



**MEDICINES AND HEALTH SERVICE  
DELIVERY MONITORING UNIT**

*"Raising the bar in Healthcare"*



**Masaka Regional Referral Hospital  
Supervision Report;  
July 2014;  
By Jjumba P & Team.**

***Toll Free 0800-100-447; 0414-288-442/5***

## **I. BACKGROUND;**

MHSDMU has been on duty since 2009, initiated by H.E. Y.K. Museveni. With the following mission and vision bellow;

### **Mission;**

To monitor, support and sustain a national health care system that is efficient in operation; which provides affordable, high quality healthcare and is cognizant of the right to health and dignity of the people of Uganda.

### **Vision;**

A healthy Ugandan population supported by an effective and responsive health care system.

Our monitoring visit to Masaka Regional Referral Hospital (MRRH) in the month of July/2014 was conducted successively and the following domains below formed the core of our monitoring exercise;

- 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 MRRH.
- iv. Analyze 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

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## II. ACRONYMS;

HAART	Highly Active Antiretroviral Therapy
IT	Information Technology
JICA	Japan International Cooperation Agency
M&E	Monitoring and evaluation
MHSDMU	Medicines and Health Services delivery Monitoring Unit
MIFUMI	“Gender Based violence Organization”
MRRH	Masaka Regional Referral Hospital
m-Trac	Medicines Tracking
OPD	Outpatient Department
PREFA	Protecting Families against HIV/AIDS
SMS	Short Messaging Services
TASO	The AIDS Support Organization

### **III. METHODOLOGY;**

The unit employs a wide range of professionals in executing its duties. We majorly rely on the professional proficiency in technical areas of Audit, engineers, Pharmacy, Medical, M&E, Research, IT and investigation and others.

In flow of information is mainly through our toll free lines (0800100447), office lines (0414288442/5) and m-Trac SMS free center number (8200), on receipt of this data, its processed, merited and appropriate action taken accordingly.

This mainly comes in from whistle blowers, public servants, development partners, internal security organizations, local government administrators and others.

At the facility MHSDMU we normally observe, interview (data collection tools) self-administered questionnaire (head count tool), audit and verification amongst others.

Subsequently the team compiles a report that is always shared with the facility staff and district local government administrators in attendance. As a means of empowering the public but also educating them on their rights and how to maximumly use the new available programs like m-Trac and increasing their vigilance of the health sector , the team conducts a radio talk show where carefully selected information is shared with the public.

But most importantly the unit engages relevant stake holders at all levels on pertinent issues impacting on health service delivery particularly in those respective areasvisited and ensure that the agreed on tasks and commitments are intensely followed.

## **IV. MASAKA REGIONAL REFERRAL HOSPITAL (MRRH);**

Masaka Regional Referral Hospital is government owned, constructed in early 1927 by the Kabaka initiative for the treatment of syphilis.

It covers a wide catchment area of 8 districts, namely: Masaka, Rakai, Kalungu, Ssembabule, Kalangala, Lwengo, Lyantonde, Bukomansimbi; with an estimated catchment population of 2 million people.

The hospital is designed to operate at a capacity 330 beds though currently operating at 500 bed capacity.

At the time of our visit the hospital had a total number of 212 employees, 8 on study leave, and 5 retiring by 2015. Operating at 77% of the approved Norm. In our deliberations with staff members, it was noted that the approved human resource required restructuring, the numbers and technical cadres were insufficient to handle the masses that present to the facility daily.

### **1. Positive findings;**

We noted that the hospital land was secured with a land title.

In all of the units visited, there are notices advising the public of free medical services and imploring them to report cases of extortion.





The state of the art complex housing emergency/causality, OPD, laboratory, theatre and other units has improved the quality of health services.





*Newly Commissioned staff complex complete with 52 units, this has to some extent eased hospital staff accommodation.*



*Well-furnished Private Wing*

The Hospital has approved a grand five-year master plan to construct maternity and paediatric wards.

Generally the hospital premises and compound are clean, well maintained and tidy.

It was good to note that the director and her administration conduct routine physical inspection of the facility to ensure that maximum standards are adhered to.

The drug store was found in a well organised state, well kempt but there is need to construct a new one.

