



**MEDICINES AND HEALTH SERVICE
DELIVERY MONITORING UNIT**
"Raising the bar in Healthcare"



NEBBI DISTRICT

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OBJECTIVES

- To assess Health service delivery in the district through direct monitoring & evaluation of health facilities.
- To Identify and address any form of healthcare malpractice, poor administration and mismanagement of resources meant for health department.
- To provide feedback to all stake holders involved in health service delivery and collectively forge solutions.

METHODOLOGY

- 2 Teams have for 2 weeks conducted site visits of all health facilities in Nebbi district.
- A Data collection tool/ Questionnaire was used to collect information on different service delivery and administrative areas; Human Resource Laboratory, In and Out patient, Maternity, Theatre, Infrastructure, Utilities and equipment, Drug management and Financial management.
- Head Count Forms/questionnaires were distributed to all present health workers to fill and return immediately. This was to ascertain staffing levels and give the health workers a chance to document their challenges and/or concerns.
- A Preliminary report will be disseminated to the district leadership and In-charges to allow comprehensive discussion and resolutions.
- Data entry, cleaning, analysis and Final report writing will be accomplished within 2 weeks and the Report submitted/presented to the district leadership, In charges & relevant stakeholders.
- At every health facility, we took the opportunity to teach or train health workers in areas that we felt were lacking like drug and records management, accountability and MTrac etc.
- Selected private facilities were searched to verify Licensure, possession of government stores (medical supplies or equipment)

Health centres visited

NO.	Facility	Level	Ownership
1.	Nebbi Hospital	General Hospital	Government
2.	Angal St. Luke HOSPITAL	General Hospital	Private Not For Profit
3.	Pamaka HC II	HC II	Government
4.	Kituna HC II	HC II	Government
5.	Abongo HC II	HC II	Government
6.	Paroketo HC II	HC II	Government
7.	Oweko HC II	HC II	Government
8.	Erussi HC II	HC II	Government
9.	Nebbi Police Station II	HC II	Government
10.	Pacego HC II	HC II	Government
11.	Kikobe HC II	HC II	Government
12.	Ossi HC II	HC II	Government
13.	Koch HC II	HC II	Government
14.	Dei HC II	HC II	Government
15.	Jupangira HC II	HC II	Government
16.	Fualwonga HC II	HC II	Government
17.	Pagwata HC II	HC II	Government
18.	Mukale HC II	HC II	Government
19.	Amor HC II	HC II	Government
20.	Ragem Prisons HC II	HC II	Government
21.	Ragem HC II	HC II	Government
22.	Boro HC II	HC II	Government
23.	Nyariegi HC II	HC II	Private Not For Profit
24.	Paila HC II	HC II	Private Not For Profit
25.	Pachora HC II	HC II	Private Not For Profit
26.	Kalowang HC III	HC III	Government
27.	Kucwiny HC III	HC III	Government
28.	Paminya HC III	HC III	Government
29.	Alwi HC III	HC III	Government
30.	Panyimur HC III	HC III	Government
31.	Wadelai HC III	HC III	Government
32.	Pakia HC III	HC III	Government
33.	Orussi HC III	HC III	Government
34.	Pokwero HC III	HC III	Government
35.	Jupanziri HC III	HC III	Government
36.	Akworo HC III	HC III	Government
37.	Panyigoro HC III	HC III	Government
38.	Nyaravur HC III	HC III	Government
39.	Parombo HC III	HC III	Government
40.	Goli HC III NGO	HC III	NGO
41.	Pakwach Mission HC III	HC III	Private Not For Profit
42.	Padwot Midyere HC III	HC III	Private Not For Profit
43.	Pakwach HC IV	HC IV	Government

KEY GENERAL FINDINGS

- High number of patients. This is because of the large catchment area which extends to congo.
- Kituna HCII has been abandoned for 3 weeks.

Human Resource:

The district faces a challenge of inadequate human resource. The district has failed to attract and retain critical clinical cadres.

