REPUBLIC OF UGANDA

MEDICINES AND HEALTH SERVICE DELIVERY MONITORING UNIT

"Raising the bar in Healthcare"

REPORT ON MONITORING ACTIVITIES IN MPIGI DISTRICT

JULY 2014

"Two water tanks of rain harvested water are used for cleaning the health centre and for domestic use by four staff for three months during the dry season" Namugerwa Teopista, Laboratory Assistant Golo HCIII

ACRONYMS

ANC	Ante natal care
ARVs	Anti retrovirals
DHO	District health officer
HMIS	Health Management Information Systems
HUMC	Health unit management committee
IPD	In patients department
MHSDMU	Medicines and Health Services Delivery Monitoring Unit
MOH	Ministry of Health
MOPS	Ministry of Public Service
MOFPED	Ministry of Finance, Planning and Economic Development
MTRAC	Mobile Tracking
NDA	National Drug Authority
NGO	Non Government Organization
OPD	Out patients department
PHC	Primary health care
PNFP	Private Not For Profit
RH	Reproductive Health
TASO	The AIDS Support Organization

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INTRODUCTION

As part of its routine function of monitoring of health services across the country; the Medicines and Health Services Delivery Monitoring Unit (MHSDMU) planned a two weeks field visit to Mpigi district to assess different parameters of health care and also to provide a support supervision function. This involved visits to the government health facilities in the two counties of Mpigi, namely Mawokota North and Mawokota South. Data was captured using tools like the data collection tool and the head count forms. In addition, anonymous complaints were also received on the MTraC platform from both health workers and the community. Most of these were cases of salary issues like understaffing, accommodation, inaccessibility to the payroll, underpayment, absenteeism, late coming, extortion and inadequate medicines. Data on various aspects of health service delivery was capture using a monitoring tool and a staff head count form.

A radio talk show was that covers districts of the central region was held on 17th June 2014 on Buddu FM to reach out to the community. The major finding during the monitoring was salary related issues of health workers such as failure to access payroll for months, on and off payroll, partial salary payments and failure to access arrears. It was observed that basic health services like immunization, maternity, OPD, IPD and ANC services were available in most of the health centres visited; and all health facilities had the essential medicines for optimal functionality. The MHSDMU team also made a presentation about the monitoring findings to the district hierarchy on 30th July 2014. They were briefed that the salary issues of health workers was of paramount importance to the government and a series of meetings were held at various levels to address this problem. Ongoing and future health sector plans by the Government plans were also highlighted in this meeting.

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, PHC accountability and inventory.

- A presentation was made to the district leadership, sub county chiefs, LCIII chairpersons and the in charges of health facilities.

HEALTH FACILITIES VISITED

Mpigi HC IV	Kittuntu HC III	Buyiga HC II
Muduma HC III	Buwama HC III	Nabyewanga HC II
Kyali HC III	Bunjako HC III	Bukasa HCII
Sekiwunga HC III	Kibumbiro HC II	Buwama Police Clinic
Kampilingisa HC III	DDHS HC II	
Butoolo HC III	Mpigi Police HCII	
Nindye HCIII	Kafumu HCII	
Golo HCIII	Epi Centre Kiringente HCII	

KEY FINDINGS

DRUG SUPPLY

All health centres visited had drugs stores and the health workers acknowledged receipt of essential medicines from National Medical Stores (NMS) every two months. Drug delivery was timely according to the NMS schedule. The type or spectrum of drugs varied according to the level of health facility but these mainly include antimalarials, antibiotics, antipyretics and painkillers. Health workers reported that they did not have any reservations about the quality and efficacy of medicines supplied from NMS.

Discrepancies in the drugs supplied vis avis the delivery notes was reported in five facilities. These include Mpigi HCIV- determine test kits were not supplied at all but were later delivered upon submission of the discrepancy form. Kampiringisa HCIII- received some items in the 4th quarter destined for Buwama HCIII. Notification was made and they were later collected. Kyali HCIII- Liquid soap not delivered in the 1st cycle. Discrepancy forms were filled and it was delivered in the next cycle. Nabweyanga HCII- Liquid soap not delivered in 5th cycle and then amoxyl, septrin, paracetamol and metronidazole not delivered in the 6th cycle. Discrepancy forms filled but items not delivered. The DHO has been tasked to following this up.

