evident in the wards of Eliofo HCIII.

RECOMMENDATIONS

1. District leadership to budget for engraving all equipment in the facilities, so to protect them from intended thefts / misplacement.
2. A more vigorous qualitative monitoring of the health service delivery systems should be in put in place by the district leadership so to reduce instances of absenteeism, especially among in-charges (particularly the in-charge of Oluvu HCIII who last attended duty in Oct14).
3. District administration should follow up staff in Eliofo and Oluvu who are either under-paid or are missing salaries.

4. Staff motivation and retention plan - confirm staff who have served over six months, promote those who have served for longer periods
5. Encourage all health workers always to put on their uniforms, as this identifies them distinctly from their patients, and gives more credibility to their profession.
6. PHC funds releases and accountability should be displayed in all public health facilities, to encourage good accountability and transparency
7. The district internal auditor should train all in-charges and other senior officials in financial management including cashbook writing, vouchers and accounting for PHC funds and other releases.
8. Improve on the infrastructure of Eliofe HCIII, especially the falling ceiling in the OPD.
9. Equipment inventory should be updated at least once every six months in all facilities.
10. Install posters directing patients to the physical location of all facilities, also indicating the services offered. Old posters should either be renovated or removed for installation of new ones.
11. Remove all old and torn wall posters / IEC material currently pinned in the facilities, so to avoid 'littering' the facilities' walls. Also, disdain from using the facilities' walls to advertise private goods / services.
12. District engineering department should invest in repairing the several dysfunctional solar batteries in all health facilities, so to operationalize solar power.
13. Institute proper infection control measures at Tara HCIII including digging a rubbish pit and proper usage of rubbish bins.
14. District vector infection control to fumigate all health facilities on a regular basis, preferably after every six months.