- Nebbi hospital M.S/ medical doctor is paid as a clinical officer! This is very demotivating & the district needs to urgently prioritise upgrading him as they stand to lose him.
- A N.O called Joyce Cengmoku Opyem in Pakia HC III, has missed her salary since February. In Padwot HC III – PNFP – salaries delay to be paid.
- In Palia, only one Clinical staff running it & he was absent on day of visit. Patients were lying on the floor, abandoned.
- No pharmacist, no dispensers, except retired ones.
- Daily attendance books missing in many facilities, Alwi HCIII, Parongo HC III, Akworo HC III, Pachora HC III.
- Absenteeism & Abscondment. In Pakia, Oyat William, a Lab Asst. since February, said to be for studies.
- Drunkenness is a problem with a number of staff both in the hospital & lower facilities.
- Understaffing –Kochu HC II, Pachora HC III, had only 1 E/N & 1 N.A & no Lab Assistant nor Midwife. In Police HC II, only two N.As deployed.
- In most facilities staff were not in uniform, in some cases actually they were shabbily dressed.
- Porters were lacking thus sanitation poor.

- Old retired people on contract in key departments e.g. Pharmacy

HW's main concerns

- Intricacy in the hospital & apparent lack of transparency
- Promotions are not fair
- Staff salaries
- Lack of Uniforms
- Staff housing
- Irregular power & water

Infrastructure, Equipment & Utilities:

Most of the health centre structures are dilapidated and need urgent repairs. Recent constructions are generally shoddy and many have stalled.

- Most facilities had staff quarters however a few were in a poor state e.g. Jupangira Staff house Kitchen leaking yet newly constructed. Packwach HC IV doctors house had stalled for 2 years, staff house renovation shoddy & stalled for 3 years. Panyimur staff houses shoddy work, Panyigoro HC III 2 staff houses stalled for 3 years. Akworo pit latrines full after only 2 years, staff house poor. Wadelai OPD & Maternity incomplete renovation. Orussi HC III, stalled staff houses. Packwach HCIII dilapidated state.
- Pakia HC III shoddy work – Staff houses bathrooms had no drainage, Kitchen in a dilapidated state. Had no Water yet had a big tank donated by the area MP but has not been installed.
- Nyaravur HCIII had a new ward but no equipment that is beds, mattresses etc thus has not been opened.
- Jupangiri staff house incomplete for 10 months yet was to be done in 3 months. Complaints have been forwarded to DHO but no action taken. Toilet was constructed in a trench.

- No fences in most facilities thus security poor. Kochi HC II, a “patient” almost raped a nurse.
- Most Facilities lack land titles e.g in Pakwach HCIV
- Nebbi hospital currently has no electricity for about a month due to a transformer default.
- The 2 Incinerators at the hospital were non-functional. One of them apparently had a small part stolen but the hospital had neither reported the matter to police nor prioritized repairing it. The second one from MoH is not being utilized, no clear explanation given yet.
- Mortuary at Nebbi hospital is not equipped with shelves, tables etc; even attendant doesn't have protective gear e.g. gum boots.
- Most of the facilities are Dilapidated including Nebbi hospital – Alwi HC III, Jupangira HC II, Nebbi hospital with leaking roofs & dilapidated staff houses, Panyimur HC III, Kucwinyi HCIII etc.
- Palia HCIII, in a dilapidated state, toilets full, compound bushy.
- Jupanziri had no wards, patients were on the floor.
- Police HC II, no sufficient space & equipment including pit latrines.
- Old Toilets are left open in many facilities.
- **In some cases, new facilities were not handed over;**In Pokwere HC III, had 3 old toilets full but have 1 new one but not officially handed over so not being utilized. Contractor was unknown to the staff.In Pacego HCII, a Very dilapidated OPD still in use whereas the new OPD block has not been handed over for 4 years

Bat Infestation

- Most facilities had gross bat infestation except GOLI HC III. Panyimur HCIII, Jueangira HCII, Kucwinyi HC III. In Panyimur, a whole building is abandoned as a result. The same goes for Paroketo HCII.

Transport

- Hard to Reach, Paminya HC III, Wadelai sub-county.
- Transport facility lacking yet facilities remote. Only Packwach HCIV & the hospital had operational ambulances. Nebbi 2 working, 2 grounded. 1 grounded in package. All motor cycles & bicycles either absent or grounded. In Wadelai an ambulance was brought & abandoned with no further instructions, driver etc. It has been packed for 1 & ½ years.
- Very poor referral system
- Water facility i.e. piped water unavailable in most facilities. Alwi water a big challenge, in fact In charge had gone to fetch water – affecting service delivery. Even in harvesting tanks, hygiene is very poor e.g Alwi & Kucwinyi HC III. Padwot Midyere uses a community borehole about 400M away.
- Solar panels available in most facilities but non – functional in some cases.