Table showing variance during sampled drug audit in 9 health centres

	Drug variance				
Health facility	**Amoxyl**	**Septrin 960mg**	**Septrin 480mg**	**Coartem(30x24)**	**RDT kits**
Kituntu HCIII	0	-1tin	0	0	0

Bukasa HCII	-1	_	_	+1	_
Butooto HCIII	0	_	_	-1	_
Kyali HCIII	-4	+2	+2	-1	_
Nabweyanga HCII	_	0	-2	-1	-11
Nindye HCIII	+8	-5	-3	_	_
Buwama HCIII	_	_	-3	_	-25 boxes
Golo HCIII	+4	_	-4	0	_
Buyiga HCIII	_	_	_	-I box	-1 box

DRUG MANAGEMENT

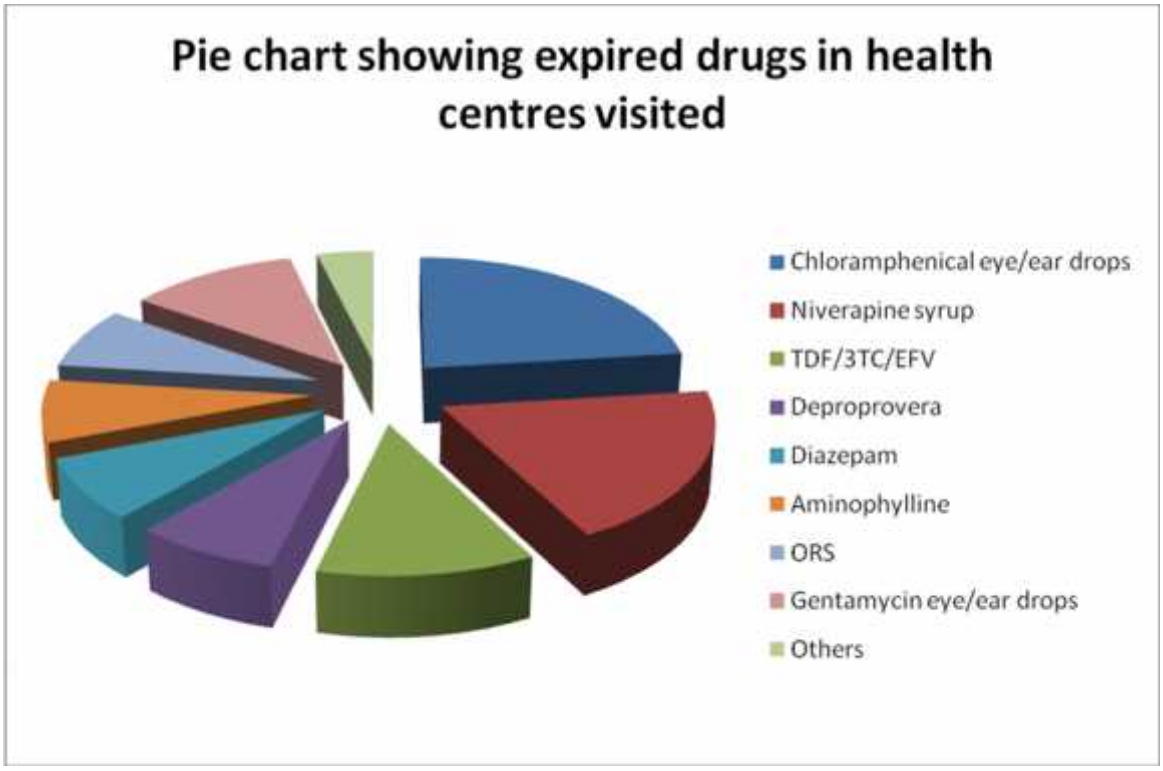
The drug stores varied in size according to the level of facility. All stores were shelved with prefabricated shelves supplied by SURE although not all stores had pallates. HMIS tools for drug management like dispensing logs, requisition/issue vouchers and stock cards were present and had the necessary HMIS tools in place like stock cards, dispensing logs, and requisition and issue vouchers. The drug requisition and issue requisition books were present but they were not being used appropriately in most of the HCII and IIIs. They were instead used for external requisitions when borrowing drugs or when lending drugs to other facilities. Health workers reported

that they directly filled out the stock cards while requesting for drugs internally. Stock taking using sampling method was done in some health centres and it showed minus or plus disparities between physical stock and the stock cards. It was also observed that stock cards were not updated in time and regularly. Stock taking was not done regularly by the in charges and supervisors. This was blamed on staff shortage and work overload. Generally, there is still a problem of capacity building in stores management and also reluctance by some staff to follow best practices in stores management.