Most staffs at this facility were found clad in uniform with name tags for easy identification thanks to government intervention

### **Word of thanks;**

We only wish to aspire to the things you've achieved. Telling you that you're "appreciated" does not do your service justice. You're the best! We appreciate your dedicated commitment.

Funding partners;

- Government of Uganda.
- PREFA, JICA.

Operating partners;

- TASO,
- Uganda cares-ART OPD clinic
- Uganda Virus Research Institute (UVRI).
- Uganda Society for Disabled children.
- MIFUMI- Gender Based violence.
- Uganda Blood Transfusion Services.

## 2. Other Findings;

### 2.1. Infrastructure and Equipment;

Some of the buildings at the hospital are very old and in a deplorable state. Despite the fact that the hospital had acquired 52 units for staff quarters, these are not enough to accommodate all the staff and many were still renting in the nearby places



*Above: Some of the staff houses in a dilapidated state;*



*Above: Old dilapidated toilets in need of repair on maternity ward.*



*Most beds on wards were found not having mosquito nets, exposes patients to a risk of contracting malaria on the ward, an illness that could be avoided by providing mosquito nets.*



*Above left: Pit latrines of some staff members were found in a deplorable state. Adjacent is an attempt to do maintenance works on a staff house.*

The team noted that despite court having instructed on the eviction of this encroacher, the picture bellow is an indication that those efforts have proved futile. This has been because of some politicians who still back him to continue staying on the facility land that is adjacent to medical waste dumping site.



During our stay we also discovered the hospital did not have a functional Ultra sound machine, this had complicated and slowed down on diagnosis of certain ailments hence service delivery but also it was hard to imagine the fate of patients who did not have money to pay for this service outside hospital.

The situation was further worsened by the x-ray unit that could no longer perform certain procedures.



*Broken down x-ray machine that performs only minor x-rays procedures*

## **2.2. Human resource;**

At 77% of the approved norm and running a 500 bed capacity instead of the 330 beds planned, it was evident that the staff are overwhelmed with work. During our deliberations with the staff, most members pointed out that much of this work is caused by non-functionality of the lower health facilities but also failure to fill up the key missing staff positions.

The following critical positions were still not filled by the time of our visit to the facility.

- Doctors.
- Personnel officer
- Internal Auditor.
- Stores Officer.
- Pharmacist.
- Occupational therapists,
- Psychiatrists.
- Dental surgeon.
- Ophthalmologist, among others.
- Security at the facility is inadequate.
- A few cases absenteeism were noted.

This issue was seriously discussed in our deliberations with staff members and we agreed that administration takes on the role of ensuring that these key personnel is recruited and quickly communicates to our office in case management encountered difficulties.

A few cases of absenteeism and abscondment from duty were noted at the facility

- Anek Hellen (Nursing officer reportedly for further studies without leave);