Laboratories

- Poor Lab facilities & lack of equipment in most. Nyaravur HCIII, Alwi HCIII, Pachora HCIII & Paminya HC III had no lab. In Panyingoro HC III, Lab was improvised using papyrus mats. Jupanziri HC III Laboratory was not equipped at all, Lab Asst not utilised. Pokwero HC III – microscope was non-functional.

Insufficient Lab reagents in many facilities.

Medical supplies Management

- No pharmacist in the whole district & dispensers acting now at the hospital are retired. One is further diverted to do NDA work at the district.
- Records missing.

- Supplies insufficient, Erussi HC II receives averagely 15 boxes of Artemether-Lumefantrine 24 pack but it runs out in about a week.
- Most facilities out of stock of Coartem.
- Nyaravur had commendable medicines mgt system
- Most facilities do not use Requisition & Issue vouches
- Many discrepancy reports in facilities & these are not being addressed.

Last Mile delivery challenges

- Late deliveries after 5pm & on weekends
- Damaged items
- Paminya HC III, last delivery stayed at the district for 1 month due to bad road which caused the contractors to refuse to deliver. It only got delivered when the In charge lost his dad & had to go for burial thus carrying along the drugs on his way back.
- No feedback on Discrepancy reports from NMS, Missing items have never been replaced.

Theft

- In Oweko HC II, a vaccinator volunteer(Achaa Stephen) had a drug shop with a lot of government drugs + illegal clinic with no qualification posing a grave risk to the community. He pleaded guilty, was remanded pending brief facts on 21st October for conviction & sentencing.
- In Mukale HC II, the in charge(Ezama Onyindua Ronney) was absent from the facility but found in his drug shop – Exodus Dawa which had government drugs mostly. He was taken to court & remanded. Hearing set for 21st October.
- Some PNFPs selling government supplied medicines e.g Pachora HC III.
- Stock entries for mTrac ACT wrong as tablets instead of packs being entered resulting in wrong statistics.

Theater

Hospital theater attended to by 2 doctors & 02 Anesthetic officers only. Critical Equipment in poor condition – Oxygen concentrator, sterilizer, theater beds. Irregular power supply because transformer blew & fuel costs high. Angal hospital theatre performance was very good.

Maternity services

ANC services have good coverage and delivery generally high. In Nyaravur HCIII, there was no maternity wing. However affected by understaffing e.g. Jupanziri HC III – had no beds for admissions. Had over 30 mothers in maternity – yet only 10 beds.

Preliminary assessment, Best performing – Angal hospital, Worst is Paila HC II. Commendable is Boro HCII, where it's very organised & managed facility

RECOMMENDATIONS

- Address critical staffing gaps e.g Doctors, Pharmacists & dispensers. Instead of contracts for retired servants, district should prioritise filling gaps. Support PNFP facilities – especially Angal hospital with some critical staff e.g. Stenographer.
- Resolve salary issues and cadre deployment. Fast Track Hospital M.S upgrade from C.O to M.O & N.O, Joyce Cengmoku Opyem's salary arrears in Pakia HC III, etc. Support PNFPs to pay salaries on time.
- Evaluate and consider upgrading or closure of some extremely poor performing facilities e.g Paila HC III.
- Investigate Kituna HCII and appropriately address the challenges. Re-activate the facility.
- Appropriately close & fill up old Latrines

- Supervision & monitoring of construction should be strengthened. In-Charges should be given information on constructions & involved supervision visits.
- The district Vector control officer should immediately & aggressively eliminate bats. Facilities should emulate the example of GOLI HC III – put a colorless iron sheet in between the rest - this allows light through.
- Medicines management supervision & mentorship should be further strengthened, should be owned by the district even as partners assist us. Partners can't address issues of theft. Private drug shops & clinics should be monitored.
- Last Mile contracted companies should stop delivering late and rushing the delivery process especially verification. They should communicate to the in-charge &/or stores in-charges when planning to deliver so the relevant members are called upon.
- District supplies discrepancy report should be compiled and the district follows up with NMS.
- mTrac reports should be shared by In-charges, DHT & other district leadership for resolution.

ACKNOWLEDGEMENTS

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