Well organized shelves in Golo HCIII and Nabyewanga HCII

EXPIRED MEDICINES

Expired drugs were present in half the facilities visited. All facilities visited followed the correct procedure of expired drug management. This includes documentation, isolation and storage pending collection by the DHO.



The expired drugs books indicate the name of the expired drug, the quantity, batch number, date of expiry and witness/storekeeper. Also present is the borrow/lend record for medicines and supplies within the district.

The above register documents the redistribution of excess drugs between facilities and this reduces stock outs or expiries.

THEATRE FUNCTIONALITY

The theatre at Mpigi HCIV is in a relatively good structural condition and fully functional. It has all the necessary equipment for conducting both major and minor surgeries like theatre bed, theatre lights, anaesthesia machine, suction machines, oxygen concentrator, autoclave, theatre linen and an assortment of surgical instruments. The previous month's theatre report showed that a total of 40 surgeries where performed of which 23 were major and 17 were minor. The majority of the major surgeries were caesarean sections. The theatre has piped running water and it's powered by UMEME with solar or generator.

LABORATORY SERVICES

The laboratory services varied according to level of facility. The Health facilities of both HC IIs and HC IIIs were providing laboratory services especially using the test kits for malaria and HIV. Over the years, laboratory servives in Mpigi district have been strengthened by various partners like JCRC, SUSTAIN and Mild May. This has been in the areas of equipment, infrastructure, capacity building, laboratory consumables, staffing and support supervision. This has further strengthened service delivery in Mpigi district.

Laboratory reagents were supplied by NMS with buffer supplies from research collaborators and partners. Notable among these are HIV test kits. Health facilities experienced stock outs of laboratory consumables like HIV test kits and in some cases, these lasted more than one month. This significantly impacts on ANC and PMTCT services. There were no stock outs of malaria RDT kits. It was also observed that facilities borrowed from neighbouring health centres in case they experienced any stock outs.

Mpigi HCIV has a well equipped laboratory and is a able to carry out a number of tests. The equipment includes CBC machine, centrifuges, chemistry analyzers, fridges, hot air oven, safety cabinet and a culture incubator. However the latter is not in use due to lack of technical know how.

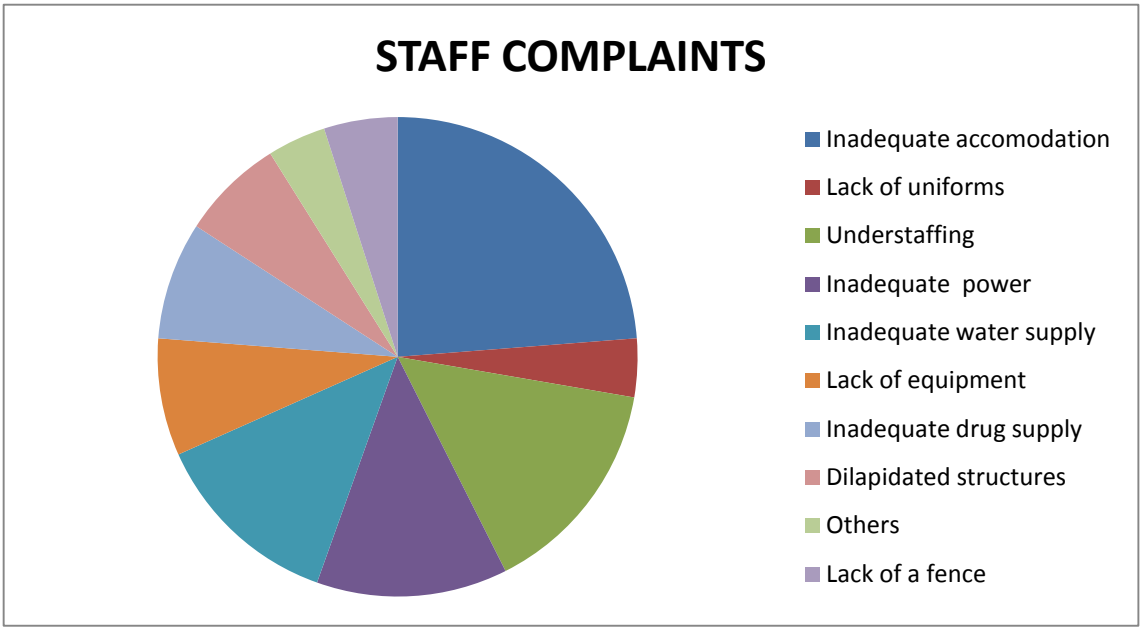
Laboratory tests carried out in Mpigi HCIV