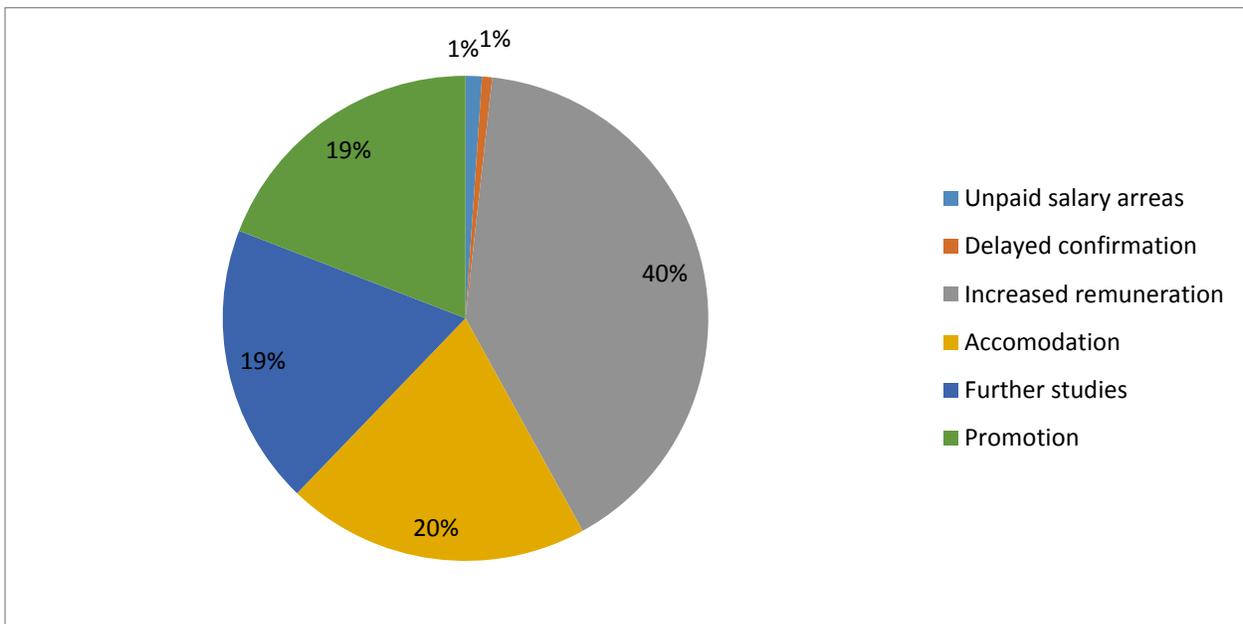
- ❑ Kivumbi Peter (Physiotherapist).
- ❑ Kibuuka Abdul (Nursing Assistant).

Management should take action within the confines of the public service standing orders or if possible legal action on these errant officers.

The team also noted cases of delayed confirmation.

The community and some staff complained of rampant extortion especially in OPD, maternity and theatre.

After analysis of the health workers challenges the team extracted the major challenges faced by health workers. Remuneration, promotions, further studies and accommodation topped the list of challenges.



Miss Namwanga Josephine (transferred to Kisenyi HCIV under KCCA) reportedly vandalized her staff house causing a loss of over UGX 2 million and left unpaid utility bills of UGX 300,000/= Below is the current status of the house where Josephine used to live.



*House vandalized by a former staff.*

### 2.3. Service delivery.

Integrated health services package encompasses the management but also making decisions at all levels/departments of care within the facility and the entire health system at large, on how to use and allocate resources rightly.

Health service delivery can be represented in a system's perspective, with inputs, processes, outputs, and outcomes as sequencing blocks that lead to quality care.

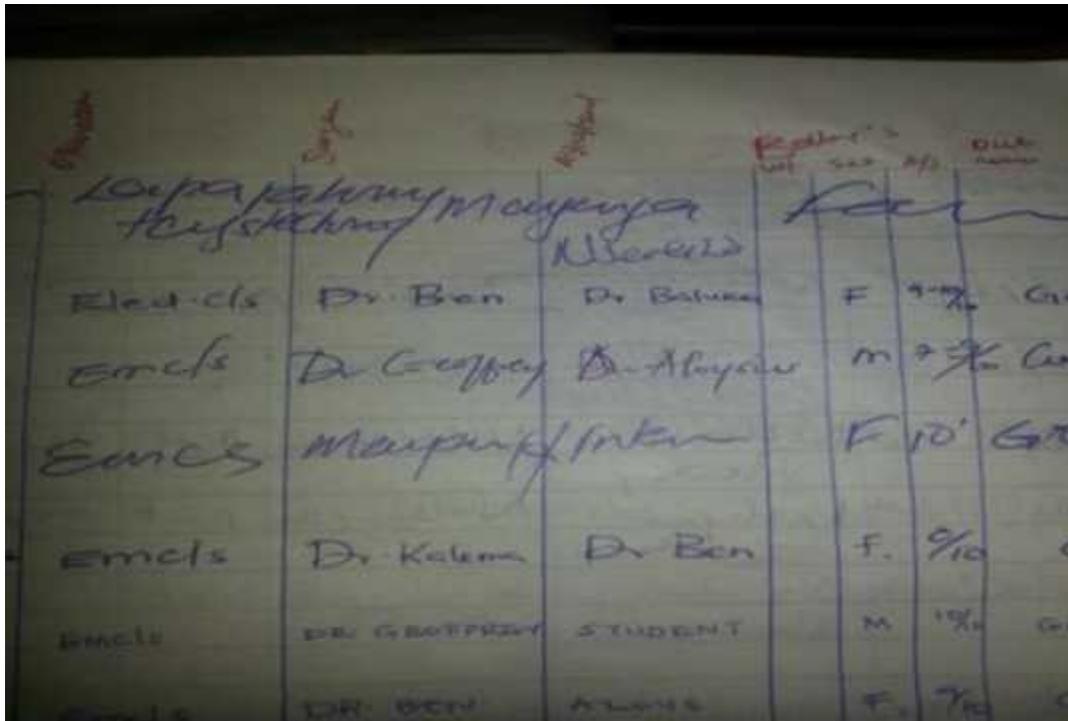
Inputs.	Processes.	Outcomes.	
		Outputs	Impact
<ul style="list-style-type: none"> <li>-Health Financing.</li> <li>-Physical facilities.</li> <li>-Human resource.</li> <li>-Pharmaceuticals.</li> <li>-Material and support.</li> <li>-Clinical guidelines.</li> <li>-Policies and guidelines.</li> <li>-Information systems.</li> </ul>	<ul style="list-style-type: none"> <li>-Management of health services</li> <li>-Case management; (Curative, preventive, promotion, palliative, rehabilitation acute/chronic</li> <li>-Organization of care; ( referral/ counter-Referral)</li> <li>-Quality assurance processes. (Supervision, quality improvement teams, accreditation.)</li> </ul>	<ul style="list-style-type: none"> <li>-Could be number of vaccinated children,</li> <li>-Health behaviors.</li> <li>-Increased continuity of services.</li> <li>-Providers who adhere to clinical care standards.</li> </ul>	<ul style="list-style-type: none"> <li>-Decreased Morbidity.</li> <li>-Decreased Mortality.</li> </ul>

Some of the highlighted aspects majorly in the inputs are determined at the national level, thus the role of planning and fulfillment can only be tasked to high authorities beyond the administrative level of the facility. Though it's at the facility level, where there are high expectations of managing processes to ensure efficiency and effectiveness. And it's indeed that most gaps were identified at this level. Irrespective, the team identified factors that affect execution of duties at the process level, and these were;

- The bad culture of late reporting and early exit from duty stations of work.
- Lack of accommodation and poor remuneration.
- Understaffing and failure to recruit key staff in technical areas.
- Extortions in the theatre, OPD and maternity was reported by the public.

It was also noted during our visit that interns were conducting operations without supervision of the consultants. It is important to build confidence of the junior officers but that must be within the confinements of the law. This does not only protect the institution in case of any shortcoming but it also safeguards the intern students and the entire staff he/she is working with.

Intern students are provided with a provision license but that does not give them full authority as the law has not yet regarded them or even registered them as established practitioners/physicians. A photo taken from the theatre book indicates that these interns could countersign as surgeons after conducting the procedures.



During our visit it was not clear as to why the ART clinic and the services thereof were completely handed over to Uganda Cares. TASO's activities in the same regard were not clear and some of the staff expressed their dissatisfaction on patient management and asserted that some patients are sent back to the main stream in a state that raises concern. The meeting unanimously agreed that there is need to harmonize these operations to ensure that there is efficiency and effectiveness.



*Overcrowded maternity ward with some of the expectant mothers lying on the floor*