Pregnancy	Blood grouping	Hepatitis B
Stool analysis	Blood cross matching	Gram stain
Urinalysis	CBC	Collect samples for DBS
HIV	Chemistry	Syphilis
Malaria	CD4	
ESR	Haemoglobin	
ZN for TB	Brucella	

Laboratory refurbished by MildMay Uganda in Sekiwunga HCIII

HUMAN RESOURCE

The human resource situation in Mpigi district stands at 65% with four medical officers, 26 clinical officers, 31 nurses and 34 midwives. Despite a visible staff shortage, service delivery is evident in the district. Staff who intend to go for upgrading are granted study leave by the district and this further worsens the human resource gap. It's not known whether these staff come back to work for the district as is supposed to be the case.



WATER SUPPLY

Most facilities visited had access to water a water source within the facility or from nearby water sources. Mpigi HCIV had piped water from the town water supply. Although, most buildings at the facility had concrete water tanks for rainwater harvesting, they were non functional. It was observed that most healh centres had water harvesting systems in place but these were mainly functional in Kyali, Nindye and Golo HCIIIs.

Functional water harvesting system in Golo HCIII

The other facilities either had broken water taps, tanks and gutters. No functionality of these systems is attributed to poor maintenance and by the community breaking locked taps to access water. It was observed that some faults like a missing nail on the gutter holding brackets, clogged gutters, disjointed gutters or poor gutter gradient were the main causes of inability to effectively harvest water and yet these can easily be maintained at facility level. In Muduma HCIII, the gutter was clogged with leaves and the only borehole in the compound had broken down. Such facilities missed the opportunity to harness rain water for the dry season. In charges and sub county chiefs were tasked to sensitize the community on refraining from using the health centre water.

A non functional system clogged with leaves in Muduma HCIII despite the tank being in good condition.

Broken water harvesting system at Buwama HCIII

POWER SUPPLY

The H.Cs had an option of either solar, generator or hydropower (UMEME). Solar power functionality varied with some facilities having non functional solar systems.

Out of all the HCIIs, only Kibumbiro had a functional solar system. The solar panels were stolen at Kafumu HCII six years ago and have never been replaced. Only one out of the two solar systems in Nabyewanga HCII is functional. Other facilities have solar systems with a short lighting time. The DDHS clinic and Police clinic are connected to UMEME.

Most of the HCIIIs had functional solar systems although some had shorter lighting period especially at night. Nindye HCIII had a fully functional solar system that was donated by World Vision. Golo, Kyali and Bukasa have non-functional solar systems. This affects service delivery like maternity services at night. The periodic maintenance of the batteries and power storage units is poor and most health workers are ignorant of basic maintenance.

EXPANDED PROGRAMME ON IMMUNIZATION

Immunization services were offered in all the facilities visited. The cold chain apparatus for storage and transportation of vaccines were present and functional. These include fridges (gas/solar), vaccine carriers, ice packs, cold boxes, gas

cylinders and thermometers. The HMIS tools for EPI like temperature charts and vaccine control books were present. The temperature control charts were displayed on the fridges and were updated in the morning and evening except in Kyali HCIII where it had not been updated for three days. Vaccine control books were in use but poorly updated in some health centres.

EXTORTION

A pregnant mother on the antenatal ward who was slated for an elective caesarean section reported to the MHSDMU team that she had been asked to pay 200,000/= by the doctors before she states further that she had done the same for the previous pregnancy. Although her story could not be verified, three other women on the same ward also attested to similar experiences in the past. The pregnant mother was operated upon three days later at no cost.

At Buwama HCIII, a nursing officer admitted to the practice of charging survivors of rape, defilement or assault in order to fill in the police form 3. The Justice Law and Order Sector (JLOS) has provided funding to the Uganda Police as facilitation to health workers who conduct post-mortems and medical examinations for rape or assault victims. It was observed that many clinical personnel were not aware of the procedure for claiming this money.

FINANCIAL ACCOUNTABILITY

The health facilities received the statutory PHC funds from the district while some received additional funds from partners like MildMay. However, some records couldn't be accessed because the in charges were absent. Those that were available showed proper record keeping. PHC releases were not available for public viewing on the notice boards in all health facilities. Mr.Charles Sendawula, the incharge of Nabyewanga HCII had well organized PHC accountability.

INFRASTRUCTURE

Generally, the buildings in most health centres were in relative good physical structural conditions. There were ongoing construction works in some facilities to either expand the OPD, IPD, pit latrines or increase staff accommodation. A new maternity unit at Mpigi HCIV had just been commissioned by H.E the president of the republic of Uganda. At Buyiga HCIII on Buyiga island, construction of a new OPD was underway. The new IPD block and staff quarters were complete and works looked satisfactory. Water harvesting systems were installed to provide in house water flow.

New staff quarters and ongoing construction of OPD at Buyiga HCIII

SANITATION AND INFECTION CONTROL

All health centres followed the procedures of medical waste collection and disposal. Sharps containers, bins and waste pits were present in all facilities visited. The waste bins were disaggregated into colour codes for either organic or inorganic waste.

Although most of the health facilities conducted disinfection procedures using liquid soap and jik, most of them did not conduct sterilization of instruments despite the fact that they have autoclaves and sterilization machines. This is largely attributed to inadequate knowledge about best sterilization practices, poor attitude and lack of stoves, paraffin or electricity.

Disinfection buckets and medical waste disposal containers

Most facilities had pit latrines but although some were dilapidated and not fit for use while others had dirty latrines. The toilets were extremely dirty in Buvuma HCIII.

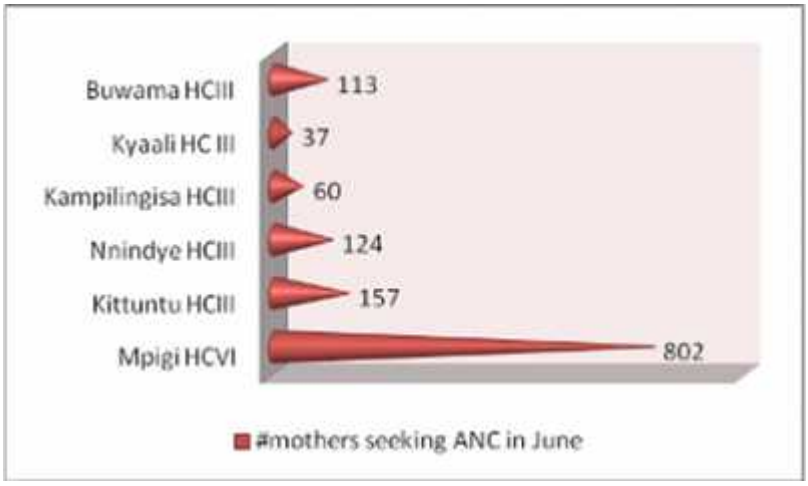
UNIFORMS

Most health workers were uniform at the time of our visit. These were the uniforms provided by MOH/NMS. However, some had not received their uniforms while others complained the uniforms were either too small. Those that received their uniforms appreciated the government's effort in providing these uniforms.

ANC SERVICES

Antenatal Care (ANC) services were available in all the health facilities visited. At least every HCIII had a midwife; and maternity services were also available. The quality of maternity services varied across health facilities and was affected by lack of equipment like delivery sets, admission beds and staff shortage.