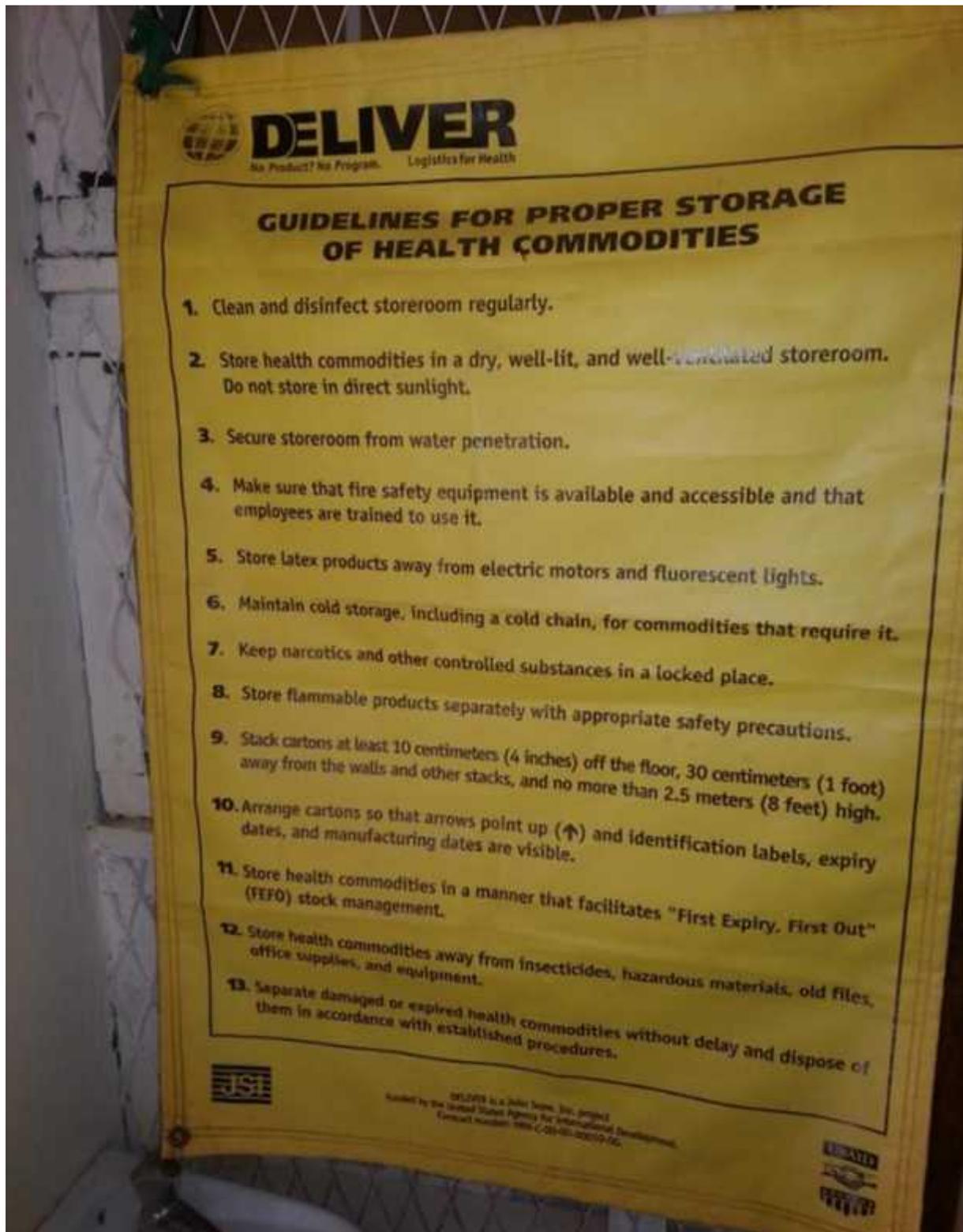
#### **2.4. Medicines management.**

Administration was in harmony with our findings that availability of Medical supplies was regular and NMS was very consistent.

The team noted presence and utilisation of delivery notes; issues requisition orders and stock cards, thanks to National Medical stores' consistence in supplying, though absence of dispensing logs and stock cards on many dispensing outlets was disappointing. This was attributed to the fact that NMS was not supplying enough of these HMIS tools to the facility which heavily affects accountability of medical supplies.

There was improved documentation, recording and record keeping particularly in the medical store but other areas the same is still wanting. Allegedly was the issue of theft of medicines in Central pharmacy and wards, an audit of the above is ongoing and the findings will be share with those concerned.

Such SOP like the one below is a very good working tool that should be always referred to.



*As seen below, the medical store was found tidy*



**2.5. Finances;**

**2.6. Challenges;**

The allocated time is not enough to conduct and complete a drug audit on site.

**2.7. Recommendations.**

Most of the recommendations were summarized and can be traced in the minutes of meeting we had with the administration, heads of Departments, DHO and District Local leaders. Please find a copy attached.