Graph showing ANC attendance in six health centres in June 2014



Most HCIIIs had 2-D Ultrasound machines and this greatly improved the ANC attendance and early detection of obstetric complications.

Ultrasound machine being used during ANC in Kituuntu HCIII and a well equipped Maternity unit in Kyali HCIII

BAT INFESTATION

Most facilities were heavily infested by bats and the most affected as shown in the table below.

Summary of vermin control findings in Mpigi for HC IIIs

Health Facility	Bats infestation	Termites/vermin Infestation
Bunjako HC III	Y	N
Buwama HC III	Y	N
Kittuntu HC III	Y	Y
Golo HC III	Y	N

Nindye HC III	Y	y
Butoolo HC III	Y	Y
Kampilingisa HC III	Y	N
Sekiwunga HC III	Y	N
Kyali HC III	Y	Y

Y=Yes, N=No

Besides being a public health hazard due to their urine and faecal matter, these bats have caused significant damage to the ceilings of the health centres.

Ceilings destroyed by bats in Kituntu HCIII and Nabyewanga HCII

INVENTORY

Most facilities visited did not have inventory books. Those that had were not up to date. MHSDMU emphasized the need for inventory of equipment and related assets at least every six months for general equipment and every week in the theatres and labour suite.

SIGNAGE

All facilities had sign posts at the entrance and this was with the help of CDC/MildMay. This signage also listed the services offered at the facility

ABSENTEEISM

Only an enrolled nurse and an askari were found on duty at Nindye HCII. It was reported that the rest of the staff had gone for an outreach but the community refuted the claims. They said that the staff worked in weekly shifts.

STAFF ACCOMODATION

At least every facility was able to accommodate some of its staff although accommodation remained inadequate. The district continued to identify those health centres in urgent need and tried to construct more houses.

Nabyewanga HCII staff houses and construction of new staff houses in Golo HCIII

SUMMARY OF STAFF COMPLAINTS FROM LOWER LEVEL UNITS

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

Findings

- Delays to access the payroll.
- Inconsistency in salaries where staff are on and off the payroll.

- Unexplained deductions of salaries, especially their statutory allowances
- Lack of uniforms
- Heavy workload despite understaffing.
- General underpay.
- Inadequate accommodation
- Lack of security guards at the health facilities and this affects services at night
- Lack of equipment in certain departments like the laboratory and labour room

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 water engineer should develop simple guidelines for the low cost management of rain water harvesting systems and circulate these to health centres.
- 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 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

Presentation to the district officials

The above findings were presented to the district officials who included the RDC, DHO, DPC, district chairperson, health centre in charges; sub county chiefs, LCIII chairpersons and GISOs. The main issue during the reaction session was related to salaries. The MHSDMU team endeavoured to explain the origin of the problem and the measures being taken by government to address the problem. The MHSDMU team asked the RDC and other district officials to collectively fight the vice of illegal nursing schools and non-medical diagnostic equipment. Joint resolutions were made and minuted, and the responsible officers were tasked to follow up with in a stipulated time frame. MHSDMU will be tasked with follow up of these recommendations and providing any necessary assistance at the central level.

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. We

appreciate the support from both present and past partners like Mild May, STRIDES, SURE, ECULEI, World Vision, Twezimbe Development Association, Stop Malaria, SUSTAIN and JCRC who have supported the health services in Mpigi district. The able political leadership of in Mpigi district cannot go unrecognized. Finally, the MHSDMU team would also want to recognise the following health workers for their exemplary and dedicated service:

Ms. Faridah Naluyima for being organized, C.O Nindye HCIII, the entire team of Kyali HCIII for keeping the facility and its compound very clean, Ms. Babirye Annet, a nursing assistant in Kibumbiro HCII for being organized; Mr. Charles Sendawula, in-charge Nabyewanga HCII for being organized; and the entire team of Golo HCIII for effective service delivery in the areas of community satisfaction, immunization, drug management, ART, laboratory, OPD and good sanitation.

The MHSDMU team

1) Dr. Charles Ayume Asst.Director
2) Mr. Justus Byangwe ICT
3) Mrs. Judith Byaruhanga M&E
4) Mr. Odongo Charles D/AIP